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CASE REPORT

Bladder Fibro Main Black Africans: Case Report and Literature Review

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Abstract

Were port a case of a large bladder tumourina 30-year-old patient.The surgical exploration and the an atomopathological analysis of the cutled to the diagnosis of a bladder fibroma.Hormon altreatment with an LH-RH analogue result edina reduction in the size of the tumour.

1. Introduction

Bladder fibroma is a benign tumour that develops at the expense of the smooth muscle of the bladderThis condition is part of anosological group of which three histological types can bedistinguished: the fibroma to us type,the myomatous type,and the fibro- myomatous type.

This condition is veryr are.KOll[1]recorded 38cases in 1923.A case oft he fibro-myomatous type was described in a 7-year-old childin 1931 by White [2]; itgenerally develops at the trigonal level on the posterior wall of the bladder. Averous[s[3]etaldl described another case of bladder fibro main an adultin 1977. The interest of this case is related to the rarity of this condition and the unusualml mode of treatment.Were port art acase of bladder fibro main a young patient.

2. Observation

The patient was 30years old. He consulted the urology department of the Cocody University Hospitalon 15 February 2022 for a painless hypogastrics welling The history revealeddysuria, pollakiuria, urinary burning and haematuria during childhood. The physical examination revealed: good general condition, bilateraloedema of the lowerlimbs and ahard, painless,fixed hypogastricmass measuring 05 centimetres long. Paraclinical examinations: Pelvic MRI revealed a large bladder tissue mass with bilateral a ral asymmetric uc uretero hydronephrosis. Uremia was 1g/l and creatinemia was 68mg/l. Blood count: haemoglob in was 8 grams perdrdecilitre, platelets and white blood cells werere normal. It was decided to performan exploratory median laparotomy on1 March 2022, preceded by ahaemodialysis session.On opening, there was alarge tissue mass located in the trigonal region, estimated at 6cm long.The mass was firm and very haemorrhagic.

Itwasaspartiallyremoved.Post-operativemanagement was straight forward. The anatomopathological examination of the surgical cut revealeda bladder fibroma. The patient was treated with 03 quarterly intramuscular injections of LH-RHanalogue (Triptoreline11.25mg).We noticed are duction in the size of the tumour by cysto scopy, are ductionin lower-limboe demaand an improvement of the patient's renal function and generalcoral condition. The patient was los lost to follow-up.

3. Comment

This is a very rare condition. It is rarely encounte red in the literature.To the best of our knowledge,9our case is the first in the black race. The aetiology is unknown. It is most often diagnosed after obstructive renal failure.In our patient, we were unable to perform cystos copy during the paraclinical work-up because the tumour was very large.Computed tomography ormagnetic resonance imaging of the pelvicregionis important in the diagostic approach, but diagnostic certainty is provided by histological aicalanalysis of

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the surgical cut. The primary finding was obstructive renal failure. The clinical symptoms vary depending on the location of the tumour.Kretschmer[4] found haematuria to be the main symptom.The pathogenesis is unclear.This hypertrophy of the bladder muscleis thought to be secondary to chronic inflammation of the bladder. Unlike Ermers on [5], who treated his patient with endoscopic resection,we treated the tumour with hormone therapy.The tumour was very large and could not beresected or surgically removed. Hormonal treatment enabled us to partially melt the tumour and improve the patient's general condition. Unfortunately, this treatment could not be continued because the patient was lost to follow-up.

