

AUA
2026
Washington, DC

MAY 15-18

Not Just a Side Effect: A Case of Minor Urinary Symptoms Concealing a Large Pelvic Mass

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No Disclosures

Learning Objectives

- Maintaining clinical curiosity.
- Recognize when urinary symptoms in female patients necessitate imaging.
- Discuss the pathophysiology of mechanical urinary retention caused by uterine leiomyomas.

Patient Presentation

- 51 year old active, mostly healthy female.
- **History:** Asthma, Nulliparous, Urethral dilation age 2.
- Negative urine cultures and urinalysis.
- **Chief Complaint:** Progressive persistent feeling of incomplete bladder emptying, frequency, nocturia, and pelvic pain after starting budesonide inhaled/formoterol/glycopyrrolate inhaled (Breztri).

Medications

- Albuterol Sulfate (2.5 mg/3ml) nebulization
- Montelukast Sodium 10 mg
- albuterol/budesonide inhaled 90-80 mcg/act
- vilanterol/Fluticasone furoate 200-25 mcg/act

Patient Presentation

- **Physical Exam:** No cystocele, no vaginal atrophy, able to isolate and contract pelvic floor muscles, weak pelvic floor muscle strength 2/5.
- Voided volume 400 ml, post void residual 40 ml by straight catheterization.
- **Patient's self diagnosis:** Adverse effect from inhaler.

Differential Diagnosis

- Kidney stones
- Ovarian cyst
- Urethral stricture

Imaging

CT scan abdomen/pelvis with contrast

- 14 cm pelvic mass likely a uterine fibroid although could also be arising from the right ovary as the right ovary is not identified.



Intervention

- **Surgical Management:** Hysterectomy
- **Pathology:** Leiomyomata uteri
- **Post-Operative result:** Complete resolution of urinary symptoms.

The Diagnostic Trap (The “Tree”)

- **The “Red Herring”:** The patient reported symptomatic improvement after switching inhalers. This reinforces the suspicion of a drug-induced adverse effect. Patient’s self diagnosis: Adverse effect from a recently started inhaler.
- **The Pharmacological Link:** Anticholinergic effects of certain inhalers on the bladder.
- **Why it Made Sense:** The relationship between starting the medication and the onset of symptoms.
- **The Danger:** Diagnostic closure.

Broadening the Perspective (“The Forest”)

- **Clinical Curiosity:** Despite the inhaler change, symptoms did not fully resolve. A good history includes the patient’s theories, but clinical curiosity requires us to prove them right or wrong.
- **Decision to Image:** Thinking beyond the pharmacological history to look for mechanical or structural causes. When symptoms are persistent or “atypical”, imaging can be revealing.

Broadening the Perspective (“The Forest”)

- **The ‘Normalizing’ Patient:** Patients often provide their own ‘medical logic’ to help us. By agreeing with the patient’s theory too early, we inadvertently stop being objective.

Conclusion and Summary

- Validate patient reported associations, but do not be limited by them.
- Maintain a broad differential diagnosis.
- Diagnostic excellence requires seeing the whole forest, even when the patient is pointing at a single tree.

Questions