

Case report

Picture-story

Primary urethral transitional cell carcinoma with scrotal metastases

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A 84-year old white man presented with haematuria, intermittent bleeding per urethra and poor urine stream. Cystourethroscopy revealed a wide based nodular tumour in the bulbar urethra. He had bilateral enlarged inguinal lymph nodes and penoscrotal lymphoedema with multiple scrotal skin nodules (Figure). There was no other clinical or radiological evidence of distant metastases.



Figure. Ulcerated multiple scrotal metastases.

The urethral tumour was endoscopically resected and bladder biopsies were obtained. Inguinal nodes were subjected to fine needle aspiration biopsy.

Urethral tumour was reported as a poorly differentiated transitional cell carcinoma (TCC) and lymph node cytology revealed metastatic cells. Bladder biopsy did not show any evidence of carcinoma.

Due to the advanced age and clinical stage of the tumour he was treated with a course of palliative irradiation. Excision biopsy of scrotal nodules revealed histologically identical metastatic transitional cell carcinoma. In spite of radiotherapy and chemotherapy the patient died during the treatment.

Discussion

Primary TCC of the urethra is rare. It occurs mostly in the posterior urethra where transitional epithelium continues with that of the bladder, but TCC of the anterior urethra, which is lined by squamous epithelium, is very rare (1). Isolation of human papilloma virus (type 6) RNA in some cases raises the possibility of a viral aetiology (2). There are no previous documented reports of scrotal or dermal metastases of this tumour. The pathological explanation of dermal metastases is retrograde lymphatic permeation or embolisation from superficial inguinal nodes saturated with metastases (3).

Treatment of the primary includes radical cytourethrectomy with inguino-pelvic block dissection, with or without adjunctive radiotherapy (4). If the patient is unsuitable for radical surgery endoscopic resection with palliative radiotherapy is an acceptable alternative. Partial or total penectomy with endoscopic laser vaporisation and local 5% 5-fluorouracil cream have been advocated for more distal tumours (5).

Acknowledgement

I thank Mr. N T Vandal, Consultant Urologist, Haroldwood Hospital, Haroldwood, Essex, UK, for his advice.

References

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