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Case Report

Urothelial Carcinoma with Sarcomatoid Component

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Summary

Sarcomatoid carcinoma is a rare bladder tumor characterized by the presence of an epithelial and sarcomatous component. Immuhistochemistry is sometimes necessary to make the differential diagnosis with sarcoma.

We report the clinical case of a 62-year-old patient who had a large bladder tumor discovered after ultrasound. He had a bladder resection; pathological examination guided the diagnosis in favor of urothelial carcinoma with sarcomatoide component. The extension assessment shows a voluminous intravesical tumoral process with invasion of the right ureter and an upstream (DPC) CPP without any secondary localization. Radical cystoprostatectomy with extensive cleaning was carried out subsequently. The evolution was favorable with a decline of one year. Through this clinical case and through a literature review, we analyze the epidemiological, diagnostic and therapeutic aspects of this rare pathology.

Introduction

Sarcomatoid carcinoma is a rare tumor of the bladder but is elevated at diagnosis and has a poor prognosis. Fewer than 70 cases have been published. It is characterized by the presence of epithelial tumor cells (carcinoma) and a sarcomatous component (sarcoma): chondrosarcoma, leiomyosarcoma, osteosarcoma, malignant histiocytoma [1] No reference treatment exists to date. However, the treatments used in the various publications were total cystectomy, RTUV or RTUV - Radiotherapy. No benefit has been shown by conventional chemotherapy. In this article, we report an urothelial carcinoma with a sarcomatoid component in a 62-year-old patient and analyze, through a review of the literature, the epidemiological, diagnostic and therapeutic aspects of this rare pathology.

Observation

Mr. AM, aged 62, with no significant pathological history, smoking at the rate of 10 packs year, had consulted for a macroscopic hematuria with clots present for 2 weeks associated with a pollakiuria all evolving in a context of apyrexia and conservation of the general state. On clinical examination, a hypogastric contour with sensitivity to palpation of this region. The rectal examination shows an enlarged prostate, estimated at 60 g and nodular. Ultrasound revealed a voluminous tissue process of the right lateral bladder wall with moderate bilateral UHN.

In addition, the PSA was 5.86 ng / ml. The patient underwent biopsy transuretral resection of bladder which showed during cystoscopic exploration a huge intravesical tumor mass of the left lateral wall, with a not visible right meatus. Histopathological examination guided the diagnosis in favor of urothelial carcinoma with sarcomatoid component with unrepresented muscle (figure 1 and 2). Thoraco-abdominopelvic CT did not show secondary localization.

Radical cystoprostatectomy with Bricker-type urinary diversion was performed in conjunction with extensive lymph node dissection (Figures 4 and 5 and 6).The evolution was favorable, without loco regional recurrence or recurrence at a distance. The decline is 1 year.

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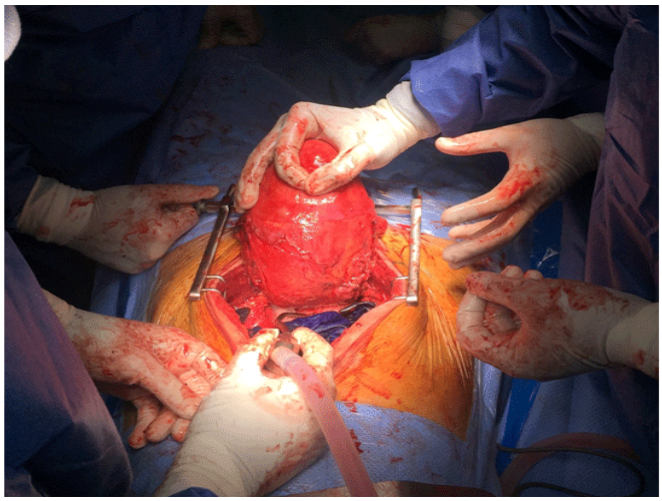

