

# CASE REPORT: THREE DIFFERENT PRIMARY TUMOURS OF THE BLADDER

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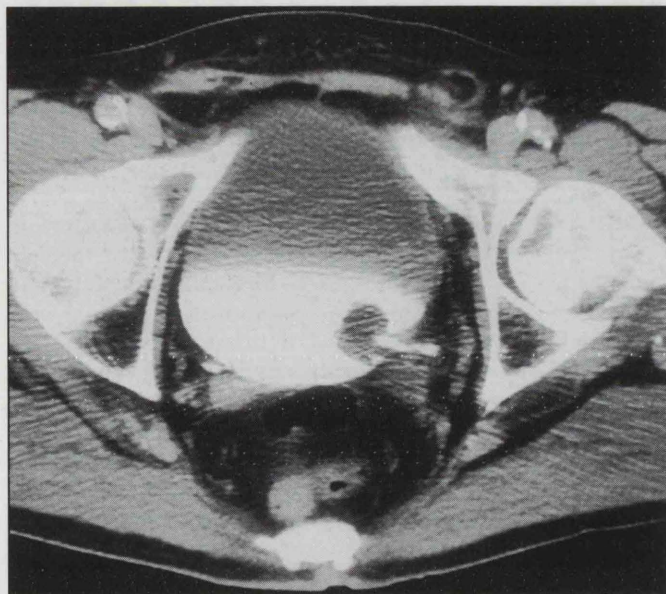
Cancer of the bladder is a common disease, the commonest tumour encountered by urologists. Tumours of different histological type arising from multiple sites in a bladder are not common<sup>(1)</sup>. This case is presented to illustrate a situation where three different histological types of bladder tumour arose at different times within five years

## CASE PRESENTATION

A 65-year-old retired army officer presented with painless haematuria of four days' duration in December 1992. He was a non-smoker. Past medical history revealed that he had left auriculo-temporal basal cell cancer in 1983. Physical examination was normal except for benign prostatic enlargement.

Intravenous urography showed bilateral distension of the upper renal tracts and pelvic ultrasound showed a distended bladder and a posterior diverticulum of the bladder. Cystoscopy confirmed benign prostatic hypertrophy and a tumour in the diverticulum which was resected and identified on histology as poorly differentiated transitional cell cancer with squamous metaplasia. A post-operative CT scan suggested one or two enlarged para-aortic lymph nodes.

In April 1993, open excision of the bladder diverticulum was performed and histology showed moderately/poorly differentiated squamous cell cancer involving the deep muscle coat. A repeat CT scan did not show any para-aortic lymph nodes. He had review cystoscopies at intervals following the excision in April 1993, which were normal.



CT scan of bladder cancer

In May 1995, he presented with another episode of haematuria of about four weeks' duration. Cystoscopy showed an irregular area of tissue on the right bladder neck which was resected. Histology revealed a poorly differentiated squamous cell cancer involving deep muscle. Further management was discussed with the patient with a view to cystectomy but he opted to keep his bladder and underwent radical radiotherapy. Subsequent check cystoscopies were normal except for telangectasia at submucosa level.

In July 1997 he had two episodes of terminal haematuria. A cystoscopy revealed a new tumour on the right side of the trigone extending to the right lateral wall of bladder. The resected specimen showed a poorly differentiated transitional cell cancer, involving the muscle.

A repeat CT scan showed no lymph node involvement or extension of the tumour. Total cystectomy with an ileal conduit was performed in October 1997. The histology of the cystectomy showed infiltrating poorly differentiated transitional cells with some squamous differentiation present. The deep muscle coat was free from tumour.

## DISCUSSION

Most cancer of the bladder affects only one segment although recurrences have been widely reported. Three different cell type primary tumours arising from different sites is rare. This case had a diverticulum at the posterior aspect of the bladder that turned out to be harbouring a poorly differentiated infiltrating transitional cell cancer. Tumour associated with a diverticulum is seen in 7-8% of cases<sup>(1,2,3,5)</sup>.

Three different primary cancers of the bladder is extremely rare in the absence of known predisposing factors.

## REFERENCES

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