

**Case Report**

# A Cutaneous Metastasis of Bladder Cancer: A Case Report

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## Abstract

Usually affecting men in the sixth decade bladder cancer is generally revealed by hematuria or lower urinary tract symptoms. Cutaneous metastases are very rare in genitourinary tumors representing only 1.34% of cutaneous metastases of other neoplasms. The presence of cutaneous metastases is associated with a poor prognosis with a median survival of fewer than 12 months.

We reported the case of a 65-year-old man current smoker who presented a cutaneous metastasis of urothelial bladder cancer confirmed after a cutaneous biopsy, palliative chemotherapy was initiated after multidisciplinary staff.

## Introduction

Bladder cancer is the first urological cancer in Tunisia because of the endemic smoking [1]. Usually affecting men in the sixth decade bladder cancer is generally revealed by hematuria or lower urinary tract symptoms. Treatment depends on the stage of the disease; metastatic bladder cancer is treated with systemic chemotherapy.

## Case report

We report the case of a 65-year-old man with no prior medical history, a current smoker with no exposure to carcinogens, who consulted for gross hematuria evolving for 6 months.

The physical examination showed a stable hemodynamic state, no hypogastric mass, and two thoracic cutaneous nodules (Figure 1).

CT scan showed a 6 cm bladder tumor of the right side wall, with a dilatation of the renal cavities and several pulmonary metastases.

The patient underwent a complete transurethral resection of the bladder tumor.

The histological examination concluded in a pT2 urothelial carcinoma (Figure 2).

The cutaneous nodules were biopsied in the dermatology department of our hospital, and the histological examination concluded a metastatic localization of urothelial carcinoma (Figures 3,4).

## More Information

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**Submitted:** September 25, 2024

**Approved:** October 07, 2024

**Published:** October 08, 2024

**How to cite this article:** Marrak M, Ouanes Y, Bibi M, Karmous J, Chaker K, Nouira Y. A Cutaneous Metastasis of Bladder Cancer: A Case Report. Arch Case Rep. 2024; 8(3): 092-093. Available from: <https://dx.doi.org/10.29328/journal.acr.1001104>

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**Keywords:** Genitourinary tumors; Cutaneous biopsy; Endemic smoking; Chemotherapy



Figure 1: Thoracic cutaneous nodule.

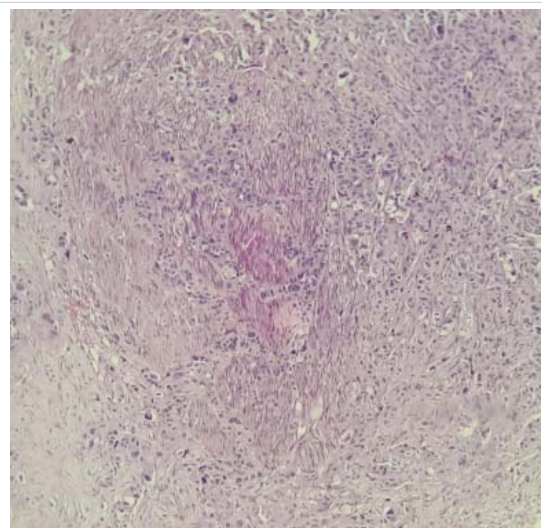
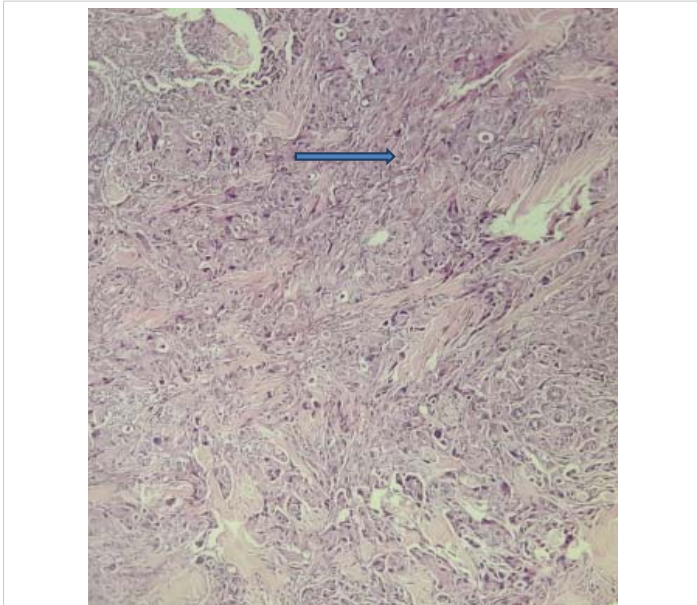
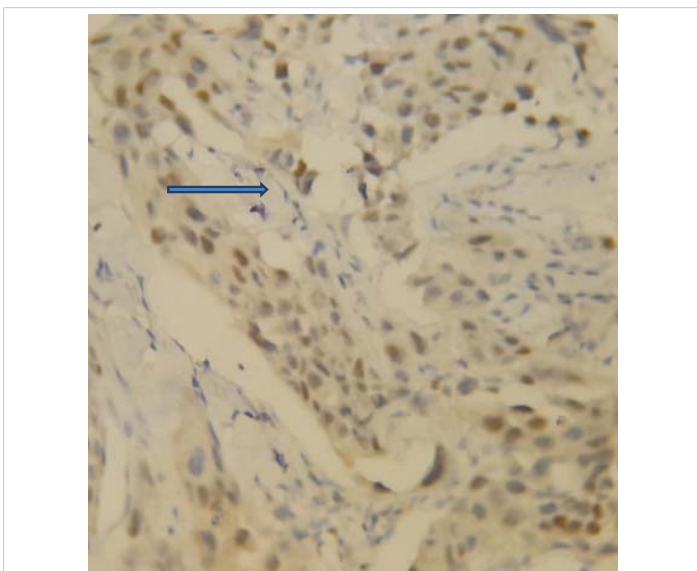


