

Signet-Ring Cell Adenocarcinoma Of Urinary Bladder Having Primary Gastric Origine: Case Report

Gastrik Primeri Olan Mesane Yüzük Hücreli Adenokarsinom: Olgu Sunumu

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CASE

Primary bladder tumor is a frequent urological malignancy, whereas the incidence of metastatic bladder tumor from a distant organ is quite rare. Metastatic bladder tumors are responsible for less than 2 % of all bladder tumors and originate most commonly from a melanoma, breast cancer, and gastric cancer. Signet ring cell cancer is a rare type of bladder malignancy, accounting for approximately 0,24% of all urinary bladder malignancy. We report a case of a 68 years-old woman who underwent total gastrectomy and left pneumonectomy 2 years ago. On routine control, thickening of bladder wall with bilateral grade 1-2 hydronephrosis was detected on ultrasonography and computerized tomography scan.

A bladder tumor was detected and resected with transurethral resection. The histopathological examination revealed secondary Signet ring cell adenocarcinoma of the urinary bladder.

Keywords: Signet ring cell adenocarcinoma, bladder tumor, stomach carcinoma

ÖZET

Primer mesane tümörleri sık görülen ürolojik kanserlerdir. Uzak bir organ kaynaklı metastatik mesane tümörleri ise oldukça nadirdir. Metastatik mesane tümörleri tüm mesane tümörlerinin % 2'sinden az görülür ve genellikle melanom, meme kanseri, gastrik kanser kaynaklıdır. Yüzük hücreli mesane kanseri oldukça nadir görülür ve tüm mesane kanserlerinin yaklaşık % 2,4'ünü oluşturur. Biz bu yazımızda 2 yıl önce primer mide kanseri nedeniyle total gastrektomi ve sol pnömonektomi operasyonları geçiren 68 yaşındaki bir hastayı sunduk. Hastamızda, rutin kontroller sırasında, ultrasonografi ve Bilgisayarlı Tomografi (BT) tetkiklerinde bilateral grade 1-2 hidronefroz ile birlikte mesane duvar kalınlaşması tespit edildi. Mesane tümörü tespit edilip transüretral rezeksiyon yapıldı. Histopatolojik değerlendirme sonucu yüzük hücreli mesane adenokarsinomu geldi.

Anahtar Kelimeler: Yüzük hücreli adenokarsinom, mesane tümörü, mide karsinomu

INTRODUCTION

Primary bladder tumor is a frequent urological malignancy, whereas the incidence of metastatic bladder tumor from a distant organ is quite rare. We report a case of metastatic signet-ring cell (SRC) adenocarcinoma of the bladder from a stomach primary. 95 % percent of primary bladder tumors are transitional cell carcinoma. Adenocarcinomas of the bladder constitute only 1 % of all bladder tumors and usually emerge as a result of metastatic bladder tumors. Secondary bladder tumor originate most commonly from a melanoma, breast cancer, and gastric cancer. SRC cancer is a rare type of bladder malignancy, accounting for approximately 0,24 % of all urinary bladder malignancy. SRC carcinoma of bladder is associated with aggressive clinical course and early metastatic disease especially in tumors of gastrointestinal origin (1,2). Curative surgery is the mainstay in the treatment of primary bladder adenocarcinomas. On the other hand, metastatic bladder adenocarcinoma from a distal organ primary, have no chance of cure, chemotherapy or radiotherapy is administered for palliative purposes (3). We present here a case of bladder metastasis secondary to SRC of the stomach.

CASE

A 68 year-old woman, who underwent total gastrectomy and left pneumonectomy, followed by six cycles of chemotherapy with Docetaxel and Oxaloplatin. The primary histopathology was suggestive of a Signet-ring cell of mucoid adenocarcinoma. The patient had no symptoms. After 2 years of primary diagnosis, a localized thickening of antero-superior wall of the urinary bladder with bilateral grade 1-2 hydronephrosis was detected on ultrasonography and computerized tomography scan during routine control. Laboratory workup was normal. On FDG PET-CT, there was no abnormality suggestive of metastasis. On cystoscopy, multiple grape like lesions were found on the dome and right lateral wall of the urinary bladder. Transurethral resection was performed. Histopathological examination revealed a poorly differentiated mucin secreting adenocarcinoma of signet-ring cell type present in lamina propria. The tissue from the base of the tumor was free of malignancy. The patient was given modified DCF regimen. The patient has been progressing well. Three months after completion of chemotherapy there were no evidence of recurrence.

DISCUSSION

Metastatic neoplasms in the urinary bladder are unusual, accounting for 1 % of all bladder neoplasms. When the primary tumor is prostate, colon, rectum or cervix, bladder is involved with direct extension; on the other hand, in melanomas, breast and gastric cancers, bladder metastases occur as a result of lymphatic/hematogenous spread or peritoneal dissemination (4). In our case, the mode of the spread was most probably hematogenous. The signet -ring variant of adenocarcinoma is a very rare entity and most likely a primary. A very few cases of metastasis Signet-ring adenocarcinoma of the urinary bladder have been reported in the literature, mostly from Japan.

The treatment of primary Signet-ring cell adenocarcinoma of the urinary bladder is primarily surgical while that of the metastatic type is with chemotherapy. There is no standard chemotherapeutic regimens for metastatic gastric carcinoma. Two drug regimens are preferred for advanced gastric cancer patients because of lower toxicity but best survival results are achieved with a three drug regimen containing platinum agents (either oxaliplatin or cisplatin), fluoropyrimidines (like infusional 5-Fluorouracil and oral Capecitabine) and either docetaxel or epirubicin (5,6). Adding Trastuzumab to standard chemotherapy improves the response rates and overall survival for patients with Her2 neu overexpressing adenocarcinoma subtype (7). Her2 neu was negative both immunohistochemical staining and FISH test in our case. Therefore modified DCF regimen was performed with a good patient tolerance and excellent response to therapy.

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