

# Chronic urinary retention due to diabetic cystopathy masquedering as mesenteric cyst

Siddharth Pandey, Gaurav Garg, Ajay Aggarwal, Deepanshu Sharma

Department of Urology, King George's Medical University, Lucknow, Uttar Pradesh, India

**Correspondence to**  
Dr Gaurav Garg,  
gougarg@gmail.com

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## DESCRIPTION

A 55-year-old previously diabetic man presented with progressive abdominal distension for the last three months. He denied any bowel/bladder complaints. His medical/surgical history was unremarkable. On examination his vitals were stable and a huge abdominal mass (10×11 cm) was palpable. The mass was having side-to-side mobility. There was no hepatosplenomegaly or clinically significant lymphadenopathy. On evaluation with ultrasonography of abdomen and CT scan, there was evidence of huge, cystic and homogenous mass (13×11 cm) with clear margins occupying almost entire abdominal cavity (figure 1). There was no evidence of calcification, septations or nodules in the mass, and it appeared to be separate from both the kidneys and bowel. A provisional diagnosis of mesenteric cyst was made, and the patient was taken for laparotomy. A per-urethral catheter was placed intraoperatively and surgery was started. During laparotomy it came as an element of surprise that the swelling was actually chronically distended bladder and not mesenteric cyst. Subsequently, cystoscopy was done which revealed large capacity bladder (>2 L), high bladder neck with multiple trabeculations. Also a cystometrogram (CMG) was done 1 week after the laparotomy, which showed hypocontractile bladder with a low-pressure low-flow pattern. The patient

was managed with bladder neck incision and regular clean intermittent catheterisation (CIC) in the postoperative period. The patient is doing fine on CIC on 6-month follow-up. Bladder cystopathy due to diabetes mellitus can occur in around 25%–90% cases.<sup>1</sup> In patients with long-standing diabetes factors like decreased bladder sensation, poor bladder contractility and impaired bladder emptying can lead to insidious urinary retention.<sup>2</sup> The management of patients with diabetic cystopathy depends on clinical symptoms and CMG findings.<sup>3</sup> Treatment measures include scheduled voiding, cholinergics and surgical treatment of concomitant bladder neck obstruction.<sup>3</sup>

## Learning points

- ▶ In patients with diabetes, chronic urinary retention may occur due to diabetic cystopathy.
- ▶ A hugely enlarged bladder may mimic other intra-abdominal lumps like mesenteric cyst.
- ▶ Management of patients with diabetic cystopathy depends on clinical symptoms and cystometrogram findings.

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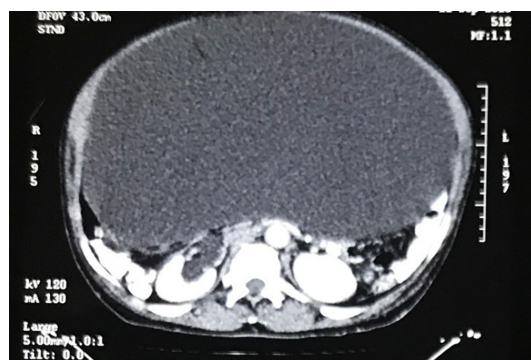
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**Figure 1** CT scan image of patient depicting a huge, cystic and homogenous intra-abdominal mass with clear margins occupying almost entire abdomen.



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