CASE REPORT

Radical Cystectomy on a Young Male Lomboknese Bladder Adenocarcinoma Patient: A Case Report

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ABSTRACT

Background: Bladder Cancer is a common malignancy in the world, mostly with Urothelial (Transitional Cell) Carcinoma type pathological result. Adenocarcinoma is one of rare cases in histological variant of bladder cancer. It could be primary or secondary due to metastatic of primary organ.

Patient with history of partial cystectomy need to be aware in follow up especially with MSCT Abdomen evaluation.[1,2] Radical cystectomy is preferred than partial cystectomy for bladder adenocarcinoma to prevent recurrency. Ileal conduit is one of the options in the urinary diversion.

Patient underwent radical cystectomy and ileal conduit due to recurrence bladder adenocarcinoma post partial cystectomy. Patient was well monitored in ICU and had well functional of urinary diversion.

Keywords: Bladder Adenocarcinoma, Radical Cystectomy, Partial Cystectomy, Recurrence Bladder Tumor

Background

Bladder cancer is a common malignancy in the world. In USA, estimated incidence is 74,000 cases per year. Urothelial carcinoma is the most common histologic findings, while adenocarcinoma is a rare histologic variant accounting for 0.5-2% of bladder cancers in the United States.[1]

Bladder adenocarcinoma may come from primary or secondary cause, while primary adenocarcinomas are rare compared to secondary adenocarcinoma of the bladder.[1,2,3] Primary bladder adenocarcinoma derives from the bladder urothelium showing histological pure glandular characteristic. Secondary adenocarcinoma involves the bladder either by direct extension or by metastasis from distant primary sites. The common origin including: prostate, cervix, colon, endometrium, breast, and lung.[3,4,5]

Case Presentation

Young male Lomboknese, 30 years old has had history of dysuria and suprapubic pain for 1 year and then performed cystoscopy in Namira Islamic Hospital, East Lombok. Mass was found on bladder

superior wall (dome), and then we performed bipsy with anatomic pathological result was mucinous adenocarcinoma. Two months after cystoscopy-biopsy, we performed partial cystecomy in West Nusa Tenggara General Province Hospital. We found mass in bladder dome and performed wide excision, 2 cm beyond mass. The mass was isolated in the bladder and no infiltration to adjacent tissue. Patient post operative condition was good, and could discharged from hospital in good condition. Eight months of after partial cystectomy, patient complained pain and bulging on his lower stomach. Then patient was evaluated by abdominal multislice CT scan that showed residive mass on the lateral of bladder wall infiltrating to abdominal wall and rectum, enlargement of the iliac lymph nodes, and multiple nodes on liver (figure 1)

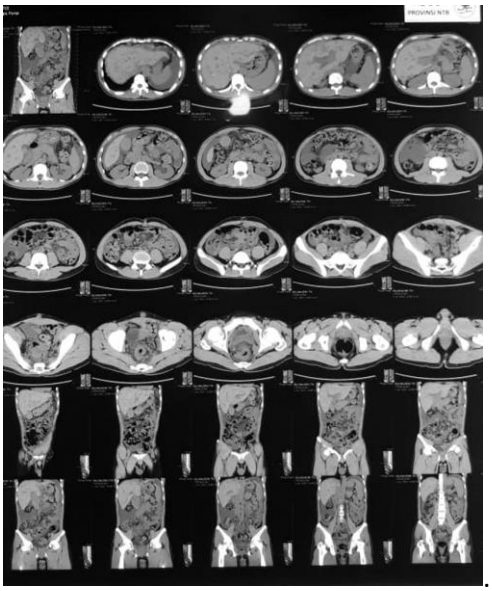

Figure 1. MSCT abdomen 8 months after partial cystectomy

Patient then planned to perform radical cystectomy ileal conduit urinary diversion. During operation we found bladder was filled with large tumor arose from upper part. There was infiltration of tumor to abdominal lower anterior wall, prostate, sigmoid colon, and mesosigmoid. We performed radical cystectomy then consulted to digestive surgeon whom performed resection of colon that was infiltrated by the tumor and end to end anastomosis of colorectum (figure 2).

Figure 2. Clinical pictures during surgery

Patient was cared in intensive care unit after surgery and got total parenteral nutrition for 3 days, antibiotic, and analgetic treatment. Daily urine product was 800-1500 cc from the ileal conduit. After 3 days, patient then removed to general ward and was discharged from hospital on day 7th after surgery.

Discussion

Bladder Cancer is second most cancer in urology after prostate cancer. Adenocarcinoma type of Bladder Cancer is an uncommon case, only 2 % of all bladder cancer cases.[1,2] The common complain of bladder cancer was painless gross hematuria, but in bladder adenocarcinoma the complains could be hematuria with irritative bladder symptom.[3] In this case, patient came to hospital with persistent dysuria complain for 3 months before seeking medical examination. On further evaluation with abdominal CT scan, bladder mass was found accidentaly. The location of the mass was on the top of bladder wall (bladder dome). This mass location fit to primary type of bladder adenocarcinoma which could be originated from urachal remnants.[4,5]

After anatomic pathology result revealed bladder adenocarcinoma, we choose partial cystectomy to treat this patient. The reason of this was due to preservation of organ consideration.[1,3]

Patient was lost on follow up and then came back again at 8 months after partial cystectomy with abdominal CT scan result revealed residive mass on the lateral of bladder wall infiltrating into abdominal wall and rectum, enlargement of the iliac lymph nodes, and multiple nodes on liver. Bladder cancer follow up ideally 3-4 months after resection/treatment for first year of treatment.[1]

Based on evaluation and ct scan finding, the patient then was planned to perform radical cystectomy with ileal conduit urinary diversion. In patient with residive bladder adenocarcinoma, the treatment option is en bloc radical cystectomy, which means resection of whole bladder, the prostate, seminal vesica, and both distal ureter.[2,3,6] However, due to limitation of frozen section facilities in West Nusa Tenggara Province General Hospital, the distal ureter tumor free margin couldn't be assessed.

Conclusions

Adenocarcinoma of bladder tumor was a rare case among all of bladder tumors (mostly Urothelial). Although the patient had history of Partial Cystectomy, the follow up evaluation is the important key to recognize recurent or residive tumor. Treatment option for Adenocarcinoma of the bladder was Radical Cystectomy with urinary diversion, which in this case ileal conduit was preferred. Radical cystectomy was performed by excising the entire bladder, prostate, seminal vesicle, distal ureter, and surrounding lymph nodes dissection. Patient early follow is needed to evaluate wound condition and urinary diversion function.[7,8]

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