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Introduction & Objectives: Bladder adenocarcinoma is a rare neoplasm that requires a complex approach in order to exclude a non-urothelial primary tumor site, as this is the most common circumstance. Based on morphology, these tumors are sub classified as enteric, mucinous, signet-ring or NOS (not otherwise specified). The prognosis is usually poor, due to an aggressive behavior and an advanced stage at diagnosis. The base and posterior wall of the bladder are the common sites involved.

Materials & Methods: A 74-year-old man presented for regular check-up following a partial cystectomy for a bladder carcinoma (T2) detected two years back. Ultrasonography and cystoscopy investigations revealed an infiltrative tumor mass with a 4 cm diameter, irregular bladder wall, prostatic calcifications and right external iliac lymphadenopathy. A radical cystectomy with lymph node dissection was performed. On gross examination, the bladder showed extensive mucosal ulceration and whitish, translucent areas deeply infiltrating the wall and the adjacent fibrous tissue. Histopathological evaluation depicts a poorly cohesive signet-ring cell adenocarcinoma affecting the entire bladder wall, the prostate, seminal vesicles and one external iliac lymph node. Additionally, a narrow area of low-grade papillary urothelial carcinoma and a classic acinar prostatic adenocarcinoma (Gleason score: 4+3) were encountered on the examined slides.

Results: Primary urinary bladder adenocarcinoma demands ancillary investigations to eliminate a metastasis from the gastro-intestinal tract, lung or breast, which were found to be normal in our case. Immunohistochemistry panel is useful to assist the final diagnosis (CK7+(focal), CK20+, CDX2+, GATA3-), as done in the current case.

Conclusions: Rigorous follow-up is mandatory to evaluate this malignancy on account of its aggressive behavior and rapid progression. Radical cystectomy is recommended, although early detected tumors can be suitable for a partial cystectomy procedure.