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Table 1. Diagnostic criteria of haemophagocytic lymphohistiocytosis (Histiocyte Society)

Diagnosis is based on fulfilling one or both criteria:

1. Molecular diagnosis consistent with haemophagocytic lymphohistiocytosis

2. Five of the following features: Fever

Splenomegaly

Cytopenias (affecting two or more of three lineages in the peripheral blood)

Hypertriglyceridaemia

Hypofibrinogenaemia

Elevated ferritin level

Elevated soluble CD25 level

Low or absent natural killer-cell activity

Haemophagocytosis in bone marrow, spleen or lymph nodes

From Henter et al (2007)

LEARNING POINTS

- Although rare, the diagnosis of haemophagocytic lymphohistiocytosis should be considered in any patient presenting with the triad of persistent pyrexia, hepatosplenomegaly and cytopenias.
- Early haematology involvement in suspected cases is essential.
- Management is challenging and involves immunosuppressive regimens and treatment of any specific trigger.

IMAGES IN MEDICINE

Spontaneous rupture of the urinary bladder

Rupture of the urinary bladder is usually traumatic following penetrating injury, perurethral manipulation or blunt trauma to the abdomen. The normal anatomical position and elasticity of the urinary bladder is protective, but any pathological changes in the bladder wall (inflammation, malignancy) or the urinary bladder predispose it to rupture or perforation.

An 80-year-old man presented with acute non-traumatic spontaneous urinary bladder perforation with generalized peritonitis. The patient was septic and in hypotensive shock, with four quadrant peritonitis and

ongoing pyuria. He suffered from severe parkinsonism and dementia and was bed bound with poor mobility in a care home.

The diagnosis was clinched from preoperative imaging (Figures 1 and 2) and confirmed at laparotomy. Primary repair of the chronically infected, thickened urinary bladder wall perforation was performed.

Spontaneous urinary bladder rupture is rare and a high index of suspicion and prompt diagnosis is essential for appropriate treatment. **BJHM**

Figure 2. Computed tomography image showing intra-peritoneal bladder rupture.



Figure 1. Computed tomography image showing thick-walled urinary bladder with rupture and intra-peritoneal free fluid.



Mr Diwakar R Sarma is Registrar and **Mr Ajo John** is Consultant in the Department of General Surgery, Darent Valley Hospital, Dartford and Gravesham NHS Trust, Dartford DA2 8DA

Correspondence to: Mr DR Sarma (dsarma@nhs.net)