

Bladder Hemangioma: Rare Cause of Renal Colic- Case Report

N. Bourhroum^{1,2*}, F. Chadi^{1,2}, H. Elouazzani¹, F. Zouaidia^{1,2}

¹Department of Pathology, Ibn Sina Hospital, Rabat, Morocco

²Faculty of Medicine and Pharmacy, at Mohamed V University Rabat, Morocco

Case Report

*Corresponding author

N. Bourhroum

Article History

Received: 04.11.2018

Accepted: 12.11.2018

Published: 30.11.2018

DOI:

10.21276/sjpm.2018.3.11.2



Abstract: Cavernous hemangioma is a benign vascular tumor related to single or multiple hemangiomas, probably developing from embryonic remnants of angioblastic cells. This entity is very rare and constitutes barely 0.6% of bladder tumors. However its diagnosis can be easily established by cystoscopy and confirmed by pathological examination. Hematuria is the most common mode of manifestation. Bladder hemangioma is most often sporadic, but it can be associated with a Klippel-Trenaunay syndrom, in this case they are multiple. Treatment consists of tumor resection. Selective arterial embolisation is rarely used. Endoscopic treatment by photocoagulation Neodymium laser seems a satisfactory therapeutic option.

Keywords: Hemangioma, Bladder, Hemorrhage.

INTRODUCTION

Bladder hemangioma is a vascular benign tumor. It is a rare pathology. About a hundred cases have been described in the literature. It seemed interesting to compare our observation to those already published.

CASE PRESENTATION

We report a case of a 61-year-old woman who consults for bilateral renal colic. Clinical examination shows a sensitivity of the two lumbar pits. Ultrasound of urinary tree shows a tissue bud protruding into bladder lumen measured 8 mm of big axis, with no abnormality in the two kidneys (Figure-1). Cystoscopies followed by biopsy are performed.

Histopathological examination shows that it is a vascular proliferation made of cracks and cavities filled with erythrocytes and lined by a cubic or flattened

endothelium without atypia, this proliferation develops in bladder mucosa. A diagnosis of a bladder hemangioma was retained Figure 2, 3 & 4.



Fig-1: Ultrasound image shows soft tissue mass arising from posterior wall of the urinary bladder

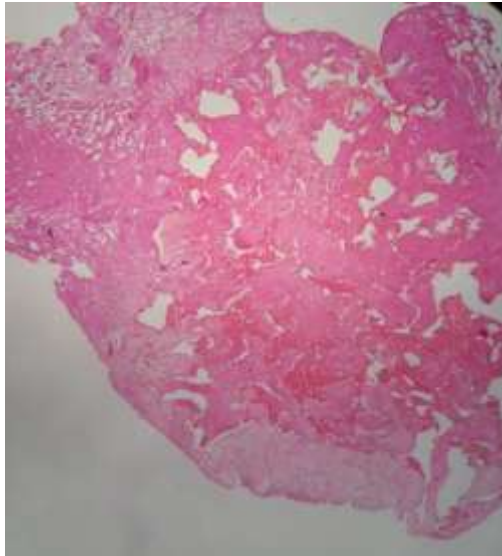


Fig-2: Histopathological section showing a lesion consistent with cavernous hemangioma of bladder wall HE x4

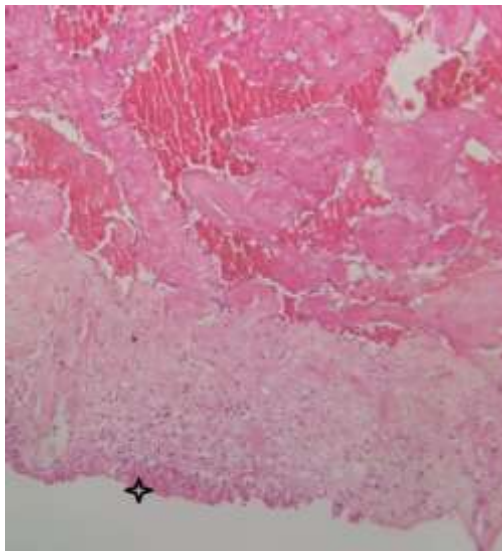


Fig-3: Histopathological section showing a lesion consistent with cavernous hemangioma of bladder wall star Urothelium HE x20

