

## The Cystitis glandularis: Report of 4 cases

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### ABSTRACT

The cystitis glandularis is a rare and benign tumor, usually asymptomatic and is favored by chronic irritation. It is sometimes associated with a pelvic lipomatosis. Its transformation into adenocarcinoma is exceptional and occurs in cases of persistent contributing factor. Clinically, the hematuria is the dominating symptom with a pollakiuria. The treatment is various, in function of the tumoral volume and the importance of the symptomatology. The tumoral resection and the histological examination are fundamental for the diagnosis. We report 4 cases of cystitis glandularis treated in our service.

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### Introduction

The cystitis glandularis was described for the first time in 1761 by Morgani, it is a rare and benign tumor of the bladder, developed from the islets of Von Brunn (epithelial clusters included in the mucosal lamina propria). His clinical impact is less than 1%. It mainly affects men, with peak incidence in the age of 50 years. The lesion is usually asymptomatic and discovered in a prolonged inflammatory context. we report 4 cases of cystitis glandularis, we analyze the epidemiological, clinical, biological, pathological and thérapeic of this affection.

### Cases reports

In the last years we treated four patients with cystitis glandularis. They were all male and aged 28, 45, 47, and 50 years. The clinical symptomatology was dominated by hematuria and pollakuria. The ultrasound showed the presence of an intra vesical tissular formation in all patients (fig 1), with hydronephrosis in 2 cases. A scanner performed, confirms the presence of a bladder tumor. A TURB was performed, histological examination showed glandular metaplasia of bladder. One patient had a cystectomy (very important tumor) the other three have benefited, after the total resection, from an endoscopic surveillance with a good outcome with a 4-years follow.

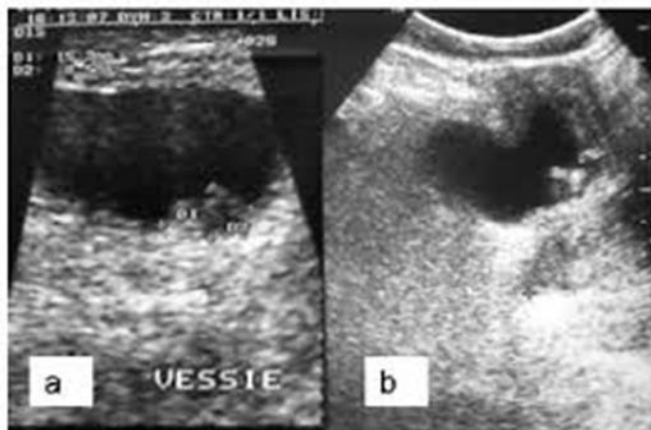


FIG 1. The ultrasound showed the presence of an intra vesical tissular formation.

### Discussion

Serval theories attempt to explain this glandular metaplasia; one of them is the metaplasia theorie: glandular cystitis is the answer to a chronic irritation (lithiasis, urinary stasis, urinary tract infection, tumor, obstruction). When the lesions are symptomatic, two major modes of presentation are described: The first one where irritative symptoms predominante (1/3 of cases). The second one where a macroscopic hematuria predominantes (2/3 of cases). The conventional radiology usually shows a trigonal tumor, a thickening of the vesical base associate to a pelvic lipomatosis. The cystoscopy show the tumor and the pathological examination provides diagnostic certainty. The association or the transformation to a bladder adenocarcinoma is possible but rare, it is a result to a long time exposition to many unfavorable factors.

The treatment of causative factor, when it is indentified, is fundamental: using long-term antibiotics for infections, vesical lithotripsy for lithiasis. A surgical procedure can be used, as a total or partial cystectomy or reimplantation of the uretera if it's necessary.

### Conclusion

We note that the cystitis glandularis is a rare affection with local malignity, and usually asymptomatic. The research and treatment of irritative cause is essential. Endoscopic resection is, in general sufficient to control it. If the tumor is important and recurrent sometimes we have to practice a surgical act because of its functional impact and the accompanying metaplasia.

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