CASE REPORT

Vaginal metastasis of bladder urothelial carcinoma: Description of a case and revision of literature

Carmelo A. Di Franco 1, Daniele Porru 1, Giovanni Giliberto 1, Alessandra Viglio 2, Bruno Rovereto 1

1 Department of Urology, University Hospital I.R.C.C.S Polichnico S. Matteo, Pavia, Italy;
2 Department of Pathology, University Hospital I.R.C.C.S Polichnico S. Matteo, Pavia, Italy.

Summary Vaginal metastases from urothelial cancer are a rare entity and in literature, few cases are described. We report a case of a 68 year-old woman with history of bladder urothelial carcinoma underwent to radical cystectomy who came in our department after 5 months for pelvic pain and vaginal bleeding. Objective examination revealed an ulcerative, solid vaginal lesion in the upper vaginal wall. We performed a vaginal biopsy that showed urothelial carcinoma compatible with the primitive bladder cancer. The patient underwent to surgery and was sent to oncological evaluation.

Key words: Bladder cancer; Vaginal metastasis; Cystectomy.

Submitted 3 March 2017, Accepted 27 March 2017

Introduction
In literature, few cases of vaginal metastases from bladder urothelial carcinoma after radical cystectomy are reported. Usually, urothelial metastases of vagina are a rare entity; in fact, some authors propose preservation of female genitalia organs during radical cystectomy. We describe a case of vaginal metastasis in a patient with history of bladder urothelial carcinoma who was submitted some months before to radical cystectomy.

Case report
A 68 years-old woman underwent in June 2016 radical cystectomy with ileal conduit urinary diversion. Pathological report described a bladder neoplastic mass of around 8 centimetres; microscopic histologic examination revealed urothelial carcinoma infiltrating posterior bladder wall (pT2b) high grade (WHO 2004) G2 (WHO 1973), with aspect of squamous differentiation and signs of necrosis, images of lymphatic permeation and negative surgical margins. Vagina specimen was negative for cancer. We performed extended lymphadenectomy (obturators, external and internal iliac, presacral, paraaortic and paracaval) with 29 removed lymph nodes all negative for metastases (N0). In November 2016, after five months from cystectomy, the patient accessed in our department for pelvic pain and vaginal bleeding. Objective examination revealed an ulcerative, rough and indolent lesion of anterior vaginal wall on the right side. We performed a cold biopsy of vaginal lesion. Biopptic result suggested an urothelial metastasis of vagina. In the suspect of pelvic disease recurrence, we requested total body CT-scan that showed a vaginal mass of upper right vagina wall. We performed a laborious complete excision of vaginal mass as showed in Figure 1. Definitive pathologic report reported a vaginal white-grey nodular lesion of around 7 x 6 centimetres (Figure 2).

Figure 1.
Surgical specimen of vagina: to note nodular lesion of vaginal wall as it appeared during objective examination.

Figure 2.
on cutting the specimen presents white-grey nodular lesion of around 6-7 centimetres.

No conflict of interest declared.
Microscopically (Figure 3), it was an urothelial metastasis with extensive squamous metaplasia and necrosis. Immunohistochemical examination was cytokeratin 34betaE12+, p63+, cytokeratin 7-, cytokeratin 20-, lesion was compatible with the first bladder cancer reported in radical cystectomy specimen.

**REFERENCES**


**Correspondence**

Carmelo Agostino Di Franco, MD (Corresponding Author)
carmelo_difranco@tuscali.it

Daniele Perra, MD
Giovanni Giliberto, MD
Bruno Rovereto, MD
Department of Urology Policlinico S. Matteo, Pavia
V.le Golgi, 19, 27100 - Pavia, Italy

Alessandra Viglio, MD
Department of Pathology, University Hospital I.R.C.C.S
Policlinico S. Matteo, Pavia, Italy