A Very Rare Indication in Urology: Ablation of all the Urinary Organs: About A Case

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Article ID: WMC002102
Article Type: Case Report
Article URL: http://www.webmedcentral.com/article_view/2102
Subject Categories: UROLOGY
Keywords: Urothelium, Bladder Tumor, Tumor of the upper collecting system

How to cite the article: El Karni H, Aicha B, Jihad E, Abdelatif K, Rabia B, Mohamed H. A Very Rare Indication in Urology: Ablation of all the Urinary Organs: About A Case. WebmedCentral UROLOGY 2011;2(8):WMC002102
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Introduction

Urothelial neoplasm may occur at different levels of the urinary collecting system in a synchronous or metachronous way which may explain their multicentric characteristics.
The real mechanism staying behind this multifocality isn?t yet established.
Tumors of the upper urinary collecting system are the less common and account for only 5% of urothelial neoplasm.
The therapeutic attitude for solitary kidney; bilateral tumors or kidney failure may be conservative; however in case of advanced stage disease a radical treatment should be established.
We do report a case study of a patient having bilateral urinary collecting system tumor , associated with bladder and urethral tumor.

Case Report(s)

23 years old men with no past medical history or toxic habits presented during 01 month a terminal hematuria.
Clinical examination was normal
Blood tests showed a haemoglobin level of 11g/dl and a normal kidney function.
Radiological investigations using abdominal ultrasonography showed the presence of a 20mm bladder lesion.
After an initial cystoscopy, an endoscopic resection of this lesion was made; the pathological staging was in favour of an urothelial carcinoma stage pTaG2.
Thereafter repeated cystoscopic evaluation each 3 to 6 months was held.
9 months later, the patient had his first recurrence, so an endoscopic resection of a 20mm bladder lesion was enrolled; the histological staging was a pTaG2.
3 months later a second recurrence occurred; cystoscopy showed multiple and diffuses small bladder lesions associated with with urethral localisations.
After a complete endoscopic resection of this lesions the histological staging was established as pT1G1; then 01 month later the patient received 4 instillations of BCG therapy.
Unfortunately the patient didn?t t stick to the regular cystoscopic control; hence 1 year later he consulted to the emergency department in a severe hematuria.
Blood tests were as follow: hg level = 4g/dl
Creatinine= 200mg/l
Urea=3.5g/l
Abdominal sonography demonstrated the presence of multiple bladder lesion and upper urinary system dilatation.
There for the patient received initially 1 session of haemodialysis along blood transfusion.
The patient was admitted to the operative room in order to treat this acute kidney failure by putting ureteral catheter; however? this technique failed so we decided to do kidney drainage via bilateral nephrostomy.
Creatinine level decreased to a level of 40mg/l with a calculated clearance of 20ml/min.
There after a scan without injection was performed that made in evidence , the presence of bladder tumor associated with bilateral kidney pelvis tumor. (Illustration 1,2,3)
Hence in front of such results we voted for the ablation of all urinary system; which means bilateral nephroureterectomy along cystectomy and uretrectomy. (Illustration 4,5)
The post operative follow up was normal and the disease evolution was with out any particularity .
The pathological staging of kidney pelvis tumor was a urothelial carcinoma of low grade stage pT1; for the right ureter it was a pTa ; bladder ( pT1) and penien urethra (pT1).
Now ; we are at 9 months distance from the operative act and both scans done at the 3rd and the 9th month showed no signs of local or metastatic recurrence.

Reference

2. M.C. Hall, S. Womack, A.I. Sagalowsky, et AL. Prognostic factors, recurrence, and survival in transitional cell carcinoma of the upper urinary tract: a
Illustrations

Illustration 1

Illustration 1: Scan showing the tumoral locations
Illustration 2

Illustration 2: Image of reconstruction showing the various tumoral locations
Illustration 3

Illustration 3: Bladder scan showing the multiple tumoral locations
Illustration 4

Illustration 4: All the urinary organs
Illustration 5

Illustration 5: Opened bladder full of tumors
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