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Male with urinary urgency, frequency, and dysuria

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1 | PRESENTATION

A 55-year-old male with a past medical history of insulin-dependent diabetes mellitus presented to the emergency department for urinary urgency, frequency, and dysuria. He complained of passing white material intermittently with urination. He denied any systemic symptoms of infection. His blood glucose was in the 507 mg/dL without



FIGURE 1 Transverse plane computed tomography (CT) of abdomen/pelvis

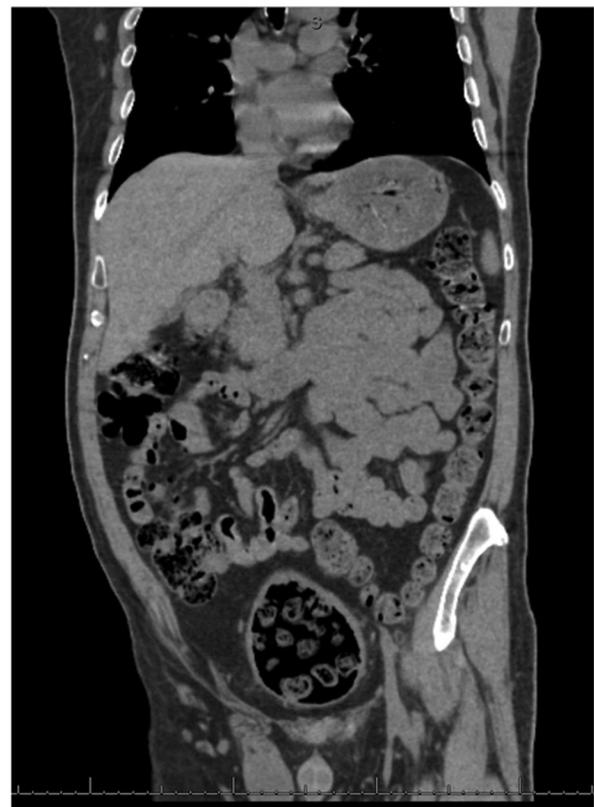


FIGURE 2 Coronal plane computed tomography (CT) of abdomen/pelvis

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FIGURE 3 Sagittal plane computed tomography (CT) of abdomen/pelvis

evidence of diabetic ketoacidosis. Urine analysis was positive for budding yeast and bacteria. Three months prior, the patient was found to have urinary retention requiring the temporary placement of a Foley catheter.

2 | DIAGNOSIS

2.1 | Chronic fungal cystitis with fungal bezoars

An abdominal-pelvis computed tomography (CT) scan demonstrated fecaloid material throughout the urinary bladder and was concerning for chronic fungal cystitis with the presence of fungal bezoars (Figures 1–3). This very rare diagnosis has only been documented in the literature <20 times since first diagnosed in 1961.¹ CT scans may also include a differential of colovesicular fistula, but differentiation can be established clinically. Diabetes mellitus appears to be a significant risk factor due to ample supply of glucose in the urine that helps foster fungal growth.² Other risk factors include neurogenic bladder and indwelling Foley catheters.³ Urology performed a cystoscopy and obtained a sample for culture and pathology. Transurethral resection and evacuation of the bezoars was completed. The bladder was then irrigated with amphotericin B. Cultures grew *Candida tropicalis* along with mixed aerobic and anaerobic bacteria. The patient was additionally treated with systemic anti-fungals and antibiotics as well as continued daily bladder irrigation.

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