



## Oncology

# Bladder tumor discovered by joint pain in the pelvis and functional impotence of the lower limb

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## ARTICLE INFO

## Keywords:

Bladder  
Tumor  
T4  
Pelvis pain

## ABSTRACT

Macroscopic hematuria is the most common telltale clinical sign for muscle-infiltrating or non-muscle bladder tumors. Lower urinary tract disorders, pelvic pain or signs related to upper urinary tract obstruction may be associated. In our case, the reason for consultation is sciatica, progressing to functional impairment of the lower right limb without any urological sign.

## Introduction

The diagnosis of bladder cancer is most often late in our regions with very few treatment options. A bladder tumor is diagnosed or treated worldwide among 2.7 million people each year. Hence, in the majority of cases they appear after age 60.<sup>1</sup> The TNM 2017 classification is reference.<sup>2</sup> For patients classified as T4, with a tumor deemed not to be extirpable, induction chemotherapy is also recommended.<sup>1</sup>

## Observation

The patient was a 50 years old and followed for severe heart failure admitted for consultation du to sciatica, which has been evolving for a month. This situation was complicated by functional impotence of the lower right limb, the patient has lost the ability to walk gradually with an analgesic flossum without associated any urinary signs or fever.

The examination revealed functional impotence of the right lower limb with slight hypogastric tenderness.

A CT scan was performed straight away in the context of disabling hyperalgesic sciatica revealed a pelvic mass, encompassing the bladder and the uterus invading the rectum behind and the right ischiopubic bronchus with adjacent muscle very probably of bladder origin (Fig. 1 et 2).

In the CT scan we see mainly the muscular invasion. So we thought that can be a muscular tumor invading the bladder or the opposite since there is no urinary sign.

The patient who had a bladder biopsy, the anatomopathological

study coming back in favor of a moderately differentiated carcinoma with papillary inflection compatible with a bladder origin (Fig. 3).

Given the inoperability of the patient, he was sent to oncology to start the palliative chemotherapy treatment by the protocol HD-M-VAC. for intense pain, the patient is put on morphine medication.

## Discussion

Patients with initial lymph node involvement have a much more reserved prognosis, especially since they have retroperitoneal involvement (versus pelvic involvement alone) but are also more sensitive to chemotherapy.<sup>3</sup>

The standard treatment for localized muscle infiltrating bladder tumors (IMTD) is cystectomy.<sup>4</sup> However, the morbidity and mortality associated with this procedure remains high.<sup>5</sup>

The alternative option is tri-modal treatment (TTM), including radio-sensitizing chemotherapy concomitant with radiotherapy after complete transurethral bladder resection (UVRT).

For patients with a complete radiological response after induction chemotherapy, a cystectomy may be performed. The remaining patients have a prognosis similar to metastatic patients and should therefore be considered as such for treatment and follow-up. For patients classified as T4 at the time of the extension workup, with a tumor deemed to be non-extirpable according to the usual surgical procedures, induction chemotherapy (=neo-adjuvant) is also recommended.<sup>1</sup>

Locally advanced and/or metastatic bladder cancer is characterized by alterations in the cell cycle regulator p53 and retinoblastoma (Rb)

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<https://doi.org/10.1016/j.eucr.2021.101721>

Received 19 April 2021; Received in revised form 10 May 2021; Accepted 13 May 2021

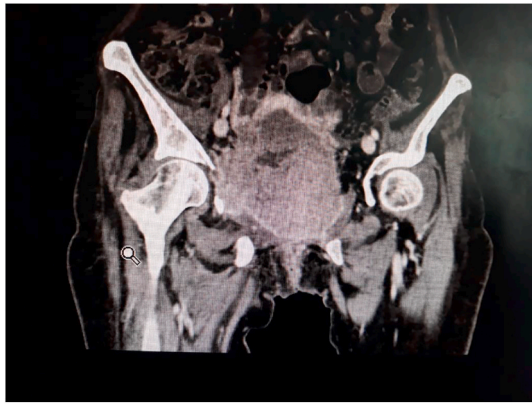
Available online 10 June 2021

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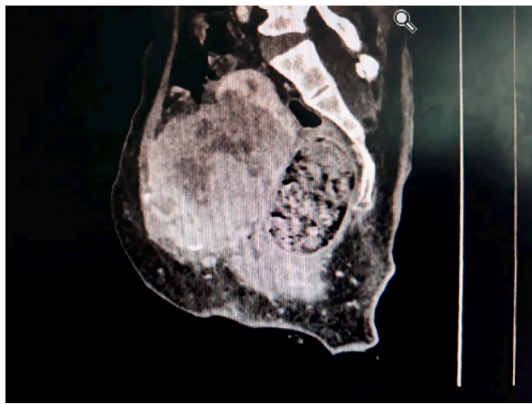
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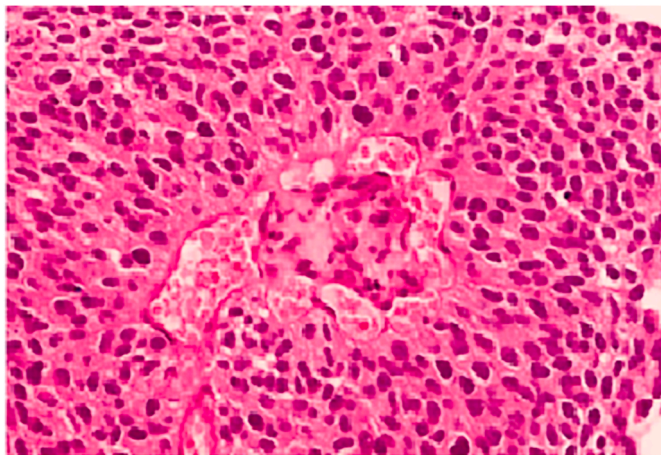
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**Fig. 1.** Frontal section showing a bladder tumor encompassing the uterus and invading the pelvic walls.



**Fig. 2.** Sagittal section showing a bladder tumor encompassing the uterus and invading the pelvic walls.



**Fig. 3.** Histological image of high grade urothelial carcinoma.

(MPAK) transduction pathway. The modulation of signaling pathways by these new molecules makes it possible to restore chemosensitivity to cytotoxic drugs which can then be associated with targeted treatments.<sup>5</sup>

## Conclusion

Bladder tumor is seldom discovered in an extra-urinary picture as was the case with our patient, the lead to keep bladder tumors locally in advance depends on the patient's condition thus the response of adjuvant nose chemotherapy.

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