

Interesting Case Conference

08/06/2012

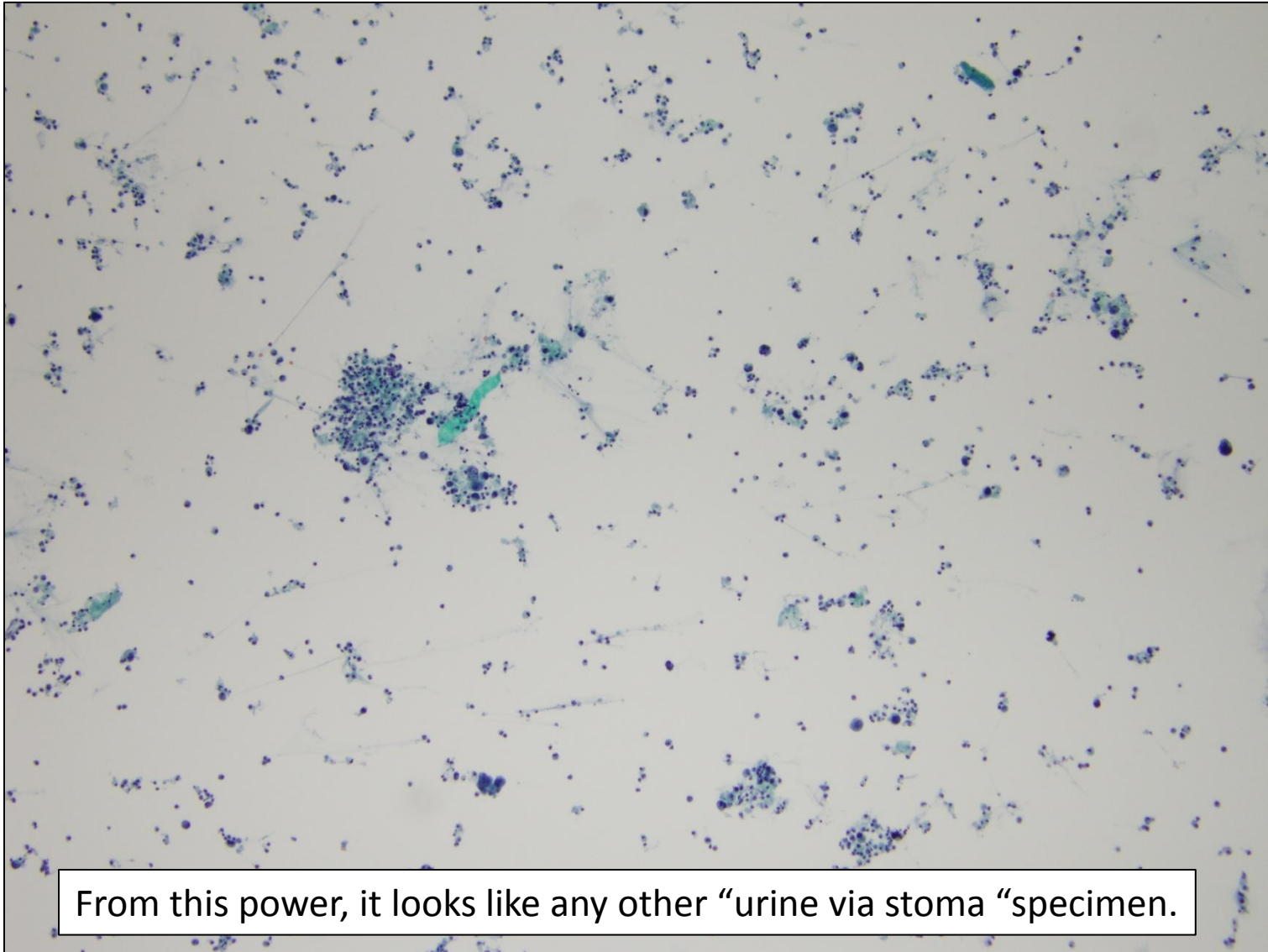
HISTORY

- 69 year old male
- Here for routine exam
- Complains of lower abdominal pain and decreased energy
- History of cystoprostatectomy with formation of ileal conduit
February 2010
 - Invasive high-grade urothelial carcinoma with 15% squamous differentiation, invading perivesicular soft tissue macroscopically. Negative margins and bilateral distal ureters.
 - Multifocal flat urothelial carcinoma in situ involving prostatic urethra with extensive extension into prostatic glands and into ducts of seminal vesicle.
 - Multifocal prostatic adenocarcinoma (0.8 cm), Gleason score 3 + 3 = 6, confined to the prostate. Margins negative.
 - Negative urine cytologies since resection.

