

Pelvic Lipomatosis

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BRIEF HISTORY

A 51-year-old man without any history of medical disease presented to the urology clinic with complaints of voiding difficulty and urinary frequency for 3 months, and painless gross hematuria for 2 weeks.

CLINICAL EXAMINATION

Physical examination did not reveal any abnormalities. His hemo-

gram and biochemistry data were all within normal limits except for mild azotemia (creatinine 1.7 mg/dl). Urinalysis showed mild pyuria (WBC 2-5/HPF) and hematuria (RBC >100/HPF).

IMAGING FINDINGS, CYSTOSCOPY AND MANAGEMENT

Intravenous urography showed a high-positioned markedly elongated urinary bladder (Fig. 1, Panel A). Computed tomography showed a non-encapsulated fatty mass surrounding the urinary bladder symmetrically, with an attenuation similar to that of subcutaneous fat

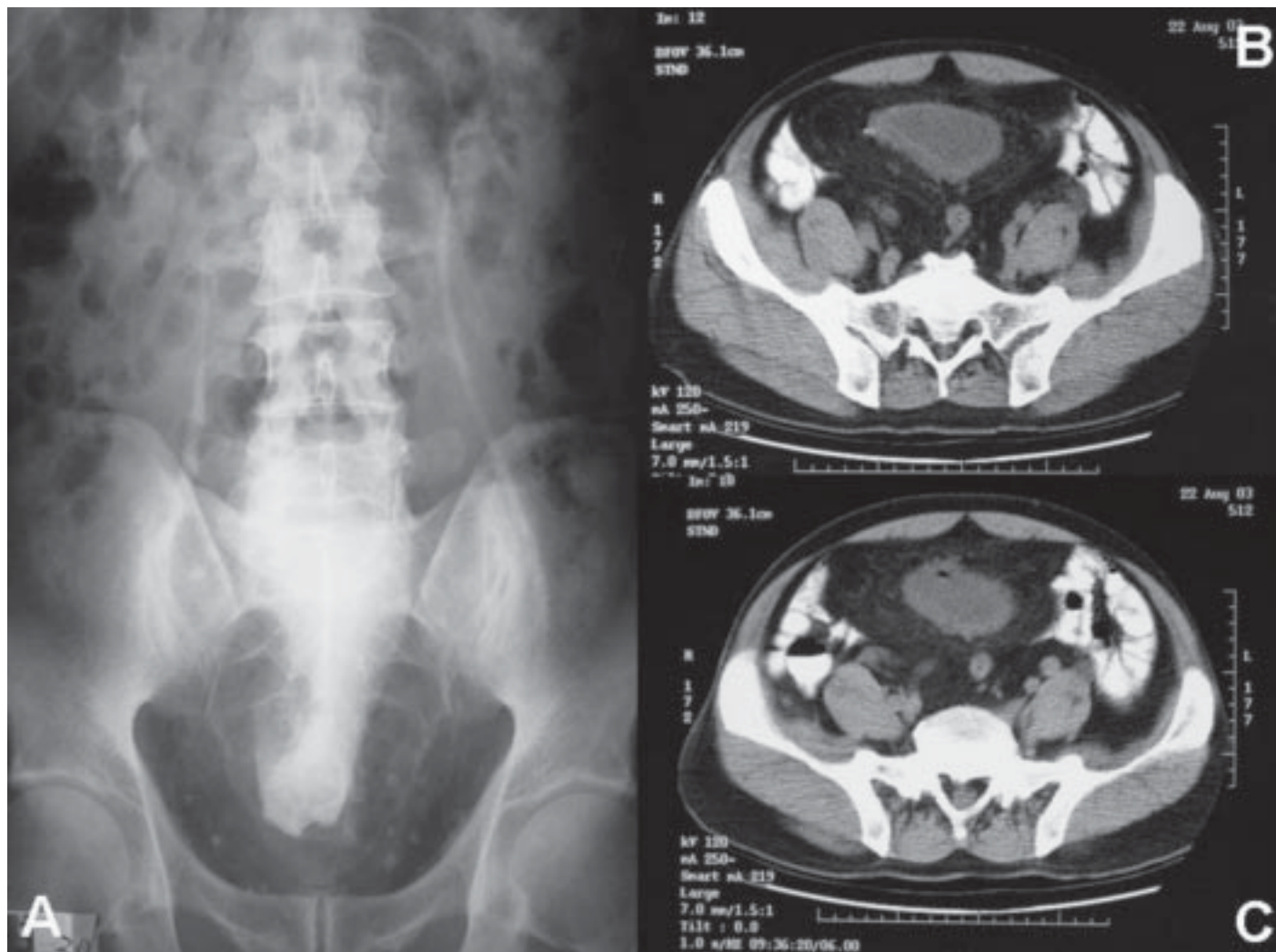


Fig. 1. A high-positioned pear-shaped urinary bladder (A). Prominent pelvic fat tissue (B, C).

(Fig. 1, Panels B and C). Urethroscopy under intravenous general anesthesia revealed multiple polypoid tumors throughout the whole bladder wall (Fig. 2, arrow). He received a transurethral resection of the bladder polypoid tumors and pathologic examination of the specimen revealed cystitis glandularis, which is consistent with pelvic lipomatosis.

COMMENT

Pelvic lipomatosis is a rare disease involving an overgrowth of pelvic fat in the retroperitoneal space and is predominantly found in males [1]. The etiology remains unclear. Obesity and fat overproduction by an inflammatory process from a chronic lower urinary tract infection are postulated to be possible mechanisms. The symptoms are variable, and lower urinary tract symptoms are not always present, although the bladder is deformed and perivesical fat deposition might

