Case Report

ULCERATIVE CUTANEOUS METASTASIS FROM PRIMARY TRANSITIONAL CELL CARCINOMA OF URINARY BLADDER

Mansoor Rafi1, Mutahir Ali Tunio2, Altaf Hashmi3

ABSTRACT
Transitional cell carcinoma of urinary bladder with skin metastasis is extremely rare presentation. Skin metastases are considered as poor prognostic factors with low survival rates. We report a case of skin metastasis in patient with bladder cancer.

KEY WORDS: Transitional Cell Carcinoma, Urinary Bladder.

INTRODUCTION
The bladder cancer usually metastasizes to lungs, liver, bones and brain.1 Metastasis to the skin is very rare presentation; only few reports have been published in medical literature worldwide.2-4 Skin metastasis may be nodular, inflammatory or fungating and sclerodermoid type.5 Inflammatory or fungating type is even rarest presentation from the bladder cancer. We report a case of patient with bladder cancer with solitary fungating skin metastasis on left chest wall.

CASE REPORT
Our patient was a sixty five year old male, who initially presented in our department with painless haematuria. Cystoscopy at that time revealed a papillary growth of size 4×5cm on right posterolateral wall of the bladder. Tissue biopsy showed muscle invasive high grade transitional cell carcinoma (pT2). Further staging workup showed the extravasical primary disease spread with no pelvic lymphadenopathy. Bone scan revealed multiple osseous metastases. The final stage was made as T3N0M1 (bone). Patient was offered duplet (cisplatinum & gemcitabine) chemotherapy. After receiving two cycles of chemotherapy, patient lost to follow up.

Three months later, he presented with painful ulcerated skin lesion on left lower chest and upper abdomen. On examination, solitary lesion of size 4×4 cm in diameter was found on left chest wall, which was well circumscribed with raised margins and severely tender with discharge (Figure-1). Additional findings were marked weight loss. He was afebrile. Patient was sent to urologist who performed biopsy of the lesion. The histopathology showed high grade transitional cell carcinoma (Figure-2).

Patient was treated with 12 Mev electron therapy of dose 20 Gray in five fractions to lesion. He was on best supportive care and died three month after the diagnosis of skin metastasis.
DISCUSSION

Skin metastases from transitional cell carcinoma of bladder are very rare. Only few reports have been published so far and with poor prognosis (Table-I). Due to limited number of case reports and short survival of such patients, it is difficult to comment on appropriate treatment of skin metastasis of bladder cancer. However in many patients, palliative radiotherapy without the excision has been recommended. In our patient we also used electron therapy. The exact pathogenesis of skin metastasis is unclear in bladder cancer, but there can be three pathways, (a) Interconnecting dermal lymphatics (b) accidental surgical implantation and (c) a koebner like reaction at site of prior herpes zoster infection. In our patient, survival was only two months from the onset of skin metastasis similar like other reports.

In conclusion, clinicians should perform careful examination of skin for prompt diagnosis which may affect the outcome.

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Table-I: Case reports of skin metastases of bladder cancer

<table>
<thead>
<tr>
<th>Study (Reference)</th>
<th>Initial Stage</th>
<th>Age (years)</th>
<th>Treatment of skin metastasis</th>
<th>Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muller Arteaga C, et al 1</td>
<td>T2N0M1</td>
<td>66</td>
<td>Palliative radiotherapy</td>
<td>4 months</td>
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<tr>
<td>Segawa N, et al 3</td>
<td>T3bN0M0</td>
<td>68</td>
<td>Excision</td>
<td>4 months</td>
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<tr>
<td>Atmaca AF, et al 5</td>
<td>T1N0M0</td>
<td>66</td>
<td>Palliative radiotherapy</td>
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<td>Aloi F, et al 6</td>
<td>T2N0M0</td>
<td>65</td>
<td>Palliative radiotherapy</td>
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<td>Alvarez Castelo LM, et al 7</td>
<td>T3bN0M0</td>
<td>62</td>
<td>Palliative radiotherapy</td>
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<tr>
<td>Zangrilli A, et al 8</td>
<td>T3N0M0</td>
<td>56</td>
<td>Excision</td>
<td>—</td>
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REFERENCES