EXAM and PLAN

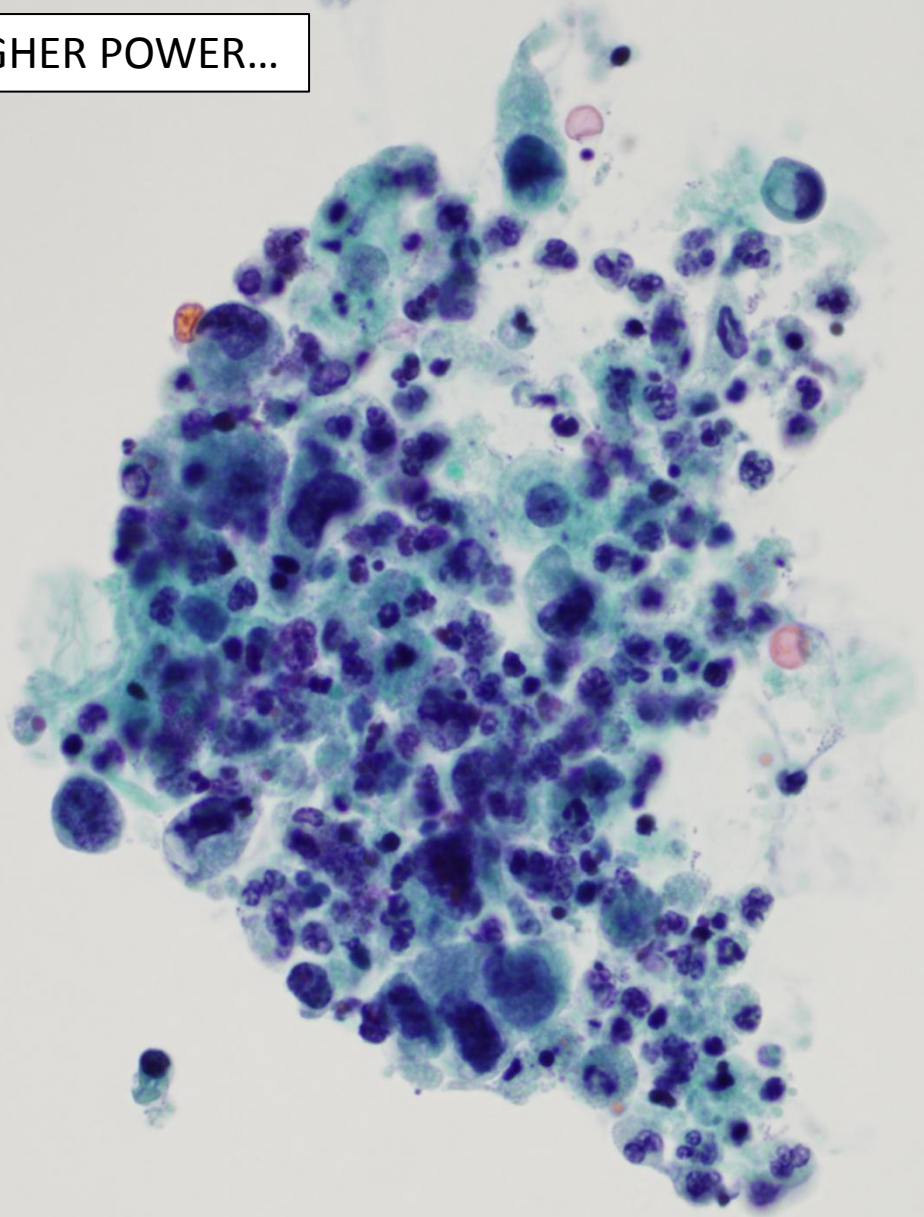
- Unremarkable physical exam
- PLAN
 - 1. Collect urethral washing and urine via stoma
 - 2. CT scan

