Xanthogranulomatous Cystitis: 
A Case Report and Review of the Literature

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Xanthogranulomatous cystitis is a rare benign chronic inflammatory disease of 
unknown aetiology. We report a case of xanthogranulomatous cystitis. The patient is 
well more than 15 years after partial cystectomy. The relevant literature is reviewed.

Introduction

Xanthogranulomatous cystitis is a rare benign chronic inflammatory disease of 
unclear aetiology and was described for the first time by Ota [1] in 
1933. Later on only single cases or small series of cases of this disease were 
reported. Recently we had the opportunity to study one case of xanthogranulo-
matous cystitis, with the patient well more than 15 years after partial cystecto-
my. The following is a report of our case and a review of the previous literature.

Case report

A 61-year-old woman initially presented in October 1976, with a one-
month history of gross haematuria, urgency, frequency and micturition pain. 
The past history was negative except for ulcerative colitis one year prior to 
hospital admission. Physical examinations demonstrated a rounded, smooth 
mass in the suprapubic area. Laboratory examinations were within normal lim-
its. An upper gastro-intestinal radiograph showed loss of haustration in the 
rectosigmoidal area, with the remainder of the colon normal. Urinalysis 
showed 3-4 white and 4-5 red blood cells per high power field. Excretory uro-
graphy showed no changes in the urinary tract. Cystoscopy revealed a large 
mass which extended over the dome of the bladder.

On the third day of hospital stay partial cystectomy was performed 
through a suprapubic longitudinal incision. A 10×5×2.8 cm tumour was re-
moved as completely as possible. Macroscopic pathological examination 
showed that the specimen had a dull yellowish colour, rather intact mucosal 
pattern and yellowish patches of lesions in the muscular layer. Microscopic 
examination of the sections showed intact surface epithelium with dilated ves-
Fig. 1. Histological section of bladder mass shows normal bladder epithelium with dilated vessels surrounded by xanthoma cell infiltration in underlying stroma. The bladder epithelium and muscular layer are also partially involved. HE, reduced from ×50

Fig. 2. Xanthoma cells at higher magnification. HE, reduced from ×200

vessels surrounded by abundance of lymphocytes, histiocytes and xanthoma cells in the underlying stroma (Figs 1, 2). The inflammatory process involved the whole mucosa and lamina propria, but there was no involvement of the muscularis or the adventitia of the urinary bladder.