

Author Contribution

Eri Fukagawa: Conceptualization; Data curation; Investigation; Project administration; Visualization; Writing-original draft; Writing-review & editing. Fumiyasu Endo: Conceptualization; Data curation; Project administration; Supervision. Yoko Kyono: Data curation; Writing-review & editing. Jun Hashimoto: Data curation; Writing-review & editing. Kazunori Hattori: Data curation; Supervision; Writing-review & editing.

Conflict of interest

The authors declare no conflict of interest.

Approval of the research protocol by an Institutional Reviewer Board

The protocol for this research project has been approved by a suitably constituted Ethics Committee of St. Luke's International Hospital (Approval No. 21-R045).

Informed consent

Informed consent was obtained from the subject.

Registry and the registration no. of the study/trial

Not applicable.

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Editorial Comment

Editorial Comment to Testicular metastasis from urothelial carcinoma of the bladder

Among the clinically organ-confined genitourinary malignancies, invasive bladder cancer is one of the most lethal diseases, nearly half of which recur even after radical surgery.¹ For the treatment of recurred metastatic urothelial cancer, therapy with the immune checkpoint inhibitor pembrolizumab is being rapidly introduced in clinical practice.¹ Enfortumab vedotin, which is a novel antibody drug conjugate anticancer agent, has also very recently been approved as a third-line standard medical therapy.² The most frequent visceral metastatic site from


urothelial cancer is the lung, followed by the liver and bone. Testicular metastasis from bladder cancer is truly rare.

In this issue of *IJU Case Report*, Fukagawa *et al.* reported a case of testicular metastasis from urothelial cancer of the urinary bladder in a patient with a history of holmium laser enucleation of the prostate (HoLEP) for benign prostate hyperplasia and partial penectomy for urethral cancer recurrence after radical cystoprostatectomy.³ Three years after the partial penectomy, the patient presented with painless left testicular swelling.³ He underwent left high orchiectomy, and histopathological diagnosis disclosed high-grade urothelial cancer.³ In this case, Fukagawa *et al.* supported intraluminal extension via the vas deferens because the patient had a history of HoLEP, which may have opened the ejaculatory duct and allowed malignant cells to penetrate retrogradely and also

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a history of in situ progression of urothelial cancer to the prostatic duct in the cystectomy specimen.³

The majority of testicular tumors are germ cell cancers, which are familiar to urologists in clinical practice. Testicular metastases from other primary sites are rare, accounting for 0.1–2.4% of all testicular tumors.^{4,5} Common primary sites are the prostate (35%), lungs (18%), skin melanoma (11%), colon, and kidneys (9%), which are reported to comprise approximately 80% of primary sites.^{4,5} Although testicular metastasis from bladder cancer is truly rare, in patients with a history of prostatic invasion of bladder cancer and especially in those who also have a history of prostate surgery, clinicians must keep testicular metastasis in mind as a possibility.

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