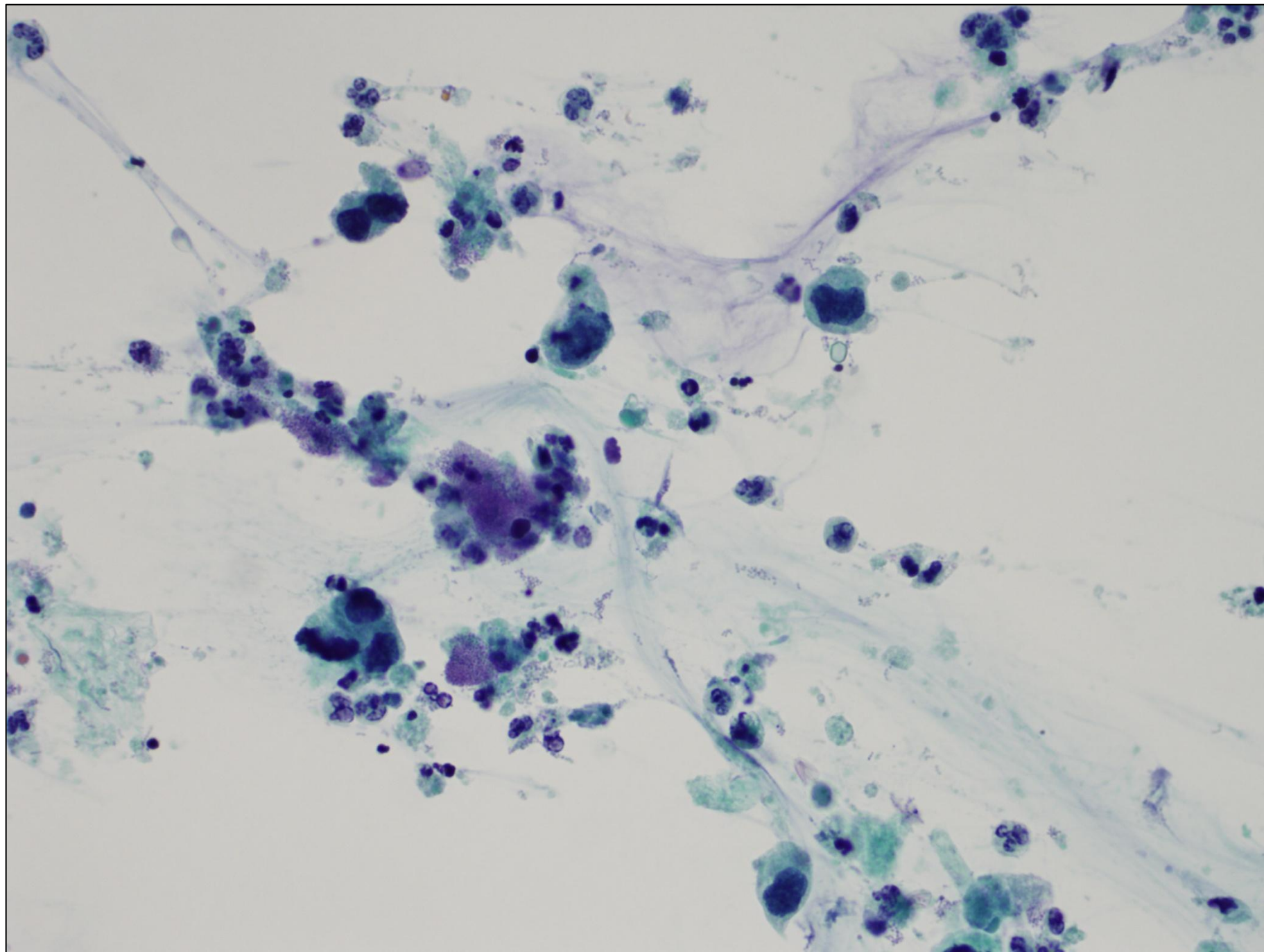
ThinPrep

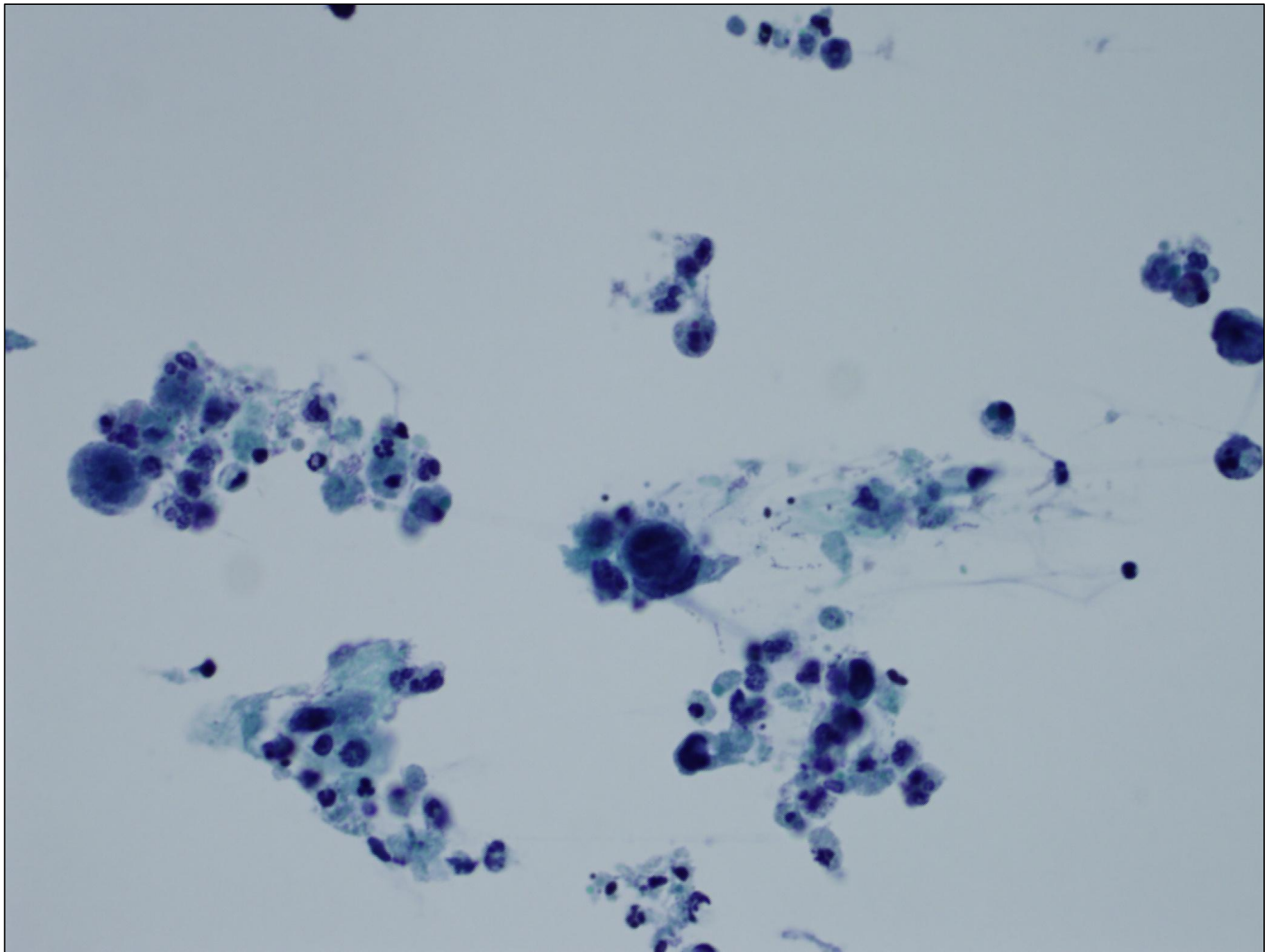


