

# Incidental Discovery of Emphysematous Cystitis with Rapid Resolution in a Patient Presenting with Acute Pancreatitis

M. Al-Assiri\* and P. Chan

Department of Urology, Royal Victoria Hospital, McGill University Health Centre,  
Montreal, Quebec, Canada

E-mail: manaalassiri@yahoo.com

Received July 26, 2004; Revised August 27, 2004; Accepted August 30, 2004; Published September 30, 2004

---

**KEYWORDS:** cystitis, bladder disease, emphysema, pancreatitis

**DOMAIN:** urology

---

## CASE HISTORY

A 58-year-old male presented with a 2-h history of epigastric pain, nausea, and vomiting after an episode of heavy alcohol consumption. He denied any irritative and obstructive urinary symptoms.

On physical examination:

1. Afebrile with stable vital signs.
2. Abdominal examination revealed epigastric tenderness with rebound.

Investigation:

1. Elevated lipase level (90 U/L), his serum biochemical profile was essentially normal.
2. A urinalysis was positive for red blood cells, negative for white blood cells and nitrites.

A clinical diagnosis of acute pancreatitis was made.

A computerized tomography of the abdomen and pelvis was consistent with a Grade A pancreatitis (Fig. 1). Incidentally, air was noted within the urinary bladder wall (Fig. 2). Of note, there was no recent urinary tract instrumentation.

The diagnosis was **emphysematous cystitis**.

The patient was treated with oral antibiotics with prompt clinical response. Three days later, a follow-up CT abdomen and pelvis showed significant resolution of the emphysema in urinary bladder (Fig. 3). No significant change was noted in appearance of the pancreas (Fig. 4).

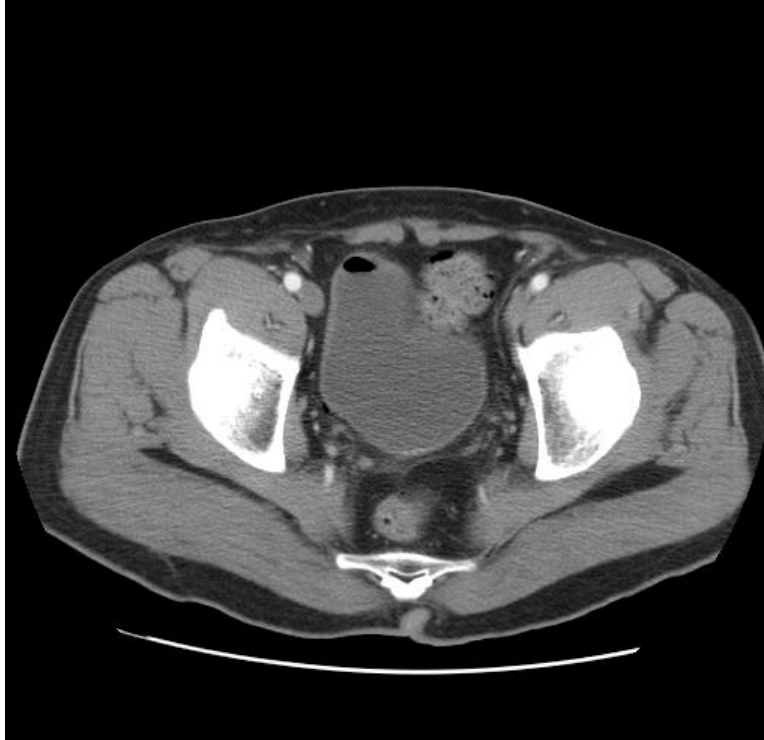
This case shows that a life-threatening urological condition could present with a nonurological complaint.



**FIGURE 1.** CT scan of the upper abdomen and pelvic demonstrating Grade A pancreatitis.



**FIGURE 2.** Intramural and intraluminal gas in the urinary bladder.



**FIGURE 3.** A follow-up CT obtained 3 days later demonstrated nearly a complete resolution of the intramural and intraluminal gas in the urinary bladder.



**FIGURE 4.** No significant change was observed in the appearance of the pancreas.

---

**This article should be referenced as follows:**

Al-Assiri, M. and Chan, P. (2004) Incidental discovery of emphysematous cystitis with rapid resolution in a patient presenting with acute pancreatitis. *TheScientificWorldJOURNAL* **4**, 881–884.

**Handling Editor:**

Anthony Atala, Principal Editor for *Urology* — a domain of *TheScientificWorldJOURNAL*.

---