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A rare case of Isolated Urinary Bladder Endometriosis managed by transurethral resection

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Abstract:- *Bladder endometriosis is a rare pathological entity that is quite difficult to diagnose. We present a very rare case of isolated urinary bladder endometriosis in a 28year old woman with a prior history of caeserian section. She was managed by transurethral resection of the endometrial mass and post operatively medical treatment was provided. This report emphasizes the high clinical suspicion required for early management of such a case and the role of transurethral resection as a minimally invasive effective surgical procedure in selected cases.*

Keywords: *Bladder, Caesarian section, Endometriosis, Transurethral*

I. Introduction

Endometriosis represents the presence of endometrial glands or stroma in ectopic locations outside the uterus [1]. It is prevalent in around 10% of women population of child bearing age with a peak incidence between 30 and 45 years of age [2].

The most common sites of occurrence include the ovaries, uterine ligaments, cul de sac and pelvic peritoneum reflected over the uterus, fallopian tubes, rectosigmoid region and bladder[3].

In 1921 urinary tract endometriosis was first reported by Judd. Only 1% of the cases of endometriosis occur involving the urinary tract and of them the most common site is bladder.[4]

Bladder endometriosis can have a wide variety of presentation. We are presenting here a rare case of bladder endometriosis managed by endoscopic route.

II. Case Report

Our patient was a 28 year old woman, mother of a child, presented to us with a history of cyclical haematuria for the last 6 months. She also had complaints of dysuria, frequency and urgency. She had a history of caesarian section 2 years back. She had regular menstrual cycle.

Her physical examination findings were unremarkable.Her routine blood examination and urinalysis were within normal limits.

Her ultrasonography of the KUB region showed a 2×1.5cm mass lesion at right postero-lateral wall with mild wall thickening.

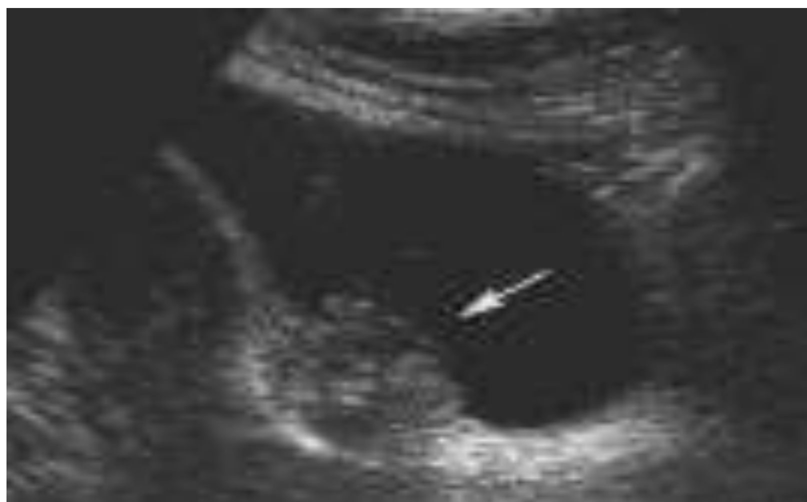

Fig 1.Mass lesion at right lateral wall of urinary bladder

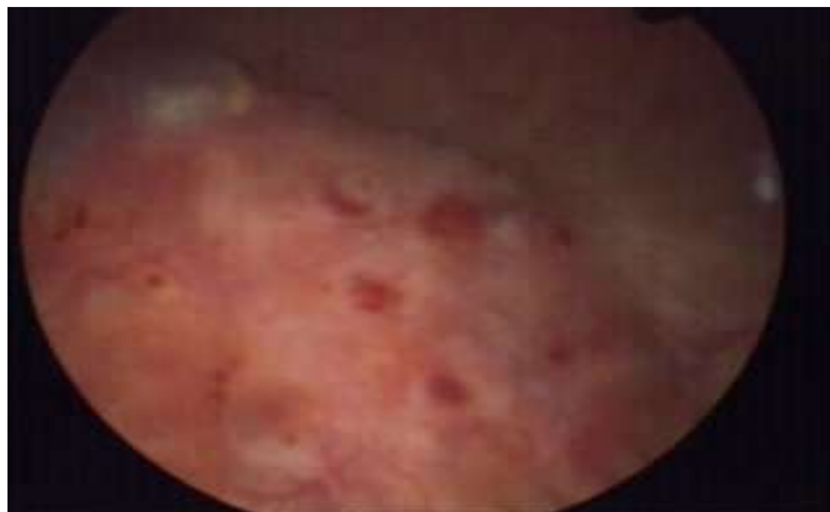

Fig 2. Cystoscopic appearance of the reddish blue nodules of the bladder mass

Cystoscopic evaluation and transurethral resection of urinary bladder mass was done.

