Emorrhagic cystitis (HC) is a troublesome and potentially life-threatening complication of bone marrow transplantation (BMT) (Xu et al., 2007). This condition significantly affects patients’ quality of life, increases the length of hospitalization, and can lead to death if the condition is intractable (Xu et al., 2007). The Karolinska Center for Allogeneic Stem Cell Transplantation in Sweden has defined HC as painful hematuria with negative urine culture for bacteria or fungus and without any other explanation, such as general bleeding diathesis, urinary tract catheterization for reasons other than HC, urinary calculi, and bladder neoplasm (Hassan et al., 2007). Similarly, Lee et al. (2003) defined HC as the presence of microscopic or macroscopic hematuria in the absence of other clinical conditions, such as menstruation, general bleeding diathesis, disseminated intravascular coagulation, multiple organ dysfunction syndrome, and sepsis.

The urologic manifestations range from microscopic hematuria to severe hemorrhage with obstructive renal failure. Four grades have been identified: grade 1 (microscopic hematuria), grade 2 (macroscopic hematuria), grade 3 (hematuria with clots), and grade 4 (macroscopic hematuria with clots and