Gastroenterology

A rare cause for recurrent cystitis

S Joye Varghese, N Rajesh, V Vimalraj, R Rajesh, C Jijo Velliappillil, S Jeswanth, S Rajagopal, V Jayanthi

.....

Answers on p e12

24 year old man presented with lower abdomen pain and intermittent diarrhoea for three months. There was no blood or mucus in his stools. He had low grade evening rise of temperature, anorexia, and weight loss. He also had dysuria. There was no history of vomiting, gastrointestinal bleed, or haematuria. He was a non-smoker and teetotaler; there was no history of exposure.

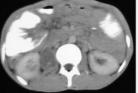
On examination, the vital signs were stable, pallor was present, and there was generalised lymphadenopathy. A smooth, non-tender, 6×8 cm mass was palpable over the right iliac fossa. There was no hepatosplenomegaly or ascites.

Investigations: heamoglobin was 92.0 g/l, erythrocyte sedimentation rate 94 mm in first hour, chest skiagram was normal. Cervical lymph node excision biopsy was positive for tuberculosis. Ultrasound of the abdomen showed a hypodense mass in the right iliac fossa and granular sediment in the bladder. Computed tomography was undertaken (fig 1).

QUESTIONS

- 1. What are the findings and what is the diagnosis?
- 2. What does the micturating urethrogram show? (fig 2)





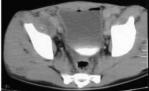


Figure 1 Computed tomogram of the abdomen.

3. What is the final diagnosis?

Postgrad Med J 2006;**82**:e11 (http://www.postgradmedj.com/cgi/content/full/82/968/e11) doi: 10.1136/pgmj.2005.044073

Authors' affiliations

S Joye Varghese, N Rajesh, V Vimalraj, R Rajesh, C Jijo Velliappillil, S Jeswanth, S Rajagopal, V Jayanthi, Department of Gastroenterology, Stanley Medical College Hospital, Chennai, Tamilnadu, India

Correspondence to: Dr J V Selvaraj, Department of Medical Gastroenterology, Stanley Medical College, Chennai, Tamilnadu State, India 600 001; joyvargese@gmail.com

Submitted 8 December 2005 Accepted 19 December 2005

Funding: none.

Conflicts of interest: none.



Figure 2 Micturating urethrogram.