

가

16

, CT

가

(1).

(2, 3)

(1, 4).

16

16

가 3

가

가

(Fig. 1),

(Fig. 2).

(Fig.

CT

CT

3A)

(Fig. 3B)



Fig. 1. Cystogram shows large intravesical filling defect.

가

double J catheter

가

480 gm

15.5 × 14 × 4.5

cm

가

6

CT

가

(Fig. 4).

(Fig. 5).

가

Friedman Ash (1)

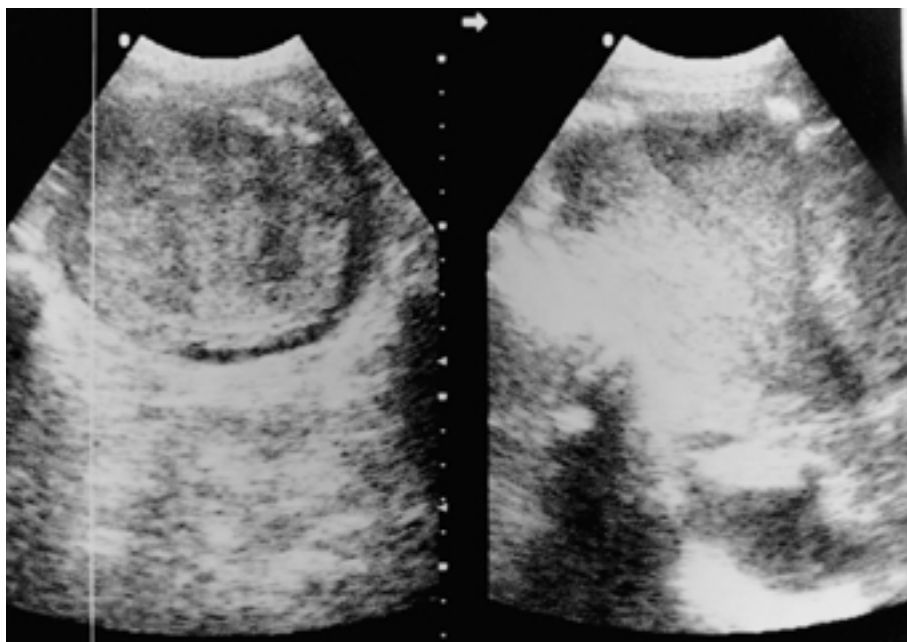


Fig. 2. Transverse and sagittal sonogram show heterogeneously hyperechoic solid mass occupying bladder.

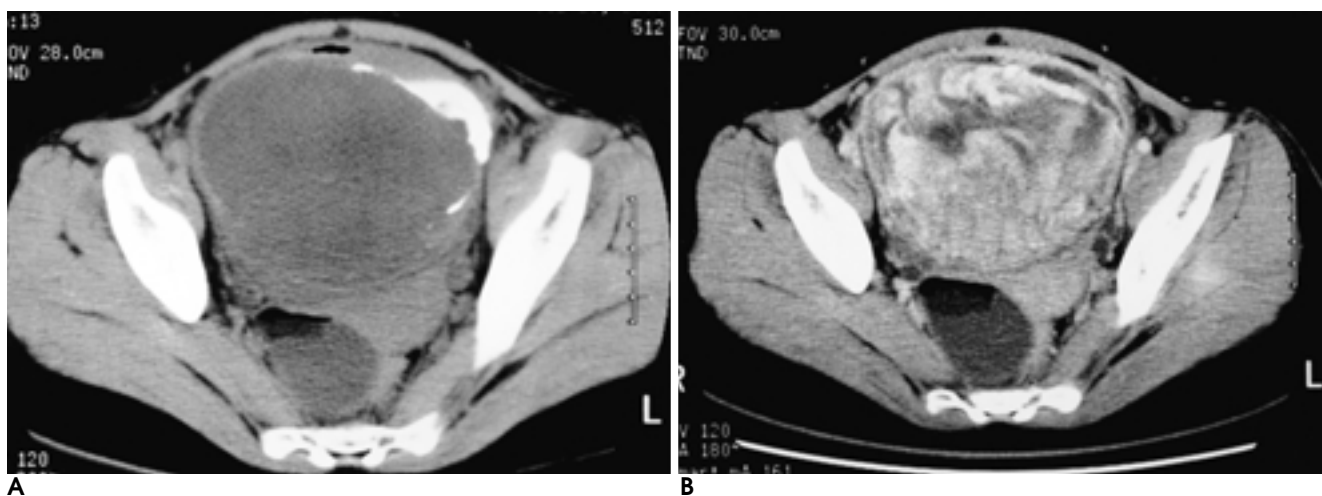


Fig. 3. A. Precontrast CT scan shows large intravesical mass.