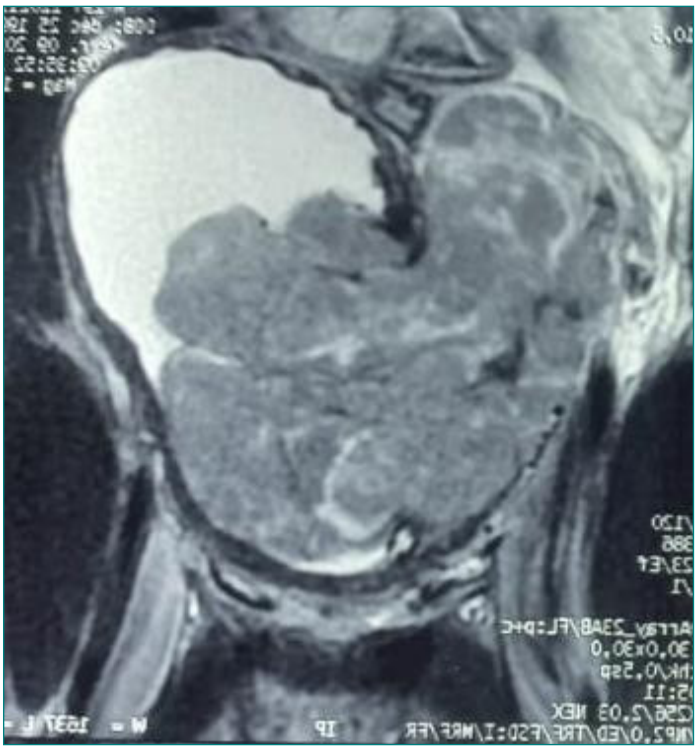

Figure 1. *Large bladder tumour on MRI*

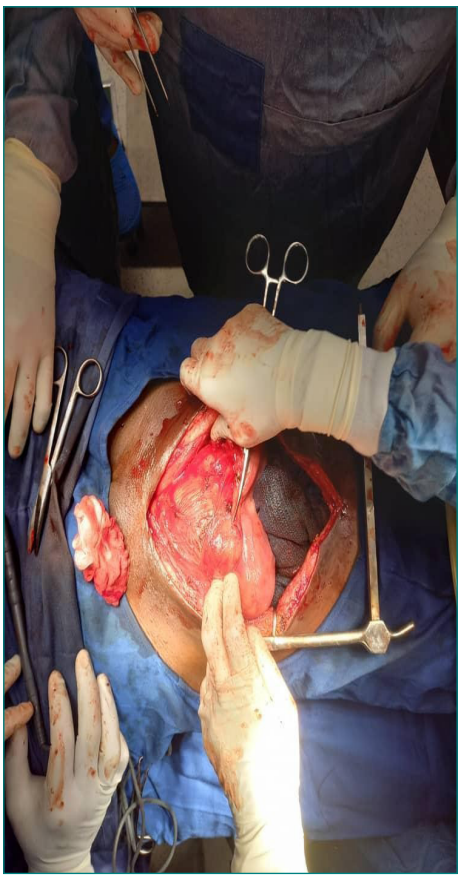

Figure 2. *Large bladder tumor*

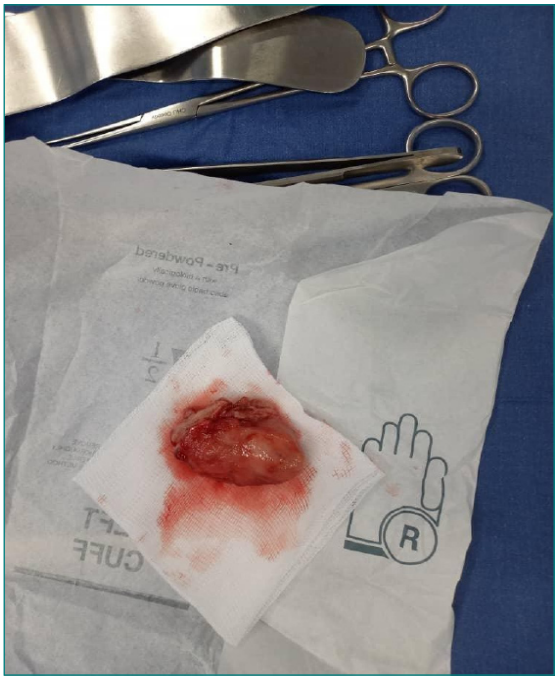

Figure 3. *Tumor sample*

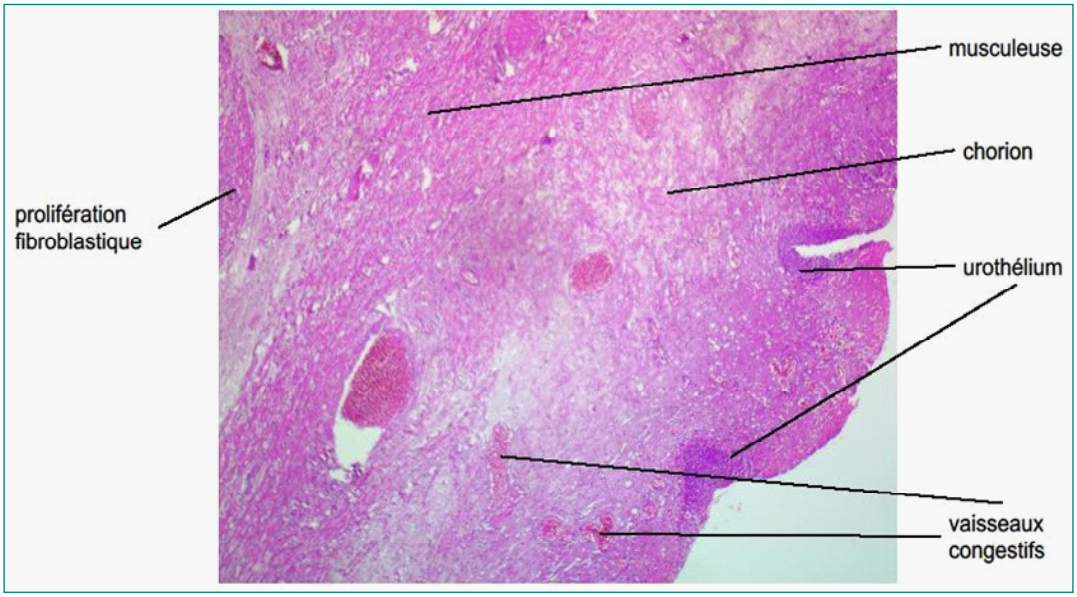

Figure 4. *(HEX40) Bladde rwall*

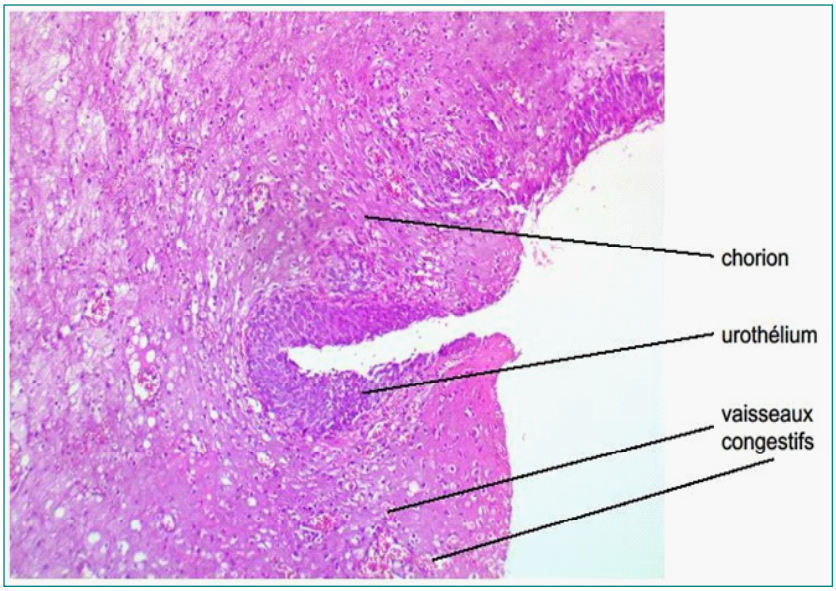

Figure 5. *(HEX100) Bladder wall*

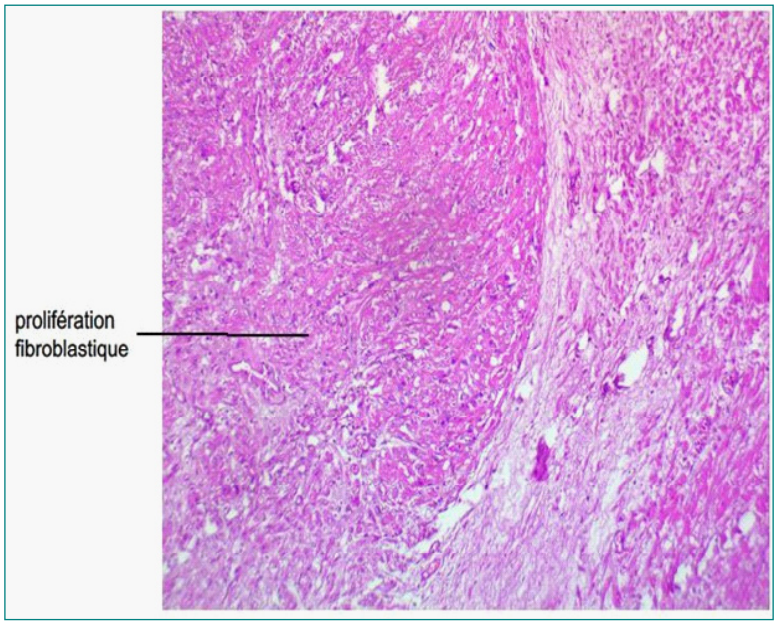

Figure 6. *(HEX100) Bladder fibroma*

