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CONCLUSION AND SUMMARY

The displacement of the bladder is an indication of extra vesical spread which naturally never occurs with benign tumours.

The filling defect of benign tumour is often multiple. It is mottled or finely interrupted due to the delicate papillary nature of these tumours which can allow the accommodation of the urine in between villi with the contrast medium. Huge sizes may be detected with a striking normality of the adjacent ureter as the tumours lacks any invasion ability.

However the radiological findings in differentiation between the tumours should always remain as suggestions and dogmatism is better avoided. Luckily the urologist has in his hands other more definite methods such as cystoscopic and bimanual findings and biopsy.

It is clear that intravenous pyelography is of higher value than ascending cystography. The dense filling of the bladder in the latter method can mask the presence of tumours and contribute to false negatives specially in early or small-sized tumours. The discomfort of the technique and the possible ascending infection are points to be

considered against ascending cystography. The lack of information about renal function and ureteric involvement are also draw backs. Yet, ascending cystography may be resorted to when the concentration power of the kidney falls short of giving a visible picture, when iodine sensitivity is reported and when cystoscopy is unavailable or as is often the case refused by the patient.

There is one advantage of the ascending cystography and this is the demonstration of reflux which is not of great value if cystectomy is in question but of some value when radiotherapy and partial cystectomy are considered.

Intravenous pyelography on the other hand gives a lot of information about the tumours. False negatives are 15 % while those of bimanual examination are 18 % and those of cystoscopy are 9 %. It informs not only about the presence of tumour but also gives an idea about the stage, the ureteric involvement and the concentration power and anatomical state of kidney.