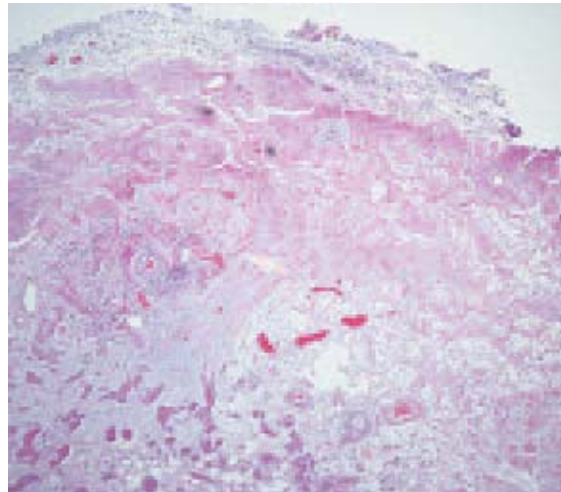
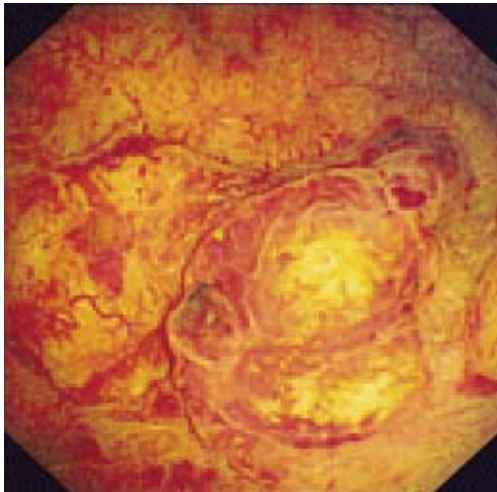


Bladder Amyloidosis Mimicking Carcinoma

*Urol J. 2011;8:97.
www.uj.unrc.ir*



An 80-year-old ex-smoker man presented with one episode of gross painless hematuria. His past medical history included hypertension, cerebrovascular accident, and osteoarthritis. Physical examination, routine blood tests, and ultrasonography were normal. Urine culture, microscopy, and cytology were unremarkable. On cystoscopy, a suspicious looking papillary mass was noted on the bladder roof, which was resected transurethrally. Histopathology revealed amyloidosis of the bladder, confirmed with alkaline Congo red staining showing apple-green birefringence in polarized light.

Amyloidosis is characterized by deposition of extracellular, hyaline, amorphous, and proteinaceous material in various organs of the body. It can be classified into (a) primary type, which is associated with an immunocyte dyscrasia; and (b) secondary type, which occurs as a complication of an underlying chronic inflammatory process.⁽¹⁾ Although rare, it remains a differential diagnosis in patients with painless hematuria.⁽²⁾ In elderly, suspicion should be raised in those who have systemic underlying conditions.

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REFERENCES

1. Mitchell R, Kumar V. Amyloidosis. In: Kumar V, Cotran RS, Robbins SL, eds. *Robbins Basic Pathology*. 7th ed. Philadelphia: Elsevier Saunders; 2003:158-64.
2. Caldamone AA, Elbadawi A, Moshtagi A, Frank IN. Primary localized amyloidosis of urinary bladder. *Urology*. 1980;15:174-80.