



Colic pseudo tumoral metaplasia of the bladder mucosa

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ABSTRACT

Colic metaplasia of the bladder urothelium is a rare benign tumor. It is most often asymptomatic and discovered in a prolonged chronic inflammatory context. However, there are some rare proliferative forms with a polypoid aspect more or less exuberant. We report a case of colonic metaplasia of the bladder mucosa producing a pseudo-tumoral appearance, with review of the literature.

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Introduction

Case report

Mr. BA is 50 years old with no pathological history presents for an 8 months haematuric cystitis and fever. Clinical examination was normal with at the rectal exam a benign prostatic hypertrophy. Ultrasonography showed an image developed at the expense of the right side wall without repercussions on the upper urinary tract (Fig. 1). The Urine culture was sterile while electrolytes and blood revealed no abnormalities .

It was then decided to perform a transurethral resection of bladder lesion. Histological examination showed a colic metaplasia of the bladder mucosa without individualization of tumor lesions (Fig. 2). After 14 months of follow up, the patient is asymptomatic and cystoscopic control showed no recurrence.

Discussion

The diagnosis of colic metaplasia of the bladder mucosa is histological by highlighting colic glands in the superficial lamina propria, often inflammatory. Theurothelium at the surface remains normal .

Exceptionally, the glandular metaplasia may be gastric with the visualization of cells in rings kitten. The etiology is unclear; chronic irritation is the most frequently cited factor. Bladder ultrasound shows a predominant mass on the trine and may extend to the entire bladder. Pelvic CT and MRI indicate thickening of the bladder base.

Cystoscopy shows a pseudotumoral appearance and only histological examination provides diagnostic certainty. The evolution of the colonic epithelium is controversial. CORICA in a multicenter study investigating the long-term evolution of 53 cases of colonic metaplasia showed that no patient has presented adenocarcinoma lesions and concluded that the colic epithelium is not necessarily a risk factor of the development of adenocarcinoma or other cancers. Endoscopic resection is often sufficient for treatment. It must be followed by an annual surveillance cystoscopy with multiple biopsies and urine cytology.



Fig 1: Ultrasound bladder. Image of tissue nature, making a budding appearance at the expense of the right wall side of the bladder

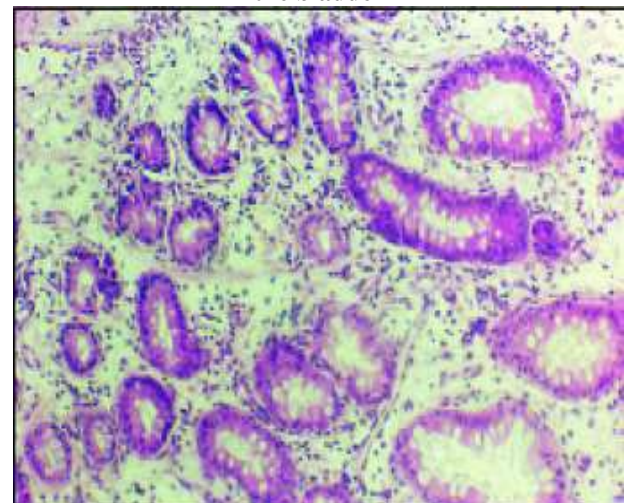


Fig 2: Histology: bladderurothelium with glandular structures simulating colonic glands without individualization of malignant lesions.

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