PREGNANCY ASSOCIATED WITH BLADDER CARCINOMA

(A Case Report)

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Women in the childbearing age are not frequently affected by neoplasms of the genito-urinary tract. According to Whitmore and Marshall, neoplasms of the urinary bladder, which account for 4% of the neoplasms of the urinary tract, occur twice as commonly in males as in females, with the peak incidence late in the sixth decade. No report of a carcinoma of the bladder associated with pregnancy was found in recent literature. One such case seen in the S. S. G. Hospital, Baroda is reported here.

Case

V. B. Regd. No. 29852, aged 32 years was admitted on 10-4-'67 with a history of amenorrhoea 9 months and mild labour pains for 2 days. She also complained of constant burning sensation in the hypogastrium. She was 6th gravida, 5 F.T.N.D., last delivery 3 years ago.

She gave h/o removal of bladder stone by suprapubic cystostomy in this hospital 15 years ago. Patient was not very intelligent and though she did not complain of it, she was noticed to have frequency of micturition, haematuria and dysuria. She was poorly built and nourished. Respiratory system, crepitations on left base. Uterus 30 weeks size, VI floating, F.H.S. + per vaginal examination cervix not effaced and not dilated. A smooth, hard, spherical mass 2" in diameter was felt in the bladder. It was thought to be a bladder stone.

Urine showed plenty of red blood cells, pus cells and amorphous phosphate crystals. Albumin nil, sugar nil. Haemoglobin 10 g%; B.P. 100/70. Blood urea 40 mg%. Plain x-ray of the abdomen did not show any radio-opaque calculus.

Vaginal delivery in the presence of the mass was impossible. To diagnose the nature of the mass, cystoscopy was attempted on 15-4-'67, but was not possible. A large growth was seen to fill up the bladder. A biopsy was taken from this and sent for examination. No anaesthesia was used during this procedure and the patient's general condition was good. Within an hour of the cystoscopy patient went into deep shock. Blood pressure went down to 60 mm. Hg., pulse was thready. In spite of all resusscitative measures the shock could not be combated and patient expired 5 hours later. Foetal heart sounds had disappeared in the meantime.

Post-mortem examination was carried out. It showed a large reddish coloured solid growth filling up the bladder, only the anterior surface was free. Growth had not involved the urethra. Iliac and paraaortic lymph nodes were involved. There was no perforation of the bladder or haemorrhage

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in the tumour. There was bilateral hydroureter and hydronephrosis. Left lung showed cavities of bronchiectasis. Adrenals were normal. On histopathological examination bladder growth was an anaplastic carcinoma infiltrating the musculature of bladder wall. Kidneys and spleen showed evidence of infarction. Liver showed increase in the periportal fibrous tissue. No cause for the sudden profound shock and death could be detected.

Discussion

Carcinoma of the bladder may be primary or secondary from other organs, especially the genital organs. Primary carcinoma arises from the transitional epithelium of bladder. Adenocarcinoma and sarcoma are rarely found.

These neoplasms occur mainly in the 5th or 6th decade of life. In a series of 96 cases of carcinoma of female bladder reported by Brack, Nesbitt and Everett, the youngest patient was 24 years, oldest 72 years, the average age being 60.2 years. Hence, they are rarely found associated with pregnancy.

Aetiology of most vesical neoplasms is unknown, though various factors like aniline dyes, bilharziasis, chronic cystitis etc. are blamed. No causative factor can be found in the present case. Whether the patient had chronic cystitis for 15 years following removal of the stone was difficult to ascertain.

Symptoms produced by bladder carcinoma are mainly of 3 types.

1. Symptoms due directly to the lesion in the lower urinary tract e.g. haematuria, frequency of micturition and dysuria.

2. Symptoms due to obstruction, with or without infection of one or both upper urinary tracts e.g. unilateral or bilateral flank pain with or without fever, uraemia.

3. Symptoms due to local extension or metastases e.g. bone pain, rectal tenesmus, pelvic pain.

This patient had symptoms of type 1 and 3. Though post-mortem examination revealed obstructive changes in both upper urinary tracts, patient had no symptoms due to this.

There are no characteristic physical findings associated with bladder carcinoma. Only when the tumour is in an advanced stage does bimanual rectal or pelvic examination provide indication of the size of the growth and extent of infiltration. The firm feel of the mass in this case gave a wrong first impression of its being a bladder stone. Urine examination would reveal red blood cells and pus cells. Papanicolaou staining of the urinary sediment will show the malignant cells.

Cystography and intravenous pyelography are helpful adjuncts. But cystoscopy is the most useful investigation to confirm the clinical diagnosis, determine the size and location of the lesion and confirm pathologically the type of tumour. It is a harmless procedure. Whether the shock after this developing in this patient had any relation to the cystoscopy attempted, it is difficult to conclude.

Carcinoma of the bladder is a fatal disease. Early detection is the only way to have a good prognosis. In three series of untreated cases of carcinoma of the bladder quoted by Whitmore and Marshall, the average 5 years survival rate was 10%. Bladder carcinomas are classified in

grades I to IV depending upon the cellular anaplasia and growth pattern. Jewett and Strong suggested further classification A to D according to the depth of penetration of the tumour. The carcinoma in this case was in stage D grade IV.

Management of bladder carcinoma may be by surgery which ranges from simple fulguration to pelvic exenteration, by radiotherapy or by chemotherapy, depending upon the type and spread of the tumour. When carcinoma of bladder complicates pregnancy, as with other malignant tumours, the decision should be to treat the malignant tumour and ignore the pregnancy.

Summary

A case of pregnancy associated with carcinoma bladder is reported.

We thank the Superintendent, S. S. G. Hospital, Baroda for allowing us to report this case.

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