

Gastroenterology

A rare cause for recurrent cystitis

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Answers on p e12

A 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, 6x8 cm mass was palpable over the right iliac fossa. There was no hepatosplenomegaly or ascites.

Investigations: haemoglobin 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?

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Figure 2 Micturating urethrogram.