Inguinoscrotal Herniation of a Bladder Diverticulum on [Tc99m]-Methylene-Diphosphonate (MDP) Bone Scan Diagnosed with SPECT/CT

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Abstract

Inguinoscrotal hernias that contain bladder diverticulae are a rare occurrence. We report the case of a 85 year-old man with intense radioactivity overlying the left pubic tubercle on [Tc99m]-methylene-diphosphonate (MDP) bone scan. SPECT/CT imaging established the diagnosis of excreted urinary radioactivity within a large herniated bladder diverticulum. SPECT/CT is a useful technique for evaluation of non-osseous uptake on [Tc99m]-MDP bone scintigraphy.

Keywords: Inguinoscrotal Hernias; Radioactivity; Bone metastases; Bladder diverticulum

Case Report

A 85 year-old man with prostate cancer (Gleason 6) diagnosed 13 years earlier underwent [Tc99m]-Methylene-diphosphonate (MDP) bone scintigraphy for staging of bone metastasis following a recent fall resulting in fracture of his right femoral neck. He had never received surgery, chemotherapy or external beam radiation treatment for treatment of his prostate cancer. He had been initially treated with leuprolide acetate (Lupron), then goserelin (Zoladex) and flutamide, and more recently bicalutamide. A DEXA scan performed 9 years earlier had shown osteoporosis of the lumbar spine (T score = -4.0) and hip (T score = -2.5). His Prostate Specific Antigen (PSA) was rising to 13.9 ng/ml at the time of the bone scan and his recent fall raised concerns for a pathologic fracture. He did not complain of urinary symptoms or significant bone pain. His WBC was 3.90 x 10^9/L, Hb was 11.6 g/dL and Platelets were 148 x 10^9/L. On examination his vitals were BP: 127/69 mmHg, HR 65 bpm, RR 20 and Temp 98.8. He was an elderly, kyphotic, man in no apparent distress with unremarkable physical examination. He had a [Tc99m]-methylene-diphosphonate (MDP) bone scan performed to evaluate for osseous metastatic disease. The bone scan showed intense radioactivity overlying the left pubic tubercle (Figure 1) which initially caused interpretative difficulties despite efforts to exclude surface contamination as the source of the observed radioactivity. The use of SPECT/CT imaging unequivocally established the diagnosis of excreted urinary radioactivity within a large herniated bladder diverticulum (Figure 2).

Inguinoscrotal hernias containing bladder diverticulae are rare with only 20 cases described in the English literature in a 2013 case-review [1]. Urological contents within inguinal hernias are important to diagnose occurring in 1-4% of cases, of which the majority are herniated bladder (61%) and ureter (34%), the rest being bladder diverticulae (5%) [1,2].

The mechanism for inguinal herniation is attributed to musculo-aponeurotic weakness of the abdomino-pelvic wall resulting from elevated intra-abdominal pressure [3]. Bladder diverticulae are believed to be due to increased intravesical pressure, therefore risk factors for herniated bladder and bladder diverticulae include male gender, age >50 years, obesity and benign prostatic hypertrophy resulting in obstructive uropathy [1,3]. Patients with inguinoscrotal bladder diverticulae often present with multiple urinary symptoms including urgency, nocturnal frequency, dysuria, poor flow and incomplete micturition, [1,3,4] and some patients may need to compress a groin swelling in order to complete urination (2-phase micturition) [5]. Cough impulse and groin swelling may be indistinguishable from an inguinal hernia with omentum or bowel contents on physical examination. Patients with inguinoscrotal hernias may have a palpable mass in the inguinal or scrotal region. Urinary symptoms may be present, but not always. The hernia is often diagnosed incidentally during a pelvic examination. If the hernia is not reduced, it may incarcerate or strangulate, with potential bowel obstruction or bowel gangrene.

Figure 1: Following intravenous injection of 26.1 mCi [Tc99m]-methylene-diphosphonate (MDP) a 3-hour whole body sweep was performed. Anterior planar images (A) demonstrated irregular radiotracer uptake involving the proximal right femur particularly around the intratrochanteric region. There was intense uptake seen overlying and obscuring the left pubic symphysis (arrow) considered related to urinary contamination, due to the intensity being similar to that of the bladder. After removing the patient’s trousers and washing the perineum and inguinal regions anterior planar images (B) and SPECT maximum intensity projection images (C) of the pelvis were obtained demonstrating persistent uptake at the left inguinal region, despite washing. Uptake related to the injection site at the left cubital fossa is noted (asterix).

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Many radionuclide studies have genitourinary excretion of radiotracer activity, therefore the presence of a herniated bladder diverticulum could lead to diagnostic difficulty. Intra-pelvic bladder diverticulae have been reported on bone scan [10,11], and inguinoscrotal herniation of a bladder diverticulum causing potential false-positive findings has been reported on bone scan [12] and FDG PET/CT [5]. To our knowledge this case is the first report of SPECT/CT in evaluation of inguinoscrotal herniation of a bladder diverticulum that was a potential mimic of pelvic bone metastasis. This diagnosis was suspected though difficult to confirm with standard planar and SPECT images, despite vigorous efforts to exclude skin contamination. Many authors have found SPECT/CT to be valuable for investigation of non-osseous radioactivity distributions on bone scan [13,14], and our case provides evidence for utility in the diagnosis of urological contents that have herniated into the inguinal region.

**References**