

# Endoscopic images of bladder pathology.

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# Introduction:

Cystoscopy is an important technical examiniation in urology. Are we able to predict the diagnosis on endoscopic images? And what is the proper treatment for each pathology?

## Patients and methods

Five endoscopic images are shown with typical bladder pathology

#### Results:

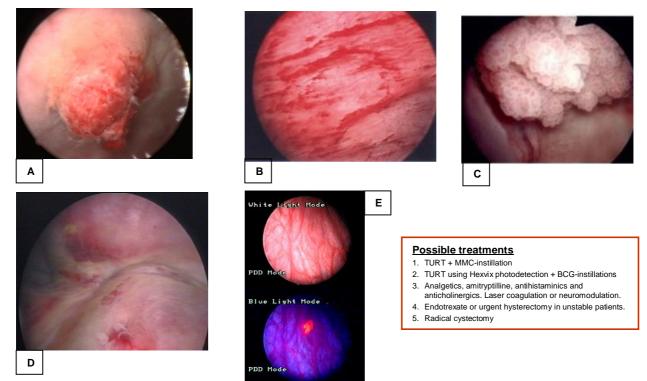
Carcinoma in situ, placenta percreta, interstitial cystitis, schistosomiasis and an urothelial cell carcinoma

### Conclusions:

A patients history and the endoscopic image of bladder pathology can help us in our (differential) diagnosis. Often cytology, biopsies and imaging will only confirm our expectation.

# **PATIENTS**

- 1) The first patient is a 40 yrs old female with chronic pain in the hypogastrium, urgency and pollakisuria. She has normal findings on urodynamics despite a bladder capacity of 150 ml. In the medical history an irritable bowel syndrome is mentioned.
- 2) The second patient is an African male of 40 yrs with microscopic, silent haematuria. Because of abdominal pain an X-ray of the abdomen was performed, showing calcifications on the urological tract.
- 3) This 60 yrs old male hair dresser has some leisure time in which he often helps painting interiors... Recently he showed silent, microscopic haematuria.
- 4) A 29 yrs old woman develops a hypovolemic shock postpartum. A prompt hysterectomy is done with hemostatic intention for a placenta praevia. Postoperatively the patient stays anaemic despite multiple transfusions. An ultrasound shows a mass in the bladderwall, with extrinsic compression.
- 5) This 65 yrs old mine worker smokes too much... He has had previous TURT treatment for recurrent superficial(pTa), papillary UCC



1. Please connect the right patient to the right endoscopic image. (connect each patient with his/her endoscopic image)

2. What is the proper treatment for each endoscopic image? (choose one of the treatments in Tabel 1). <u>E.g.:</u> A – Cystectomy, B – TURT, ...

GOOD LUCK!