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CASE REPORT

Multiple Subcutaneous Nodular Metastases from Transitional Cell Carcinoma of the Bladder

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Skin metastasis from transitional cell carcinoma (TCC) of the bladder is rare. In this report an uncommon metastasis of TCC of the bladder is presented. (Pathology Oncology Research Vol 13, No 1, 70–72)

Key words: bladder cancer, skin metastasis, transitional cell carcinoma

Introduction

The most common metastatic sites for bladder cancer are lymph nodes, liver, lung and bone. Skin, spleen, heart, kidney, pancreas, brain, stomach etc. are uncommon sites of distant metastates.[4,5] Skin metastasis may be nodular, inflammatory and sclerodermoid type.[2] Inflammatory metastasis from bladder cancer is rarer than the nodular type, and nodular metastases may be solitary or multiple.[1,4,6,10]

In this report we present a patient with bladder cancer that developed multiple subcutaneous nodular metastases 4 months after the initial diagnosis.

Case report

A 66-year-old man underwent transurethral bladder tumor resection and received 8 weeks of intravesical mitomycin treatment for superficial TCC of the bladder invading into the lamina propria. Metastatic workup including a chest X-ray and computerized tomography were negative, except for a right sided mild hydronephrosis. After 3 months cystoscopic control revealed a recur-

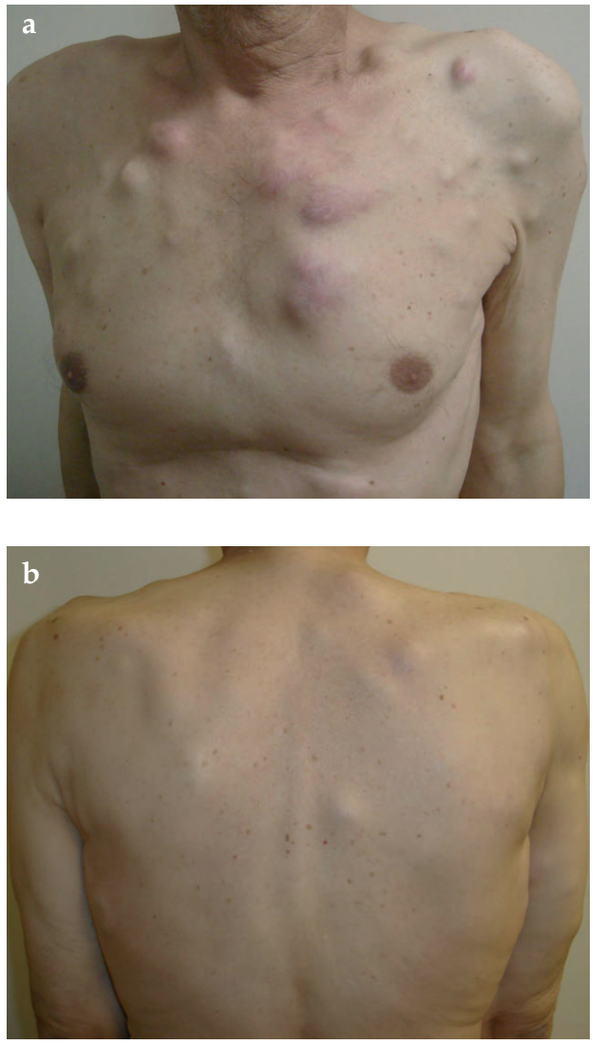

Figure 1. *Multiple subcutaneous metastatic nodules in a 66-year-old man. Anterior* ***(a)*** *and posterior* ***(b)***

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rent tumor which was resected and subsequent pathological examination also revealed a muscle invasive TCC. Multiple subcutaneous nodules occurred on the trunk and upper extremities 15 days after the second procedure (*Fig. 1*), and by pathological examination the excised nodule proved to be metastasis of TCC. Low-molecular-weight cytokeratin and HMFG-1 (human milk fat globulin) were positive, while PSA prostate-specific antigen) and vimentin were negative at each site by immunohistochemistry (*Figs. 2* and *3*). Additionally, total body bone scan revealed multiple skeletal metastases. Administration of chemotherapy was considered.

