A 77-year-old patient with history of non-muscle invasive and recurrent multifocal bladder tumor (histology?? pTa?G?), with a superficial 4-mm recurrence in the follow-up, underwent a transurethral resection of bladder tumor (TURB) followed by intravesical instillation Mitomycin-C in the immediate postoperative period. During follow-up, in cystoscopy 3 months later, a fibrino-stone like was observed, arising from fundus bladder mucosa. In an attempt to dismiss a post TURBT leak, a biopsy of the fibrinous material was taken and URO-CT performed, which revealed irregularity and a scar tract with some calcifications within the bladder anterior wall (Fig.1 and Fig.2). The histological result of the sample taken was adipose tissue, necrosis, dystrophic calcifications and lymphoplasmacytic inflammatory infiltrate, compatible with encrusted cystitis.

* A short comment regarding incidence, diagnosis and management of this clinical setting is highly recommended.