Case report

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Case report

- 65yo male, diabetic, with suprapubic and left flank pain, and hematuria
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PATHOLOGY REPORT

Specimen:
A: Bladder mass, TUR-P
B: Base of bladder tumor, TUR-P

Clinical data:
Papillary-like lesion in bladder in sonography.

Macroscopy:
Received in two formalin containers consist of:
A: (Labeled as Bladder tumor): Several pieces of creamy soft tissues totally measuring
SOS: M/2        E: 100%

B: (Labeled as base of tumor): Several pieces of creamy soft tissues totally measuring
SOS: M/1        E: 100%

Microscopy:
Histologic findings support the diagnosis.

DX:
A: Bladder tumor, TUR-P:
- High grade papillary TCC.
- Invasion to lamina propria.

B: Base of bladder tumor, TUR-P:
- High grade papillary TCC.
- Muscularis propria free of tumor cells.

Best regards:
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- One month later → re-TURBT
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- 2 weeks later → induction BCG therapy: 6 courses + 2 courses maintenance

- CT scan
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• CT scan
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- cytology

Diagnosis: 1, 2, 3-Urine; inflammatory process, predominantly of acute type with suspicious poorly preserved abnormal urothelial cells.

Cystoscopy & if necessary biopsy (after treatment) would be recommended!
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- Cystoscopy
- Left side ureteroscopy and stenting → failure
- Re-TUR biopsy:
  - Peri-left-ureteral-orifice
  - Other parts of the bladder
- Left side percutaneous ultrasonography guided nephrostomy
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- Final pathology

1-Urinary bladder adjacent to the Lt. internal ureter orifice, tissue fragments; marked chronic follicular cystitis associated with unicentric urothelial dysplasia, grade 2-3 (see description).

2-Other parts of urinary bladder, tissue fragments; chronic follicular cystitis.

No choroidal invasion was noted.
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THANK YOU FOR YOUR ATTENTION!

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