

Synchronous ureteral and bladder metastases from invasive lobular carcinoma of the breast

A.L. PASTORE¹, G. PALLESCHI¹, A. TUBARO², C. DE NUNZIO², A. STOPPACCIARO³,
L. SILVESTRI¹, G.M. SERAFINI¹, F. STAGNITTI⁴, A. CARBONE¹

¹University of Rome "La Sapienza", Polo Pontino, Urology Unit, "A. Fiorini" Hospital, Terracina (LT)

²University of Rome "La Sapienza", Institute of Urology, Sant'Andrea Hospital, Rome

³University of Rome "La Sapienza", Institute of Histopathology, Sant'Andrea Hospital, Rome

⁴University of Rome "La Sapienza", Polo Pontino, D. of Surgical Sciences, "A. Fiorini" Hospital, Terracina (LT)

Synchronous urinary tract metastases from breast cancer

ABSTRACT: Breast carcinoma has a metastatic potential to any organ system. However, breast carcinoma metastases to the urinary tract have very rarely been described. The authors present the case of a patient with a synchronous right ureteral and vesical metastasis of a breast cancer. This is the unique case reported in Literature of synchronous urinary metastatic localization from breast invasive lobular carcinoma. (Urologia 2009; 76: 66-7)

KEY WORDS: Breast cancer, Urinary tract, Synchronous metastases

PAROLE CHIAVE: Carcinoma mammario, Apparato urinario, Metastasi sincrone

Case Report

84-year-old woman, with clinical history of right breast cancer. In 1977 the patient underwent right mastectomy and ipsilateral lymphadenectomy, followed by contralateral axillary node dissection in 1984 and adjuvant radio and chemotherapy. In October 2007, the patient was admitted to our department complaining of right flank pain, fever, nausea and hematuria. Ultrasonography (US) revealed a right hydronephrosis, with no right ureteral jet in the bladder at the color Doppler examination, and a thickening of the left bladder wall. The abdomino-pelvic

computed tomography (CT) showed a stricture approximately 2.5 cm long in the right juxtavesical ureter, with wall thickening and ureteronephrosis; on the left bladder wall the CT scan described a non-papillary, solid bladder lesion with a homogenous contrast enhancement, without a detectable cleavage surgical plan with the peri-vesical tissue. The patient underwent ureteroscopy with multiple biopsies of the right juxtavesical ureter, followed by ureteral stenting and transurethral resection of the bladder lesion. The histopathological analysis showed diffuse infiltration of the entire ureteral and bladder wall, with an "Indian file" arrangement of well differentiated epithelial cells

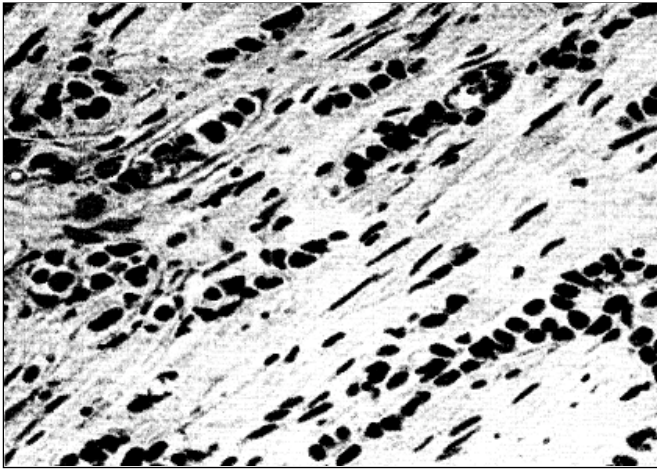


Fig. 1 - Typical "Indian file" arrangement of epithelial cells.

(Fig. 1) at low mitotic index. Immunohistochemical (IHC) analysis revealed positivity for both estrogen (100%; Fig. 2) and progesterone (<5%) receptors. Histopathology and IHC findings confirmed bladder and ureteral metastases from invasive lobular breast cancer. The patient was scheduled for further chemotherapy and hormonal treatment. She died of metastatic disease 7 months later during the chemotherapeutic protocol.

Discussion

The incidence of metastatic breast carcinoma presenting in the urinary tract is about 7.8 % (1, 2). The onset of symptoms, in all the cases reported in literature, is very similar to the above-described clinical manifestation. In all cases reported in literature, the highly aggressive primitive tumor had not allowed delaying the clinical progression, also in those cases treated with a surgical excision of the metastatic lesion (1-3). This is the first case described in Literature of synchronous ureteral obstruction and bladder metastatic localization from breast invasive lobular carcinoma. This report emphasizes the importance of long-term follow-up in patients with history of breast cancer, especially invasive lobular carcinoma.

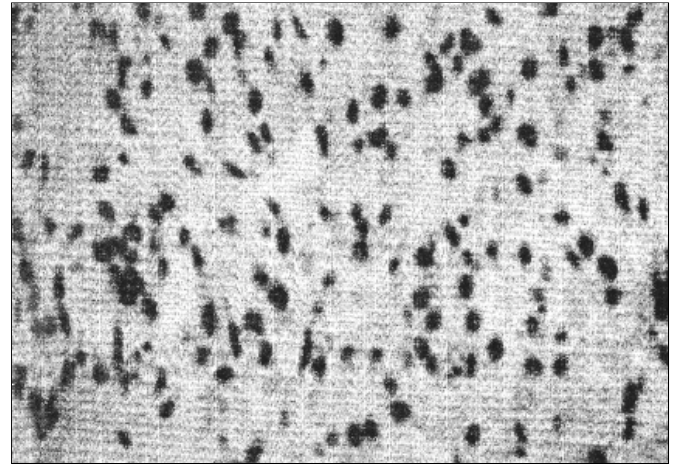


Fig. 2 - Immunohistochemical positivity for estrogen receptors.

Riassunto

Il carcinoma mammario ha un elevato potenziale metastatico per ogni organo o apparato. Tuttavia sono poche le esperienze riportate in Letteratura di localizzazioni secondarie a carico del sistema urinario. Gli autori riportano un raro caso di metastasi sincrona a carico dell'uretere iuxtavesiciale destro e della parete laterale sinistra della vescica. Tale caso rappresenta l'unico descritto in letteratura di localizzazione sincrona secondaria a carico dell'apparato urinario da carcinoma mammario lobulare.

Corresponding Author:
Antonio L Pastore, M.D.
Via Ridolfino Venuti 73
00162 Roma
antopast@hotmail.com

References

1. Gatti G, Zurrada S, Gilardi D, Bassani G, dos Santos GR, Lugini A. Urinary bladder metastases from breast carcinoma: review of the literature starting from a clinical case. *Tumori*. 2005; 91: 283-6.
2. Hudolin T, Nola N, Milas I, Nola M, Juretic A. Ureteral metastasis of occult breast cancer. *Breast*. 2004; 13: 530-2.
3. Mondaini N, Giubilei G, Nesi G, Bongini A, Girardi LR, Ponchiotti R. Carcinoma of the breast metastatic to the ureter seven years later. *Int J Urol* 2005; 12: 763-4.

Peer-reviewed selected proceedings from the



57° CONVEGNO SUNI

SOCIETA' DEGLI UROLOGI
DEL NORD ITALIA



Mantova

Centro Congressi MAMU

12 - 14 giugno 2008

Presidente del Convegno
Candido Bondavalli
Presidente Onorario
Antonio Parma

Presented in part as abstracts at the 57° Convegno SUNI - 12-14 June 2008 Mantova (Italy)

Questi Atti sono stati pubblicati grazie al contributo di

