

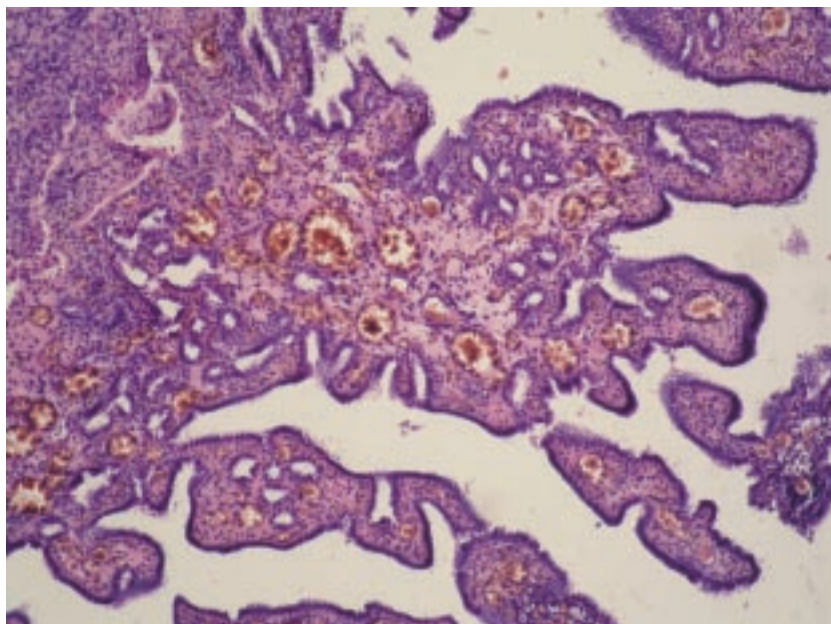
# Nephrogenic Adenoma of the Urinary Bladder

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**Fig. 1.** Histopathology shows a polypoid mass lined by cuboid epithelium with a fibrovascular core (hematoxyline & eosin  $\times 200$ ).

A 36-year-old woman had dysuria and micturition pain for more than one year. Cystoscopic examination disclosed an intravesical papillary-like lesions in the bladder trigone. A biopsy was done and histopathology of the specimen showed many papillary fronds with a broad, inflamed and focal edematous fibrovascular core lined by a single layer of cuboid to columnar cells (Fig. 1) diagnostic of nephrogenic adenoma (NA). NA is an uncommon, benign lesion of urothelial-lined organs from the renal pelvis to the urethra. The lesion is discovered during cystoscopy or is an incidental microscopic finding in about 20% of patients. Cytoscopically, an NA is papillary (56%), polypoid (10%) or sessile (34%). Microscopically, an NA displays tubular, cystic, polypoid-papillary and diffuse patterns. The most common architecture is tubular (present in 96% of cases). The tubules are typically small, round struc-

tures lined by cuboid epithelium. Polyoid-papillary structures are present in 65% of areas. Edematous polyps are more common than delicate papillae, which are present in only 10% of cases. The current consensus is that NA is not a premalignant lesion. Surgical intervention with limited resection is appropriate.

## FURTHER READING

1. Pavlidakey PG, MacLennan GT, Goldman HB: Nephrogenic adenoma of the bladder. *J Urol* 2010; **184**:2535-2536.
2. Kunju LP: Nephrogenic adenoma: Report of a case and review of morphologic mimics. *Arch Pathol Lab Med* 2010; **134**:1455-1459.