

Follicular cystitis: An uncommon case - diagnosis and therapeutic approach

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Abstract

Follicular cystitis is a rare bladder disease that is difficult to diagnose due to its non-specific symptoms. The diagnostic is made by biopsies of the affected area, and the anatomopathological study confirms it. The treatment of follicular cystitis is not well established, and more research is needed to determine the optimal treatment protocol. We present a case of a 44-year-old man with a medical history of type 1 diabetes and pulmonary tuberculosis who was diagnosed with follicular cystitis. The patient was treated with corticoids, and the evolution was good. However, it is important to note that the recurrence of cystitis is frequent, and prevention techniques should be followed to avoid urinary infections.

Keywords: Follicular Cystitis; Bladder Disease; Case Study; Treatment; Recurrence; Rare Condition

1. Introduction

Follicular cystitis is a rare bladder disease that is difficult to diagnose due to its non-specific symptoms. The diagnostic is made by biopsies of the affected area, and the anatomopathological study confirms it[1][2]. The treatment of follicular cystitis is not well established, and more research is needed to determine the optimal treatment protocol[1]. In this article, we present a case of follicular cystitis in a 44-year-old man with a medical history of type 1 diabetes and pulmonary tuberculosis.

2. Case Report

A 44-year-old man with a medical history of type 1 diabetes and pulmonary tuberculosis presented with dysuria and lumbar pain that had been ongoing for one year. Clinical examination was normal, and the digital rectal exam showed a smooth surface of the prostate with a median sulcus. No nodule was palpated. The blood tests were normal, and the cytobacteriological urine exam was sterile. Ultrasound of the urinary tract showed a prostatic volume of 30 ml, and no urinary tract dilation was objectified. The patient was treated with alfuzosin for symptomatic benign prostatic hyperplasia, but there was no improvement. The flowmeter showed a flat curve, and the decision was made to perform a TURB (transurethral resection of the Bladder). During the cystoscopy, some polyps were found in the bladder trigone, and a complete resection was performed. A ureterocele was also found in the left ureter. The evolution was marked by the occurrence of an acute urinary retention. The anatomopathological study showed the presence of lymphoid follicles in the lamina propria of the bladder wall, leading to the diagnosis of follicular cystitis. The patient was treated with corticoids (a protocol of deflazacort for three months), and the evolution was good 3 months after the treatment.

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3. Discussions

Follicular cystitis is a rare bladder disease, and there is no established treatment protocol[1][2]. In the case of our patient, corticoids were used, and the evolution was good[1]. According to, the symptoms of cystitis can persist for two to three days after the beginning of the treatment[3], especially in the case of a monodose treatment. Recurrences of cystitis are frequent, and the treatment protocol differs depending on the medical situation of the person[4]. Several prevention techniques are described to avoid urinary infections, such as reducing the consumption of sugary drinks and sodas, avoiding cigarettes, and respecting the need to urinate.

4. Conclusion

Follicular cystitis is a rare bladder disease that is difficult to diagnose due to its non-specific symptoms. The diagnostic is made by biopsies of the affected area, and the anatomopathological study confirms it. The treatment of follicular cystitis is not well established, and more research is needed to determine the optimal treatment protocol. In the case of our patient, corticoids were used, and the evolution was good. However, it is important to note that the recurrence of cystitis is frequent, and prevention techniques should be followed to avoid urinary infections.

Compliance with ethical standards

Disclosure of conflict of interest

There is no conflict of interest

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Jesús Mateos Blanco, Fátima Lallave Martín, Antonio Ramírez Zambrana, Eduardo Laguna Alvarez, María José Toledo Serrano, Carmen Parra Pérez. Follicular cystitis. Case report and bibliographic review. DOI: 10.4321/s0004-06142007000100015
- [2] F Domínguez Freire, A Núñez López, A Alonso Rodrigo, B Rodríguez Iglesias, J Benavente Delgado, J M Barros Rodríguez, A Ojea Calvo. Cystitis folicular. A case report and review of the literature. DOI: 10.1016/s0210-4806(03)72971-4
- [3] C. Ediz, A. Ihvan, Hakan Remzi Dincer. Follicular cystitis: a review of the literature with several cases. Medicine Journal of Turgut Ozal Medical Center. DOI:10.5455/JTOMC.2016.03.041
- [4] Maduwe Gedara Sagara Ruwan Kumara, Prasanga Thiranagama, Cherine Sosai, Anuruddha Abey. A case of follicular cystitis treated successfully with diethylcarbazine. DOI: 10.1016/j.ajur.2020.03.003