Case Presentation: Mr. S

History

- Seen as inpatient in May, but has significant prior history and is a poor historian
- 53 y.o. Male no PMH, has been out of contact with medicine for years aside from hernia repair
- PSH: Umbilical hernia repair
- No Medications or Allergies
- History of heavy drinking, denies drinking in the past 5 years

History

- January: One episode of painless hematuria
- February: Reports painful urination with straining and foul smelling urine
- March: Visits PCP with these symptoms and was treated for a UTI with 10 days of an unspecified antibiotic
- While on antibiotics, patient sees blood in his stool, which ceases after treatment
- At the follow up for his UTI treatment, his PCP referred him to urology who he saw in early May

Recent Symptoms

- Patient reports weight loss over the past several months of about 20 pounds
- Straining and lower abdominal pain with urination
- Foul smelling urine
- Episodes of scant blood in stool
- Progressive urgency with loose bowel movements associated with eating

Symptoms in the Past 3 Days

- Fever, chills, weakness, fatigue, worsening abdominal pain
- Went to PCP for these symptoms in late May and referred to the ED with concern for sepsis

In the ED

- ED initial vitals, T: 99.7 HR: 89 BP: 121/60 RR:18 SpO2: 100%
- Labs notable for WBC count 10.7, Hematocrit 28.8
- UA was orange and turbid, positive for many WBC, RBC, epithelial cells, and bacteria with hyaline casts noted
- With presumed UTI, IV ceftriaxone was given with fluids
- CT abdomen Pelvis obtained and admitted to the floor in stable condition