B. Postcontrast CT scan shows inhomogeneously well enhancing large intravesical mass with diffuse bladder wall thickening.

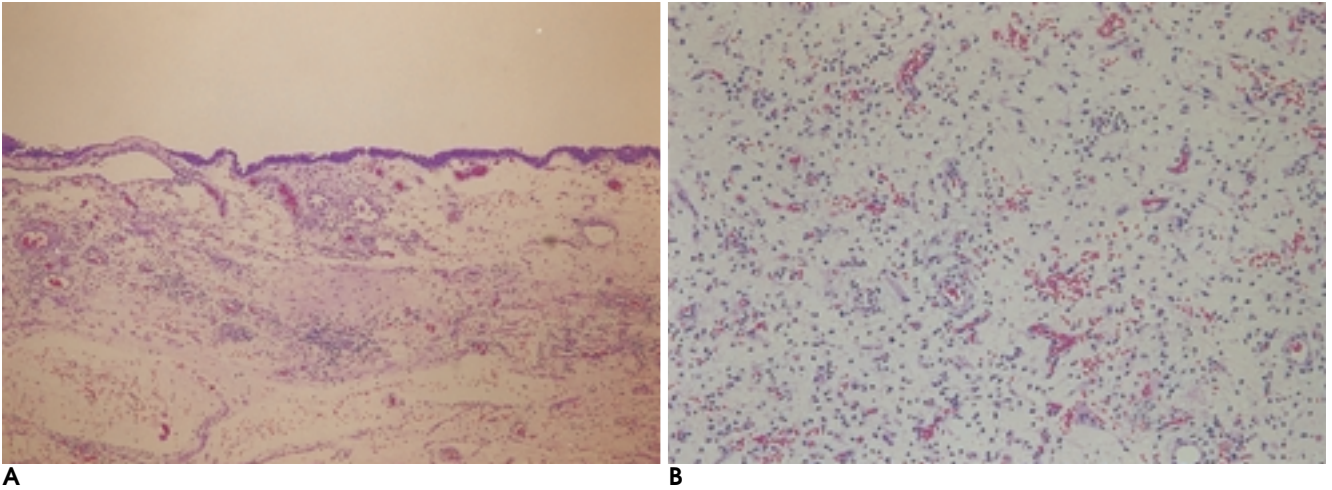


Fig. 4. Microscopic finding of polypoid cystitis. A. The mass is lined by normal or mildly hyperplastic urothelium. The stroma is remarkably edematous (H & E, $\times 100$). B. The stroma is remarkably edematous, congested and mildly infiltrated with lymphocytes (H & E stain, $\times 400$).

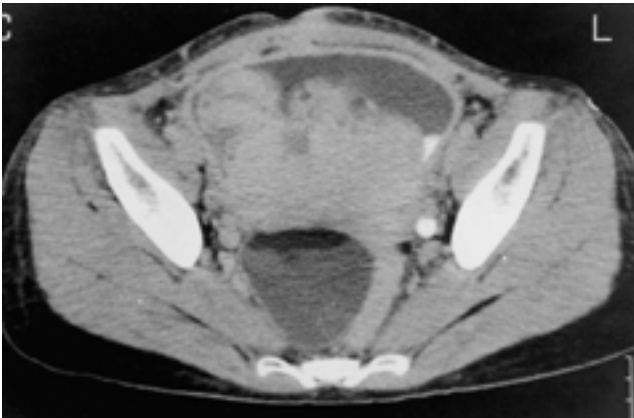


Fig. 5. CT scan obtained 6 months later after excision of the bladder mass. There is a large intraluminal polypoid mass in the bladder.

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(papillary cystitis),
(bullous cystitis)
(stromal edema)

가

(polypoid cystitis),

가

(frond)

(1).

Ekeud (2, 3)

80%

28

가

(1, 4)

(1, 4)

(5, 6)

가

(3).

75%,
(6)

25%
가

가

가

(pseudotumoral cystitis)

(5).

가

가

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Polypoid Cystitis Mimicking Bladder Tumor: A Case Report¹

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Polypoid cystitis without a history of catheterization is rare. We report a case in which the condition occurred in a 16-year-old girl complaining of dysuria, urgency, frequency, and a residual urine sensation. Cystography revealed a large intravesical filling defect with bladder distension, while sonography and CT demonstrated a large, inhomogeneously enhancing solid mass in the urinary bladder.

Index words : Bladder
Cystitis

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