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Transitional Bladder Cell Carcinoma Spreading to the Skin

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ABSTRACT

Cutaneous metastases from bladder malignancies are rare. We report the case of a 74 year old man who underwent cysto-prostatectomy and adjuvant chemotherapy for a pT3b N+ bladder transitional cell carcinoma. Four months later, he presented with skin disseminated pigmented lesions. Skin biopsy confirmed cutaneous metastasis from urothelial carcinoma.

Case report

A 74 year old man was diagnosed with a non-metastatic muscle-invasive transitional cell bladder carcinoma. He underwent a cysto-prostatectomy with an ileal conduit urinary diversion. The cysto-prostatectomy specimen showed transitional cell carcinoma extending into the perivesical tissue macroscopically (Pt3b stage), with lymphatic spread in 2 lymph nodes. Cisplatin-based adjuvant chemotherapy was conducted. Four months after surgery, the patient presented with multiple disseminated pigmented and flat skin lesions (Fig. 1).

CT scan revealed multiple subcutaneous nodules, as well as liver metastases and peritoneal carcinosis (Fig. 2).

A skin punch biopsy of a chest lesion was performed, showing features of poorly differentiated metastatic carcinoma. Immunohistochemical diagnosis showed cytokeratin p63 positive staining, confirming urothelial origin (Fig. 3).

Discussion

Metastasic infiltration of the skin may occur due to direct tumor invasion, hematogenous or lymphatic spread, or as a result of iatrogenic implantation of tumor cells.[1] Urinary bladder malignancies

Figure 1. Pigmented and flat skin lesion of the back.

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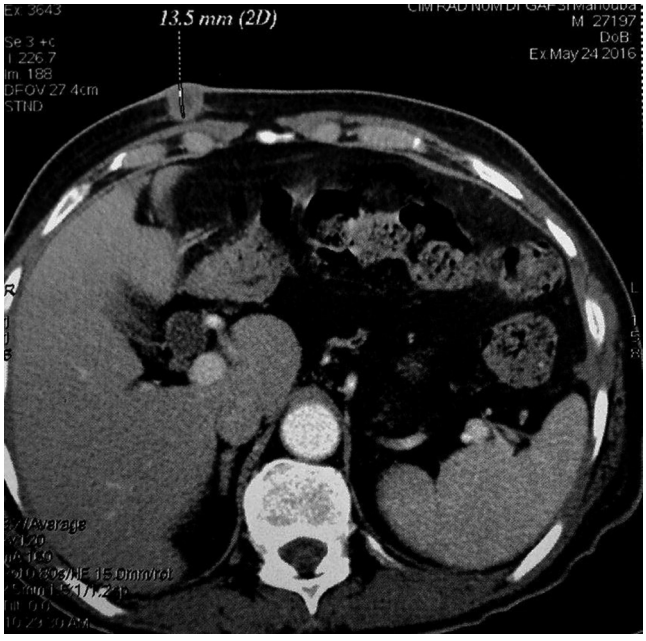

Figure 2. CT scan showing subcutaneous nodule extending to the anterior abdominal wall.

altogether account for 0.84% of cutaneous metastases.[2,3] Diagnosis requires histological confirmation by microscopic examination of a skin biopsy.[4] Prognosis of patients with bladder cancer cutaneous spread is generally poor with less than 1 year median survival.[5] In addition to cisplatine-based chemotherapy, local skin radiation therapy may be also conducted.[5]

Conflict of interest

None.

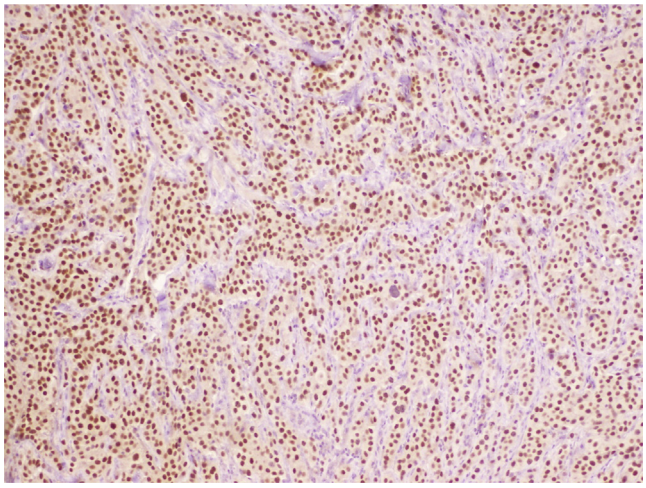

Figure 3. Histology showing skin infiltration from an urothelial carcinoma with high positive immunohistochemical staining for P63.

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