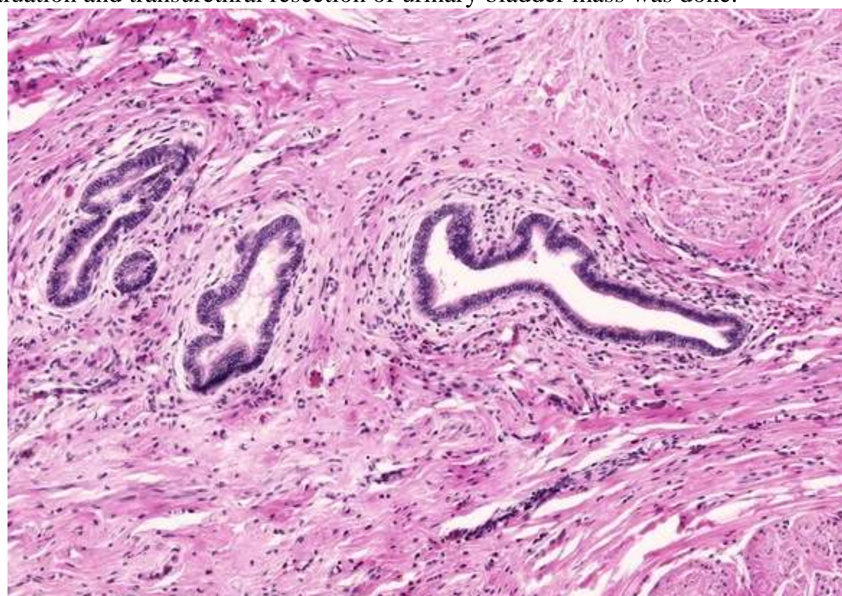

Fig 3. Endometriotic glands surrounded by stroma surrounded by bundles of muscularis propria

GnRH analogue injection was given for 3months apart 2 such.Patient have been asymptomatic for the last 2years.

III. Discussion

Endometriosis is a benign gynecological disorder which is characterized by the presence of ectopic endometrial tissue outside the uterine cavity [5,6]. It is usually seen in women of reproductive age. It affects about 10% of women in general population [6]. Bladder endometriosis is a rare benign but infiltrative pathology that grossly affects the quality of life of the patient.

Only 1% of this entire patient population suffers from urinary tract involvement. [5,7] 84% of these cases affect the bladder. [8].

Patients may have a wide range of symptoms which are often not amenable to routine medical management. Moreover untreated cases do often land up with serious complications.

Various theories have been put forward to explain the occurrence of the pathology. They are - coelomic metaplasia and embryonic and migratory theories. [8]. Transplantation of endometrial cells by the menstrual effluent has been described by Sampson[9].The occurrence of the pathology in our case can also probably be explained by the implantation of viable endometrial cells following the caeserian section.

Bladder endometriosis may often mimic cystitis. [8]. They may often present with irritative lower urinary tract symptoms and dysuria and cyclical haematuria.[8,10] Due to clinical confusion with cystitis

diagnosis may often be delayed[11]. In this case also the patient presented with features of dysuria, frequency and cyclical haematuria.

Open surgical approach has been the standard treatment approach.[5] Though laparoscopic and endoscopic approaches are being increasingly reported as equally effective measures with low invasiveness.

Akhter reported a case of transurethral resection of an endometriotic mass.[12] Laparoscopic partial cysectomy has been reported by Castillo for endometriosis.[13] Chen reported that partial cystectomy is the preferred treatment for full-thickness lesions of the bladder because of the limited success rate of hormonal treatment.[8]

IV. Conclusion

Isolated bladder endometriosis is rare and difficult to diagnose. Any woman of child bearing age with a history of caeserian section having a bladder SOL, endometriosis should be kept as a differential diagnosis. Early diagnosis is essential to prevent serious complications.

Transurethral resection is an effective treatment option in selected cases and in experienced hands.

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