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INTRAVESICAL ENDOMETRIOSIS MIMICKING BLADDER CANCER

Hypothesis / aims of study

Endometriosis in the urinary system is rare, accounting for less than 1% of prevalence rate, among which the urinary bladder is the most common site of involvement

Study design, materials and methods

A 47-year-old Asian woman, G6P4A2 without known underlying diseases, presented herself with chronic low abdominal dull pain for 1 year. The pain aggravated during menstrual cycles, and was accompanied with urinary frequency, urgency and incontinence. She had previously received 5 gynecologic operations: 3 Cesarean sections 18, 10 and 6 years ago, in addition to 2 ectopic pregnancy terminations 20 and 12 years ago.

Results

transabdominal ultrasound revealed an irregularly-shaped mass, sized 3.44x 1.80cm, protruding into the urinary bladder at the vesicouterine junction. Laboratory data was normal and urine routine showed no hematuria, pyuria or unusual sediments. Exploratory laparoscopy disclosed tight adhesion between the uterus and urinary bladder, and adhesiolysis between uterus and bladder was done smoothly. Cystoscopy revealed well-vascularized, multimorphic polypoid and cauliflower masses, mimicking the morphology of bladder cancer. Upon transurethral resection of the lesion, brown gelatinous material was exposed, and it was later proven to be of endometrial origin by pathology.

Interpretation of results

The facts that previous gynecologic procedures are often reported (e.g. Cesarean sections, ovarian cystectomy, myomectomy, oophorectomy or hysterectomy...) and that the endometrial tissue is almost always found at the posterior wall in junction to the uterus support the last hypothesis, as also evidenced in our case.

Concluding message

Women with a vesical mass and a history of Cesarean section deserves special mention about this endometrioid pathology.

References

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Disclosures

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