

First Congolese Case Report of Mucinous Adenocarcinoma of the Bladder at Brazzaville University Hospital

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To cite this article:

Ondziel-Opara Steve Aristide, Ondongo Atipo Armel Melvin, Mouamba Fabien Gael, Mouss Banga Roland Bertille, Dimi Nyanga Yannick Isjody, Odzébé Anani Wencesl Severin, Bouya Prosper Alain. First Congolese Case Report of Mucinous Adenocarcinoma of the Bladder at Brazzaville University Hospital. *International Journal of Clinical Urology*. Vol. 6, No. 1, 2022, pp. 27-29. doi: 10.11648/j.ijcu.20220601.17

Received: January 23, 2022; **Accepted:** February 8, 2022; **Published:** February 16, 2022

Abstract: Bladder tumors are the second most common genitourinary tumor after prostate tumors. In addition, it is known that urothelial carcinoma is the most common histological form. It accounts for 90% of all bladder tumors. Primary adenocarcinoma of the bladder is a rare malignant tumor. Consequently, an extension assessment is required to exclude any secondary tumor extension. Clinical presentations are not specific and remain dominated by hematuria. His prognosis is poor, and his management is essentially surgical by performing a total cystectomy associated with an extensive lymph node dissection due to radio-chemo-resistance. **Background** The authors report the first case of bladder adenocarcinoma. It was a 65-year-old patient who consulted at university hospital of Brazzaville for a dysuria type of slow start-up, weak jet and a total hematuria, evolving for 1 month before his consultation. The anamnesis noted a notion of smoking intoxication of a package year for 10 years. The histological diagnosis was made on basis of the results of the analysis of the trans urethral resection parts of the bladder tumor. In order to rule out any secondary extension, a radiological assessment made of computerized tomography (CT) had been carried out. The evolution was quickly fatal. **Conclusion** Bladder adenocarcinoma is a Clinical Anatomy Variant entity whose Its aggressive nature makes the prognosis poor, hence the interest in making the diagnosis early.

Keywords: Mucinous Adenocarcinoma, Bladder, Brazzaville, University Hospital

1. Introduction

Bladder tumors are the second most common genitourinary tumor after prostate tumors [1]. In 2014, 386,000 new cases were reported resulting in 150,000 deaths worldwide [2]. In Africa, its incidence is estimated at 24,437 new cases for 13,268 deaths in 2012 [3]. While in Congo its cumulative incidence is 0.89 per 100,000 inhabitants [4]. In addition, it is known that urothelial carcinoma is the most common histological form. It accounts for 90% of all bladder tumors [5]. However, there are other malignant tumors of the bladder whose diagnosis is not always easy. Because their clinical presentations are not specific and remain dominated by

hematuria. This is the case of clear cell adenocarcinoma which is a rare histological form as a primary bladder lesion, because it is found only between 0.5 to 2% of patients with a malignant tumor of the bladder [6]. Its prognosis is poor and its management is essentially surgical by performing a total cystectomy associated with an extensive lymph node dissection due to radio-chemo resistance [7]. If in Congo, bladder tumors represent only 4% of hospitalizations in the urology department at Brazzaville University Hospital [8], adenocarcinoma as a primary histological type of bladder tumor has never been described. This is how we report the first Congolese observation of a clear cell adenocarcinoma of the bladder followed by a review of the literature.

2. Case Report

Mr. G. R, 65 years old, had consulted in the urology-andrology department of the Brazzaville University Hospital, for a dysuria type of slow start-up, weak jet and a total hematuria, evolving for 1 month before his consultation. The anamnesis noted a notion of smoking intoxication of a package year for 10 years. He was hypertensive and diabetic. There was no notion of a bilharzia infestation. On clinical examination, the patient was in good general condition, with good staining of the conjunctiva mucous membranes. The rectal touch had made it possible to objectify a bulging bladder mass in the rectum and a prostate increased in volume, smooth painless, elastic, with effacement of the median groove.

The total PSA was dosed at 3 ng/ml.

The abdominopelvic ultrasound had revealed a heterogeneous tissue bladder mass located in the posterior wall of the bladder, and a bilateral dilation of the renal cavities, associated with a right renal lithiasis.

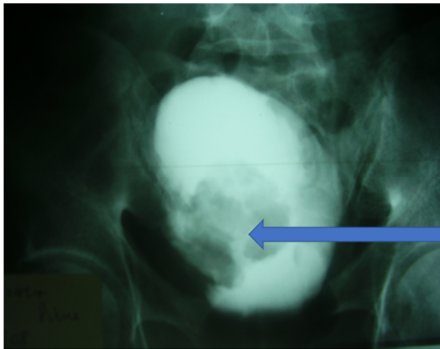


Figure 1. Cystography showing a large lateralized bladder lacuna image on the right in relation to a bladder tumor.

