CASE REPORT

Soft Palate Metastasis A Rare Site Of Metastasis In TCC Of Urinary Bladder

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ABSTRACT

Majority of the urinary bladder cancers are transitional cell carcinomas (TCC). Transitional cell carcinoma (TCC) of the bladder typically metastasizes to the pelvic lymph nodes and to visceral sites including the lungs, liver, and bones. Other sites include the brain, especially after systemic chemotherapy. To our knowledge, we report the first case of TCC metastatic to the soft tissue of the hard palate and discuss common and unusual sites of metastasis in TCC. JMS 2017; 20(1):47-48.

Key words: urinary bladder cancer, transitional cell cancer, hard palate metastasis, lung, liver, bone metastasis

INTRODUCTION

A 63 year old female presented at our institute in June 2012 with history of hematuria for past 3-4 months. Her CECT Whole Abdomen suggestive of malignancy of left lateral wall of urinary bladder. She underwent transurethral resection of bladder tumor of which histopathology suggested high grade transitional cell cancer carcinoma with deep muscle infiltration. On staging workup CECT chest revealed a well-defined oval opacity in left paracardiac region. Metastatic disease was proved on FNAC from left lung mass. Since then she had received multiple lines of chemotherapy including Gemcite and Carboplatin, Paclitaxel and Carboplatin and Pemetrexed.

After two cycle of Pemetrexate patient reported in outpatient department with complaint of swelling on hard palate in July 2013 (Figure1). Histo-pathological examination of biopsy from the swelling showed oral squamous mucosa lined tissue with submucosa revealing metastasis of urothelial carcinoma (Figure2). On immunohistochemistry tumor cells were positive for CK7, CK20 and CK 5 focally which confirmed urothelial metastasis. (Figure 3)

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Figure 1 (A&B) : Soft tissue growth on left side of hard palate

Figure 2: Section shows oral squamous mucosa lined tissue with submucosa revealing metastasis of urothelial carcinoma. [Figure 2A; H&E; X 20, Figure 2B; H&E 40]

Figure 3:
a)Immunostains for CK7 highlights the urothelial metastasis.[DAB; X20]
b)Immunostains for CK20 highlights the urothelial metastasis. [DAB; X20]
Immunostains for CK5 focally highlights the urothelial metastasis with strong uniform staining of the overlying mucosal lining.[DAB; X20]

In view of progressive disease, it was decided to change Chemoplan to CMV (cisplatin, methotrexate and vincristine) based chemotherapy and post 3 cycles re-evaluation done with PET CT was evident of regression of lung nodules and left palate lesion in size as well as in metabolic activity (figure 4). Currently she is continuing on CMV based chemotherapy.

Bladder cancer is the fourth most common malignancy among men. Approximately 90% of malignant tumors of the urinary bladder are of epithelial origin, majority among these are transitional cell carcinomas (TCC). Common sites of metastasis from TCC are regional lymph nodes (78%), liver (38%), lung (36%), bones (27%), adrenal gland (21%), and intestine (13%)¹. The presence of TCC metastases tends to correlate with muscular wall invasion. Punyavoravut V et al ² had reported that bone is the preferred site of metastasis (35%) of TCC outside the pelvis, with the spine being the most common site (40% of

metastases) and usually it is a lytic lesion. Metastases to some others locations like pleura, kidney, peritoneum, intestine and skin occur with a lower incidence. Many unusual sites of metastatic TCC have also been reported. Babaian and colleagues¹ reported metastases to the heart, brain, kidney, spleen, pancreas, meninges, uterus, ovary, prostate, and testes in 1% to 8% of their patients. Several case reports have demonstrated seeding and implantation of TCC to sites including nephrostomy tracts, laparoscopic and abdominal incisions, labia minora, umbilicus, shoulder girdle³, metatarsal⁴, cutaneous⁵, breast, seminal vesicles, and vas deferens.

This report describes an unusual metastasis to the hard palate in a patient with urothelial cancer. It is the first case in literature with this unusual site. Distant metastasis of transitional cell cancer through hematogenous route is possible at any site of body; hence any symptom of patient should be evaluated thoroughly and cannot be ignored.

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