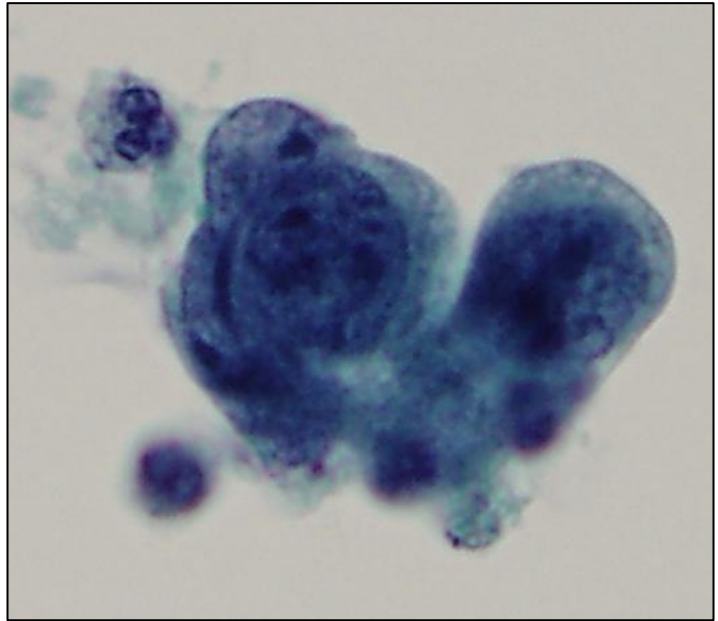
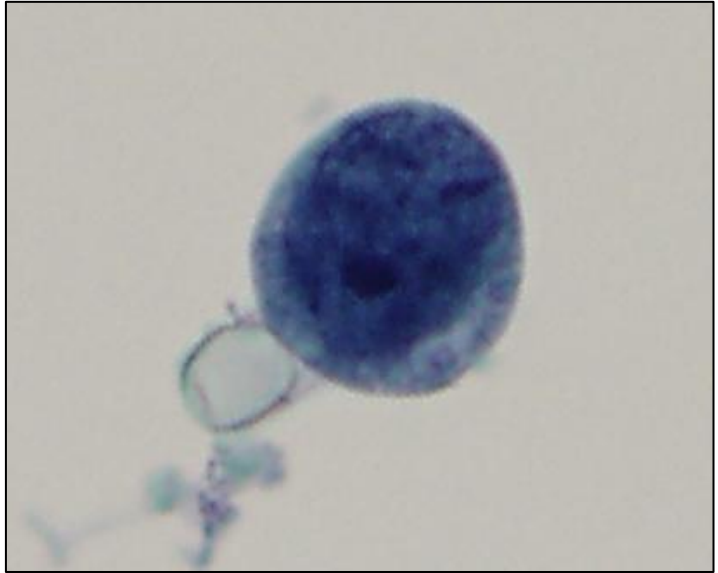
