

Successful treatment of encrusted cystitis: A case report and literature review

Fu JG *et al.* Successful treatment of encrusted cystitis

Abstract

BACKGROUND

Encrusted cystitis (EC) is a chronic inflammation of the bladder associated with mucosal encrustations. Early diagnosis and optimal treatment are not well established. Here, we report a case of EC successfully treated with combination therapy.

CASE SUMMARY

A 27-year-old man presented with frequency, urgency, dysuria, gross hematuria and suprapubic pain for 2 months. He was diagnosed with EC based on characteristic calcifications of the bladder wall (most of them were struvite), cystoscopy, and histopathological examination. He was cured after combined therapy of elimination of encrustations, bladder instillation of hyaluronic acid, and injection of botulinum-A neurotoxin into bladder submucosal tissue.

CONCLUSION

Bladder instillation of hyaluronic acid and injection of botulinum-A neurotoxin into the bladder submucosal tissue can be used for treatment of EC.

Key words: Cystitis; Encrusted cystitis; Incrusted cystitis; Hyaluronic acid; Case report; Botulinum-A neurotoxin; Botulinum toxin

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Multimodal treatment consists of plaque resection, urinary acidification and antibiotic treatment (3). To the best of our knowledge, DMSO has never been reported as treatment agent for encrusted cystitis. DMSO does not act as an acid or base with a $pK_a=35$. It is an important polar aprotic solvent that dissolves both polar and non-polar compounds.

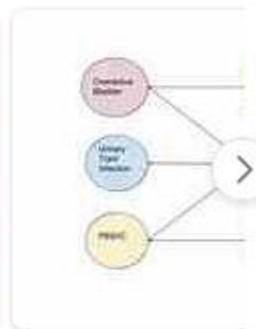
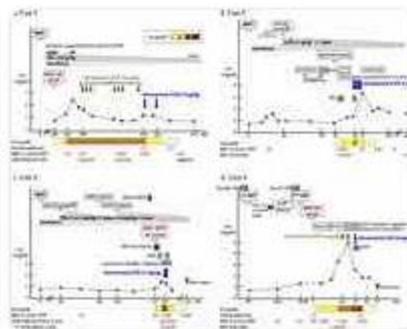
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Multimodal treatment consists of **plaque resection**, **urinary acidification** and **antibiotic treatment** (3).

To the best of our knowledge, **DMSO** has never been reported as treatment agent for encrusted cystitis.

DMSO does not act as an acid or base with a $pK_a=35$. It is an important polar aprotic solvent that dissolves both polar and non-polar compounds.

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