Bladder Cancer xx (20xx) x–xx
DOI 10.3233/BLC-199002
IOS Press

Challenging Cases in Urothelial Cancer

Mark S. Soloway*
Urologic Oncology, Memorial Physician Group, Division of Urology, Memorial Healthcare System, Aventura, FL, USA

Received/Accepted 27 March 2019

Uncorrected Author Proof

CASE 13

M.L. is a very healthy 60 year old woman who presented with an episode of gross hematuria in November 2018. A CT scan indicated a bladder tumor on the left wall. The upper urinary tract was normal. Her past medical history was entirely negative. An outpatient flexible cystoscopy identified a papillary exophytic solitary tumor on the left lateral wall of the bladder. The remainder of the bladder was normal.

She underwent a transurethral resection of the tumor (Figs. 1, 2). The pathology revealed a high grade urothelial carcinoma, which had minimal invasion into the lamina propria. Muscularis propria was present and uninvolved by the tumor. The stage was thus pT1a.

I considered a repeat TUR BT but after reviewing the histology with the urologic pathologist I was convinced that there was only microinvasion and a repeat resection would almost certainly find no cancer. A post TUR urine for cytology and bladder wash was negative for high grade cancer.

She received 6 weeks of BCG. This was well tolerated. A flexible cystoscopy in 1/19 identified a small cluster of abnormal urothelium in the area of the prior resection site, i.e. the left wall (Figs. 3, 4). A formal TUR of these areas was then performed (Figs. 5, 6). Most of the small "tumors" were

*Correspondence to: Mark S. Soloway, MD, Chief, Urologic Oncology, Memorial Physician Group, Division of Urology, Memorial Healthcare System, Aventura, FL, USA. E-mail: mssoloway@yahoo.com.

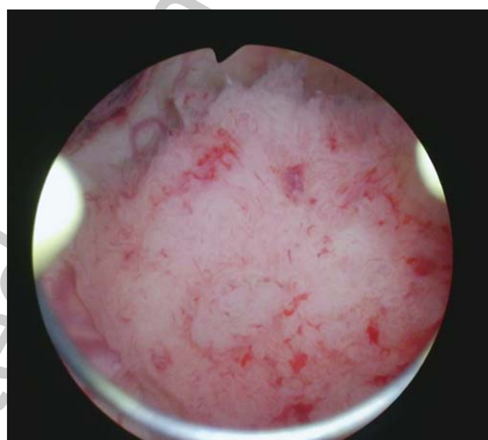

Fig. 1. Papillary tumor left wall of the bladder.

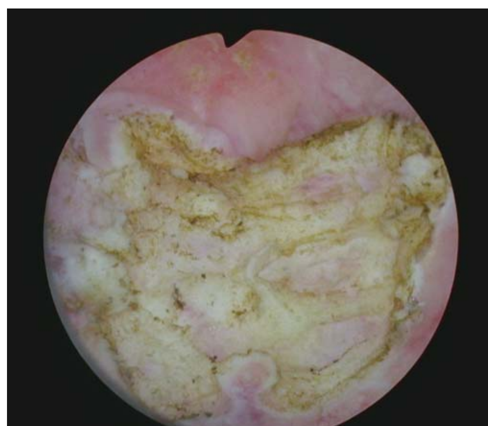

Fig. 2. Appearance of the bladder after the resection.

ISSN 2352-3727/19/$35.00 © 2019 – IOS Press and the authors. All rights reserved
This article is published online with Open Access and distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC 4.0).

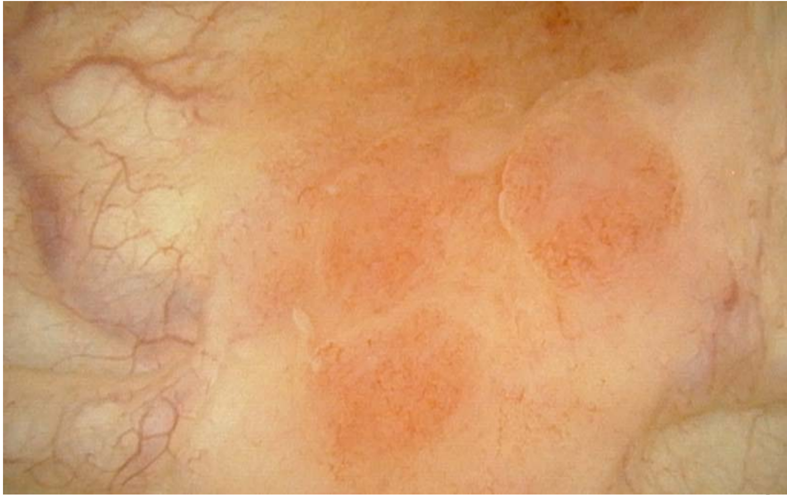

Fig. 3. Small tumor left wall seen on post BCG cystoscopy.