Figure 2: Hematoxylin and Eosin x 10: Urothelial carcinoma proliferation infiltrating the bladder muscle.



**Figure 3:** Hematoxylin and Eosin stain x 20: Skin tissue infiltrated by a carcinomatous proliferation with urothelial features.



**Figure 4:** Immunohistochemistry x 40: Expression of GATA3 by tumor cells infiltrating the skin tissue confirming the urothelial nature.

The multidisciplinary staff decision was palliative chemotherapy for this patient.

The patient died 1 month later due to a pulmonary embolism confirmed by a CT scan.

## Discussion

Bladder cancer metastases generally affect lymph nodes, liver, lungs, and bones, cutaneous metastases are explained by lymphatic, hematologic spread, direct invasion of the tumor, or iatrogenic implantations [2].

Cutaneous metastases are very rare in genitourinary tumors representing only 1.34% of cutaneous metastases of other neoplasms, 0.84% of cutaneous metastases have bladder cancer as a primitive [3].

In 1909 Azua D reported the first case of a cutaneous metastasis from a transitional cell carcinoma of the urinary bladder [4].

Cutaneous metastases from bladder cancer do not have a specific appearance and may mimic other dermatologic pathologies. The head, face, neck, trunk, abdomen, and suprapubic region are the main localisations. The lesions are clinically suspected and the confirmation is histological following biopsy [5].

The treatment of metastatic bladder cancer is based on chemotherapy; the combination of gemcitabine and cisplatin or the methotrexate, vinblastine, doxorubicin, and cisplatin (MVAC) scheme; or palliative care [6]. The presence of cutaneous metastases is associated with a poor prognosis with a median survival of fewer than 12 months [3].

## Conclusion

This was a rare case of cutaneous metastases of muscle-invasive bladder cancer, practitioners should suspect metastases in patients with bladder cancer and cutaneous nodules, the prognosis is poor, and the treatment is palliative based on chemotherapy.

## Statement of ethics

Ethical approval is not required for this study in accordance with local or national guidelines.

Written informed consent was obtained from the patient for publication of the details of his medical case and any accompanying images.

## Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## Acknowledgement

We are grateful to all the staff of the Urology and Pathology Department of our hospital who contributed to this project.

## References

1. International Agency for Research on Cancer. Tunisia source: GLOBOCAN 2020. 2021. Available from: <https://gco.iarc.fr/today/data/factsheets/populations/788-tunisia-fact-sheets.pdf>
2. Mueller TJ, Wu H, Greenberg RE, Hudes G, Topham N, Lessin SR, et al. Cutaneous metastases from genitourinary malignancies. *Urology*. 2004; 63:1021-1026. Available from: <https://doi.org/10.1016/j.urology.2004.01.014>
3. Block CA, Dahmouch L, Konety BR. Cutaneous metastases from transitional cell carcinoma of the bladder. *Urology*. 2006;67:846. Available from: <https://doi.org/10.1016/j.urology.2005.10.045>
4. Azua D. Dermo-sitographic information: secondary cutaneous carcinosis. *Rev Clin Madrid*. 1909;6:201-9.
5. Lin CY, Lee CT, Huang JS, Chang LC. Transitional cell carcinoma metastasis to arm skin from the renal pelvis. *Chang Gung Med J*. 2003;26:525-529. Available from: <https://pubmed.ncbi.nlm.nih.gov/14515977/>
6. Salemis NS, Gakis C, Zografidis A, Gourgiotis S. Cutaneous metastasis of transitional cell bladder carcinoma: a rare presentation and literature review. *J Cancer Res Ther*. 2011;7:217-219. Available from: <https://doi.org/10.4103/0973-1482.82940>