



# Pseudotumor of the bladder simulating cancer: pseudotumoral glandular cystitis



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## Introduction

- Intestinal metaplasia of the bladder: Rare (<1% of bladder pathologies)
- Pseudotumoral glandular cystitis: differential diagnosis of bladder cancer
- Little studied in our context (anapath)
- A case of this rare pathology, treated in Senegal

## Goal

- Epidemiological and clinical peculiarities
- Anatomopathological particularities.

## Observation (Clinical information)

Mr. MN, 26 years old, non-smoker

### ➤ Past history:

- Known epileptic + psychomotor delay since birth (under Tegretil and Gardenal)
- Trauma of the unoperated hip (in 2012), then fracture of the left leg (AVP in 2019).

### ➤ Reasons for consultation:

- recurrent terminal hematuria without urination burn
- Dysuria
- Pelvic pain.

### ➤ The clinical examination:

- Soft abdomen without palpable mass
- Rectal touch: slight increase of the prostate volume, smooth
- Remains examination without particularity.

### ➤ Cystoscopy:

- Solid bladder tumor lesion, vegetative, ulcerated, trigonal and on the right lateral wall
- No sign of invasion
- Ureteral meats + permeable ureters.

## Paraclinic :

### ➤ The biologic Assement :

- NFS and ionogram Sg without particularities
- Uremia 0.20 g / l, creatinemia 7.35 mg / l
- ECBU: No germ or leukocyturia

### ➤ Abdomino-pelvic echo

- Bladder in semi-fullness + non-significant RPM (4.43 cc) (A)
- Prostatic hypertrophy (39.78 cc) without repercussions on the upper urinary tract, (B)
- Rest of the organs is unremarkable.



(A)

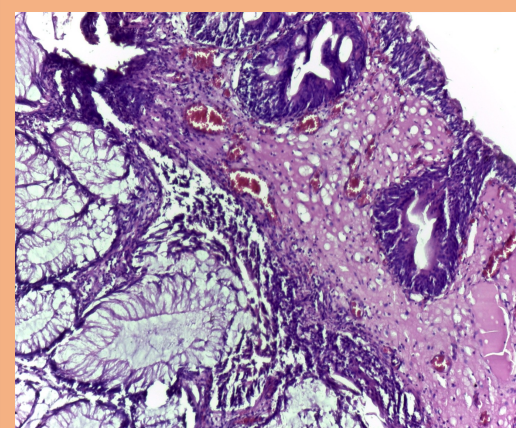
(A)

(B)

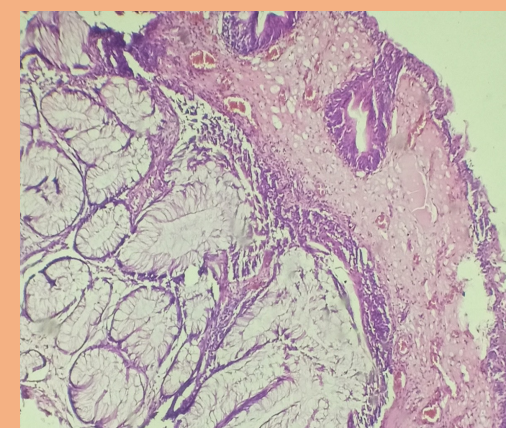
- Retrograde urethrocytography: struggling bladder with no obvious visualized obstacle.

**The patient underwent a complete and deep UVRT which was sent for anapath examination:**

- Macroscopic examination revealed seven (07) resection copals.
- Histology showed colonic pseudotumor metaplasia of the bladder mucosa.



Histological picture of a tumor-like glandular cystitis of the bladder (HFG x HE)



## Evolution

- The immediate postoperative consequences were simple.
- After a six-month regress, improvement of clinical signs (pelvic pain, dysuria and hematuria), absence of recurrence on control cystoscopy.

## Discussion and Conclusion

- **Intestinal bladder metaplasia, 2 types (<1% bladder pathology):**
  - ✓ Mucinous inflection of the bladder epithelium (+++)
  - ✓ An intestinal form or colonic metaplasia (- rare) including Pseudotumoral glandular cystitis
- **Male +++**
- **Defined pathogenesis** (chronic inflammation of the bladder +++):
- **May be associated with pelvic lipomatosis**
- **Clinical symptoms depending on the extent of the bladder lesions**
- **Non-specific radiological signs: suggests +/- malignant tumor**
- **Ultrasound and especially the abdominopelvic scanner with cliché intravenous urography +++**
- **Positive diagnosis is anapath:**
- **Differential diagnosis: Adenocarcinoma / infiltrating urothelial carcinoma, nest type**
- **Controversial prognosis in literature: benign lesion vs precancerous lesion**
- **The preferred treatment for the localized florida form is endoscopic resection**
- **However 5% of cases can recur or progress to malignancy**

**Rare pathology that can simulate bladder cancer, the diagnosis of which is pathological.**

**Increased surveillance is advised, given the genesis of intestinal metaplasia that has not yet been controlled.**

### Références :

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- (2) Benchekroun A, Zannoud M, Nouini Y, Bernoussi Z, Kamouni M. Métaplasie colique pseudo-tumorale de la muqueuse vésicale. Commentaire. Prog En Urol Paris. 2002;12(2):325-8.