

中文題目：罕見大腸復發膀胱泌尿上皮癌案例報告

英文題目：Case Report: Rare Recurrence of Urothelial Bladder Carcinoma in the Colon

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Introduction

The common route of metastasis and recurrence in primary urothelial cell carcinoma is through lymphatic system, with regional lymph nodes, lungs, liver, brain, and bone being the most common sites.¹ Recurrence in the colon is a rarely described scenario that has been otherwise reported. We report a case of urothelial cell carcinoma presenting with a colonic polyp, which unexpectedly, on immunohistostaining, proved to be primarily of urothelial rather than colonic origin.

Case Presentation

A 85-year-old men with history of bladder tumor post transurethral resection of bladder tumor (TURBT) in 1999 and prostate cancer proved by biopsy in 2003 with anti-androgen therapy thereafter, stable with regular follow-up in our urology outpatient clinic. He presented with abdominal fullness for a week in June 2017 and was transferred to gastroenterologist outpatient clinic for help. During initial encounter, physical examination revealed epigastralgia and abdominal distention and was otherwise grossly unremarkable. Admission was suggested for further evaluation. After admission, paracentesis was conducted and the cytology report was positive for malignant cells. Immunohistochemical results was positive for CK7 and CK19, yet negative for CK20, CDX-2, AMACR, and TTF-1. Esophagogastroduodenoscopy was performed for epigastralgia and revealed multiple shallow duodenal and gastric ulcer. Meanwhile, significant elevated CEA level urged the need for colonoscopy that showed polypoid lesion(nodulation and central ulcer) at sigmoid colon and mid-transverse colon. Tumor cells are immunoreactive for GATA3, CK7, but negative for PSA, CK20, CDX-2 thus metastatic carcinoma of urothelial origin is favored.

Discussion

Although bladder cancers can disseminate hematogenously or lymphatically, superficial tumors rarely metastasize. When metastatic disease is present, it is most frequently in the pelvic lymph nodes, liver, lungs, or bone. Many series have studied the behavior of disease recurrence in locally invasive and superficial urothelial bladder cancer (pT1 through pT4). Recurrence can occur locally or distally. Common distal recurrence and metastasis sites are lungs, liver, and lymph nodes (nonpelvic). Pathology in our case revealed an urothelial origin metastatic carcinoma in colon. Immunohistochemistry for a colon cancer is typically a negative CK7, but positive CK20 and CDX2. On the other hand, as shown in our patient, a urothelial cell bladder carcinoma would stain positive for CK7, and negative for CK20 and CDX2

References

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