

EDITORIAL COMMENT

The authors present an interesting case report of emphysematous cystitis that was treated conservatively with a favorable outcome. The patient had typical findings on CT scan including bladder wall thickening with air present in the bladder wall. A more cost effective diagnostic test is a conventional abdominal plain film x-ray which may reveal the presence of gas outlining the bladder wall.

While this patient did have a positive urine culture for *E. coli*, one must also consider anaerobic or fungal pathogens. Because of the wide spectrum of pathogens implicated in this condition, treatment with broad spectrum antibiotics providing coverage for gram positive, gram negative, anaerobes and fungal species are recommended.

Control of glucosuria in the diabetic patient with emphysematous cystitis is also important. Glucose in the urine may be a substrate for the process of fermentation by gas-forming bacteria. This may further exacerbate the inflammatory response.

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