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Bladder urothelial fissures: a reminder of a distressing disease

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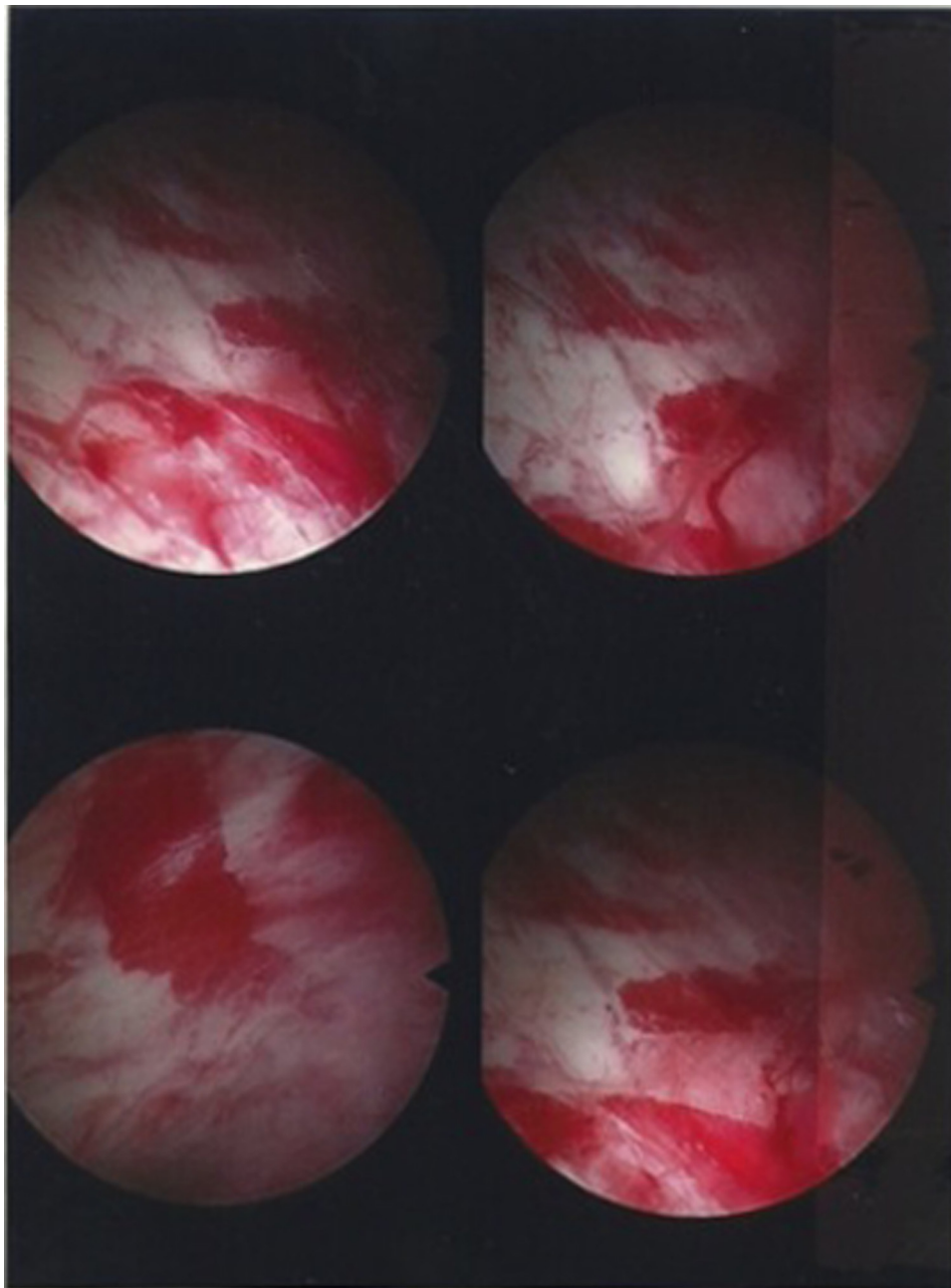


Figure 1 Upper two pictures and lower left picture: multiple urothelial cracks seen after hydrodistension, lower right picture: glomerulation (petechiae).

