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Clinical Image

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Classical bladder exstrophy in an adult female

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Clinical image description

Classical bladder exstrophy results from a defective lower abdominal wall with open bladder and urethra, and anteriorly opened bony pelvis [1]. Families with low socioeconomic status, lack of education and limited access to health care in developing countries often neglect treatment of such cases [2].

We present the case of a 28-year-old female patient, single, with low socioeconomic status, no notion of consanguinity, and no similar cases in the family. She had a bladder exstrophy since birth, never treated. She consulted for urinary incontinence. On clinical examination (Figure 1): presence of a 4.5 cm bladder template with fibrotic inflammatory mucosa between the two rectus muscles; ureter ostia noticeable with nipples. No umbilicus, no vaginal orifice. On radiographic exploration of the pelvis: enlargement of the iliac bones, a vaginal imperforation was objectified on MRI, the biopsy of the plaque was in favor of normal skin tissue, with a discrete lesion of non-specific chronic cystitis. Therapeutically, the patient refused the surgical procedure and was discharged against medical advice.

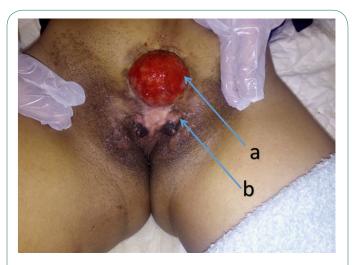


Figure 1: CBE in an adult female. A. Bladder template B. Ureter orifices with nipples

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Conflict of interest: The authors declare that they have no conflicts of interest in relation to this paper.

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