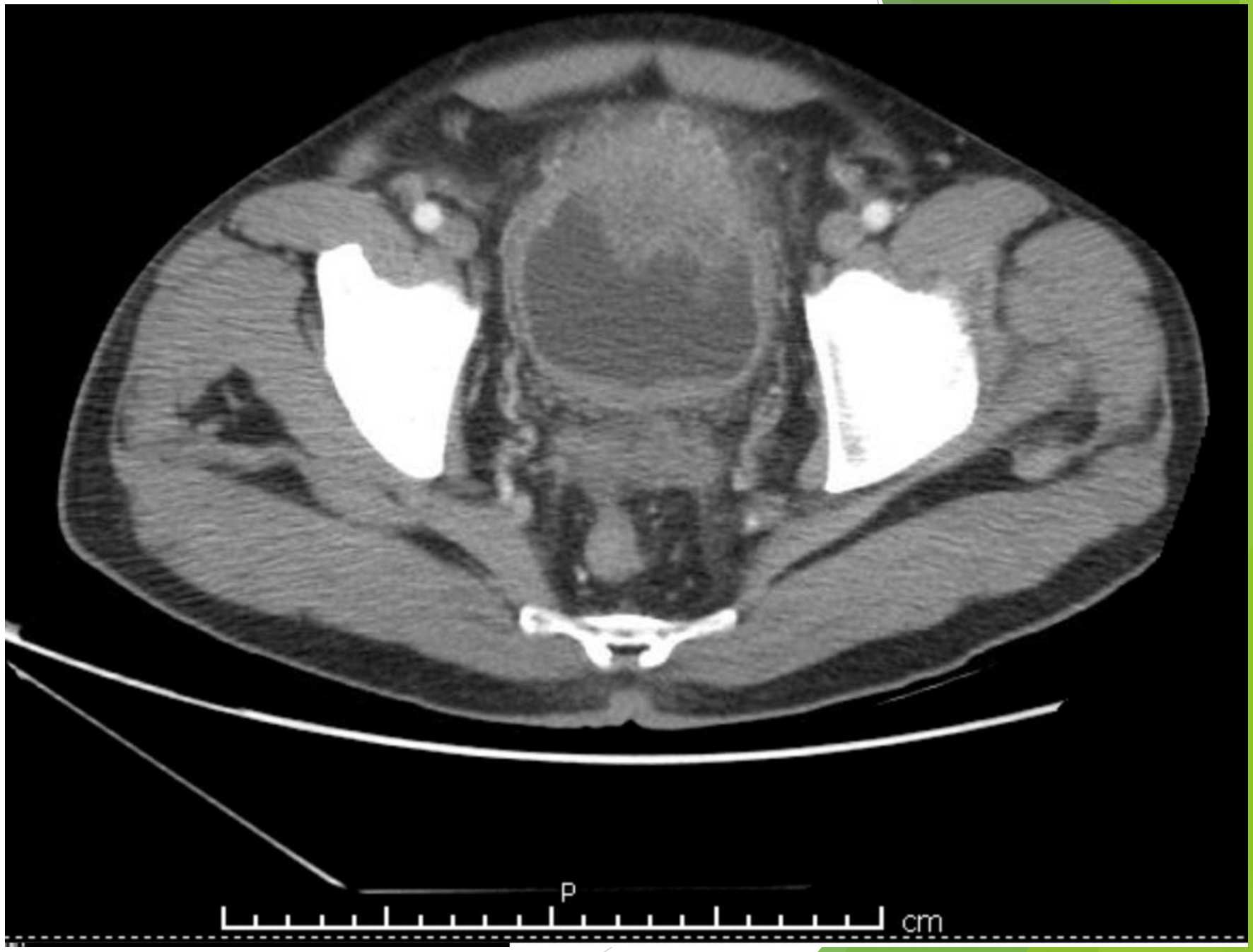
Physical exam

Abdominal exam: Tenderness across the lower abdomen, mostly