

A Case of the 10 days

Case 28

A sixty four-year-old female came to our hospital for dysuria at midnight. She was diagnosed as urinary cystitis at a local clinic the day before yesterday. She had a habit of drinking a bottle of spirit for two days or a bottle of wine for one day. Tension of lower abdomen below naval was found. Abdominal echo showed a fully expanded urinary bladder but neither dilatation of renal pelvis or vescico-ureteral reflux. Urine of 1050 ml was excreted by urinary tube insertion. Laboratory test; Creatinin 0.96 mg/dL; eGFR 45.4 ml/min/1.73 m2 White blood cells 11120/mm3, Neutrophils 85.0%. CRP 11.06 mg/dL, Natural urine excretion of 450 ml for 8 hours via a urinary tube was excreted. The urinary tube was taken out at 1 PM. A urinary tube was inserted again because dysuria continued until 4 PM. She felt desire to urinate but recognized to be unable to excrete urine again.

She consented to receive contrast-enhanced CT to examine the whole urinary tract.

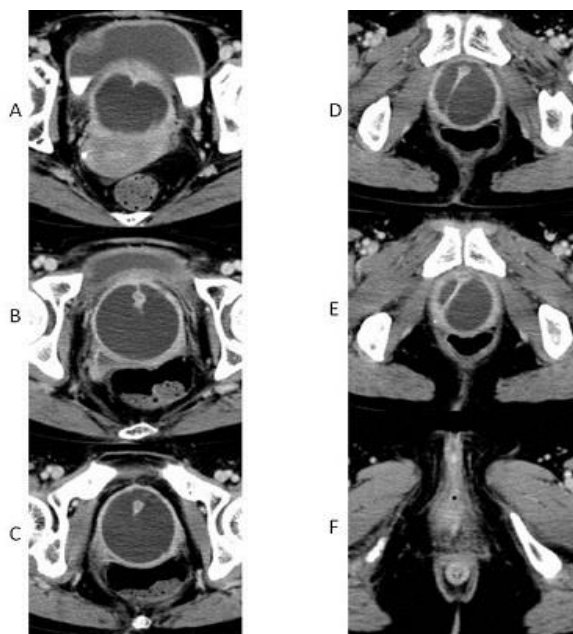


Fig. 1 Axial images of contrast-enhanced CT

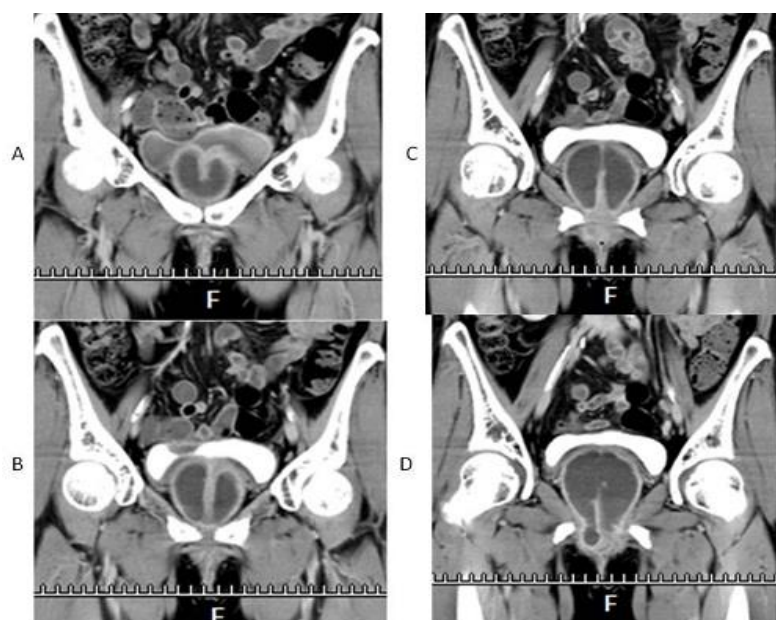


Fig. 2 Coronal images of contrast-enhanced CT

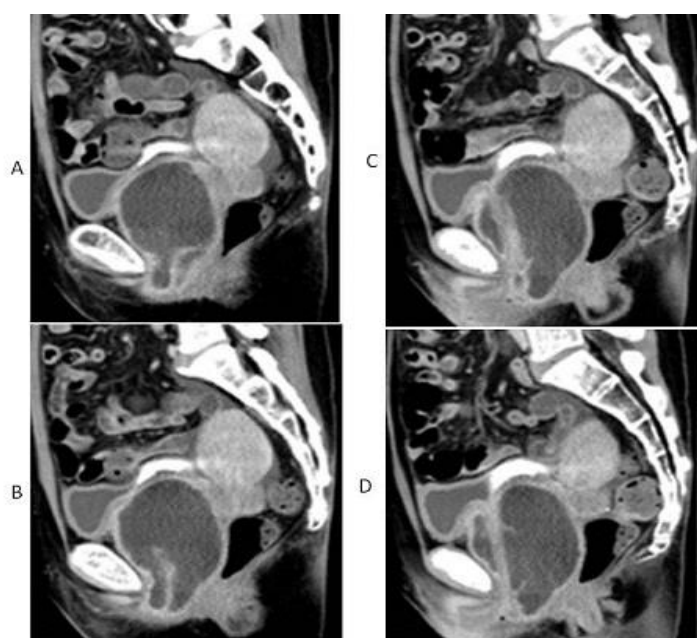


Fig. 3 Sagittal images of contrast-enhanced CT

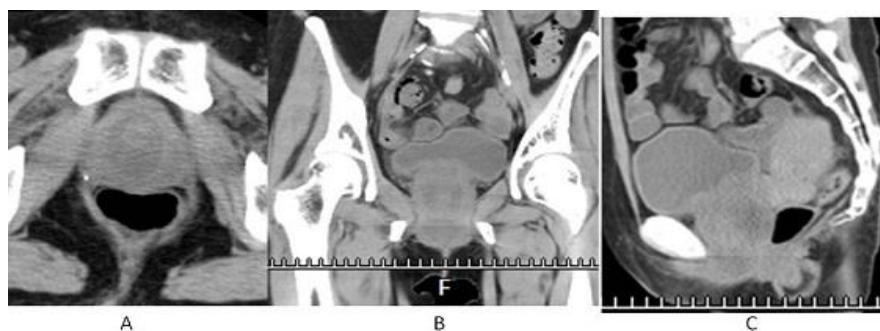


Fig. 4 The following day, abscess fluid excreted from urethra probably because of the fistula between urethra and periurethral abscess. Axial image (A), coronal image (B) and sagittal image (C) on non-enhanced CT

What is the appropriate imaging diagnosis ?

1. Prolapse of uterine myoma
2. Uterine cervical cancer
3. Adenoma malignum
4. Paraurethral (Skene gland) abscess
5. Urethral tumor

answer