JOJ
Urology & Nephrology
ISSN: 2476-0552

Juniper Publishers
key to the Researchers

Case Report
Volume 6 Issue 5 - Septembre 2019
DOI: 10.19080/JOJUN.2019.06.555700

JOJ uro & nephron

Atypical Cutaneous Metastasis of Urothelial Bladder Carcinoma: A Case Report

Aynaou Mohammed*, Mhanna Tarik, El-houmaidi Amine, Paapa Dua-Boateng and Barki Ali

Department of urology, university Hospital Mohammed VI Oujda, Morroco

Submission: July 26, 2019; **Published:** Septembre 09, 2019

***Corresponding author:** Aynaou Mohammed, Department of urology, university Hospital Mohammed VI Oujda, Morroco

Abstract

Introduction: Cutaneous metastasis is an atypical localization of urothelial bladder carcinoma, with poor prognosis

Case: A 60-year-old patient was diagnosed with urotherial carcinoma infiltrating the chorion pT1 low grade. This patient was lost sight of before presenting himself 3 years later with diffuse cutaneous lesions. Histological examination revealed cutaneous metastases from bladder urothelial carcinoma. The patient was subsequently addressed to the oncology department for palliative chemotherapy.

Conclusion: Cutaneous metastasis is a rare dissemination of bladder tumor making it difficult to manage.

Introduction

Cutaneous metastasis is a rare and serious tumor site bladder, their incidence is of the order of 0.22% [1]. These cutaneous metastases are often in the form of infiltrating plaques or nodules [2], and it appears late after the primary location we report through this observation one of the rare cases described in the literature concerning the occurrence of cutaneous metastases secondary to urothelial carcinoma of the bladder.

Case

This is a 60-year-old, 30-pack-year chronic smoking patient who was initially admitted to our structure for clammatic hematuria. The latter had been evolving for 3 months without being able to consult. The patient benefited from biopsy transurethral resection whose anatomopathological study has found to be urothelial carcinoma infiltrating the chorion classified pT1 low grade.

This patient was lost sight of before presenting himself 3 years later to urology consultation after the alteration of its general condition (Figures 1 & 2). An extension assessment consisting of a thoraco-abdominopelvic scan was performed and objectified diffuse lymph node metastasis. The patient was subsequently addressed to the oncology department for additional support and benefit from palliative chemotherapy.

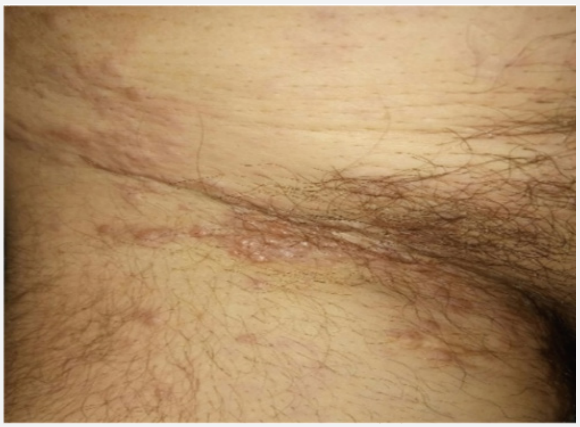

Figure 1: A clinical examination was noted diffuse nodular skin lesions affecting the inner face of the right thigh.

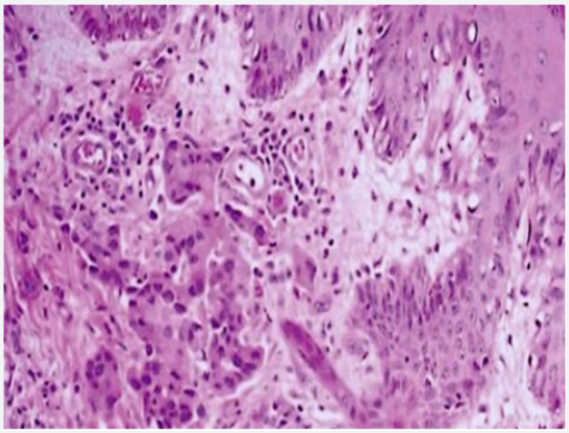

Figure 2: A skin biopsy was performed and showed cutaneous metastasis consistent with urothelial origin.

