A 33-year-old woman presented for evaluation after recurrent episodes of gross hematuria. She denied any clinically significant voiding symptoms or history of urinary tract infection. She had no personal or family history of genitourinary malignant tumors. Medications included a multivitamin and oral contraceptive therapy. She noted that the hematuria occurred primarily during menstruation. A computed tomography scan revealed a 3 cm mass in the bladder (Figure A). Cystoscopy confirmed a round lesion along the posterior base of the bladder with focal areas of hemorrhage and blue discoloration (Figure B). The remainder of the bladder was normal. She underwent transurethral resection of the mass with pathological analysis and immunohistochemical staining confirming endometrial glands. A diagnosis of bladder endometrioma was confirmed, and she was referred for hormonal treatment with gonadotropin-releasing hormone treatment to minimize recurrence. No further hematuria was reported.

Endometriosis of the urinary tract consists of 1% of all women with a diagnosis of endometriosis with most cases (70%-85%) involving the bladder. Most lesions involve the base of the bladder or the dome. These lesions can be primary (occurring spontaneously) or secondary after iatrogenic injury during pelvic surgery. Other theories include superficial peritoneal infiltration of the bladder and adenomyotic metaplasia. During regular menstruation, the endometrial tissue enlarges with subsequent sloughing and bleeding. Medical management includes combined hormonal contraceptives as first line therapy, gonadotropin-releasing hormone agonists as second line therapy, and aromatase inhibitors for refractory cases. This clinical entity is an important diagnostic consideration in the young female patient of reproductive age presenting with gross hematuria.

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