



가

16

, CT

가

(1).

가

(2, 3)

(1, 4).

16

16

가 3

가

가

(Fig. 1),

가

(Fig. 2).

가

(Fig.

CT

CT

3A)

(Fig. 3B)



Fig. 1. Cystogram shows large intravesical filling defect.

1

2

(Fig. 4).

가

6  
CT

가

double J catheter

(Fig. 5).

가

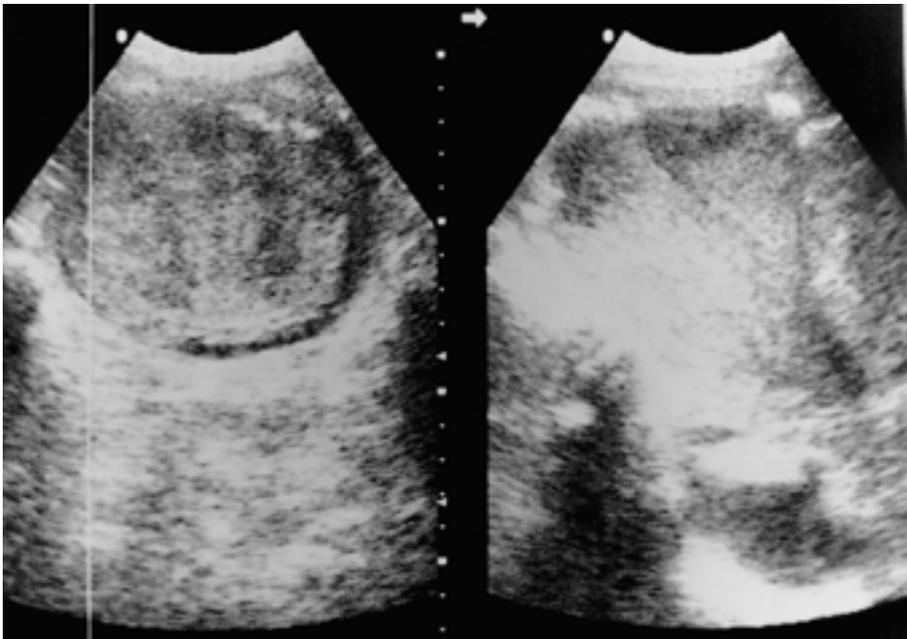
가

480 gm

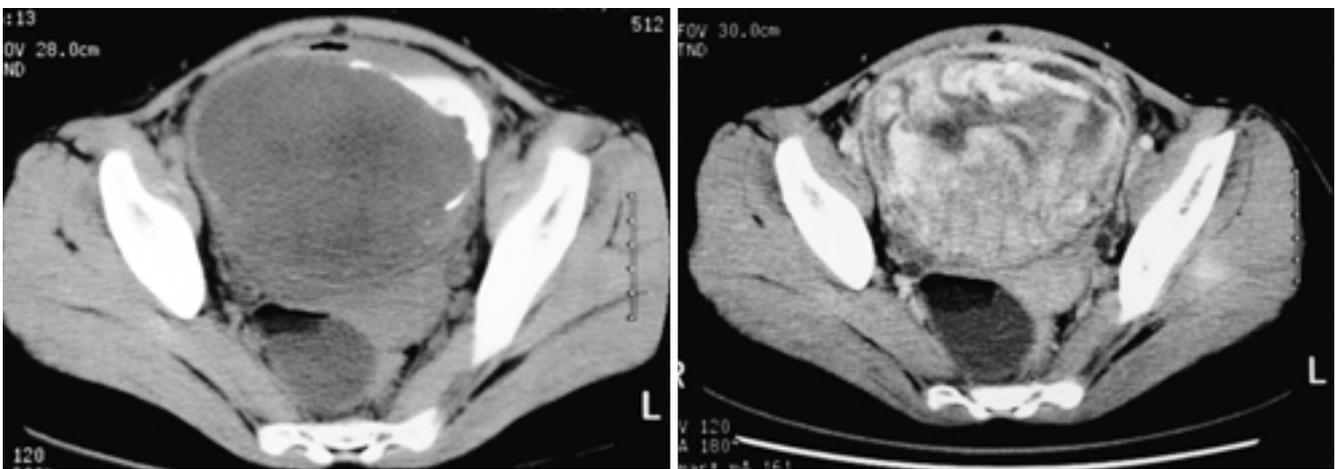
15.5 × 14 × 4.5

cm

Friedman Ash (1)

