Clinical Image

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Thimble Bladder

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Clinical Image

Thimble bladder is a small, contracted, thick urinary bladder after chronic infection, inflammation, and fibrosis following genitourinary tuberculosis. The bladder is involved when tubercle bacilli are excreted in urine from the Kidneys. Small capacity urinary bladder presents with frequency, incontinence, and deranged creatinine.

A 28-year female presented with frequency of micturition, dysuria, and low-grade fever. The urine culture was sterile with 18-20 pus cells/ HPF. Urine for AFB was positive. Ultrasound abdomen showed bilateral hydronephrosis with decreased urinary bladder capacity. A bilateral percutaneous nephrostomy was done. Cystogram was suggestive of tortuous ureters, small capacity thimble urinary bladder.

She was started on antitubercular therapy with Isoniazid, Rifampicin, ethambutol, and pyrazinamide for 6 months. Urine for AFB was negative at 3 months. She underwent simple cystectomy and ileal conduit as urinary bladder was small (25 ml) in capacity. Hans Wildbolz coined term Genitourinary tuberculosis (GUTB) in 1937. Dissemination of tubercle bacilli from pulmonary focus leads to GUTB.

Genitourinary tuberculosis is second most common extrapulmonary tuberculosis in developing countries, whereas it is third most common in developed countries. It accounts for 20-40% of all cases of extra pulmonary tuberculosis (EPTB) cases [1]. GUTB most commonly involves kidney (74% cases) followed by epididymis, testis, bladder, ureter and prostate gland. Isolated genital organ involvement is reported in 5-30% of tuberculosis cases [2,3]. Non-functioning kidneys, ureteric stricture and small capacity urinary bladder are delayed consequences of untreated GUTB [4]. Treatment of small capacity urinary bladder is augmentation cystoplasty; in case of thimble bladder simple cystectomy and diversion is treatment of choice.

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