

Image Article

In Situ Carcinoma of the Bladder, a Pathology that should not be underestimated

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A 43-year-old woman presented to the emergency room at night with hematuria. The cystoscopy found a large bladder lesion flat, reddish. Resection of the lesion and histological study confirmed the diagnosis of Carcinoma in Situ (CIS). CIS is diagnosed by a combination of cystoscopy, urine cytology, and histological evaluation of multiple bladder biopsies. Biopsies are taken from suspect areas. In patients with positive urine cytology and no papillary tumour, multiple biopsies from normal looking mucosa including prostatic urethra (random biopsies) are recommended. If equipment is available, photodynamic diagnosis (PDD) is a useful tool to target the biopsy in these patients. Urine cytology is useful in the diagnosis and follow-up of CIS. CIS cannot be eradicated by TURB and further treatment is mandatory.

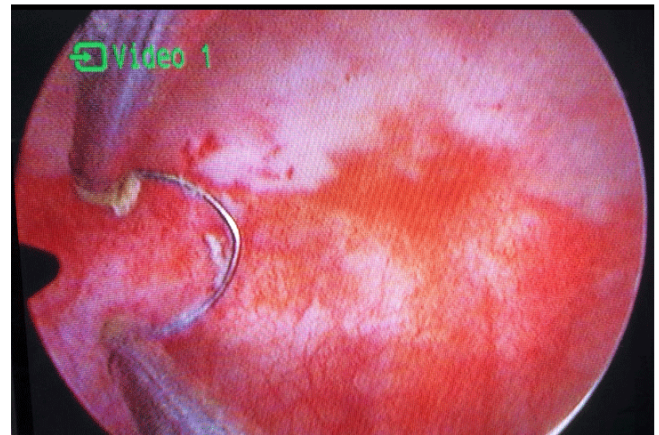


Figure. Cystoscopic image revealing carcinoma in situ of the bladder

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