A case of vesical leiomyoma and acute urinary obstruction

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Summary

A case of acute urinary retention due to a vesical leiomyoma is described. This is an unusual presentation and the treatment is discussed.

KEY WORDS: acute urinary retention, vesical leiomyoma.

Introduction

A case of acute urinary retention in a female, caused by a leiomyoma of the bladder is described. Endoscopic follow-up for 5 years confirms a benign course.

Case report

A 42-year-old housewife presented with acute urinary retention, and a 24-hr history of increasing difficulty in micturition. Physical examination revealed an enlarged bladder. Intravenous urogram showed normal upper tracts with a large filling defect at the base of the bladder (Fig. 1). Cystoscopy revealed a large tumour on the right side of the bladder neck from which 50 g was resected transurethraly. Histology revealed bundles of mature smooth muscle consistent with a leiomyoma. Following resection, voiding was normal. Cystoscopy was repeated at yearly intervals for 5 years, but no recurrence was noted.

Discussion

Acute urinary retention in the female is unusual. This case illustrates acute retention due to a benign mesothelial vesical tumour. Only one other case of leiomyoma of the bladder and urinary retention has been reported which followed a Marshall-Marchetti repair for stress incontinence (Katz and Waldbaum, 1975). Although leiomyoma is the most common of

FIG. 1. Intravenous urogram appearance of leiomyoma.

the benign mesothelial vesical tumours, it is still extremely rare. It is thought to derive from embryonic rests. Campbell and Gislason (1953) described one case and reviewed the literature. Since that time there have only been isolated reports in the English literature. The site of these tumours appears to be confined to the bladder neck and base. Their resemblance to benign prostatic hypertrophy in behaviour has been noted (Thompson and Balfour, 1974). This case demonstrates that acute urinary retention can be the presenting clinical feature of this tumour. The long follow-up, with absence of recurrence, confirms the benign nature of the tumour and suggests that transurethral resection is the treatment of choice.

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