

## A calcified offender



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Submission: October 16, 2017; Published: November 21, 2017

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### Clinical Image

A 55 year old lady, presented to the urology department with symptoms of urinary frequency and urgency, of 3 months duration. She had an episode of calculuria, 3 years ago, but denied any haematuria. She was postmenopausal, and previously had normal menstrual cycles.

General physical examination was unremarkable. Abdominal examination revealed a firm pelvic mass, in the midline, which was dull on percussion. This could not be differentiated from the bladder. Her urine routine examination revealed numerous

red blood cells, with 2-4 leucocytes. Her serum creatinine, electrolytes and CBC were within normal limits.

An Intravenous urogram was performed, as her previous history of calculuria and present microscopic haematuria were suggestive of calculous disease again. The scout film showed a 8x6cm, calcific shadow in the midline (Figure1). The IVU films revealed this mass, indenting the dome of the bladder (Figure2), explaining her symptoms of recent onset frequency and urgency. She had no calculi. Large fibroids can sometimes present with urinary complaints [1].



Figure 1: Scout Film showing 8x6cm midline calcified mass.



Figure 2 : 20mins Intra Venous Urogram showing indentation of bladder dome by the fibroid.

Calcification in fibroids occur in about 4% of fibroids [2]. This calcification is generally amorphous and dense. However, peripheral calcification can sometimes occur, when it is assumed to be due to degeneration with thrombosed veins.

### References

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DOI: [10.19080/JOJUN.2017.04.555636](https://doi.org/10.19080/JOJUN.2017.04.555636)

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