

A Case of Bladder Carcinoma with Cutaneous Metastases in a 44-year-old patient

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BACKGROUND

Acute diffuse skin lesions can be difficult to diagnose for primary care physicians and hospitalists. The differential expands further in a patient with a complicated medical history, such as a young immunocompromised oncologic patient. Here, we present a case of a young man with bladder cancer, whose skin lesions were initially misdiagnosed as radiation induced, though later confirmed to be cutaneous metastases, an uncommon progression of his malignancy.

CASE PRESENTATION

A 44-year old male presented to the ED with abdominal pain and painless hematuria. CT scan revealed a 1.4cm lesion in his posterior bladder wall, found to be urothelial carcinoma by transurethral resection of bladder tumor (TURBT). He underwent treatment with BCG, though cystoscopy revealed recurrence 4 months later. He returned a year later after having been lost to follow-up, and was noted to have metastases to the pelvic/inguinal lymph nodes. He underwent four cycles of carboplatin/gemcitabine with improvement of adenopathy. Imaging 3 months afterwards

revealed new nodal activity, which required pelvic radiation. Shortly after treatment, he started to develop multinodular plaques (some necrotic, some violaceous and well demarcated, and some draining purulent fluid with dehiscence) in his groin, chest, abdomen, axilla, and flank over a 3 week course.



Groin lesion



Abdominal lesion

These were originally thought to be due to radiation, though skin biopsy pathology revealed the lesions to be metastatic urothelial cancer. Oncology could not offer further chemotherapy or immunotherapy, and the patient was sent home on home hospice,

unfortunately passing two months later.

DISCUSSION

Our case involves two atypical presentations of bladder cancer: a young patient, and one with cutaneous metastases. By most reports, 90% of bladder cancer diagnoses are in those over 55, with the average age at 73. Cutaneous findings are exceedingly rare, occurring in 1.1-2.5% of urologic malignancies. They are linked to a poorer prognosis, with median survival time being less than 12 months. While patients with extensive metastatic disease who undergo radiation therapy often develop skin lesions due to radiation-induced injury, our experience with this patient would advise us to remain vigilant in monitoring for potential cutaneous metastases, given its poor prognosis. While age was previously thought to be a supporting factor in this determination, our case reveals that these lesions can occur even in the younger oncologic population.