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A Rare yet Classic Case: Intradiverticular Bladder Tumors

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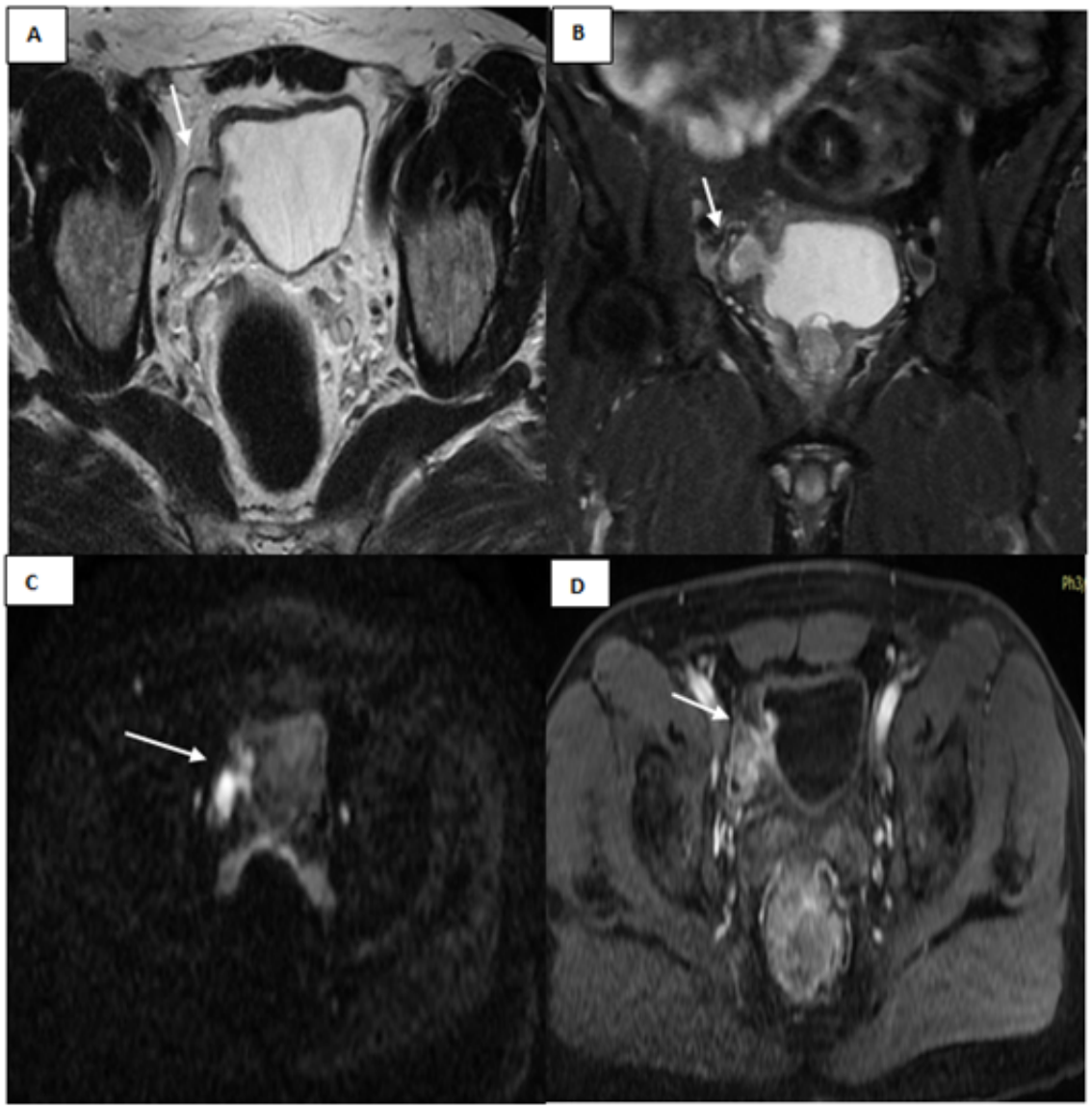

Figure 1: Pelvic MRI images of intradiverticular bladder tumor **(A)** Axial plane, T2-weighted image; **(B)** Coronal plane, fat-saturated T2-weighted image; **(C)** Axial plane, post contrast and **(D)** Axial plane, DWI.

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A 68-year-old male, presented with intermittent gross hematuria and irritative lower urinary tract symptoms over the past six months. A pelvic MRI revealed a right latero-vesical diverticulum measuring 26 mm in transverse diameter, with a narrow neck measuring 9 mm. Within this diverticulum, there was a budding tissular process showing intermediate signal intensity on T2-weighted images, along with restricted diffusion and enhancement after gadolinium injection. The budding tissular process measured 28 mm in transverse diameter and extended into the bladder through its neck. Intradiverticular bladder tumors are relatively rare, accounting for approximately 1.5% of all bladder tumors [1]. These tumors develop within the bladder diverticula, which result from increased intravesical pressure, causing outpouching of the bladder urothelium through the muscularis propria [2]. The most common histological type of intradiverticular bladder tumors is urothelial carcinoma [2]. There is increasing evidence suggesting that the stasis of urine in the bladder diverticulum leads to chronic mucosal irritation and prolonged exposure to urinary carcinogens. Consequently, this heightened exposure to carcinogens increases the risk of malignancies developing within the diverticulum's epithelial lining [3]. Neoplasms that develop within a bladder diverticulum present unique challenges concerning diagnosis and treatment. The most common clinical symptom is painless gross hematuria. The diagnostic modalities used are similar to those for bladder cancer, including urine cytology, cystoscopy and radiologic examinations such as IVP (Intravenous Pyelogram), computed tomography and magnetic resonance imaging. These tests are valuable tools in diagnosing bladder diverticular cancer [4]. Bladder diverticulum neoplasms have a poor prognosis because the diagnosis is late and associated with early invasion, which results from the anatomy of the diverticulum that lack muscular fibers [3]. The surgical treatment options for bladder diverticulum neoplasms range from conservative transurethral resection to more aggressive radical cystectomy. Within Transurethral Resection of the Tumor (TURBT), achieving complete resection can be challenging and there is a higher risk of tumor recurrence compared to non-diverticular tumors. In certain cases, when the tumor is extensive or recurrent, partial cystectomy emerges as a viable alternative for the treatment of bladder diverticular cancer. With the advancements in minimal invasive surgery, laparoscopic diverticulectomy or partial cystectomy has shown promising results [4]. Due to the rarity of intradiverticular bladder tumors, large-scale clinical trials specifically addressing this entity are limited. As a result, treatment decisions are frequently made based on expert consensus and individual patient factors.

Keywords: Intradiverticular bladder tumors; Bladder diverticulum; MRI

Conflict of Interest

None of the authors have any conflict of interest to disclose.

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