

may be beneficial for such patients. In our case, the patient was incidentally found to have a bladder tumor on CT image.

General neuroendocrine markers such as CD56, chromogranin, synaptophysin, and S-100 were applied in our pathologic analysis. To distinguish between paraganglioma and carcinoid tumor, we utilized CK7 stain. Carcinoid tumors may stain positive for CK7 in the parenchyma, while paragangliomas are negative for CK7. In our histopathologic examination, CK7 showed negative, which was favored for paraganglioma.

Management of paraganglioma of the urinary bladder required subsequent surgical resection [5]. However, the extent of tumor invasion needs to be taken into consideration. Besides TUR-BT, partial cystectomy or chemotherapy may be beneficial for patients with vesicular muscle invasion or distant metastases.

In conclusion, we reported a relatively uncommon patient of asymptomatic bladder paraganglioma, which is difficult to diagnose preoperatively. Despite the rarity of paraganglioma of urinary bladder, patients with asymptomatic presentations required more attention.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her

consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

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Conflicts of interest

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