suprapubic, soft, ND, BS+

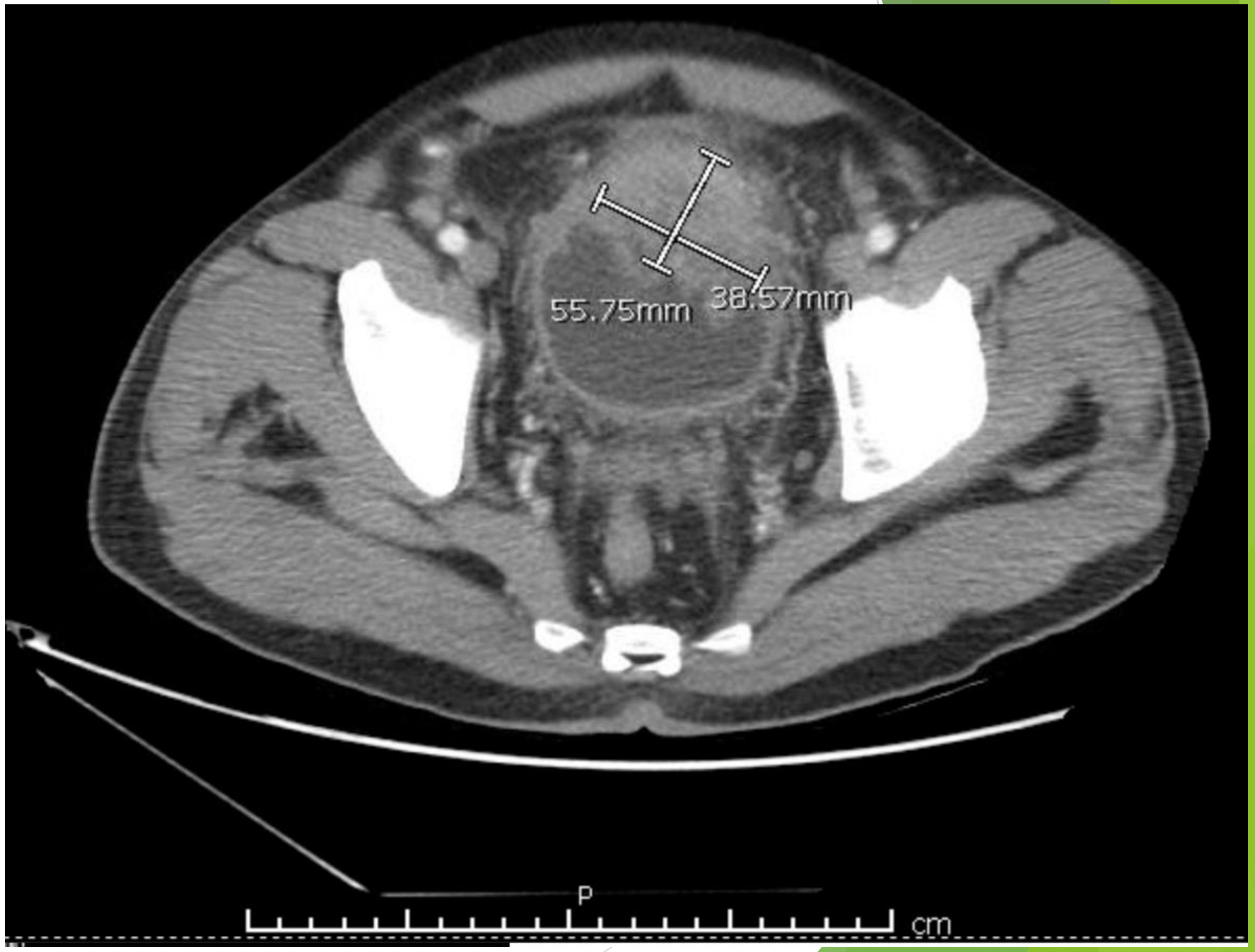
Skin: Slightly pale, no rashes or lesions