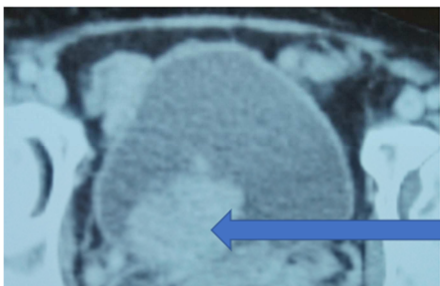


Figure 2. The computerized tomography (CT) urogram showing a voluminous heterogeneous intra-bladder tissue mass hyperdense of right posterolateral seat with infiltration of perirectal fat.

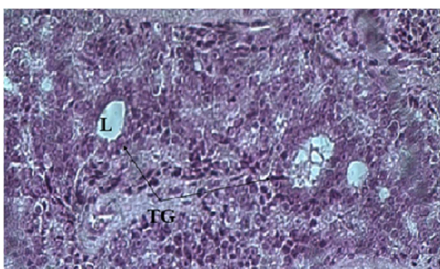


Figure 3. Carcinomatous tumor proliferation made of irregular glandular tubes (TG) leaning against each other. Presence sometimes of clearly visible tubular lights (L). atypias are mild to moderate.

The retrograde urethrocystography objectified the bladder mass in the form of a voluminous, irregular gap (figure 1).

The computerized tomography (CT) urogram objectified a voluminous heterogeneous intra-bladder tissue hyperdense mass of a right posterolateral seat with infiltration of perirectal fat (figure 2). The recto-sigmoidoscopy objectified an intrarectal bulge in a connection with an extrinsic compression process.

The patient underwent a trans urethral resection of the tumor. Histological examination of the biopsy piece confirmed the diagnosis of invasive adenocarcinoma of the bladder (figure 3). The patient died one month after diagnosis in a uremic coma chart.

3. Discussion

Clear cell adenocarcinoma was first reported by Young in 1968 [9]. It is a very rare form of primary bladder tumors. Its discovery requires the search for a possible extension at a distance, especially at the prostate level [6]. A radiological assessment makes it possible to exclude the possibility of finding other sites of primary tumors and those of metastases. Its discovery was made in a 65-year-old patient. In the literature some authors have reported similar results [7, 10], although in other authors the age of discovery of bladder adenocarcinoma was in patients under 40 years of age [11, 12]. The histogenesis of this tumor remains uncertain. Nevertheless, it is increasingly considered a particular variant of urothelial carcinoma [13]. The etiologies are the same as those of other forms of bladder cancer. However, chronic inflammatory processes of the bladder are also blamed. Indeed, the bladder mucous suffering from inflammation, induces metaplastic changes of the urothelium [14]. Smoking intoxication is the only risk factor that has been found in this patient. Its diagnosis can be difficult, as the clinical features of bladder adenocarcinoma are similar to those of other bladder cancers. The most common symptoms are hematuria, suprapubic pain, and dysuria.[15]. The same symptoms were found in the presented patient thus confirming the data of the literature. Imaging techniques such as computed tomography; Magnetic resonance imaging, scintigraphy are mainly used for the extension assessment of bladder tumors. Ultrasound, on the other hand, can sometimes make the diagnosis of a bladder tumor, but it remains less efficient than cystoscopy [16]. In our context, in order to make the diagnosis, it was necessary to perform an ultrasound of the abdomen and the pelvic, retrograde cystography and a computed tomography scan. The anatomical pathology analysis of the resection chips made it possible to confirm the diagnosis of cancer and deliver the Histopathological variant types. It is a radio-chemo-resistant histological form, leaving as the only therapeutic alternative only surgery including radical cystoprostatectomy or anterior pelvectomy, provided that the patient is diagnosed early because late discovered, his prognosis is poor [17]. The character of a bulging mass at the rectal level, reinforces the arguments on the advanced nature of the disease.

4. Conclusion

Bladder adenocarcinoma is a Clinical Anatomy Variant entity whose clinical manifestations are not specific to this histological form. The diagnosis is made from biopsy or operative parts in an anatomical pathology. Its management is essentially surgical by performing a radical cystoprostatectomy or an anterior pelvicectomy. Its aggressive nature makes the prognosis poor, hence the interest in making the diagnosis early.

5. Recommendations

An aggressiveness of this histological type of bladder cancer requires us to put in place means of a prevention through awareness campaigns. In addition, it would be necessary to carry out research on the risk factors associated with the appearance of this tumor.

Consent

Written informed consent was obtained from the patient for the publication of this case report and accompanying images. A copy of the written consent is available for the review by the Editor-in-Chief of this journal.

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