

Small Cell Carcinoma of the Bladder

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Introduction

Small cell carcinoma (SCC) of the bladder is an aggressive, poorly differentiated neuroendocrine neoplasm, with a clinical behavior comparable to SCC of the lung. SCC of the bladder is a rare entity and accounts for up to 0,7% of all primary bladder tumors.

The disease shows a male disposition with a male to female ratio of 5:1. The median age of diagnosis is the 7th decade.

As the tumor is highly aggressive, most of the patients are already metastasized at diagnosis, giving rise to a median survival of 15 months.

Case report

An 85-year old woman presented on the emergency ward with vaginal blood loss since three days. Forty years ago the patient underwent a total hysterectomy for persistent bleeding due to myomas. A gynaecological exam was performed, showing no anomalies.

Further investigation showed the patient suffers from gross, painless hematuria. A slight discomfort was felt suprapubically. A transurethral catheter was placed, evacuating a large amount of blood clots.

Diagnosis and Treatment

CT scan of the abdomen revealed a large blood clot in the bladder associated with a centimetric anterior bladder wall lesion. No upper tract lesions, nor metastatic lesions could be detected on this exam (noted that there was no contrast-injection, since the patient had a chronic renal insufficiency stage IV).



Cystoscopy revealed a necrotic bladder mass on the anterior bladder wall of about 1x1 cm.

A transurethral resection of the bladder was performed with complete macroscopic removal of the lesion followed by early postoperative Mitomycin instillation.

Pathology report described a typical presentation of a small cell carcinoma.

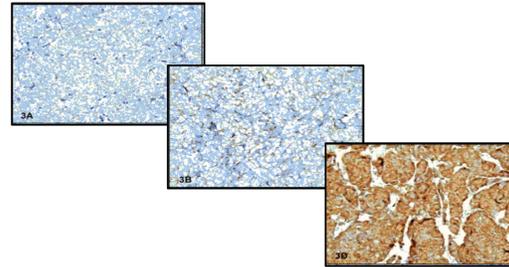


Fig 1: Bladder SCC can exhibit a wide variety of positivity for many of the conventional neuroendocrine markers, such as chromogranin (A) and synaptophysin (B), p16 (D, which is very often + in BSCC). Many other markers exist and are used as well for the diagnosis of BSCC.

Metastatic evaluation: PET-CT did not show any distant lesion.

Adjuvant therapy : 4 cycles of platinum based chemotherapy were administered with good patient tolerance.

Follow up

One month after the last cycle of chemotherapy the patient was symptom free. As cystoscopy is a very important prognostic indicator for recurrence and progression, as well as the three-phased computed tomography of the abdomen and pelvis, we offered the patient a regular follow up including these exams.

Discussion

No guidelines concerning bladder SCC exist. For localized disease, some authors suggest radical surgery such as radical cystectomy, others propose adjuvant radiotherapy. Chemotherapy can be offered especially in case of disseminated disease. Because of the advanced age of the patient, we decided to avoid local treatment and preferred chemotherapy, even if the disease was not metastatic, in analogy with lung SCC. Follow-up could consist of repeated CT-scan and cystoscopy.

Conclusions

SCC of the bladder is a rare urological malignancy. Validated treatment strategies are lacking. The most reported treatment approach is transurethral resection followed by neo adjuvant chemotherapy using treatment regimens similar to treatment of SCC of the lung.