

A RARE CASE OF BLADDER LEIOMYOMA

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OBJECTIVE

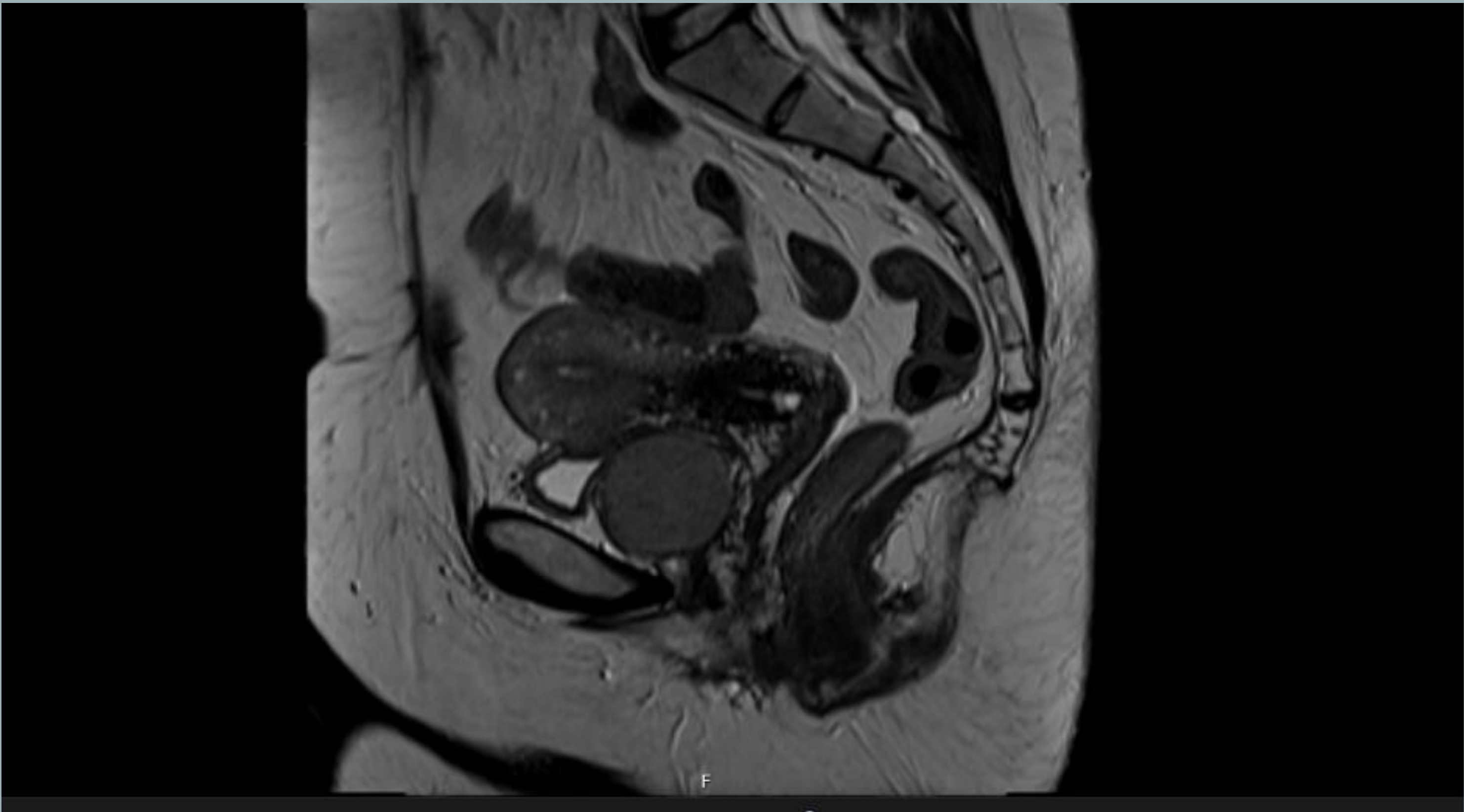
To share this rare case of a bladder leiomyoma, with less than 300 cases reported in the literature worldwide.¹

CASE REPORT

A 43 year old, para 5 lady (3 previous Caesarean Sections), presented with a one year history of troublesome lower urinary tract symptoms of urinary frequency, urgency and occasional urge urinary incontinence.

INVESTIGATIONS

Ultrasound findings showed a well-defined, spherical, smooth, solid mass indenting the base of the bladder, which was noted to be anterior to the vagina.



Further imaging (MRI) showed at the base of the bladder/proximal urethra, a 4.3 x 3.8 x 3.4cm solid lesion that returned indeterminate T2 signal, low T1 signal and did return some restricted diffusion and enhanced. There was no evidence of bladder outflow obstruction.

The lesion was not associated with the vagina, uterus or cervix.

MANAGEMENT

The patient was extensively discussed in the Urology/Gynaecology Multi-Disciplinary Team Meetings where images were reviewed, suggesting the lesion was a leiomyoma of the bladder.

The recommendation was for biopsy.

The patient went on to have a Cystoscopy + Transurethral Resection of Bladder Tumour under the care of Urology.