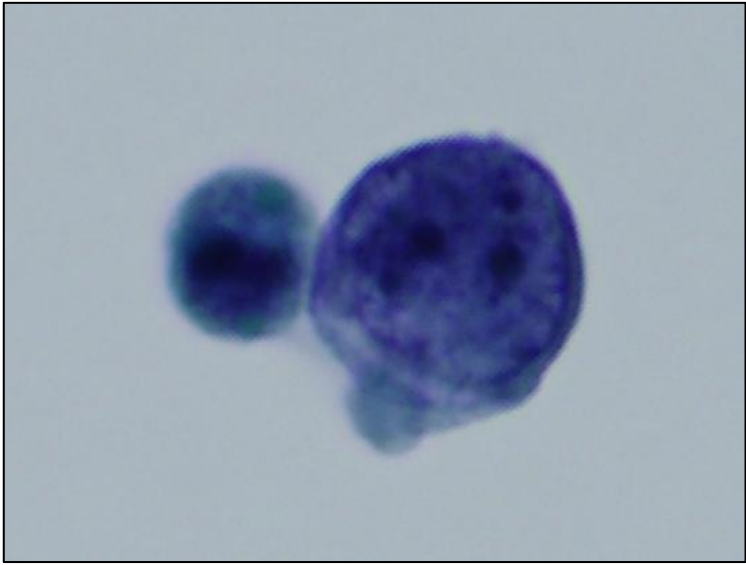
From this power, it looks like any other "urine via stoma" specimen.

