diagnostic laparotomy and an empirical trial of BEP (Bleomycin, VP16, Cisplatinum) chemotherapy was commenced. She subsequently developed pancytopenia at which time a bone marrow examination revealed focal infiltration by malignant epithelial cells. After an initial improvement the patient died.

At necropsy the pituitary fossa was extensively infiltrated by tumour with erosion of the right sphenoid bone and extension into the right orbit. The bladder was markedly thickened by tumour with diffuse mucosal ulceration and an intact serosal surface. No other primary neoplasm was identified. Microscopy of the bladder tumour and of the pituitary infiltrate showed a poorly differentiated transitional cell carcinoma with focal squamous differentiation.

This is the first reported case, to our knowledge, of a patient with transitional cell carcinoma of the bladder whose clinical presentation was due to pituitary fossa involvement by secondary tumour. Metastatic disease of the pituitary fossa usually develops late in the course of disseminated malignancy.3 Previously reported cases of pituitary involvement by bladder carcinoma were incidental findings at autopsy.4

Cecily M. Quinn,
Hilary Thomas
Mark B. Prentice

Departments of Histopathology and 1Clinical Oncology,
Royal Postgraduate Medical School,
Hammersmith Hospital,
Du Cane Road,
London W12 0HS, UK.

References


Bilateral tubercular psoas abscess mimicking bilateral hydronephrosis – the role of computerized tomography in the management

Sir,

A 16 year old boy presented with gradually increasing kyphosis since childhood, pain in the right flank, decreased urine output and intermittent swelling of feet, face and abdomen of 6 months duration. On examination he had kyphoscoliosis, pectus excavatum and palpable masses in both flanks. Intravenous urogram did not show functioning kidneys even in delayed films. Abdominal ultrasonography showed fluid-filled spaces in the renal fossa and a diagnosis of bilateral hydronephrosis due to urerteropelvic junction obstruction was suggested. Ultrasound-guided needle aspiration yielded creamy pus from both cavities and a pigtail catheter was left for drainage. The smear examination and culture of the pus was positive for Mycobacterium tuberculosis. The dye study done subsequently through the catheter gave an impression that the catheter was extra renal in a psoas abscess. Computed tomography then demonstrated bilateral psoas abscesses, destruction of vertebral bodies, with the presence of normal functioning but displaced kidneys on both sides.

A total of 1000 ml of pus was drained from the right side and 750 ml from the left. Therapy for tuberculosis was given for 9 months and the patient has made an uneventful recovery with complete resolution of both psoas collections and the kidneys returning to their normal positions.

It is well known that spinal disease may present with abdominal symptoms but review of urological, radiological and orthopaedic literature emphasizes the rarity, delayed presentation, diagnostic difficulty, and non-specific radiological features of tubercular psoas abscess and late diagnosis of all forms of tuberculosis especially spinal tuberculosis.1,2

Improved methods of visualizing the anatomy and pathology of the retroperitoneum and the psoas muscle now exist with the development of ultrasonography. Still one can wrongly diagnose a psoas abscesses as bilateral hydronephrosis, if one does not specifically look for the kidneys when they no longer remain in their normal positions and are displaced by the fluid collection, as happened in our case. The complementary use of computed tomography with its exquisite organ specificity and the advantage of density discrimination helps to clinch the diagnosis early and resolve the confusion. Recent reports document the successful treatment of psoas abscesses by percutaneous drainage which seems to be preferable to formal surgical drainage.3

We conclude that there should be heightened clinical awareness of the condition. This high index of suspicion coupled with early CT evaluation and judicious use of ultrasonographically guided aspiration will lead to an early recognition of the disease, and its cure.

B.K. Vohra
S. Khanna
Department of Urology,
Sir Ganga Ram Hospital,
New Delhi,
India

References


Enterobius vermicularis live adult worms in the high vagina

Sir,

I present an unusual case of Enterobius vermicularis adult live worms recovered from the high vagina. To my knowledge no such case has been reported in the literature.
Bilateral tubercular psoas abscess mimicking bilateral hydronephrosis--the role of computerized tomography in the management.

B. K. Vohra and S. Khanna

*Postgrad Med J* 1992 68: 690
doi: 10.1136/pgmj.68.802.690

Updated information and services can be found at: [http://pmj.bmj.com/content/68/802/690.1.citation](http://pmj.bmj.com/content/68/802/690.1.citation)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to: [http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to: [http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to: [http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)