

Fibroepithelial polyp of bladder: A case mimicking benign ovarian cyst in female adolescent

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ABSTRACT

Introduction: Ovarian cysts in female adolescent are common and usually benign. The typical presentations include abdominal distension, pelvic pain, urinary frequency or constipation. However, not all pelvic cysts are gynaecological related even if huge in size. Misdiagnosis will lead to mismanagement and potentially medico-legal issues. The objective of this case report is to emphasise the importance of getting proper and targeted history. To always include non-gynaecological cyst as differential diagnosis even if the cyst appears like typical ovarian cyst. Multidisciplinary approach is needed to clinch the correct diagnosis and manage appropriately. **Case Description:** An 11-year-old girl was referred from a district clinic in Kapit for unresolved lower abdominal pain and dysuria. Full history, physical examination and bedside scan was performed. CT abdomen pelvis was arranged, and the child was followed up to review well-being and report 1 week after the scan. Bedside scan showed a huge but benign looking pelvic cyst. CT scan showed irregular thickening of bladder wall. She was referred for a urological consult and had biopsy which showed fibroepithelial polyp. She underwent transurethral resection of bladder tumour (TURBT) which resulted in a complete resolution of her symptoms. **Discussion:** Cysts in adolescent are often misdiagnosed as ovarian cyst because of similarity of presentation and scan findings. The diagnosis should be revisited especially if the child had repeated visits to clinic with unresolved complaint.

Congenital uterovaginal prolapsed in a neonate: A rare case report

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ABSTRACT

Introduction: Congenital neonatal uterovaginal (UV) prolapsed is a rare condition which can be diagnosed at birth or in the first few days of life. The objective of this clinical report is to review the a few managements of neonatal UV prolapse which lead to successful reduction of the prolapse. **Case Description:** A 72-hour life female neonate was referred to us with fleshy mass protruding from the vulva. She was a full term baby, with birth weight 3,300 gm was born via caesarean section for breech presentation. The mother, 31 years old with underlying Type 2 Diabetes Mellitus with poor blood sugar control. On examination, the baby was active moving all four limbs. There was an irregular mass measuring 3 x 3 cm, red fleshy in colour, soft in consistency, edematous and appeared congested protruding through the introitus. The external genitalia was normal. No bleeding or discharge noted from the mass. Urethral meatus visualized superior to the mass. The anus was patent. The fetal spine was intact and no abnormality detected. Under aseptic technique, the mass was reduced digitally by gripping it with the right hand and gently pushed it inward. To avoid re-protrusion, the bandage was applied using crepe bandage from the buttock to the bilateral lower limbs, in mermaids' position, sparing anus for defecation. The bandage was removed after 72 hours. On 3-month follow-up, she did not have any recurrence. **Discussion:** Congenital UV prolapsed is a rare condition at birth associated with congenital neuromuscular defect of the pelvic muscle in the newborn.