Otherwise unremarkable

CT Abdomen and Pelvis



CT Abdomen and Pelvis



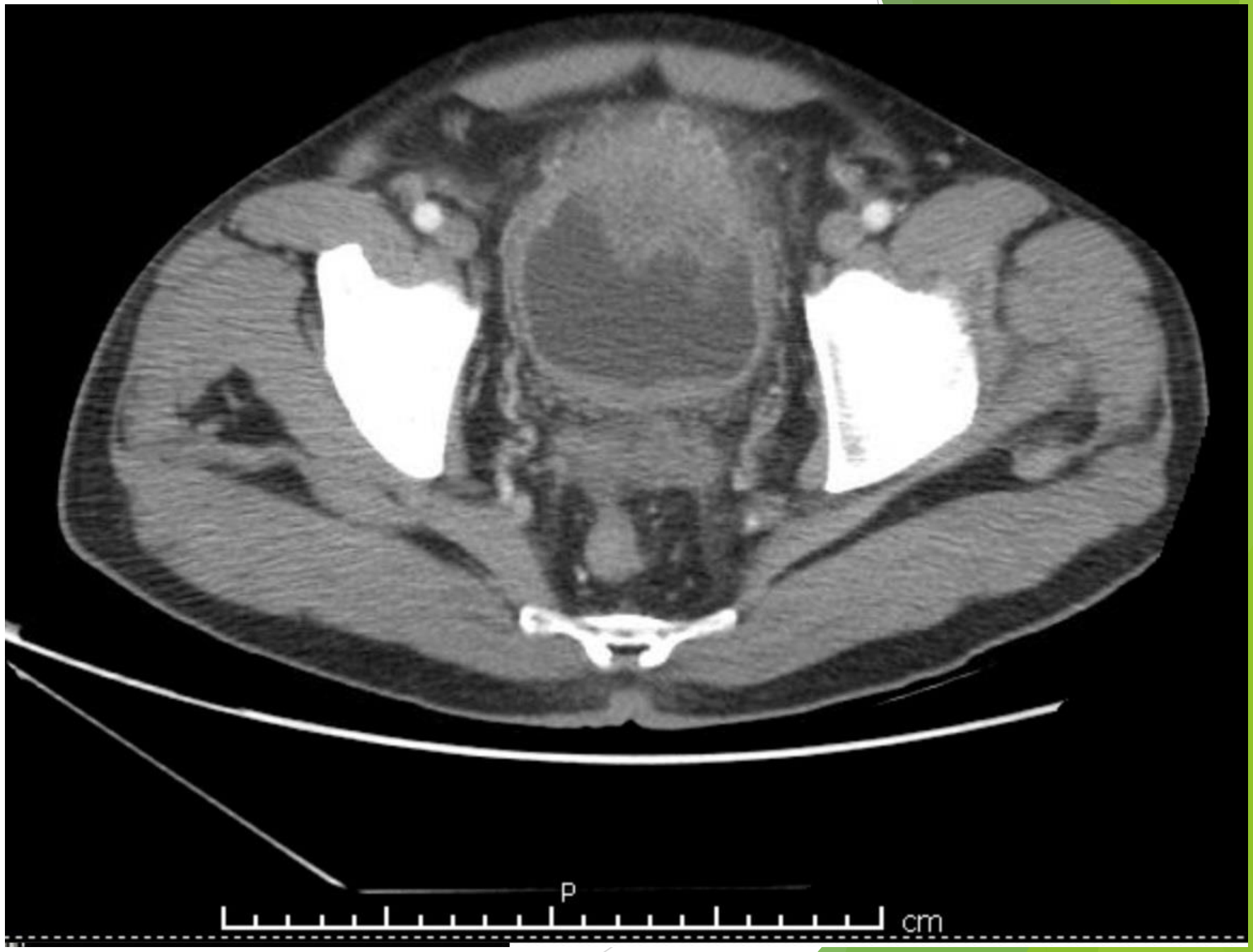
Radiology Report

- There is marked wall thickening in the sigmoid colon noted which lies contiguous to the anterior and superior aspect of the urinary bladder. **An irregular mass protrudes into the lumen of the urinary bladder, estimated at about 55 mm in transverse diameter and about 38 mm in AP diameter**. Diverticula in the sigmoid colon are noted. A **probable collection of fluid and gas between the bladder and the sigmoid colon is measured at about 28 mm in diameter**.
- Impression: Differential diagnosis includes severe diverticulitis with abscess formation and developing fistulous communication to the urinary bladder versus the possibility of tumor eroding from the bladder to the colon or from the colon to the bladder. Correlation with findings at endoscopy and cystoscopy should be considered