CYSTOSCOPY + LOOP BIOPSIES OF URETHRAL TUMOUR

Indication: storage lower urinary tract symptoms, 4cm urethral tumour on MRI

FINDINGS:

EUA - Palpable mobile mass felt

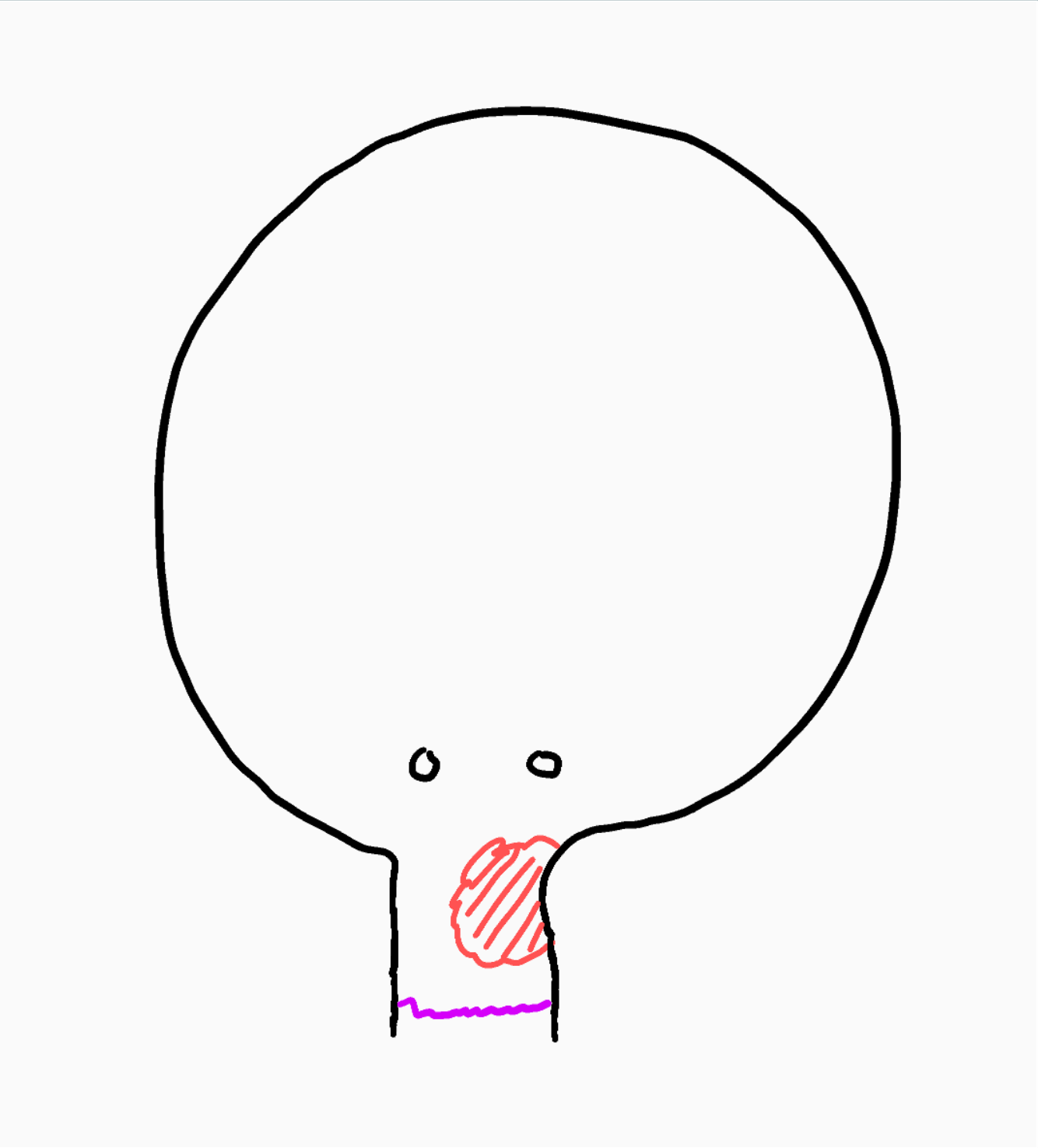
Cystoscopy - Bulging nodular tumour at left urethral wall and bladder neck

PROCEDURE:

- GA, lithotomy, IV Gentamicin
- EUA and Cystoscopy (findings as above)
- Loop biopsies taken (incomplete excision)
- Haemostasis with roller ball
- 22F 3way catheter sited.

HISTOLOGY:

leiomyoma



ACKNOWLEDGEMENTS

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OUTCOME/FOLLOW-UP

The patient was initially able to void after the procedure, but went into urinary retention two weeks later, requiring catheterisation and antimuscarinic medication.

Given the rare nature of the case, she was referred to Urethral Specialists at a tertiary centre for assessment and further management, and went onto have further surgical resection of the lesion.

She has no residual voiding symptoms

DISCUSSION

Leiomyomas are the most common gynaecological benign tumours arising from the myometrium of the uterus. They are primarily composed of smooth muscle and fibrous tissue and can cause a plethora of symptoms dependent on location.¹¹ Within the urinary tract, the most frequent location is within the bladder, however they are rare, representing <0.5% of bladder tumours.¹ At cystoscopy, commonly normal bladder mucosa covers the leiomyoma. Treatment is surgical, with exact approach dependent on location, with rare recurrence rates.

CONCLUSIONS

Leiomyomas within the urinary tract are rare. Further research may be beneficial to identify why women may present with leiomyomas within this location

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