Incidental Discovery of Emphysematous Cystitis with Rapid Resolution in a Patient Presenting with Acute Pancreatitis

M. Al-Assiri* and P. Chan

Department of Urology, Royal Victoria Hospital, McGill University Health Centre,
Montreal, Quebec, Canada

E-mail: manaalassiri@yahoo.com

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CASE HISTORY

A 58-year-old male presented with a 2-h history of epigastric pain, nausea, and vomiting after an episode of heavy alcohol consumption. He denied any irritative and obstructive urinary symptoms.

On physical examination:

1. Afebrile with stable vital signs.
2. Abdominal examination revealed epigastric tenderness with rebound.

Investigation:

1. Elevated lipase level (90 U/L), his serum biochemical profile was essentially normal.
2. A urinalysis was positive for red blood cells, negative for white blood cells and nitrites.

A clinical diagnosis of acute pancreatitis was made.

A computerized tomography of the abdomen and pelvis was consistent with a Grade A pancreatitis (Fig. 1). Incidentally, air was noted within the urinary bladder wall (Fig. 2). Of note, there was no recent urinary tract instrumentation.

The diagnosis was **emphysematous cystitis**.

The patient was treated with oral antibiotics with prompt clinical response. Three days later, a follow-up CT abdomen and pelvis showed significant resolution of the emphysema in urinary bladder (Fig. 3). No significant change was noted in appearance of the pancreas (Fig. 4).

This case shows that a life-threatening urological condition could present with a nonurological complaint.

FIGURE 1. CT scan of the upper abdomen and pelvic demonstrating Grade A pancreatitis.

FIGURE 2. Intramural and intraluminal gas in the urinary bladder.

FIGURE 3. A follow-up CT obtained 3 days later demonstrated nearly a complete resolution of the intramural and intraluminal gas in the urinary bladder.

FIGURE 4. No significant change was observed in the appearance of the pancreas.

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