

Differential Diagnosis of an Asymptomatic Lesion in Contact with the Bladder

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Abstract : PURPOSE: Presentation of an interesting finding in an asymptomatic patient. MATERIAL: A patient came at hospital because of dysuric complaints and after a urologist's prescription of a US exam of the urogenital system. The simple ultrasound examination of the lower abdomen revealed a moderate hypertrophy of the prostate and a solitary large bladder stone. The kidneys were normal. Then, the patient underwent a CT scan, which depicted the bladder stone and, as an incidental finding, a cystic lesion in contact with the upper anterior right surface of the bladder, with mural calcifications. METHOD: Abdominal ultrasound and abdominal computed tomography before and after intravenous contrast administration. RESULTS: The repeated US exam showed a cylindrical cystic lesion with a double wall and two mural hyperechoic foci, with partial posterior shadowing. Blood flow was not recognized on color doppler. The CT exam confirmed the cystic-like anechoic lesion, in the right iliac fossa, with the presence of two foci of mural calcifications. The differential diagnosis includes cases of enteric cyst, intestinal duplication cyst, chronic abscess, urachal cyst, Meckel's diverticulum, bladder diverticulum, old hematoma, thrombosed vascular aneurysm, diverticular abscess, etc. The patient refused surgical removal and is being monitored by ultrasound. CONCLUSIONS: The careful examination of the wider peri-abdominal area, especially during the routine ultrasound examination, can contribute to the identification of important asymptomatic findings. The radiologist must not be solely focused in a certain area of examination, even if the clinical doctor asks so, but should give attention to the neighboring areas, too.

Keywords : enteric cyst, US, CT, urogenital tract, miscellaneous findings

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