

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.

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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 extravesical 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.

1. Dr. Mansoor Rafi, MBBS
Resident, Radiation oncology
2. Dr. Mutahir A. Tunio, MBBS, FCPS (Radiotherapy)
Assistant Professor of Radiation Oncology
3. Dr. Altaf Hashmi, MBBS, MS, MCPS (Urology)
Professor of Urology
- 1-3. Sindh Institute of Urology & Transplantation (SIUT),
Karachi, Pakistan.

Correspondence

Dr. Mutahir A. Tunio, MBBS, FCPS (Radiotherapy)
E-mail: drmutahirtonio@hotmail.com

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Figure-1: Left chest wall skin ulcerative lesion

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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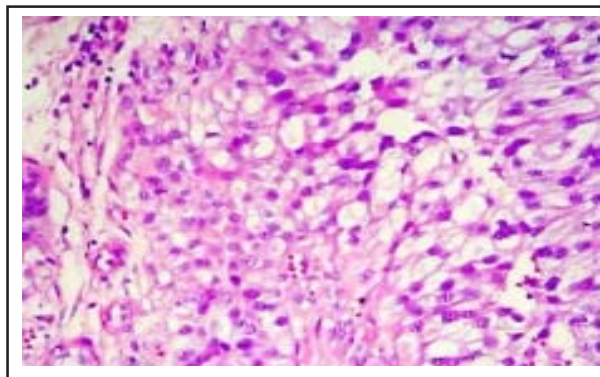


Figure-2: Histopathology showing high grade transitional cell carcinoma consisting with primary bladder

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

Study (Reference)	Initial Stage	Age (years)	Treatment of skin metastasis	Survival
Muller Arteaga C, et al ¹	T2N0M1	66	Palliative radiotherapy	4 months
Segawa N, et al ³	T3bN0M0	68	Excision	4 months
Atmaca AF, et al ⁵	T1N0M0	66	Palliative radiotherapy	—
Aloï F, et al ⁶	T2N0M0	65	Palliative radiotherapy	6 months
Alvarez Castelo LM, et al ⁷	T3bN0M0	62	Palliative radiotherapy	2 months
Zangrilli A, et al ⁸	T3N0M0	56	Excision	—