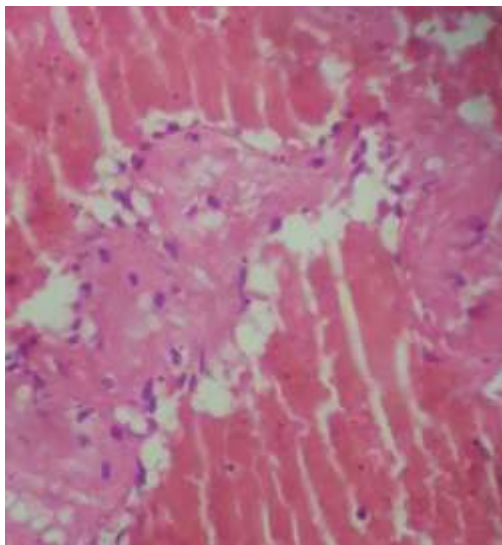


Fig-4: Hematic clefts lined by a cubic endothelium Hex40

DISCUSSION

Hemangioma is a common tumor in various organs, urinary bladder localization is rare. It represents 0.6% of bladder tumors [1]. It is a slowly progressive tumor. It is seen mainly in children and young people in the first two decades [2].

Most of bladder hemangiomas that were described were unique. Cases of multiple hemangiomas, or affecting other localizations, have been described in the Klippel-Trenaunay-Weber syndrome [1].

Tumor may be superficial or deep. Size is variable, often less than 3 cm, but it can reach 10 cm [3].

Clinical manifestation commonly found is hematuria. Our case joined that described by Fuleihan and Cordonnier in their review of literature revealed by nephritic colic [2, 4].

Diagnosis can be made by cystoscopy alone, given the typical appearance. The notion of "iceberg" lesions and the danger of biopsies impose other examinations to appreciate parietal extension. Histological confirmation remains essential for differentiating it from malignant neoplasms.

Some authors inadvisable biopsy, whenever possible, because of the high risk of death by hemorrhage, with 3 cases of death being listed in the literature [2].

Evolution is generally favorable with possible spontaneous regression Arterial embolisation has been

used successfully. The efficacy of interferon has not been tested in bladder localization Surgical treatment remains the last choice.

In our case, tumor was almost completely removed during the biopsy procedure. A decline of one year shows a disappearance of clinical signs without recurrence.

CONCLUSION

Hemangioma is certainly a benign tumor, but it exposes to a risk of serious hemorrhage. We must think about it before each biopsy of a bladder tumor in case the cystoscopy is suggestive.

REFERENCES

1. Stimac, G., Dimanovski, J., Katusic, J., Ruzic, B., Marotti, M., & Kraus, O. (2007). A large cavernous hemangioma of the urinary bladder: imaging of possible spontaneous regression. *European Journal of Radiology Extra*, 61(2), 61-63.
2. Lavilledieu, S., Anfossi, E., Mianne, D., & Nguyen, V. P. (1998). Bladder hemangioma: a rare cause of hematuria. Apropos of a case. Review of the literature. *Progres en urologie: journal de l'Association francaise d'urologie et de la Societe francaise d'urologie*, 8(1), 99-102.
3. Cheng, L., Nascimento, A. G., Neumann, R. M., Nehra, A., Cheville, J. C., Ramnani, D. M., ... & Bostwick, D. G. (1999). Hemangioma of the urinary bladder. *Cancer*, 86(3), 498-504.
4. Saribacak, A., CÅ¼neyd, Å., & Levend, Å. (2011). Arteriovenous hemangioma of the urinary bladder following intravesical treatment. *Urology journal*, 8(3), 251-253.