A rare case report of urothelial carcinoma of the urinary bladder in a 18 years old patient

18 yaşında nadir görülen mesanenin üretelyal kanseri: Olgu sunumu

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Özet

Bu çalışmanın amacı kliniğimize masif hematüri ile başvuran 18 yaşındaki mesane kanseri olgusunu sunmaktır. Mesane ürotelyal kanseri genç erişkinlerde çok nadir görülmektedir ve genellikle yüzeyel ve düşük derecelidir. Gençlerde rekürrens ve progresyon oranı düşük seyretmektedir. Bu yüzden gençlerde görülen ürotelyal kanser iyi prognozludur.

Anahtar Kelimeler: Masif hematüri, ürotelyal kanser

Abstract

The aim of this study is to report urothelial carcinoma of the bladder in a 18-year-old man, who was referred to our institution with a chief complaint of gross hematuria. Urothelial carcinoma of the bladder can be seen rarely in young patients and it is usually superficial and low grade. Its recurrence and progression rate is lower. Therefore, urothelial cancer of bladder in young patients has a better prognosis.

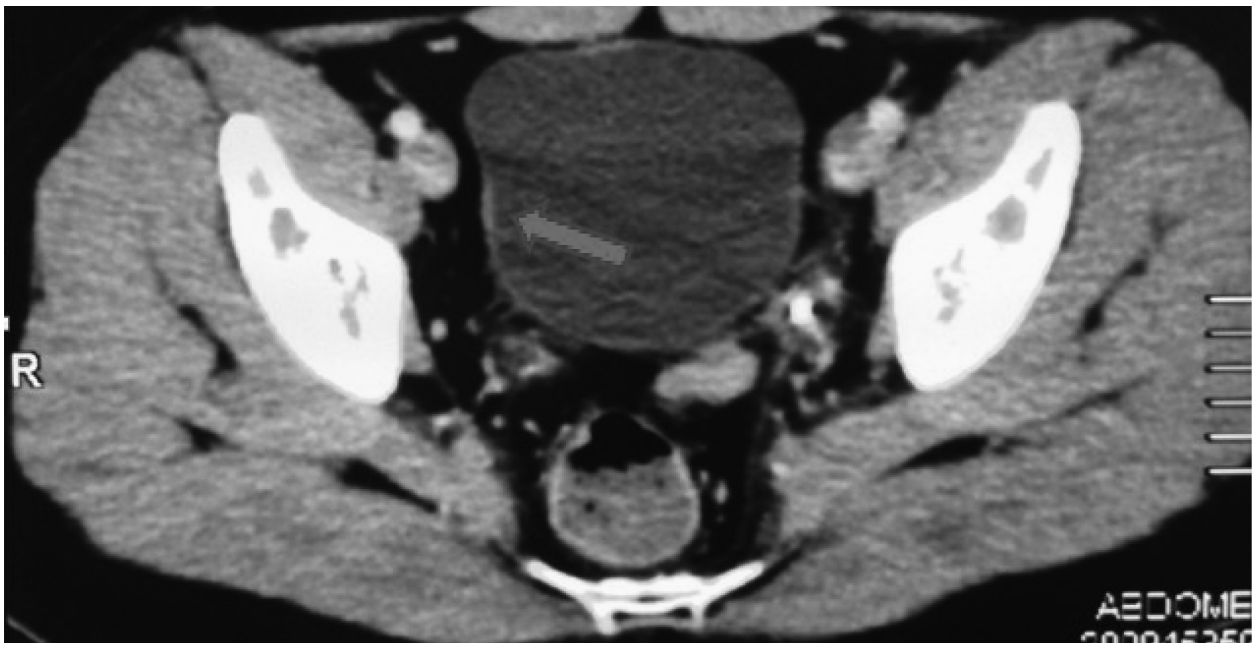
Key Words: Gross hematuria, urothelial carcinoma

Introduction

Urothelial carcinoma of the urinary bladder is rare in young adults, as less than 1% of such tumors present in the first 4 decades of life [1]. Urothelial tumors in the first 2 decades of life are distinctly unusual, with most described in case reports and small series [2]. Studies provide evidence that p53 gene product overexpression is common in bladder cancer in young patients [3].The aim of this study is to report urothelial carcinoma of the bladder in a 18-year-old man, who was referred to our institution with a chief complaint of gross hematuria.

Presentation of Case

We present a 18-year-old man admitted to our hospital with gross hematuria. There was no history of cancer, family history of bladder cancer, history of exposure to radiation/chemotherapeutic agents or parents with an occupational history known to be associated with bladder carcinogenesis and history of smoking. Macroscopic hematuria was the presenting symptom. Abdominal ultrasonography and computed tomography (CT) scan demonstrated abnormal thickness of the bladder wall shown in figure 1. Further, cystoscopic examination confirmed a mucosal irregularities and non-specific lesions. Ureteral orifices and other parts of the bladder were normal. Under general anestesia, biopsies were taken from right lateral wall of bladder and abnormal areas of urothelium with a resection loop. Histopathology of the biopsy material showed urothelial carcinoma (G1, pTa). Recurrence has



not been observed for 3 months postoperatively.

Figure 1 CT scan of the abdomen shows abnormal thickness of bladder wall

Discussion

Urothelial neoplasms in patients 20 years or younger reveals that these tumors are more common in males, are likely to manifest as hematuria, occur as solitary lesions and are generally of low grade. These lesions have low recurrence potential with extremely favorable prognoses in the intermediate term [4]. The most common presenting symptom in the young adults was gross hematuria, the causes of which included infection, urolithiasis, and malignancy. The findings of gross hematuria, the main symptom of bladder cancer, and irritative bladder symptoms should be thoroughly investigated to permit the accurate, differential diagnosis of bladder cancer, especially in the young group. In a review by Greenfield et al. of 342 children with gross hematuria, only 3 were eventually diagnosed to have bladder urothelial carcinoma and all were low-grade tumors. More common causes for hematuria in this age group include benign urethrorrhagia, trauma, urinary tract infection, and congenital urologic anomaly [6]. According to EAU guidelines, when abnormal areas of urothelium are seen, it is advised to take cold-cup biopsies or biopsies with a resection loop. In a recent study by Mcpartilin et al. of data from 3000 consecutive patients who underwent diagnostic cystoscopy; incidental findings of diffuse and focal bladder wall thickening on CT scan were found to have a low yield for the detection of urinary tract malignancy and incidentally detected focal bladder mass lesions are more likely to have malignant pathology. Additionally, clinician must beware of abnormal bladder wall thickness of ultrasonography or CT scans not to miss out rare bladder neoplasm of young adults [7].

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