Bladder Lipoma

A 61-year-old woman presented with urgency and urge incontinence at least a few times a week for 2 years. Detrol® and VESIcare® were taken sequentially without significant benefit. Laboratory studies revealed microscopic hematuria (15 to 25 red blood cells per high power field), and negative urine culture and cytology. Cystoscopy showed several nodular-like extrinsic masses projecting into the anterior portion of the bladder with normal overlying mucosa (fig. 1). Abdominal computerized tomography demonstrated 2 fat attenuation lesions with one measuring 1.2 × 1.2 cm on the anterior bladder wall and the other measuring 0.7 × 0.8 cm on the left lateral bladder wall.

Surgery revealed 2 palpable masses about 4 cm in greatest diameter on the anterior surface of the bladder. On palpation the masses were somewhat firm with smooth external surfaces. The surrounding bladder wall was freely moveable. After partial cystectomy histopathology revealed partially encapsulated mature adipose tissue, consistent with lipoma, involving the mucosa and muscularis propria (fig. 2). All margins were clear. At 1-year followup the patient reported markedly improved symptoms with occasional episodes of urge incontinence once or twice a month and an overactive bladder symptom score[1] of 9 after treatment compared to 18 before treatment.

Bladder lipoma is a rare, benign tumor composed of adipose tissue within the bladder wall. To our knowledge there have been only 5 other cases reported in the literature.[2–6] All of the patients were men between 48 and 73 years old. Smoking was noted in the history in 2 cases. Presenting symptoms included microscopic hematuria, sexual dysfunction, urinary frequency and gross hematuria. The method of diagnosis differed in each case and included filling deficit on computerized tomography, cystoscopy and biopsy, abnormal excretory phase computerized tomography and an incidental finding on magnetic resonance imaging. All 3 patients in whom urinalysis was reported had hematuria (microscopic in 2, gross in 1).[2,3,5]

It is important to distinguish bladder lipoma, a process occurring within the bladder wall, from external compression of pelvic viscera by unencapsulated perivesicular fat,[4] pelvic lipomatosis and a well differentiated liposarcoma. In this patient lipoma was present within the mucosa and muscularis propria of the bladder wall (fig. 2). The tumor was composed of mature adipocytes that were

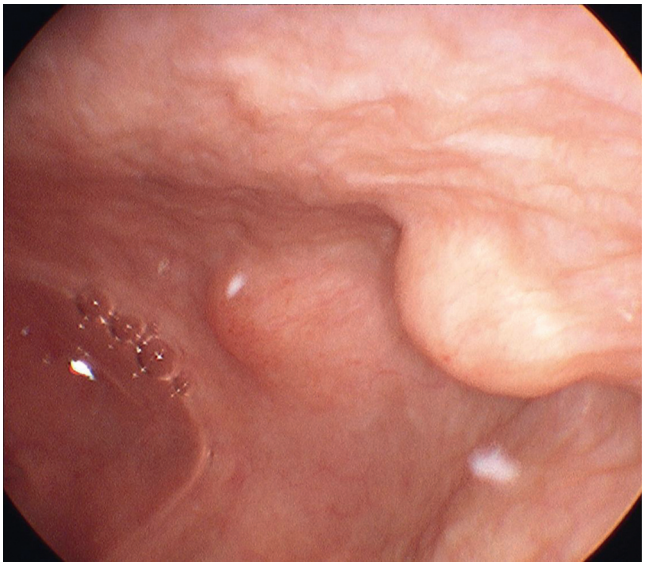

Figure 1. Cystoscopic view of bladder lipoma

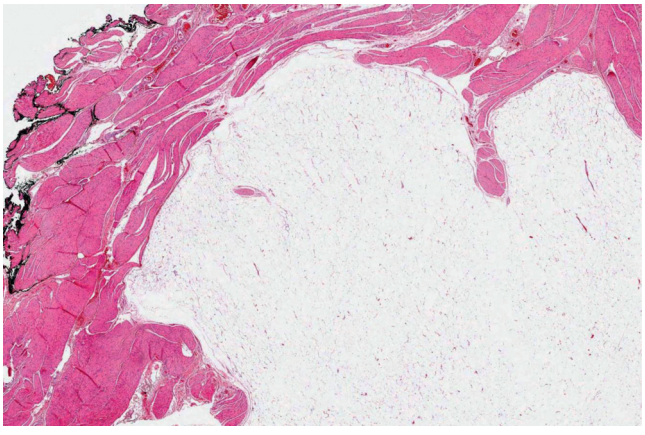

Figure 2. Lipoma within muscularis propria. Tumor partially encapsulated and composed of mature adipocytes. Reduced from ×10.

0022-5347/13/1904-1387/0
THE JOURNAL OF UROLOGY®

http://dx.doi.org/10.1016/j.juro.2013.07.021
Vol. 190, 1387-1388, October 2013
Printed in U.S.A.

relatively uniform in size and shape. No nuclear hyperchromasia, lipoblasts or multinucleated stromal cells were identified, which would raise suspicion for liposarcoma. To date, all reported bladder lipomas have had a benign clinical course but there are too few cases reported to permit generalizations concerning diagnosis and treatment.

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