A 77-year-old patient with history of superficial and recurrent multifocal bladder tumor, with a recurrence of superficial 4 mm tumour in the follow-up, went to bladder TURB, with administration of intravesical Mitomycin-C in the immediate postoperative period. In Cystoscopy of control, 3 months later, a fibrino-stone like growing was observed, that comes from bladder fundus mucosa. Suspecting fistula, a sample of the fibrinous material was taken and Uro-CT is requested. CT showed irregularity / cicatricial tract with some calcifications of the anterior wall of the bladder (Fig.1 and Fig.2), suspecting a fragment of calcified omentum, reactive to the administration of Mitomycin-C, over a possible small hole in the TURB. The anatomopathological result of the sample taken by cystoscopy and later by TURB was adipose tissue, necrosis, dystrophic calcifications and lymphoplasmacytic inflammatory infiltrate, compatible with encrustated cystitis.