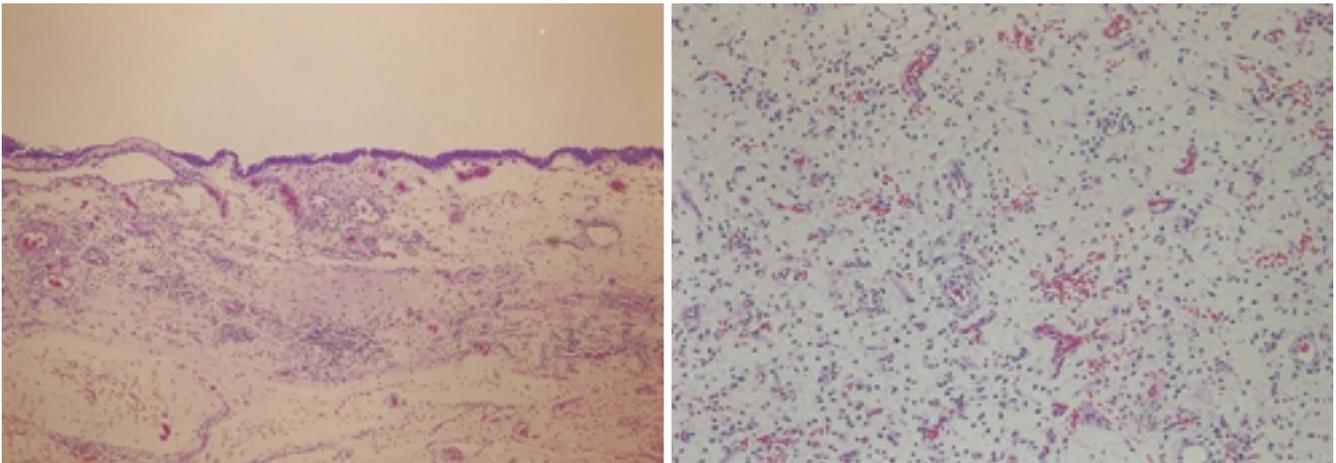


**Fig. 2.** Transverse and sagittal sonogram show heterogeneously hyperechoic solid mass occupying bladder.

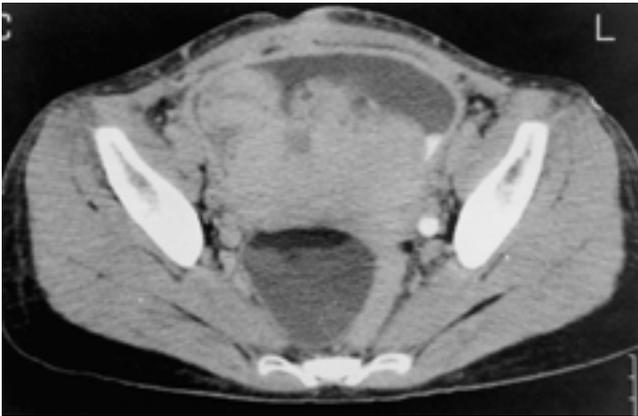


**Fig. 3. A.** Precontrast CT scan shows large intravesical mass.

**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, × 100). B. The stroma is remarkably edematous, congested and mildly infiltrated with lymphocytes (H & E stain, × 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.

80%  
 28 가  
 (1, 4)  
 (1, 4) (5, 6)  
 가 가  
 (3).  
 75%, 25%  
 (6) 가  
 가  
 (pseudotumoral cystitis)  
 가  
 (5).

가  
 (papillary cystitis), (polypoid cystitis),  
 (bullous cystitis)  
 (stromal edema) 가  
 가  
 (frond)  
 (1).  
 Ekeud (2, 3)

가 1. Young RH. Papillary and polypoid cystitis: a report of eight cases.

- Am J Surg Pathol* 1988;12:542-546
2. Ekelund P, Johansson S. Polypoid cystitis. A catheter-associated lesion of the human bladder. *Acta Pathol Microbiol Immunol Scand Sect[A]* 1979;87:179-184
  3. Ekelund P, Anderstrom C, Johansson SL, Larsson P. The reversibility of catheter-associated polypoid cystitis. *J Urol* 1983;130:456-459.
  4. Edward GB. Polypoid cystitis mimicking transitional cell carcinoma. *J Urol* 1984;131:963
  5. Hoeffel JC, Drews K, Gassner I, Arnaudin A. Pseudotumoral cystitis. *Pediatr Radiol* 1993;23:510-514
  6. Rosenberg HK, Egli KD, Zerlin JM et al. Benign cystitis in children mimicking rhabdomyosarcoma. *J Ultrasound Med* 1994;13:921-932

J Korean Radiol Soc 2002;46:63 - 66

## Polypoid Cystitis Mimicking Bladder Tumor: A Case Report<sup>1</sup>

Pil-Yeob Choi, M.D., Oh-Jun Kwon, M.D.<sup>2</sup>, Jong-Kuk Kim, M.D.<sup>2</sup>

<sup>1</sup>*Department of Radiology, Masan Samsung Hospital, Medical School of Sungkyunkwan University*

<sup>2</sup>*Department of Anatomic Pathology, Masan Samsung Hospital, Medical School of Sungkyunkwan University*

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

Address reprint requests to : Pil-Yeob Choi, M.D., Department of Radiology, Masan Samsung Hospital,  
50 Hapsung-dong, Hwoiwon-gu, Masan 630-522, Korea.  
Tel. 82-55-290-6092 Fax. 82-55-290-6087