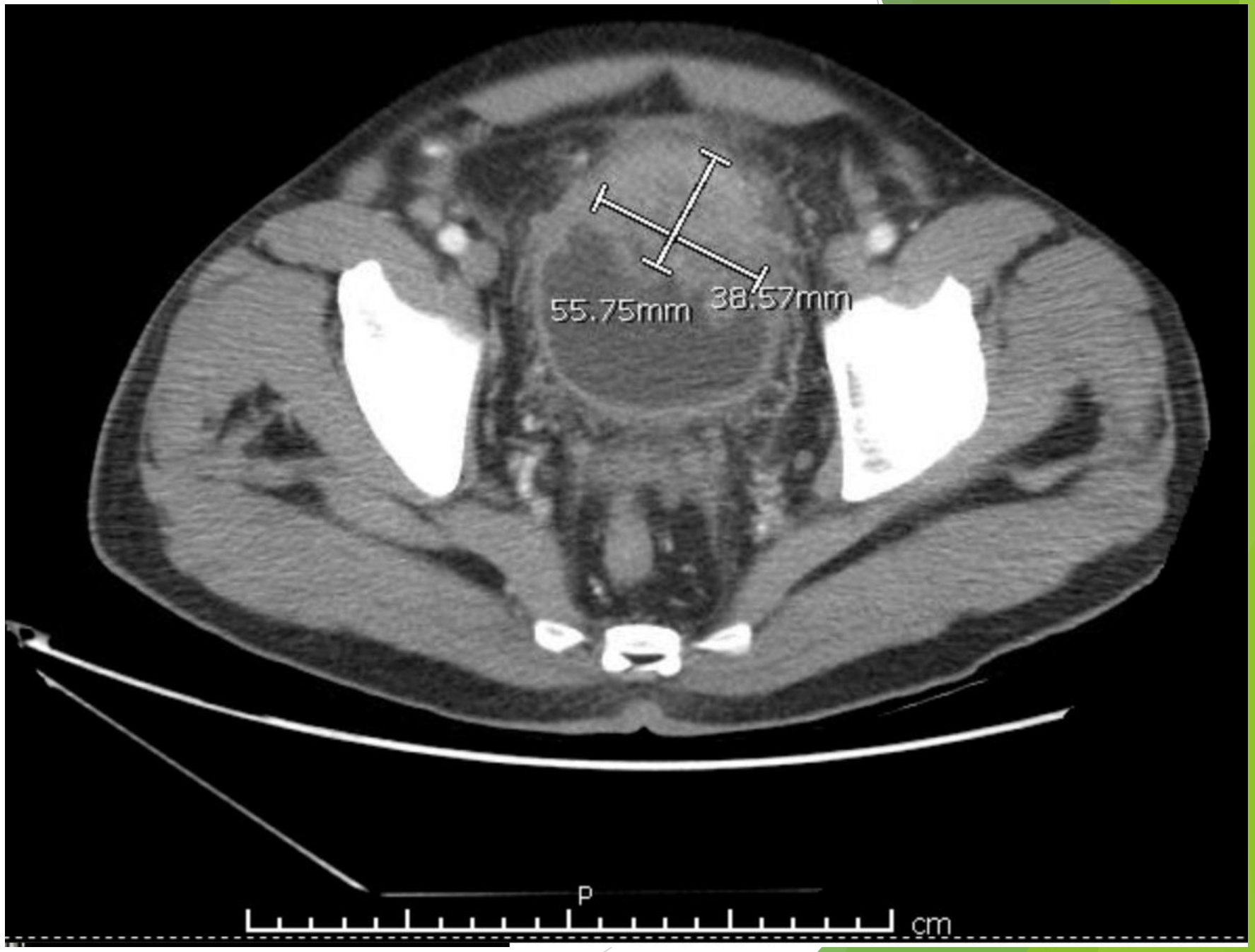
More CT Abdomen Pelvis

- Slices from bottom to top

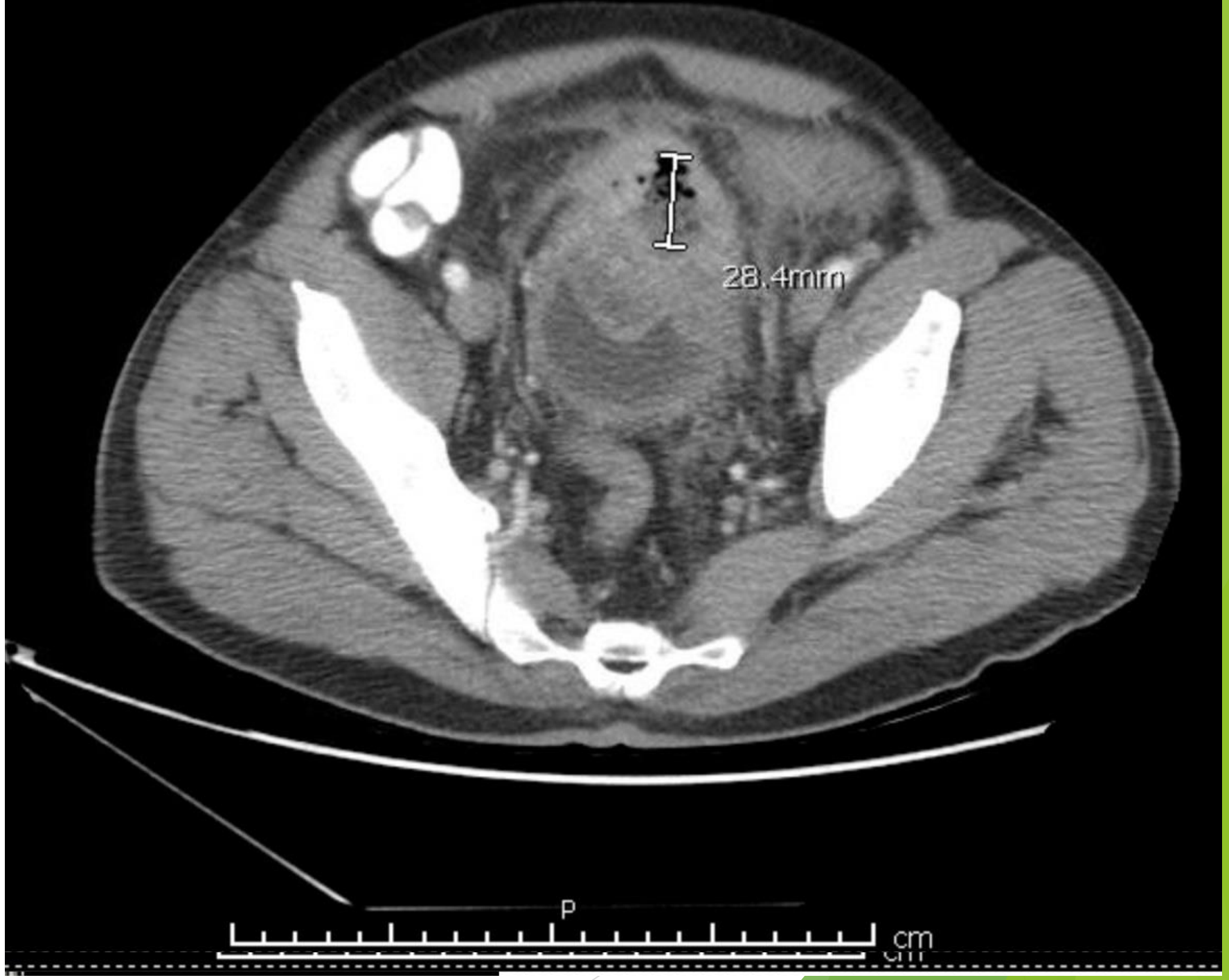
CT Abdomen and Pelvis



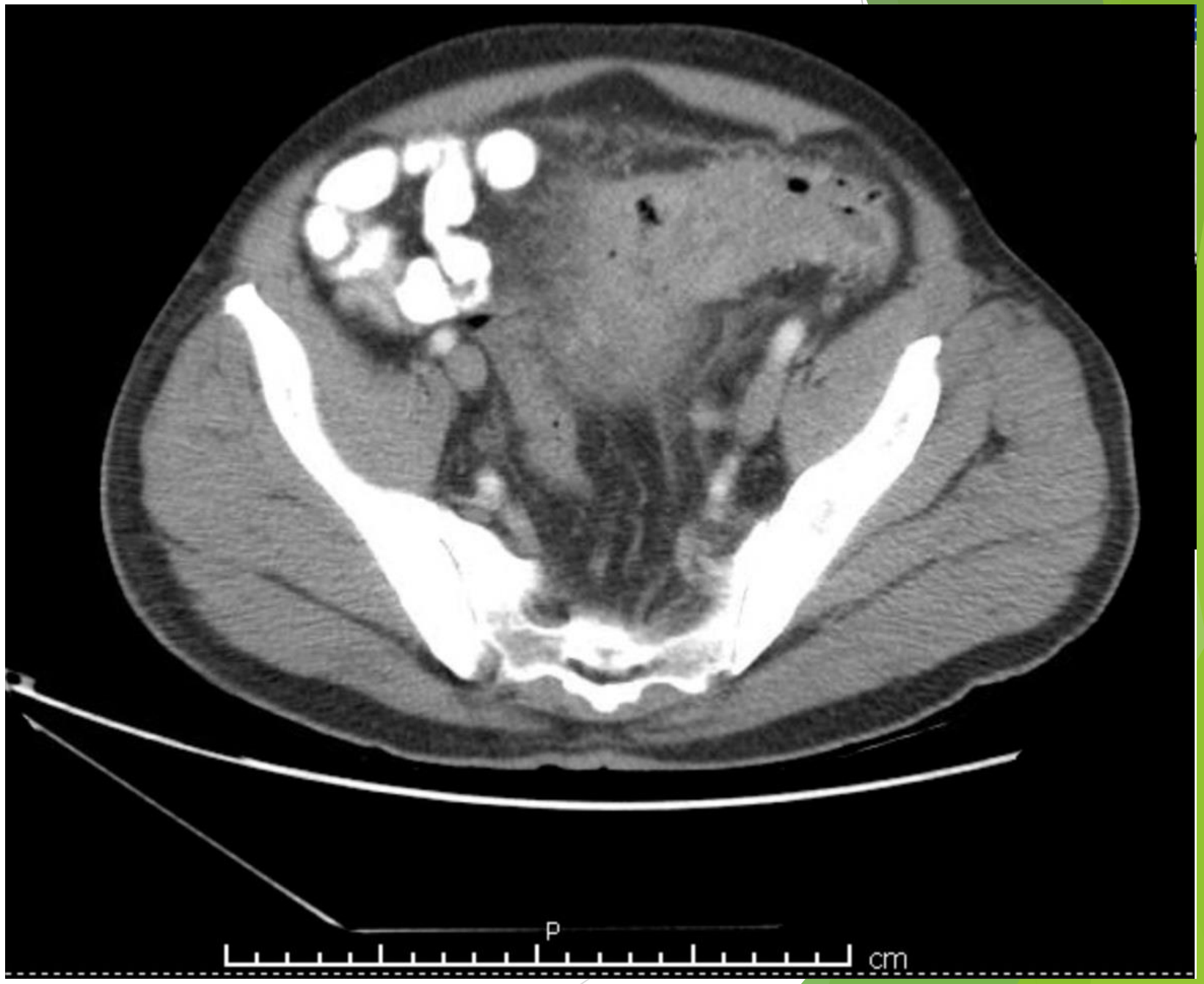
CT Abdomen and Pelvis



CT Abdomen and Pelvis



CT Abdomen and Pelvis



After CT results

- Discontinued ceftriaxone
- Started Cipro 500mg bid, flaygl 500mg tid

Urology History

- PCP had referred the pt to urology about 2 weeks before admission
- CT performed, findings suspicion for bladder carcinoma and colovesicular fistula

Cystoscopy the next week during admission

- Patient had to wait over the weekend for cystoscopy
- Tumor nodular and smooth, 4 biopsies taken

Discharge

- Pathology pending, results to be communicated to patient's outpatient urologist
- Scheduled for outpatient GI evaluation
- Discharged on antibiotic regimen: Cipro 500mg bid, flagyl 500mg tid x10 days

Pathology report

- Polypoid urothelial mucosa with inflammation edema and cystitis cystica et glandularis (Metaplastic changes)

Plan

- GI workup, likely with colonoscopy and biopsy
- Surgical excision, possibly with partial colectomy

How to detect a colovesicular fistula

- Abdomen/Pelvis CT – fistula visualized in 64% of cases

-sensitive to air and contrast in the bladder, pushes sensitivity to 90-100%

-other CT findings suggestive of fistula: Bladder wall thickening, colonic diverticula

- Colonoscopy- 55% sensitivity
- Barium enema- 30% sensitivity, up to 90% if radiographing the urine for barium (Bourne test)
- MRI- use limited to complex fistulas
- Poppy seed test- Eat 35g-250g of poppy seeds and check the urine for seeds. Reported sensitivity of up to 100%

Source:UpToDate

Questions?