Discussion

Skin metastasis from TCC of the urinary bladder is relatively rare and may be a late event in advanced cancer.[8,9] Only a few cases of skin metastases have been reported in the literature.[1,4-7,9-11] Especially limited number of cases with metastasis to skin from superficial bladder cancer have been reported.[6] However, it has been reported that some patients with superficial malignancies have already developed latent metastases and most of them have their bladder lesion pathologically understaged and already harbor muscle-invading lesions.[3]

Chemotherapy or radiotherapy can be given for the treatment of skin metastases.[1,5-7,11] Rebelakos et al reported two cases of bladder cancer with skin metastases. They concluded that radiotherapy without excision of skin nodule might be the recommended palliative treatment.[7] Due to the limited number of cases and short survival of such patients it is difficult to comment on the management of skin metastasis of bladder cancer.

In our case, we observed multiple nodular skin metastases relatively early, and bone scan revealed widespread bone metastases with no other metastatic site. Interestingly, we have found more than forty nodules of different sizes on the trunk and extremities.

We believe that tumor stage assigned after removal and pathological examination at first TUR-BT did not reflect the actual status of the tumor and the patient was erroneously diagnosed as having superficial bladder tumor and treated accordingly. As the time elapsed his metastases became prominent.

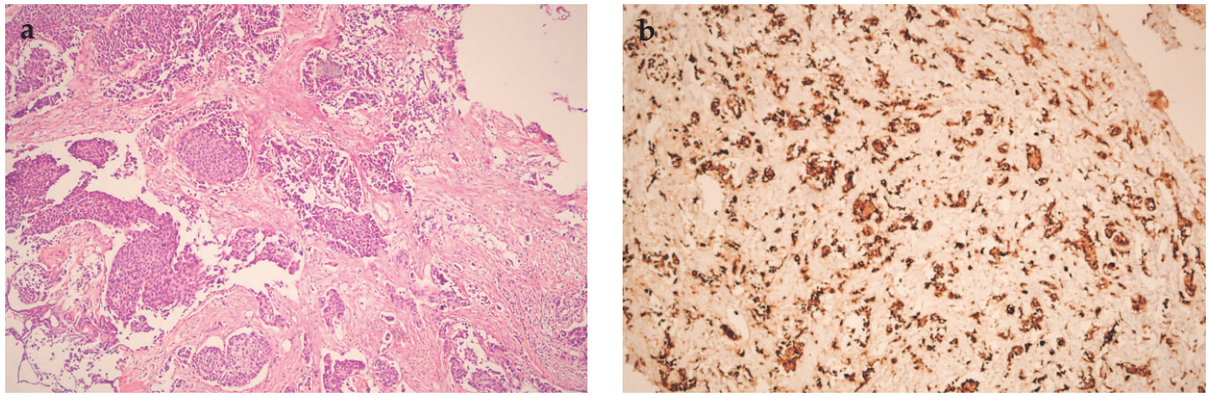

Figure 2. *TCC in the bladder. H&E, x100* ***(a),*** *HMFG-1 x100* ***(b)***

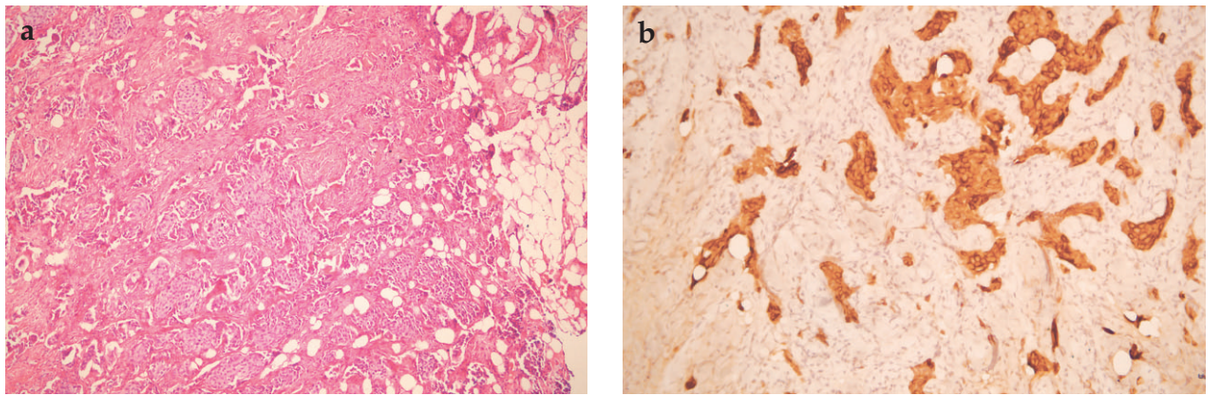

Figure 3. *TCC focus neighboring and within the subcutaneous fatty tissue on the subcutaneous nodule biopsy. H&E, x100* ***(a),*** *HMFG-1 x100* ***(b)***

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