CALCIFICATIONS, BLADDER

DESCRIPTION

Bladder calcifications on CT or plain radiographs:

• Intravesical: Bladder calculi, 7% of bladder urothelial carcinomas may be calcified and appear as small stones, encrusted cystitis, foreign body, isointense post-op sutures, retained prostate chips, catheter fragments, hair due to chronic self-catheterization, following intravesical BCG or mitomycin

• Bladder wall infections (tuberculosis, schistosomiasis), squamous cell carcinoma, cyclophosphamide-induced cystitis, prior radiation treatment, amyloidosis

REFERENCE


CALCIFICATIONS, RENAL

DESCRIPTION

They may represent calcified renal calculus or calcified cystic or solid renal neoplasms. Renal cell carcinoma is detectable on plain radiography and calcified –8–18% of the time. Other possible strategies for renal calcifications include papillary calcifications, calcified renal pelvis transitional cell carcinoma, nephrocalcinosis, calcified renal artery, and tuberculosis.

REFERENCES


CALCINOSIS, IDIOPATHIC SCROTAL

DESCRIPTION

Occurs in preexisting epidermal cysts or in areas without cysts. Usually affects young men. Multiple cysts (>50) are not uncommon. Calcifications range in size from a few millimeters to 3 cm. They may represent epidermal cysts that have, over time, lost their normal wall and calcified. Surgical excision is cure if symptomatic.

REFERENCE


CALCIUM LOAD AND FAST STUDIES

DESCRIPTION

Tests performed to evaluate hypercalciuria in stone formers. One method is to place patients on a low-calcium, low-sodium diet for 2 wk. A fast is performed from 9 am–9 am. At 7 am, the patient empties his bladder. This urine is discarded. 600 ml of distilled water is then consumed. Urine is collected from 7 am–9 am. At 9 am, 1 g of calcium is consumed, and urine is collected from that point until 11 am. Urine samples are analyzed for calcium, creatinine, and CAMP. Results can then differentiate between absorptive hypercalciuria, renal hyperparathyroidism, and hyperparathyroidism.

REFERENCE


CANAL OF NUCK HYDROCELE AND CYST (FEMALE HYDROCELE)

DESCRIPTION

In the female, the labia majora are homologous to the scrotum in the male. The labia majora contain the terminal portion of the round ligaments of the uterus and an obliterated remnant of peritoneum similar to the tunica vaginalis, which may persist as the canal of Nuck. A hydrocele (fluid collection) may form in the canal of Nuck.

REFERENCE


CANDIDIASIS—CUTANEOUS, EXTERNAL GENITALIA

DESCRIPTION

Candida albicans, the most common Candida fungus, rarely colonizes normal skin. Risk factors include the elderly, damaged skin, diabetes, broad-spectrum antibiotic use, steroids, pregnancy and immunosuppression. Can involve warm, moist areas such as distal urethra, scrotum, inguinal region, glans penis of undescended male and cause itching, burning, discharge, dryness, and dysuria in females (eczamyctytis). Vesiculopustules that enlarge and rupture and progress to maceration and erythema. There are distinct red borders, often with satellite lesions with vaginal discharge being white and thick. Microscopic examination of scrapings or discharge with potassium hydroxide or Gram stain reveals hyphae/pseudohyphae. (For Systemic candida, see Section I: “Fungal Infections, Genitourinary”)

TREATMENT

• Keep affected areas dry and exposed to air.

• Men: topical Nystatin 100,000 U/d, micronized cream QID

• Women: vaginal nystatin (single 150 mg dose) or topical nystatin (Nystatin 100,000-200,000 U/ds for 1–2 wk). Clotrimazole troches or cream 100 mg for 3–7 days, others.

More severe infections may require long-term ketoconazole.

REFERENCES


CAPOTRIPRIL TEST

DESCRIPTION

As a functional test for renovascular hypertension. PRA (plasma renin activity) is measured before and 1 hr after the administration of 25 mg captopril. The test is considered positive if all of the following occur: Post-captopril PRA is <12 ng/mL/hr, an absolute increase in PRA > 10 ng/mL/hr, and a 400% increase in baseline PRA (150%) increase if the baseline PRA was more than 3 ng/mL/hr. A positive captopril test points to renovascular hypertension. The test has a sensitivity of ~74% and a specificity of 91%. All diuretics and ACE inhibitors must be discontinued 1 wk prior to the test, and a normal or light sodium diet is necessary.

REFERENCE