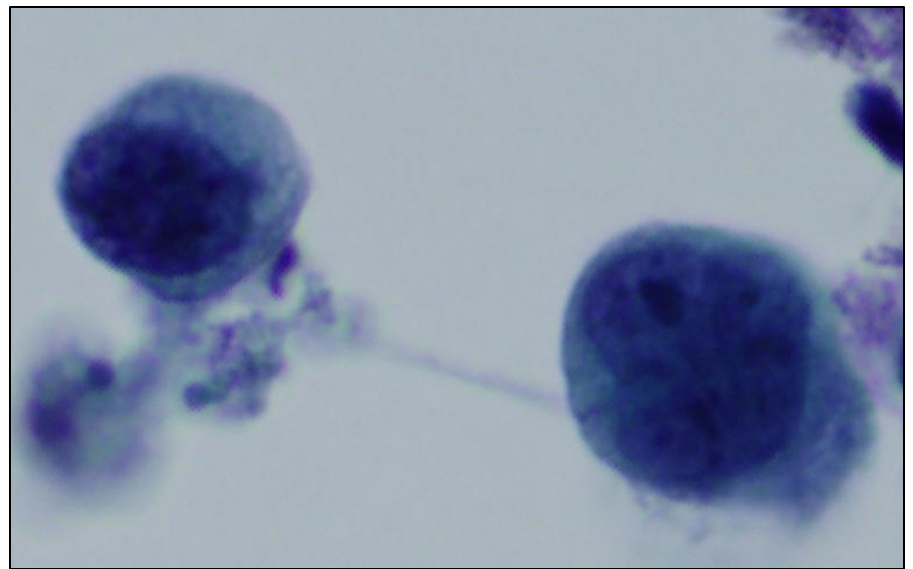
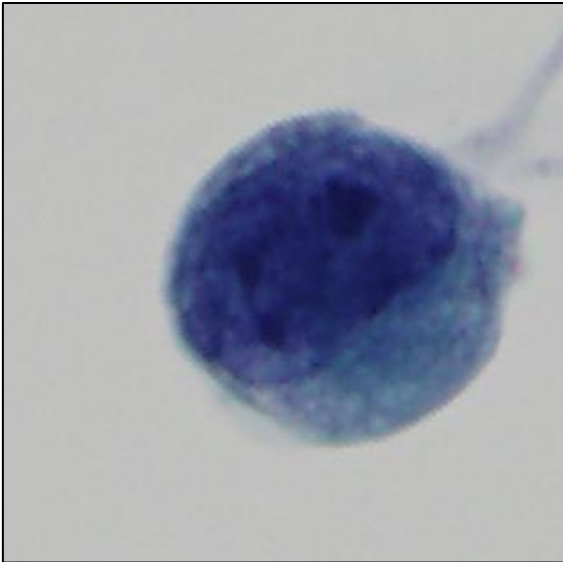
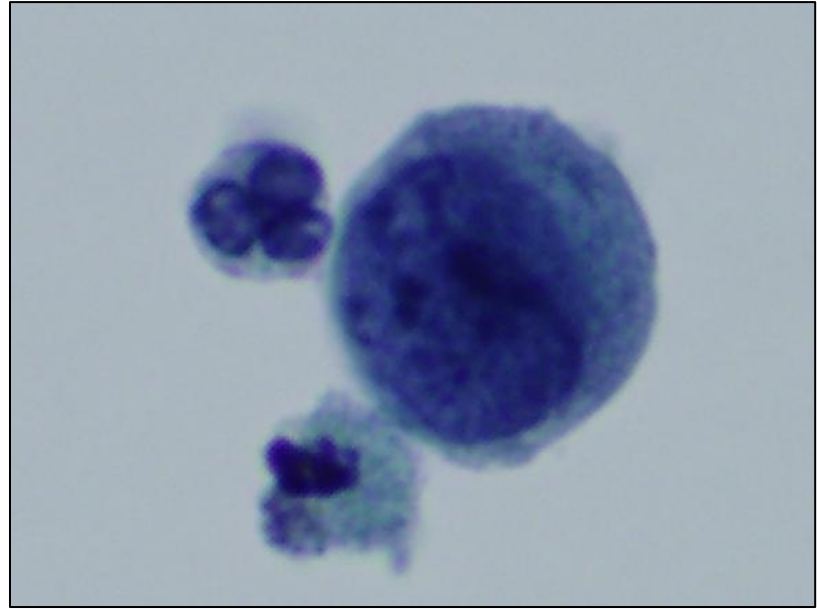
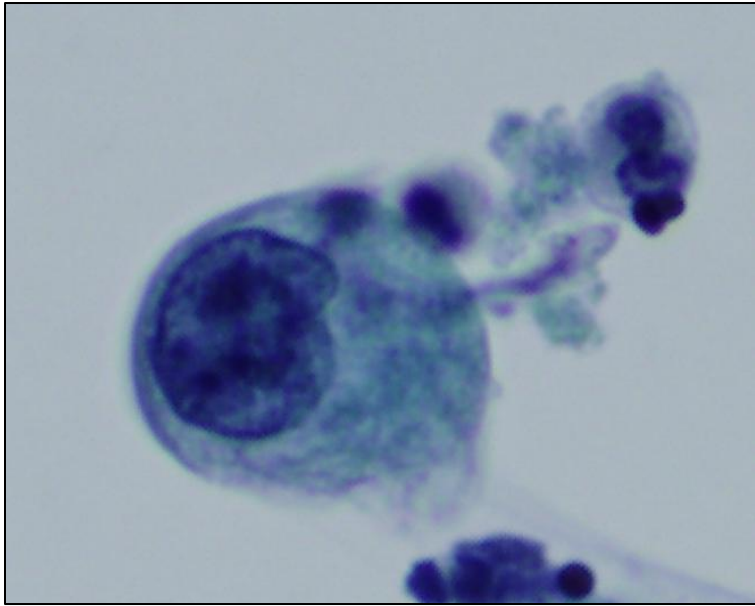
BUT WAIT... ON HIGHER POWER...

