CR37 Emphysematous cystitis: a non-specific presentation

Ivan Borlinić[a], Klara Brekalo[a], Lucija Dafne Blažević[a], Anna Braniša[a], Delfa Radić-Krišto[a,b]

[a] *School of Medicine, University of Zagreb, Zagreb, Croatia*
[b] *Division for Hematology, Department of Internal medicine, Clinical Hospital Merkur, Zagreb, Croatia*

DOI: https://doi.org/10.26800/LV-145-supl2-CR37

Ivan Borlinić 0009-0005-7571-3712, Klara Brekalo 0009-0008-3636-008X, Lucija Dafne Blažević 0000-0001-6101-1326, Anna Braniša 0009-0000-5568-2502, Delfa Radić-Krišto 0000-0002-2827-7808

KEYWORDS: Cystitis; sepsis; urinary tract infection

INTRODUCTION/OBJECTIVES: Emphysematous cystitis is a rare but serious urinary tract infection characterized by the presence of gas in the bladder wall and lumen, caused by gas-forming bacteria. This condition can lead to damage to the bladder wall, with possible rupture, sepsis, and death if left untreated. It is most commonly seen in older female patients and diabetics with multiple comorbidities.
CASE PRESENTATION: A 71-year-old woman presented to the ER with generalized weakness, dizziness, loss of appetite, vomiting and was afebrile with no dysuria at the time. She was a type II diabetic with heart failure and arterial hypertension and was hospitalized the previous month for investigation of a retrosternal mass, found to be a hematoma caused by the protrusion of a sternal cerclage wire following a triple CABG procedure. Upon admittance, MSCT showed pneumoperitoneum and pneumomediastinum, as well as emphysematous cystitis, and she was initially treated with ceftriaxone. In the following days, her kidney function deteriorated, progressing to anuria with metabolic acidosis within seven days, with septic shock as the probable cause. She also developed pneumonia with respiratory insufficiency, so dialysis and mechanical ventilation were initiated. Unfortunately, these steps were insufficient, and the patient died.
CONCLUSION: Emphysematous cystitis is an urgent and possibly life-threatening condition. Unfortunately, it often presents with symptoms atypical of a urinary tract infection, making it difficult to diagnose. For this reason, it is often found too late and as an accidental diagnosis during the investigation of other possible conditions.

CR38 Endobronchial ultrasound-guided transbronchial fine needle aspiration (EBUS-TBNA): Solitary fibrous tumor of the mediastinum

Robert Gečević[a], Darjan Ranilović[b], Ivan Marasović[b], Damir Vukoja[b], Đivo Ljubičić[b]

[a] *School of Medicine, University of Zagreb, Zagreb, Croatia*
[b] *Division of Pulmonology, Department of Internal Medicine, Clinical Hospital Dubrava, Zagreb, Croatia*

DOI: https://doi.org/10.26800/LV-145-supl2-CR38

Robert Gečević 0000-0002-8533-9788, Darjan Ranilović 0000-0003-3906-8646, Ivan Marasović 0000-0001-5332-0532, Damir Vukoja 0000-0002-7634-6644, Đivo ljubičić 0000-0001-7071-9078

KEYWORDS: endoscopic ultrasound-guided fine needle aspiration; lymphoma, non-Hodgkin; mediastinal neoplasms; solitary fibrous tumors

INTRODUCTION/OBJECTIVES: A solitary fibrous tumor is a rare type of mesenchymal neoplasm with a described incidence of 1 new case in a million people a year. It is a slow-growing tumor that can arise almost anywhere in the body, usually with benign characteristics with little or no symptoms, until it grows big enough to cause symptoms of compression. In this case report we presented a patient with a rare case of a mediastinal solitary fibrous tumor.
CASE PRESENTATION: A 64-year-old male patient previously diagnosed with non-Hodgkin lymphoma was examined due to mediastinal lymphadenopathy of unknown origin, discovered after he had noticed a pressure in the left upper region of his chest accompanied with dyspnoea and severe cough. Initial MSCT investigations showed signs of bilateral hilar mediastinal lymphadenopathy which needed additional diagnostic evaluation. Accordingly, an endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) was performed. The results of the cytological analysis of 3 samples obtained from right hilar formation showed a suspected neoplastic finding. The patient underwent a thoracotomy in which the neoplasm was completely removed. Later histopathological evaluation described the specimen as a solitary fibrous tumor. A neoplastic formation which was on several occasions wrongly interpreted as non-Hodgkin lymphoma and primitive neuroectodermal tumor (PNET) was finally named correctly and treated successfully.
CONCLUSION: Solitary fibrous tumors are a rare group of histologically similar tumors that rarely form metastases. A multidisciplinary approach, accurate diagnosis, and treatment are essential to these patients, as solitary fibrous tumors can easily be misdiagnosed for other more common diseases and consequently treated inadequately.