

Case Report

Urinary Bladder Carcinoma Due to Negligence

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Abstract

A female patient of 30 years age suffered from per-rectal bleeding for 3 years. All the doctors treated her for hemorrhoids without per-rectal examination or proctoscopy. Then she developed pain in left iliac fossa. Several ultrasonography reports found normal pelvic organs. Finally in her last scan in the ultrasound center, small amount of free fluid was detected in the left iliac fossa. On exploratory lapotomy carcinoma of sigmoid colon was found. One year later she developed haematuria. Ultrasonography was repeated in this center and a urinary bladder mass was detected. Any mass found in the urinary bladder by ultrasonography has a

very high chance of malignancy. It could be primary or very rarely secondary. Majority (>90%) of the urinary bladder masses are transitional cell carcinoma, next common is squamous cell carcinoma and then adenocarcinoma and lastly sarcomas (<1%). This was a case of secondary carcinoma in urinary bladder from carcinoma of sigmoid colon. The objective of presenting this case report is to show the physicians that a simple per-rectal examination should be mandatory before diagnosing hemorrhoids. And if the patient suffers for a long time further investigations should be done for accurate diagnosis.

Case Report

A female patient of 30 years age presented with the complaint of per-rectal bleeding for 3 years. She was married having two children.

She consulted several doctors for that complaint, all of them diagnosed her as a case of hemorrhoids and treated accordingly. Unfortunately none of the attending physicians performed per-rectal examination even no proctoscopy or sigmoidoscopy.

Subsequently she developed pain in left iliac fossa. Ultrasonography of the whole abdomen was done several times which revealed the same report of normal uterus and ovaries. When she was scanned in our ultrasound center small amount of free fluid was detected in between bowel loops in the left iliac fossa. Uterus and ovaries were found to be normal as previous scans.

Exploratory lapotomy was done and found carcinoma of sigmoid colon with extensive local metastasis and adhesions. The patient then went to India and it had operated. But one year later she developed hematuria. On ultrasonography an irregular heterogeneous mass was detected in the posterior wall of urinary bladder involving and

penetrating the mucosa and muscular wall, or it could also be due to local invasion from carcinoma of sigmoid colon. Fig 1. shows an irregular mass in urinary bladder, after her operation for carcinoma in sigmoid colon.

She went to India again and had the urinary bladder mass operated. But six months later she developed hematuria again. On ultrasonography it was found that the urinary bladder mass had recurred. This all happened because of delay in the diagnosis of carcinoma of sigmoid colon, so much that the disease went beyond recovery and a young 30 year old patient was dying for carelessness in excluding Hemorrhoids by a simple per-rectal examination.



Fig 1: An irregular mass in urinary bladder, after her operation for carcinoma in sigmoid colon.

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Discussion

The lesson from this case is that the physician should always make certain that the per-rectal bleeding is due to *Haemorrhoids* and not from a life threatening pathology. For a young person may have to pay with her or his life due to the negligence or carelessness.

We all know there is a problem in Bangladesh. As ladies in our country will not easily allow a male doctor to examine her per-rectum. If that happens he can refer her to a lady doctor for per-rectal examination, for correct diagnosis.

Although cystoscopy and cystography are usually the initial imaging techniques for suspected bladder neoplasms, studies have shown that ultrasound is an accurate method for the detection, follow-up and staging of tumors.^{1,2} Optimal bladder distension is important.³

Sonographic detection of bladder tumors is excellent and is greater than or equal to 95%.⁴ The appearance is that of a focal nonmobile mass or of urothelial thickening. The appearances however are nonspecific and the differential diagnosis is extensive. Cystoscopy and biopsy are necessary for diagnosis. Both transvaginal and transrectal ultrasound may be used to assess a bladder wall mass if suprapubic visualization is poor.⁵ Although ultrasound is good for urinary bladder tumor detection, staging is still best performed clinically in combination with CT or contrast-enhanced MRI.⁶

50% to 70% of urinary bladder masses recur after removal. In this case also it had recurred. Majority (>90%) of the urinary bladder masses are transitional cell carcinoma. Transitional cell carcinoma occurs in lateral walls and trigone of urinary bladder. Transitional cell carcinoma can be classified as:

a) Superficial: Depending on the cell differentiation transitional cell carcinoma is of 3 grades.

Well differentiated or Grade I

Moderately differentiated or Grade II

Poorly differentiated or Grade III, in which the prognosis is worst.

b) Invasive: Has invaded the muscle layer of urinary bladder.

c) Carcinoma in-situ: It is called carcinoma in-situ when it has not invaded the muscle wall yet and is still in Lamina propria. It looks edematous and

reddened.

Other types are squamous cell carcinoma, occurs in bilharziasis. Adenocarcinoma, occurs in fundus of urinary bladder or urachal remnant.

Secondaries or metastatic lesions from other sites are least common (<1%). The urinary bladder mass in this case report was a metastatic lesion from carcinoma of sigmoid colon which developed after the operation to remove the sigmoid colon carcinoma. Carcinoma in sigmoid colon or any other part of gut can not be detected by ordinary ultrasonography. It can however be detected by hydrocolonography in which water is introduced in the gut and scanned by ultrasonography. This is a new technique, which was not available at the time of the case presented here.

Conclusion

When a patient consults a doctor for per-rectal bleeding the diagnosis of *Haemorrhoids* is often made without a per-rectal examination. This case is presented here to underscore the need of proper diagnosis before giving treatment. Especially when the patient is suffering for a long time with the same complaint.

References

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