

IMAGES IN SURGERY

DYSTROPHIC CALCIFICATION AFTER TURB AND POSTOPERATIVE INTRAVESICAL MITOMYCIN-C ADMINISTRATION

CALCIFICACIÓN DISTROFICA TRAS TURB Y LA ADMINISTRACIÓN INTRAVESICAL POSTOPERATORIA DE MITOMICINA-C

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A 77-year-old patient with history of non muscle invasive and recurrent multifocal bladder tumour (pTaG2), with superficial 4-mm recurrence in the fundus bladder mucosa during the follow-up, underwent a transurethral resection of bladder tumor (TURB). Without bladder perforation suspected, intravesical instillation Mitomycin-C in the immediate postoperative period was administered. In cystoscopy, 3 months later, with the patient being asymptomatic, a fibrino-stone like growing was observed, arising from fundus bladder mucosa (1, 2). In an attempt to dismiss a post TURB leak, a biopsy of the fibrinous material

was taken and URO-CT performed, which revealed irregularity and a scar tract with some calcifications within the bladder anterior wall (Fig.1 and Fig.2). The histological result of the sample taken was adipose tissue, necrosis, lymphoplasmacytic inflammatory infiltrate and dystrophic calcifications (3), compatible with encrusted cystitis. With those findings in the anatomopathological report, urine sample was analyzed. The pH of the urine was 6 and the culture was negative, so encrusted cystitis was dismissed (4). Most probable, the changes in the bladder mucosa were due to a reactive process to the intravesical



FIGURA 1. Coronal plane of the bladder lesion



FIGURA 2. Horizontal plane of the bladder lesion

instillation of Mitomycin-C in a non-suspected microscopic perforation of bladder wall. During the follow-up after biopsy, the patient was asymptomatic and without pathological findings in the cystoscopy.

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