Solitary fibrous tumor of the bladder


ABSTRACT

Introduction: A rare mesenchymatous tumor is reported here with fibroblastic differentiation. In 1931 Kemplerer and Rabin first described its pleuropulmonary localization as benign tumor of the pleura, or fibrous mesothelioma. Its diagnosis is incidental especially in small tumors; in large tumors there is urinary symptomatology with pressure effect. It presents with greater frequency in patients between the fourth and seventh decades of life with a slight predominance in women. Macroscopically fibrotic leiomyoma-type tissue is observed.

Objective: To report a case of solitary fibrous tumor of the bladder.

Clinical case: Patient is a 46-year-old man with no significant past medical history. Illness began ten months prior to hospital admittance with sudden onset of total macroscopic hematuria, painless, and with clotting. Physical examination at the authors’ institution revealed normal vital signs, palpable mass in abdominal hypogastrium of approximately 10 x 10 cm, adhered to deep planes. Laboratory work-up: Hb 8.2 g/dL, Ht 23.6%, glucose 127 mg/dL, BUN 44 mg/dL, creatinine 3.14mg/dL, urinalysis: density 1.026, pH 7.0, proteins 60 mg/dL, ketones 15 mg/dL, blood +++, and innumerable erythrocytes. Hemostatic transurethral resection of the bladder was initially carried out revealing solid...

RESUMEN

Introducción: Se trata de un tumor mesenquimatoso raro con diferenciación fibroblástica. Inicialmente fue descrito en localización pleuropulmonar, reportado por Kemplerer y Rabin en 1931 como tumor fibroso benigno de la pleura, o mesotelioma fibroso, su diagnóstico es incidental sobre todo en tumores pequeños; en tumores grandes existe sintomatología urinaria con efecto de presión, se presenta con mayor frecuencia en pacientes entre la cuarta y séptima década de la vida, hay ligero predominio en el sexo femenino y macroscópicamente se observa tejido fibrótico tipo leiomioma.

Objetivo: Presentar un caso de tumor fibroso solitario de vejiga.

Caso clínico: Masculino de 46 años de edad, sin antecedentes de importancia. PA: Inició 10 meses previo a su ingreso con hematuria macroscópica total, con coágulos, de inicio súbito, indolora. Acudió a valoración en nuestra institución donde a la EF: Signos vitales normales, abdomen con presencia de masa palpable en hipogastrio de aproximadamente 10 cm por 10 cm, adherida a planos profundos. Laboratorio: Hb: 8.2 g/dL, Hto: 23.6%, Glucosa: 127 mg/dL, BUN: 44 mg/dL, Creatinina: 3.14mg/dL, EGO: densidad: 1.026, pH: 7.0, proteínas: 60 mg/dL, cetonas: 15 mg/dL, sangre ++++, eritrocitos incontables. Inicialmente se realizó Resección transuretral de vejiga (RTUV) hemostática, documentando la presencia...
bladder tumor occupying entire bladder floor. Extension studies: abdominopelvic computed tomography scan showed bladder tumor occupying entire base, density of 33 and 55 HU with clots in the interior, as well as bilateral ureterohydronephrosis. Bilateral nephrostomy catheters were placed to ensure kidney function. Second transurethral resection of the bladder was then carried out and histopathological study reported: solitary fibrous tumor with 30% necrosis, CD34 (+++), vimentin (++), and S100 (++). Finally total excision of bladder tumor was done and histopathological study reported: 12 x 8.5 x 8 cm benign solitary fibrous tumor with 5% necrosis. Patient is currently under outpatient surveillance at the eighth month of follow-up.

Discussion: There are six cases of solitary fibrous tumor of the bladder reported in the international literature and different management measures were taken in each one, from radical cystectomy to tumorectomy, and up to now there is no established management protocol. The present case was managed satisfactorily with tumorectomy.

Key words: Solitary fibrous tumor of the bladder, Mexico.
OBJECTIVE

The objective of this article is to present a case of solitary fibrous tumor of the bladder.

CASE PRESENTATION

Patient is a 46-year-old man with no important past medical history. Present disease onset began 10 months prior to hospital admittance. He presented with sudden and painless total macroscopic hematuria with clotting for which he sought medical attention at the authors’ institution. Physical examination revealed normal vital signs, good hydration, and paleness of skin and teguments. He had no cardiorespiratory alterations, and presented with a palpable abdominal mass of approximately 10 cm x 10 cm in the hypogastrium that was adhered to the deep planes. Intestinal noise was present, there was no pain or signs of peritoneal irritation, and extremities had no motor or sensitive abnormalities. Laboratory work-up results were: Hb: 8.2 g/dL, HTC: 23.6%, glucose: 127 mg/dL, BUN: 44 mg/dL, creatinine: 3.14 mg/dL, Urinalysis: density: 1.026, pH: 7.0, proteins: 60 mg/dL, ketones: 15 mg/dL, blood: ++++, erythrocytes: innumerable. Hemostatic transurethral resection of the bladder (TURB) was initially carried out revealing solid bladder tumor that completely occupied the bladder floor. Abdominopelvic computed tomography (CT) extension study showed bladder tumor taking up the entire base with a density of 33 and 55 HU and interior clotting as well as bilateral ureterohydronephrosis (Images 1 and 2) that merited bilateral nephrostomy catheter placement to ensure kidney function. A second TURB was carried out and histopathological study reported solitary fibrous tumor with 30% necrosis. Immunohistochemistry showed CD34 (+++), vimentin (++), S100 (++). Finally bladder tumor was completely excised and histopathological report stated 12 cm x 8.5 cm x 8 cm benign solitary fibrous tumor (Images 3 and 4) with 5% necrosis. Patient is currently under out-patient surveillance and at eighth month of follow-up, progression is good.

DISCUSSION

Six cases of solitary fibrous tumor of the bladder have been reported in the international literature. Different management measures were taken in each case, ranging from radical cystectomy to tumorectomy. No management protocol has been established yet. Some cases have the tendency to become malignant and therefore each case should be studied individually. The present case was managed with tumorectomy and results continue to be satisfactory.
CONCLUSIONS

Six cases of solitary fibrous tumor of the bladder have been reported in the international literature and each was managed differently, from radical cystectomy to tumorectomy. There is still no established protocol for this pathology. Some cases tend to become malignant and so each case should be thoroughly studied on an individual basis. The present case was managed with tumorectomy and results continue to be satisfactory.

BIBLIOGRAPHY