We describe the case of a 74-year-old woman with previous history of gastric signet cell carcinoma who develops bladder metastasis as first sign of recurrence 6 years later. Bladder metastasis due to signet cell carcinoma is extremely rare with only 19 cases reported. Treatment includes radical cystectomy or chemotherapy. UROLOGY 134: e1−e2, 2019. © 2019 Elsevier Inc.

CASE PRESENTATION

A 74-year-old woman with previous history of gastric signet cell carcinoma (SRC) diagnosed in May 2012. Neoadjuvant chemotherapy, total gastrectomy, and adjuvant chemotherapy were performed based on the results of MAGIC trial. Pathology rendered pT3N0 Her2 negative. There was no evidence of recurrence during follow-up.

In June 2018 the patient was referred to the urology department due to a bladder wall thickening observed in a CT scan with no other abnormality (Fig. 1). Cystoscopy did not show endoluminal lesions. Urine Cytology was negative. Bladder MRI showed suspicious lesion in the right bladder wall. Transurethral resection of the bladder was performed.

Pathologic analysis rendered metastasis of SRC (Fig. 2A). Immunohistochemistry showed GATA-3 negative (Fig. 2B) and CKAE1/AE3 (Fig. 2C) positive reaction. Her2 and PDL-1 were negative. Peritoneal cytology was negative.

Systemic chemotherapy with FOLFOX-6 and radiotherapy were offered.

Five months later peritoneal recurrence was detected and systemic therapy with FOLFOX 6 has been restarted.

Bladder metastasis of SRC is extremely rare and is associated with a dim prognosis. To our knowledge there are only 19 cases reported. Treatment includes cystectomy or systemic therapy.

References

3. Okutur K, Eren OO, Demir G. Metastasis of gastric signet ring cell carcinoma to the urinary bladder a case report and review of the liter-
Figure 2. (A) Urothelium with reactive dysplasia. Beneath an expansive infiltrative proliferation of signet ring cell metastatic neoplasia. (B) GATA-3 negative. (C) CKAЕ1/AЕ3 positive.