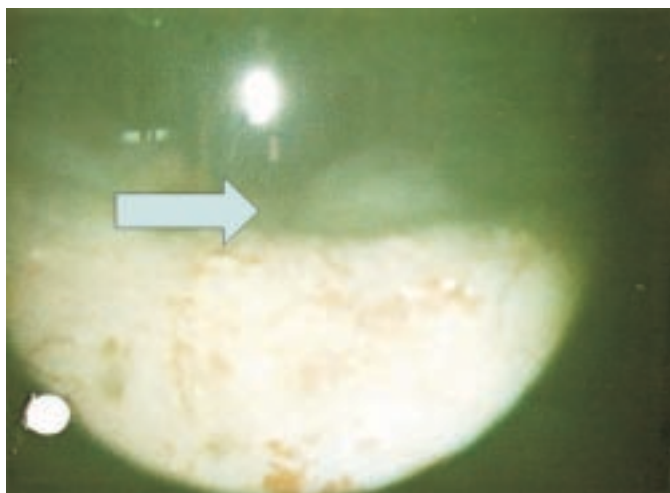


Fig. 2. Cystoscopic examination shows polypoid tumors (arrow) in the urinary bladder.

affect bladder compliance.

Pelvic lipomatosis usually causes progressive obstructive uropathy by obstructing the ureters. This phenomenon could be an indication for radical cystoprostatectomy and urinary diversion [2,3]. However, no definitive treatment has been recommended. Although pelvic lipomatosis might improve in some patients with weight loss, the efficacy has been not proved [2]. Surgical removal of the adipose tissue around the bladder does not improve the symptoms or radiologic findings [1].

The pathology findings of bladder lesions in patients with pelvic lipomatosis are usually cystitis glandularis, cystitis cystica, or cystitis follicularis. The association of proliferative bladder disease and pelvic lipomatosis is based on the speculation that obstruction in drainage of the bladder results in a proliferative cystitis because of an altered environment rich in protein fluid [1,4]. Cystitis cystica or cystitis glandularis could potentially be premalignant lesions of adenocarcinoma of the bladder [5]. An association between cystitis glandularis and adenocarcinoma of the bladder has been reported [6]. It is recommended that patients with cystitis glandularis and pelvic lipomatosis receive strict surveillance to detect any associated adenocarcinoma of the bladder.

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花蓮慈濟醫學中心泌尿科團隊在 1988 年起，由當時任職台大醫院泌尿科郭漢崇醫師擔任主任，近二十年來陸續邀集國內泌尿科具專長之醫師，共同打造一個兼診斷、治療與研究能力的泌尿科團隊。《泌尿學》便是由花蓮慈濟醫學中心泌尿科團隊，全體通力合作所完成的醫療鉅著。相信不只對於泌尿科醫師、醫學生，甚至對於護理人員，都深具參考價值。

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