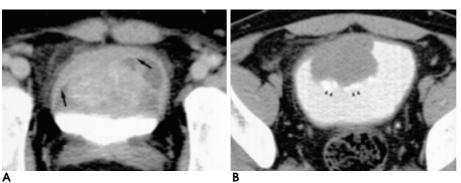
가 : 가 СТ 47 가 가 가 가 (1).  $6 \times 5 \times 3.7$  cm (2), (1, 3). (Fig. 3). 가 47 가 15 가 (Fig. CT 1) 4-5 cm 가 , (Fig. 2A). , 10 СТ

2001 7 23 2001 10 29 Fig. 1. IVP shows an intravesical triangular-filling defect.

(Fig.

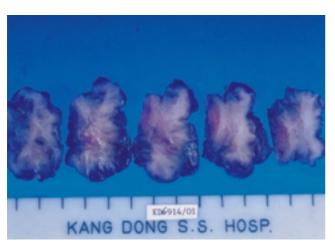
2B).

가 가 가 (3). 가 가 Roth (5) 1980 (Fig. 4). 2 가 2 - 73 가 가 가 (3). 가 (pseudosarcoma), 가 (pseudosarcomatous fibromyxomatous tumor), (postoperative spindle cell nodule) (4).(6), 가 СТ (1). 가 CT (6).



**Fig. 2. A.** Contrast-enhanced CT scan shows a polypoid intraluminal mass with marked enhancement arising from superior and anterior aspect of the bladder.

Note anterior wall thickening (arrows). **B.** Delayed-phase CT scan shows a lobulated mass with washout of contrast media. Dense nodules (arrowheads) are attached at the surface of the mass.



**Fig. 3.** An ulcerative polypoid tumor with fibrotic cut surface invades the muscle layer of the urinary bladder.

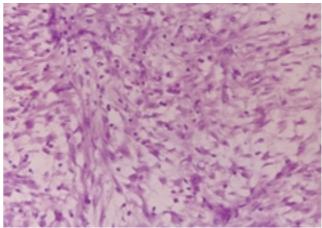


Fig. 4. The tumor is composed of haphazard arrangement of spindle cells and inflammatory cells are scattered in myxoid stroma (H & E stain,  $\times$  200).

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## Inflammatory Pseudotumor of the Bladder: Case Report<sup>1</sup>

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Inflammatory pseudotumor of the urinary bladder is a rare benign lesion. Because it is difficult to differentiate from other tumors clinically and pathologically, histopathologic confirmation is needed, and to avoid unnecessary cystectomy, it should be included in the differential diagnosis. A 47-year-old male presented with hematuria and voiding difficulty. IVP revealed a triangular filling defect in the urinary bladder, and CT demonstrated the presence there of a strongly enhancing mass. We describe this case, in which inflammatory pseudotumor was diagnosed, and review the literature.

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