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Case Report

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Florid Cystitis Glandularis: A Case Report

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Introduction

- Cystitis glandularis is a critical pathological diagnosis with a presentation that closely resembles bladder tumors, potentially causing concern for clinicians.
- A cautious and thorough approach is crucial to prevent delayed management, as it can be mistaken for aggressive tumors.
- Only a few cases of cystitis glandularis presenting as urinary bladder masses have been reported in the literature.

Case Report

- We recently encountered a young 31 years old gentleman who
- experienced recurring lower urinary tract symptoms and was initially treated for recurrent urinary tract infections.
- However, no palpable mass or infection evidence was found after a comprehensive clinical and biochemical examination.
- An KUB ultrasound performed and revealed a vascularized lesion in the bladder (Figure 1 and 2).
- Subsequent cystoscopy showed large, multiple polypoid lesions in the bladder trigone.
- The patient thus underwent transurethral resection, lesion resected completely and specimen sent for HPE.
- The finding shows the hallmark pattern of superficial nests of urothelial mucosa with cystic changes in the background of chronic inflammation.
- It also shows the pattern of nests of urothelial mucosa with luminal columnar cells .
- The histopathology examination demonstrated tissue diagnosis of Florid Cystitis Glandularis.

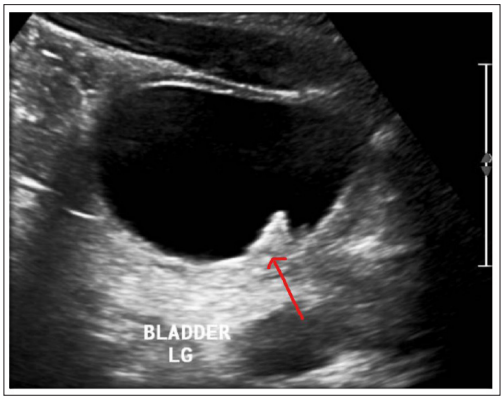

Figure 1: Projectile like lesion within the urinary bladder

Discussion

- The first account of cystitis glandularis dates back to 1761.
- The bladder mucosal epithelium's hyperplasia and metaplasia set it apart as a common bladder lesion.
- There are two sorts based on microscopic characteristics: common and intestinal [1].
- The urothelium may experience intestinal metaplasia as a result of calculi, exstrophy, schistosomiasis, or persistent infection.

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- When columnar epithelial metaplasia in cystitis glandular coupled with goblet cells is observed, incomplete intestinal metaplasia takes place [3].
- When cystitis glandularis (intestinal type) is extremely severely differentiated, it is called florid cystitis glandularis and the occurrence is extremely rare [3].
- Pathology has a sine qua non role in the diagnosis of intestinal florid cystitis glandularis.
- In females, it could be misinterpreted as endometrioma or adenocarcinoma [2].
- The removed material resembles an adenocarcinoma upon histologic inspection, despite its gross resemblance to a polypoid mass that mimics a normal tumor. On the other hand, it typically does not exhibit the nuclear atypia and complicated architecture of bladder cancer [3].
- Patients with this illness typically have a good prognosis after undergoing transurethral resection surgery.
- However, for recurrent florid cystitis glandularis, additional treatment options, such as partial or complete cystectomy, have been reported in the literature.
- In certain situations, medical interventions such as oral steroids, non-steroidal anti-inflammatory medication therapy, and antibiotics may be employed [4].

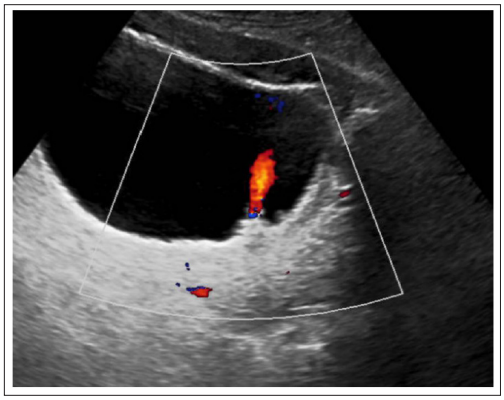

Figure 2: The lesion shows color doppler uptake indicating vascularized lesion

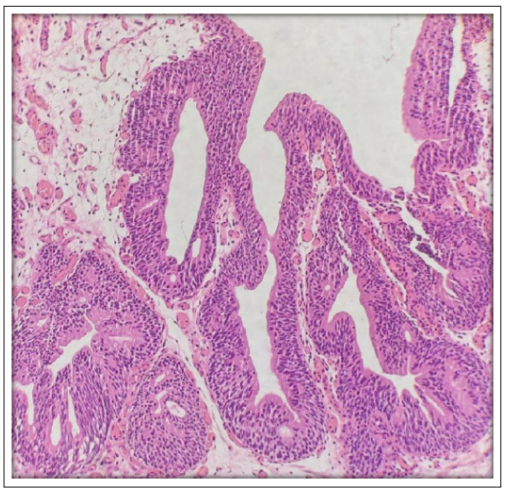

Figure 3: Superficial nests of urothelial mucosa with cystic changes

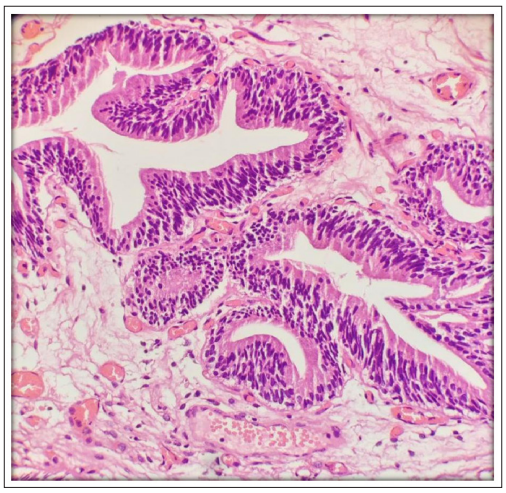

Figure 4: Nests of urothelial mucosa with luminal columnar cells

Conclusion

- Cystitis glandularis variant especially the florid cystitis glandularis has an unclear aetiology and is less prevalent. The primary clinical complaint is lower urinary tract symptoms such as dysuria and hematuria is mostly indicative of bladder irritation and infrequently progresses to hydronephrosis.
- Imaging is vague and with poor specificity while cystoscopy examination and histopathology is a must either by adequate biopsy or surgical resection. It determines the diagnosis because imaging is vague. The treatment is surgical treatment with some novel approach of medical treatment in few of the literatures. Postoperative follow-up is necessary because cystitis glandularis especially intestinal variant has the potential to be malignant

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