References


Bone metastases in muscle invasive bladder carcinoma: Clinical consideration

Metástasis Óseas en el Carcinoma Vesical Músculo Invasivo: Examen Clínico

Dear Sir,

Metastatic transitional cell carcinoma (mTCC) of the bladder to the bone is uncommon occurrence when compared to the breast and prostate carcinoma. This may be due to intrinsic biological properties of tumor cells and/or mechanisms of metastases. Notably, high-grade, muscle-invasive bladder carcinoma metastasizes more commonly to regional lymph nodes, at lower rate to the lungs and liver.

We sought to evaluate and establish the prevalence of bone metastasis of muscle invasive bladder carcinomas in well-defined cohort of bladder carcinoma patients at a single academic institution and commented on their subsequent management over an 8-year period. Between July 2000 and June 2008, 376 cases of TCC of bladder were diagnosed. Of these, 8 patients demonstrated mTCC to bony structures. The male to female ratio was 5–3 and the mean age at the time of diagnosis was 67.7. TCC grade and stage (T, tumor; N, nodes; M, metastasis), interval diagnosis of bone metastasis, bone metastasis site, imaging and treatment were also documented.

The prevalence of bone mTCC of bladder was 0.02% (8/376). Pathologically, T2 G2 and T3 G2 were the most common histological category (3/8 in each category) whereas T1b G2 was demonstrated in 2 patients. Spinal and femoral metastases were the most common bone mTCC bladder (5/8 and 2/8 patients, respectively). One patient with mTCC had bony metastasis to the ribs. Isotope bone scan was the imaging modality of choice to establish the bony metastatic lesions. 4 patients required external beam radiotherapy to alleviate symptoms of bony metastatic lesions. 2 patients of femoral metastasis required surgical radical excision and intramedullary nailing and another 2 patients were treated with systematic chemotherapy.

We reported on the prevalence of bone mTCC of bladder and commented on their management. With the advancement of skeletal imaging in the form of isotopic nuclear scans, the metastatic trends are thought to be changing. Urologists and clinicians should be vigilant to look for bony lesions in the patients with TCC of the bladder when they present with bony or skeletal-related pain and should be prompted by imaging such as isotopic nuclear scan. The answer will only be found in a large randomized study where patient’s survival and oncological outcomes are endpoints.

References


References


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