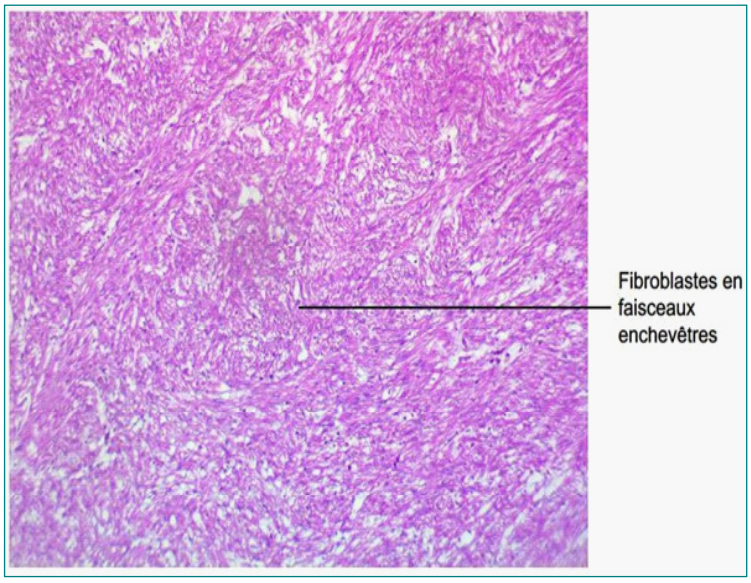

Figure 7. *(HEX100) Bladder fibroma*

4. Conclusion

Bladder fibroma is a very rare benign tumour. Less than 50 cases have been reported in the literature. We report this case of a young black patient whose treatment consisted of a very partial excision followed by hormonal treatment with LHRH analogues, which resulted in are duction of the tumour.

5. References

1. Koll, LS. Koll, LS. Fibro maofma of bladder report of at of acase.Joase.Joase.Jof Urolf Urol 1923;9:453-60
2. WhiteE. Fibro myoma of the bladder report of acase. Jof Urol 1931;26:253
3. Averous M, LouisJf, NavratilH. Fibroids of the bladder. Aproposd'uneobservation. J tion. J Urol Nephrol 1977;83:448-53
4. KretschnerHl. leiomyoma of the bladder. Report of the case.Jof Urol 1931;26:576
5. Emerson C,Smn C,Smith MD. Vesic MD.Vesical fibral fibroma.Can Med AssocJ 19J 1928;19(48;19(4)