Aim: Pyocystis is an important yet overlooked rare complication of a non-functioning urinary bladder. It is due to collection, liquefaction and decomposition of shed bladder epithelium, resulting in accumulation of pus in the bladder causing sepsis. We describe a case of Pyocystis in a patient with bilateral nephrostomies who presented with urosepsis multiple times due to this complication.

Case Report: A 78-year-old man, known case of Ca Prostate with bilateral nephrostomies warranted multiple subsequent hospital admissions in one month due to urosepsis presenting with fever, urethral discharge, suprapubic pain and very high inflammatory markers. He underwent a CT Abdomen & Pelvis which revealed markedly distended bladder despite nephrostomies in place. Upon catheterization, no urine output was observed which raised concerns. An attempt at bladder washout displayed a large amount of thick foul-smelling pus which was aspirated. This was sent for culture and patient was commenced on appropriate IV antibiotics. After a thorough bladder washout under flexible cystoscopy, patient was eventually discharged on a long-term catheter with regular bladder washouts in community as required. Patient was successfully managed on conservative treatment.

Conclusion: Pyocystis can sometimes be a missed complication of urinary diversion or a non-functioning bladder that can present silently under sepsis and should therefore be considered as a differential diagnosis of sepsis in patient with supravesical urinary diversion. We wanted to highlight this condition which if left undiagnosed will progress to severe sepsis and possible death. Hence prompt intervention and aggressive management is vital. Treatment for this complication requires catheterization, bladder irrigation and antibiotics.