Cystitis Cystica Glandularis
Radiological Imitator of Urothelial Carcinoma

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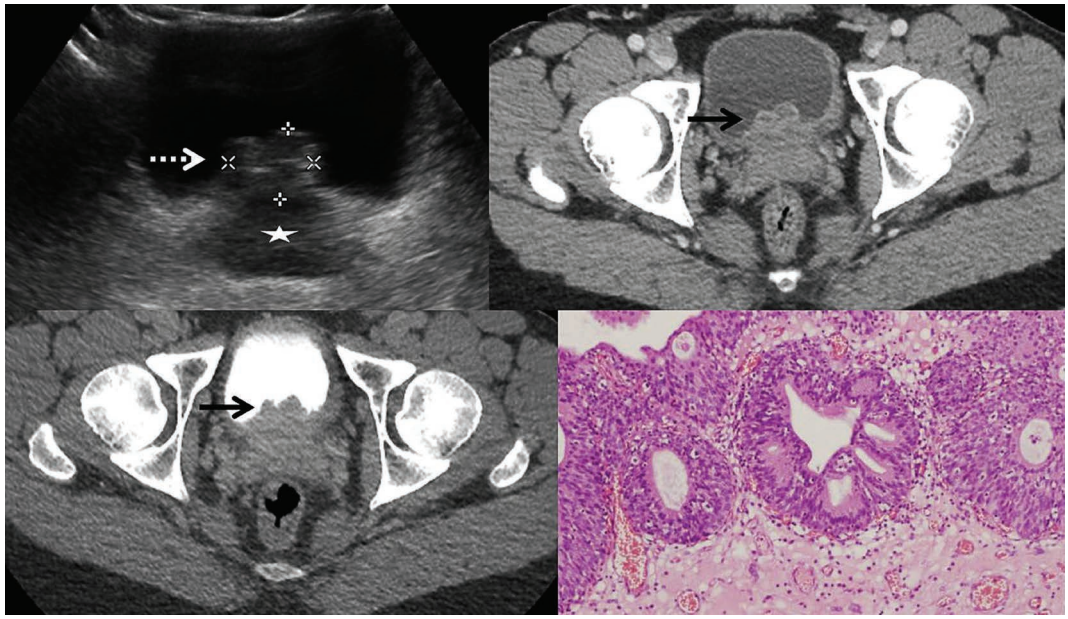

A 26-year-old man, known case of urinary calculus disease, presented with the chief complaint of 1 episode of hematuria. Investigations revealed normal blood hemoglobin level, total leucocyte count, kidney function tests, and urine microscopic examination, except for alkaline urine pH. Urine cytology revealed no atypical cells. Urine aerobic culture revealed growth of *Enterobacteriaceae* for which antibiotics were started. Ultrasonographic examination revealed polypoidal growth in the bladder. Computed tomographic urography revealed a hypovascular polypoidal growth near the bladder neck. The growth was thought to be malignant, but cystoscopic-guided biopsy confirmed a benign cystitis cystica glandularis. The patient underwent transurethral resection with complete resection. Cystitis cystica glandularis is a benign entity resulting from cystic proliferation of von Brunn nests.[1] Von Brunn nests represent invaginations of the surface urothelium into the subjacent lamina propria that may represent a normal finding or occur as a reactive response of the urothelium to injury. The most common location for von Brunn nests hyperplasia is the bladder neck and trigone regions.[2] Cystitis cystica glandularis can progress to urothelial adenocarcinoma. Radiologically, it is very difficult to diagnose preoperatively. On gross pathological examination, the lesion appears as single or multiple submucosal nodules. The differential diagnoses of this radiological picture can be urothelial carcinoma, polypoid cystitis, nephrogenic adenoma, malakoplakia, amyloidosis, fungal cystitis, and granulomatous and eosinophilic cystitis.[1,2]

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