Figure 1. IntraoperativeView Of The TumorBladder

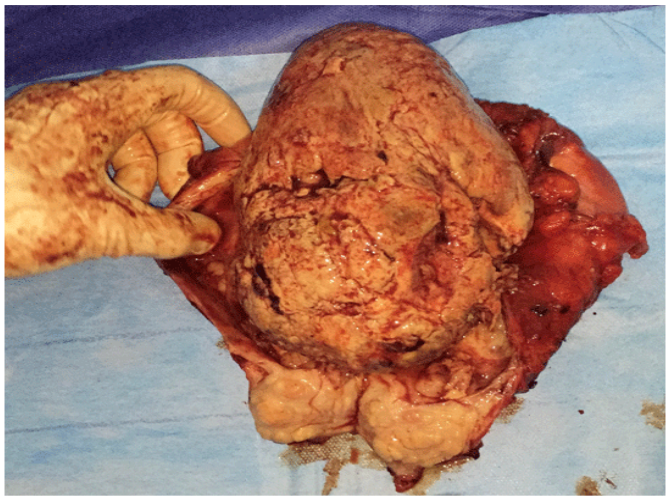

Figure 2. Surgical Specimen

Discussion

Sarcomatoid carcinoma is a rare bladder tumor that affects men more than women, with a ratio of 4: 1 [2,4].

The age of onset and the circumstances of discovery are similar to classical bladder tumors.

Tobacco is a risk factor; in the literature, 88% of patients with sarcomatoidurothelial carcinoma are smokers. Hematuria was the main symptom.

The diagnosis of this entity is pathological. It is characterized by the presence of epithelial tumor cells (carcinoma) and a sarcomatous component (sarcoma): chondrosarcoma, leiomyosarcoma, osteosarcoma, malignant histiocytoma [1, 5]

Sarcomatoid carcinoma, characterized by the predominance of fusiform cells, associated with the presence of an intricate urothelial carcinoma or CIS, and positive immunostaining for epithelial markers (cytokeratins, EMA) [2]

Sarcomatoid carcinoma is a high-stage tumor at diagnosis and has a poor prognosis.

No standard treatment can be proposed, although some long-term survival has been observed with total cystectomy, sometimes associated with external radiotherapy [3].

Fewer than 70 cases have been published.

The Lopez-Beltran study showed that the prognosis of all these tumors was bleak with, whatever the treatment, a 5-year survival of about 20% [3].

A retrospective study of Sabaté et al (6) was performed between 2000 and 2017 on all patients with sarcomatoidurothelial carcinoma of the bladder.

Out of 16 patients; 11 had sarcomatoide carcinoma without heterologous component, 1 with rhabdomyiosarcomatous components, 2 with chondrosarcomatous components and 2 with osteosarcomatous components. 94% of patients had infiltration of the muscle layer and 18% had metastases at the time of diagnosis. 37% of patients were treated with radical cystectomy, 13% with radical cystectomy plus adjuvant chemotherapy and 50% with palliative transurethral resection to control their symptoms [6].

A survival curve was performed with the different treatments administered, which showed a mean overall survival of 7 months and no statistically significant difference in survival according to the treatment administered [6].

Another recent study by Robinson and Al (7) on 12 cases of sarcomatoid bladder cancer that had been surgically treated between 1999 and 2015 in a single department of urology; compares carcinosarcomas with high gradeurothelial carcinomas. This study showed that carcinosarcoma did not have a worse prognosis than a classic high-grade urothelial carcinoma. There was no significant difference in grade, stage, positive surgical margin, lymph node involvement, associated prostate cancer or progression incidence rate, all-cause mortality, or by disease. However, carcinosarcomas represent three times the volume of urothelial cell tumors, which can contribute to its reputation as an aggressive tumor (44cc v 14cc). According to this study, the sarcomatous elements do not seem to confer a worse prognosis [7].

Conclusion

Sarcomatoidurothelial carcinoma is an aggressive, high-stage disease at diagnosis that occurs in older patients and smokers. No reference treatment can be proposed, although some long-term survival has been observed with total cystectomy, sometimes associated with external radiotherapy [3], and no treatment appears to influence overall survival. Cystectomy should be evaluated as a therapeutic alternative for patients whose symptoms are difficult to control.

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