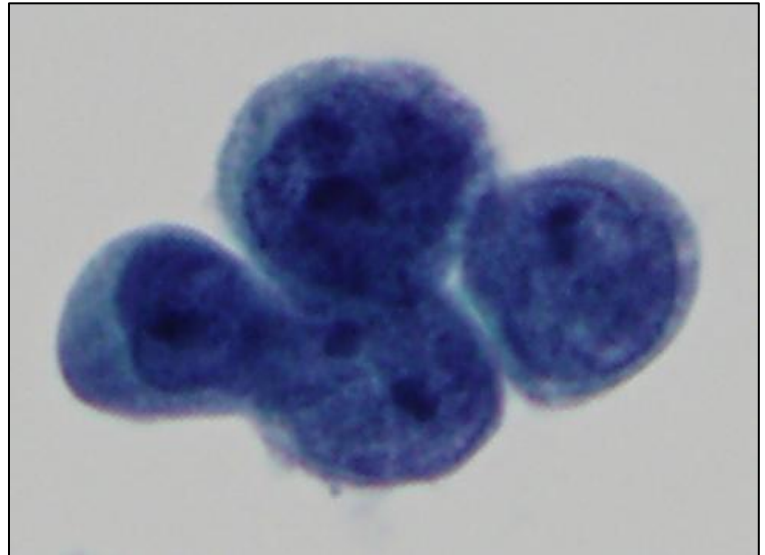
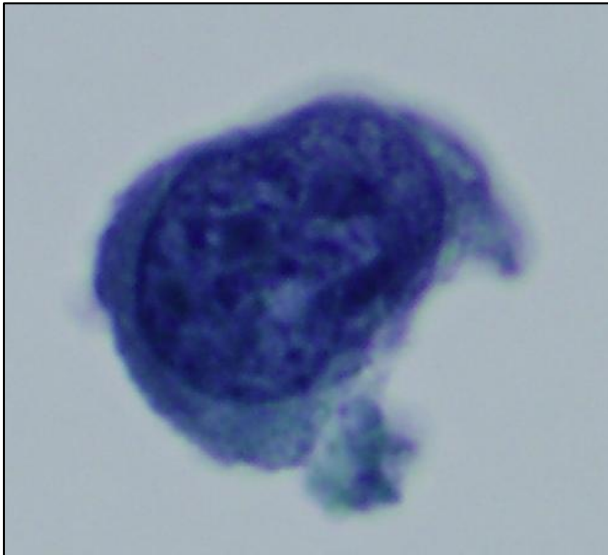
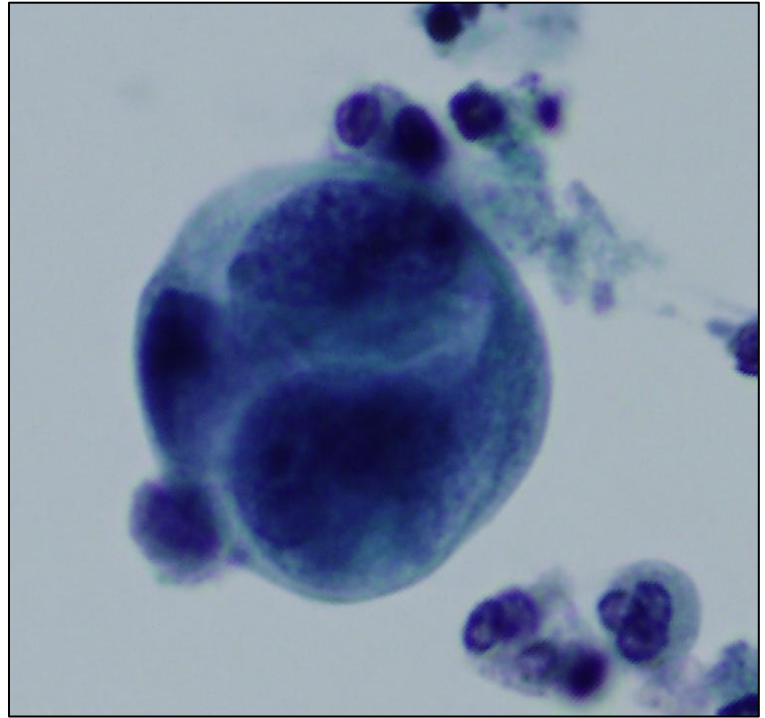
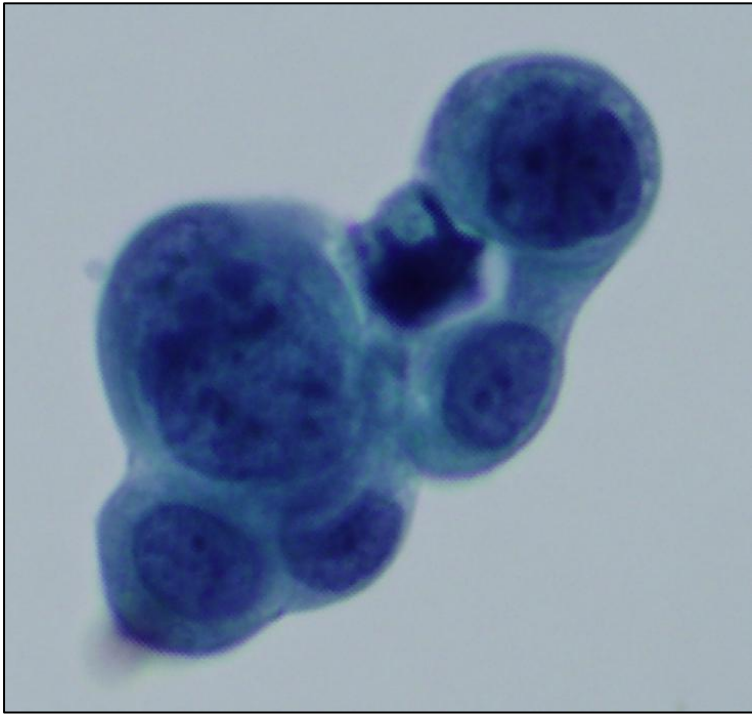












FINAL DIAGNOSIS

- Urine via stoma
 - Positive for urothelial cell carcinoma.

- Urethral wash
 - Non-diagnostic due to pauci-cellularity of the specimen.

LESSON

- Although we don't see many positive cases, don't be nonchalant when it comes to looking at urines from stomas.

FOLLOW-UP

- CT urogram: Disease recurrence
 - Numerous urothelial masses involving distal right proximal ureter, and right renal pelvis with stricturing of the central infundibulum.
 - Small polypoid filling defects within the left renal pelvis, likely representing upper tract urothelial neoplasm.
 - Development of likely metastatic lymph nodes within the left periaortic and retrocrural station.