A Case of Emphysematous Cystitis

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A 72-year-old woman was admitted with a one-week history of slight fever, dysuria, general fatigue and lower abdominal pain. Laboratory analysis showed HbA1c of 5.4 and serum creatinine of 1.7 mg/dL. Urinalysis revealed significant bacteriuria (3+) and 0-1 wbc/hpf. Urine culture grew E.coli $10^7$/mL. Abdomen/pelvis CT revealed intaluminal and intramural gas in the bladder (Picture 1-3). The patient was treated with antibiotics and ureteral catheter. CT on day 7 showed complete resolution of gas within the bladder wall. The patient was discharged on day 30 after receiving training for self catheterization for neurogenic bladder. Emphysematous cystitis is a rare condition. The infection, commonly due to E. coli, can be rapidly progressive and sometimes fatal. Predisposing factors include elderly females, diabetes mellitus, neurogenic bladder, obstructive uropathy, and recurrent urinary tract infections (1). Presentation is nonspecific. Imaging is the best diagnostic modality.

The authors state that they have no Conflict of Interest (COI).

Reference


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