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JCIMCR OPEN ACCESS Journal of Clinical Images and Medical Case Reports

ISSN 2766-7820

Clinical Image

Open Access, Volume 6

A classic cystoscopic signature: bilateral "golf hole" ureteric orifices and thimble bladder in genitourinary tuberculosis

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Received: Jun 14, 2025
Accepted: Jul 02, 2025
Published: Jul 09, 2025
Archived: www.jcimcr.org

DOI: www.doi.org/10.52768/2766-7820/3674

Description

A 48-year-old male with a previous history of pulmonary tuberculosis presented with chronic lower urinary tract symptoms (LUTS) including dysuria, increased frequency, and bilateral flank discomfort for over two years. He had completed a full 8 month course of anti-tubercular therapy. MTB-DNA was detected via PCR. Given persistent obstructive symptoms, cystoscopic examination was performed. Cystoscopy revealed hallmark features of genitourinary tuberculosis [1-4].

Conclusion

This case highlights the characteristic cystoscopic findings in GUTB — a thimble bladder and bilateral golf hole ureters — which remain critical for diagnosis and treatment planning in chronic cases. Early endoscopic recognition allows prompt urological intervention and prevents irreversible renal and bladder damage.

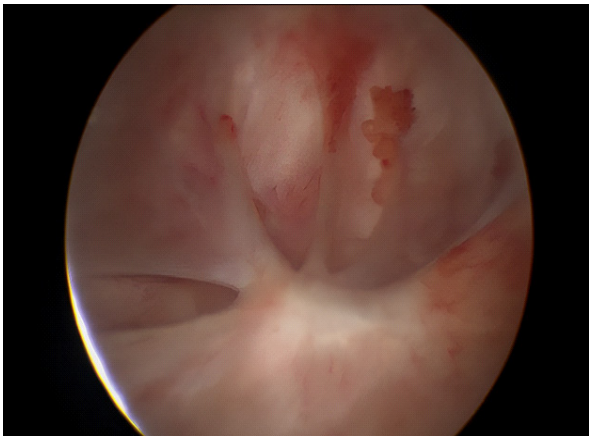

Figure 1: Shows a small-capacity "thimble bladder" with grossly reduced compliance, scarring, fibrosis, and trabeculations. This contracted fibrotic bladder morphology is pathognomonic for end-stage tubercular cystitis.

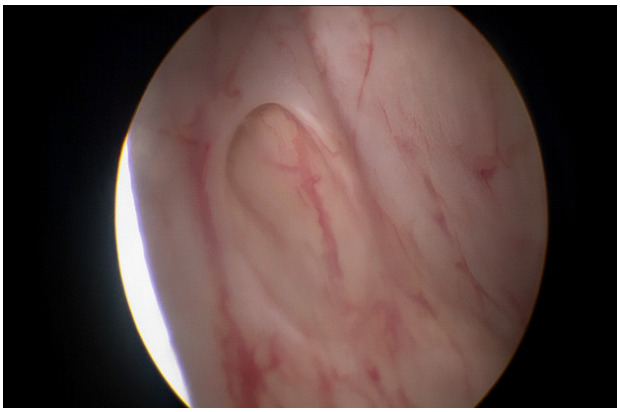

Figure 2: Demonstrates the right ureteric orifice, exhibiting a distinct "golf hole" appearance — wide, gaping, and rounded due to fibrosis and loss of normal mucosal architecture at the vesicoureteric junction (VUJ).

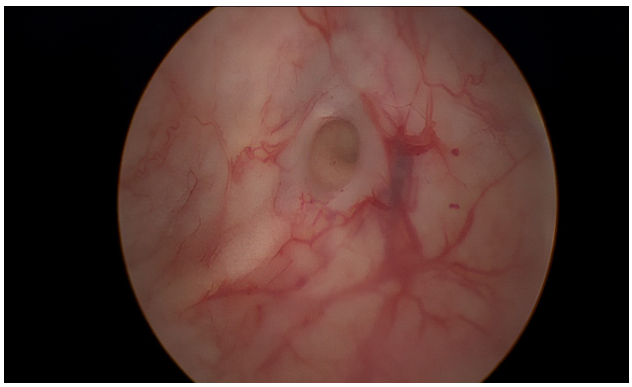

Figure 3: Displays the left ureteric orifice, which also shows the "golf hole" configuration, confirming bilateral distal ureteric involvement from chronic tubercular inflammation and fibrosis. These findings are consistent with classical descriptions of GUTB and underscore the value of cystoscopy in confirming diagnosis, especially in endemic regions. Although CT-imaging had earlier suggested bilateral hydroureteronephrosis and left ureteric stricture, direct cystoscopic visualization provided definitive and pathognomonic confirmation.

References

1. Figueiredo AA, Lucon AM. Urogenital tuberculosis: update and review. Rev Urol. 2008; 10(3): 207-17.
2. Gow JG, Barbosa S. Genitourinary tuberculosis: a study of 111 cases. Br J Urol. 1984; 56(4): 289-93.
3. Eastwood JB, Corbishley CM, Grange JM. Tuberculosis and the kidney. J Am Soc Nephrol. 2001; 12(6): 1307-14.
4. Kulchavenya E. Urogenital tuberculosis: definition and classification. Ther Adv Infect Dis. 2014; 2(5–6): 117-22.