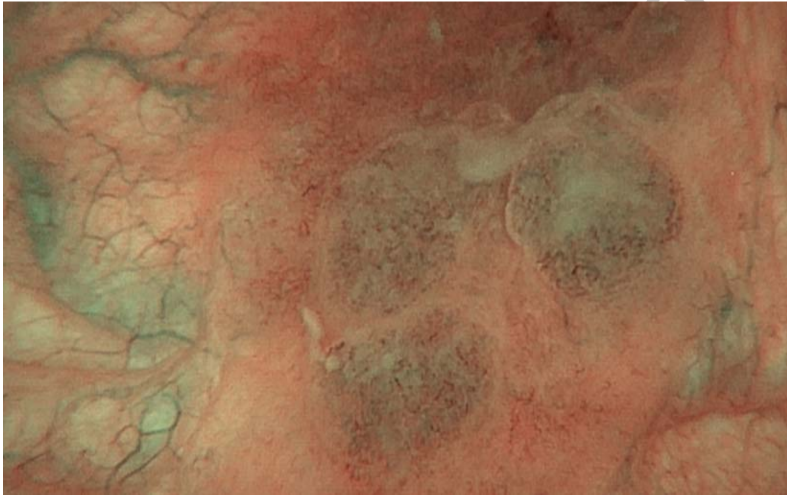

Fig. 4. Narrow band imaging of same area showing small tumors. They are not papillary and very small.

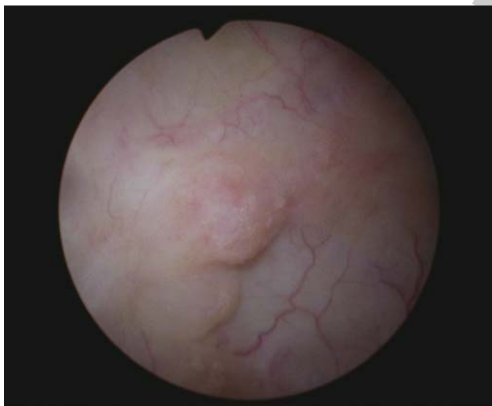

Fig. 5. Small tumors at time of resection.

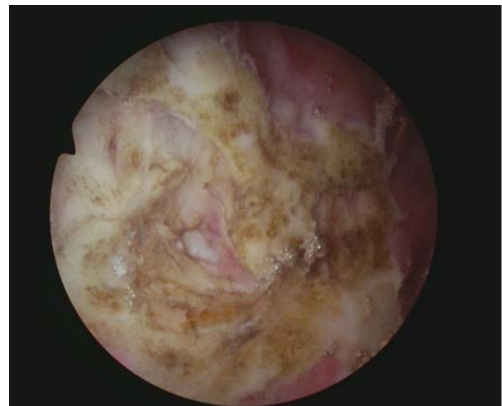

Fig. 6. Post TUR tumor bed.

Uncorrected Author Proof

removed with a cold cup forceps to avoid cautery artifact. The base was resected with the loop electrode. The pathology report was a nested variant of urothelial cancer with microinvasion into the lamina propria.

This presented a difficult decision. Is the presence of a new T1 tumor despite a 6 week course of BCG sufficient to warrant a cystectomy? Is a course of intravesical chemotherapy reasonable? These were clearly very small new tumors and not a recurrence of the initial tumor. Does the variant histology, i.e. nested, dictate a different approach?

After a thorough discussion with the patient who is reluctant to proceed with removal of her bladder she has been given gemcitabine weekly for 6 weeks.

We invite our readers to review and comment on the case and management by using the online comment section below the case: https://www.bladdercancerjournal.com/challenging-cases

CONFLICTS OF INTEREST

Nothing to disclose.

Uncorrected Author Proof