Actas Urol Esp. 2016;40(3):195–200

Actas Urológicas Españolas

www.elsevier.es/actasuro

CASUISTRY

Microcytic carcinoma of the urinary bladder: Experience over 22 years☆

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KEYWORDS
Bladder cancer;
Microcytic carcinoma;
Neuroendocrine neoplasia

Abstract

Introduction: Microcytic carcinoma of the urinary bladder or bladder small cell carcinoma (SCC) is a rare entity, characterized by an aggressive behavior, with a poor prognosis, elevated metastatic potential, and is commonly found in older patients and in advanced disease stages. Here we present our experiences with the behavior of the disease and the treatments applied.

Material and method: This was a retrospective study on patients diagnosed with bladder SCC in our hospital between February 1992 and February 2014. We analyzed the demographic and clinical characteristics of the tumor, the applied treatments and survival. We performed a descriptive statistical analysis of the median follow-up time, overall survival (OS) and cancer-specific survival (CSS), using the SPSS statistical package v. 15.0.

Results: Over 22 years, 20 patients with an average age of 75 years were diagnosed with bladder SCC (2 female). The predominant symptom was macroscopic haematuria (75%).

After the first transurethral resection (TUR) of the bladder and the histological diagnosis, 35% (7 patients) did not receive additional treatment, 15% (3 patients) were treated with chemoradiotherapy (CRT), 10% (2 patients) with TUR, 15% (3 patients) with chemotherapy (QT), 5% (1 patient) with TUR associated to CRT, 5% (1 patient) with radical surgery, 5% (1 patient) with radical surgery treatment followed by adjuvant CRT, 5% (1 patient) with palliative surgery (hypogastric arteriae ligation) followed by adjuvant QT and 5% (1 patient) with hemostatic radiotherapy (RT). With a median follow-up time of 13.8 months, the OS was 14.48 months (95% CI: 6.22–22.75) and the CSS 18.04 months (95% CI: 6.51–29.57). Only 10% (2 patients) survived till the end of the study.

☆ Please cite this article as: Velilla G, Carrión CJ, Portillo JA, Truán D, Azueta A, Fuentes J, et al. Carcinoma microcítico vesical: experiencia a lo largo de 22 años. Actas Urol Esp. 2016;40:195–200.

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Conclusion: Microcytic carcinoma of the urinary bladder is a rare and aggressive entity commonly diagnosed in males of advanced age and in advanced disease stages. It has a poor prognosis and reduced survival. Due to its aggressiveness previous to the initial diagnosis, a cystectomy is only possible in very few cases; therefore multimodal treatment is necessary. This treatment is yet to be defined.

PALABRAS CLAVE
Neoplasia vesical;
Carcinoma microcítico;
Neoplasia neuroendocrina

Carcinoma microcítico vesical: experiencia a lo largo de 22 años

Resumen
Introducción: El carcinoma microcítico vesical (CMCV) o carcinoma de células pequeñas es una enfermedad infrecuente, agresiva, de mal pronóstico y alto poder metastásico; se presenta en edades y estadios avanzados. Presentamos nuestra casuística evaluando su comportamiento y los tratamientos aplicados.
Material y método: Revisión retrospectiva de pacientes diagnosticados de CMCV en nuestro hospital entre febrero de 1992 y febrero de 2014. Analizamos características demográficas, clínicas y propias del tumor, los tratamientos aplicados y la supervivencia. Análisis estadístico descriptivo del seguimiento medio (SM), supervivencia global (SG) y supervivencia cáncer específica (SCE) mediante el programa SPSS versión 15.0.
Resultados: En esos 22 años se diagnosticaron 20 pacientes con CMCV (solo 2 mujeres), con edad media de 75 años. El síntoma predominante fue la hematuria macroscópica (75%). Tras la RTU-V inicial y el diagnóstico anatomopatológico el 35% (7 pacientes) no recibió tratamiento adicional, el 15% (3 pacientes) recibió quimiorradioterapia (QRT), el 10% (2 pacientes) RTU el 15% (3 pacientes) quimioterapia (QT) el 5% (un paciente) RTU asociada a QRT, el 5% (un paciente) cirugía radical, el 5% (un paciente) cirugía radical asociada a QRT adyuvante, el 5% (un paciente) cirugía paliativa (ligadura de arterias hipogástricas) asociada a QT adyuvante y el 5% (un paciente) radioterapia (RT) hemostática. Con un SM de 13,8 meses, la SG fue de 14,48 meses (IC 95%: 6,22-22,75) y la SCE 18,04 meses (IC 95%: 6,51-29,57), permaneciendo únicamente 2 pacientes vivos (10%) al final del estudio.
Conclusión: El CMCV es una neoplasia vesical infrecuente y agresiva que se diagnostica más frecuentemente en varones de edad y estadios avanzados, de pronóstico desfavorable y escasa supervivencia. Debido a su estadio local avanzado al diagnóstico la cistectomía es aplicable en muy contados casos, debiendo recurrir a un tratamiento multimodal, aún por definir.

Introduction

Bladder microcytic carcinoma or small cell carcinoma (SCC) is rare, aggressive, and of poor prognosis. Banard[1] (1926) described this histological entity as a primary lung malignancy, calling it ''medullary carcinoma''. Duguid[2] (1930) published the first 2 cases of extrapulmonary microcytic carcinoma, but the first bladder case was described by Cramer[3] (1981).

It occurs in elderly patients, it is diagnosed in advanced stages, and it has high metastatic potential.

We analyzed our casuistry of SCC evaluating whether its behavior is as aggressive as described in the literature and the results of the different treatments applied.

Material and method

Retrospective review of patients with invasive bladder carcinoma treated at the Marqués de Valdecilla University Hospital between February 1992 and February 2014, selecting SCC diagnoses. Of these cases, we have analyzed demographic characteristics (sex, age, smoking), clinical ones (dominant symptoms), and of the tumor itself (location, tumor aspect, stage), as well as the diagnostic methods and treatments used.

Descriptive statistical analysis of the mean follow-up (MF), overall survival (OS), and cancer-specific survival (CSS) using the SPSS program version 15.0. Finally, the survival of our series is compared to that of series published with a larger number of cases.

Results

In the described period, 20 patients were diagnosed with SCC (18 men and 2 women). The mean age at diagnosis was 75 years (39–93) and 80% had a history of smoking.

Among neoplastic history, 3 patients diagnosed with prostate adenocarcinoma treated with radiotherapy (RT), a patient diagnosed with T1G2 papillary transitional carcinoma treated with endovesical adriamycin 18 years before, a patient treated with 5 transurethral resections (TUR) for T1G2 papillary transitional cell carcinoma (last 21 years before), and a patient diagnosed with rectosigmoid carcinoma 5 years before stand out. A patient diagnosed with SCC at 39 had received 9 years before treatment with cyclophosphamide due to scleroderma.