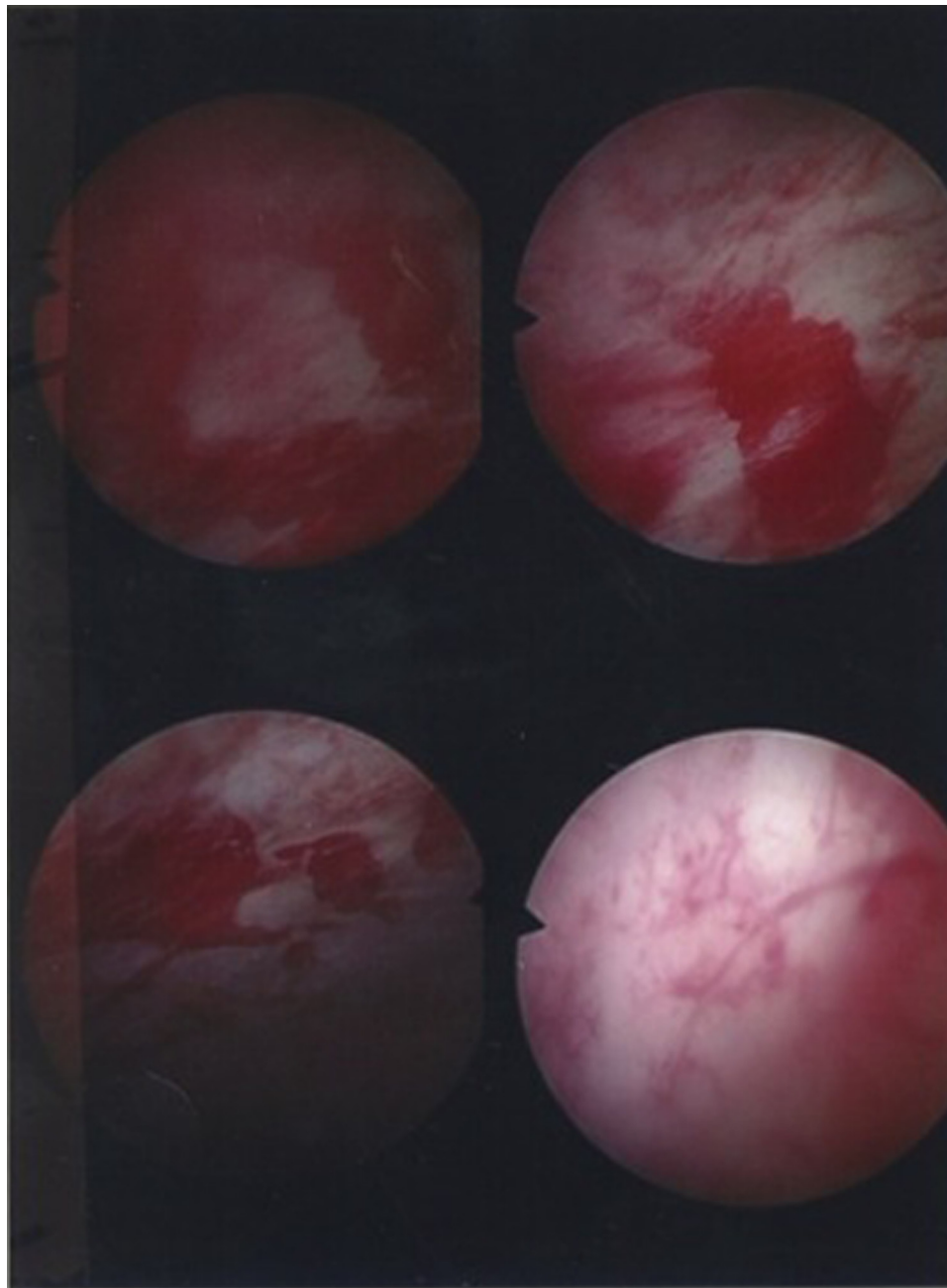


Figure 2 Further urothelial cracks seen after hydrodistension.

DESCRIPTION

A fit middle-aged lady was referred to the urology clinic with intractable, irritative urinary tract symptoms and lower abdominal pain. Investigations did not reveal any evidence of urinary tract infections. Initial empirical treatment with anticholinergics failed to offer symptomatic relief. Subsequent urodynamic investigations were aborted due to the patient's inability to tolerate bladder filling. An ensuing cystoscopy and bladder biopsy suggested the diagnosis of interstitial cystitis (IC); a chronic refractory bladder disorder characterised by urinary frequency, nocturia, urgency and bladder pain.¹ A decision was made to offer the patient a cystodistension as a recognised treatment modality. Figures 1 and 2 show images obtained during cystoscopy after filling the bladder with 500 ml of isotonic

fluid. Glomerulations (petechiae), seen as discreet, tiny, raspberry like lesions, figure 2 (right lower picture) and urothelial fissures or cracks, figures 1 and 2 (the remaining pictures), helped confirm the clinical suspicion. The cause of IC is still unknown. It is a diagnosis of exclusion – other possible pathological causes should be considered, (eg, drugs, TB, or radiation induced cystitis, overactive bladder).² Treatment options include behavioural therapy, oral medications (tricyclics, antihistamines), repeated intravesical drug installation (dimethyl sulphoxide, sodium hyaluronate), nerve stimulation and surgery (hydrodistension, urinary diversion).³

Competing interests None.

Patient consent Obtained.

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