Discussion

The first case of cutaneous metastases secondary to a bladder tumor was reported in the literature in 1909 [3]. The cases noted are extremely rare [4]. They are directly related to the degree of infiltration of the tumor, its size and grade [4,5]. However, metastasis can also appear in superficial tumors [6]. The most common metastatic sites of urogenital origin are regional lymph nodes, liver, lung, and bone. Metastatic dissemination can be by hematogenous, lymphatic, contiguous, or iatrogenic manipulation at the origin of the implantation of tumor cells. This latter mechanism is most frequently responsible for cutaneous metastases [7-9]. According to the data of the literature, cutaneous metastasis appears after an average delay of 18 months [10]. A single case of cutaneous metastases that occurred several years (10 years) after the diagnosis of the primary tumor was reported

The clinical aspect of metastasis can take many forms. Brownstein et al described 3 main clinical aspects: the lesion nodular, scleral lesion and inflammatory lesion [11]. Their favorite seats are the face, the neck, the trunk or the extremities [7,10]. The biopsy, a simple gesture, makes it possible to establish the diagnosis, but the urothelial origin remains sometimes difficult to affirm [12]. It shows nests of malignant cells with eosinophilic cytoplasm. Most of these cells express cytokeratin 7 and 20 in the immunohistochemical study. Studies have shown that uroplakin III can be detected in 50 to 60% of primary urothelial carcinomas and metastatic carcinomas of urothelial origin [10,13].

The prognosis is pejorative with a life expectancy of less than one year [6]. The treatment of cutaneous metastasis is like that of other metastatic forms of malignant tumors of the bladder. Palliative chemotherapy remains the only therapeutic option for patients who can tolerate it. Combinations based on cisplatin , including the cisplatin / gemcitabine protocol or the methotrexate / vinblastine / doxorubicin / cisplatin protocol, are the treatment standards for unresectable or metastatic locally advanced bladder tumors [13]. Surgery is indicated in front of small lesions localized while the use of radiotherapy for palliative care has not yet been studied [6].

Conclusion

The diagnosis of cutaneous metastases must always be evoked in front of cutaneous lesions in the patients having a history of cancer. Palliative care is the only valid therapeutic option, and the prognosis is unfavorable.

References

1. Hu S, Chen G, Wu C, Chai C, Chen W, Lan C C (2009) Rates of cutaneous metastases from different internal malignancies: experience from a Taiwanese medical center. J Am Acad Dermatol 60: 379-387.
2. Babaian R, Johnson D, Llamas L, Ayala A (1980) Metastases from transitional cell carcinoma of urinary bladder. Urology 16(2):142-144.
3. Australian Institute of Health and Welfare Australian Association of Cancer Registries. Cancer in Australia: an overview, 2012, Cancerseries no. 74. Cat. No. CAN 70. Canberra: AIHW; 2012.
4. Krathen R, Orengo I, Rosen T (2003) Cutaneous metastasis: a meta-analysis of data. South Med J 96:164-167.
5. Akman Y, Cam K, Kavak A, Alper M (2003) Extensive cutaneous metastasis of transitional cell carcinoma of the bladder. Int J Urol 10(2): 103-104.
6. Lees AN (2015) Cutaneous metastasis of transitional cell carcinoma of the urinary bladder eight years after the primary: a case report. Journal of Medical Case Reports 9: 102.
7. Block CA, Dahmoush L, Konety BR (2006) Cutaneous metastases from transitional cell carcinoma of the bladder. Urology 67(4): 846.e15-7.
8. Mueller T, Wu H, Greenberg R, Hudes G, Topham N, et al. (2004) Cutaneous metastases from genitourinary malignancies. Urology 63(6): 1021-1026.
9. Narayana M, Patnayak R, Rukmangadha N, Chowhan A, Kottu R, et al. (2014) Cutaneous metastasis of transitional cell carcinoma of the urinary bladder: Cytological aspect. J Cytol 31: 50-52.
10. Schmiedecke R, Perry A, Satter E (1973) Cutaneous metastasis of a transitional cell carcinoma. Dermatol Online J. 2014 20(2): 21541.
11. Brownstein MH, Helwig EB (1973) Spread of tumours to the skin. Arch Dermatol 107: 80–86.
12. Grant Kels Jane M (2007) Color atlas of dermatopathology. In: Color atlas of dermatopathology, CRC Press, p. 393.
13. Salemis N, Gakis C, Zografidis A, Gourgiotis S (2011) Cutaneous metastasis of transitional cell bladder carcinoma: a rare presentation and literature review. J Cancer Res Ther 7(2): 217-219.

How to cite this article: Aynaou Mohammed, Mhanna Tarik, El-houmaidi Amine, Paapa Dua-Boateng, Barki Ali. Atypical Cutaneous Metastasis of Urothelial Bladder Carcinoma: A Case Report. JOJ uro & nephron. 2019; 6(5): 555700. DOI: 10.19080/JOJUN.2019.06.555700

DOI: 10.19080/JOJUN.2019.06.555700

How to cite this article: Aynaou Mohammed, Mhanna Tarik, El-houmaidi Amine, Paapa Dua-Boateng, Barki Ali. Atypical Cutaneous Metastasis of Urothelial Bladder Carcinoma: A Case Report. JOJ uro & nephron. 2019; 6(5): 555700. DOI: 10.19080/JOJUN.2019.06.555700