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.