

Bladder Case # 1

DISCHARGE SUMMARY

Date: 04/22/2010

Principal Diagnosis: Bladder Tumor, Suspect Transitional Cell Carcinoma.

Secondary Diagnoses: 1. Hypertension. 2. Hyperlipidemia.

Hospital Course: Mr. XX underwent TURBT and right retrograde pyelogram on 04/21/2010. He tolerated these procedures well without complication. Following these procedures he was transferred to the floor. While on the floor, he had no acute events. On postoperative day 1, the Foley catheter was removed; he was able to void without difficulty. He was, therefore, discharged home in stable condition.

Discharge Medication: 1. He is to resume his home medication plus Percocet 5/325 1-2 p.o.q.4-6 hours p.r.n. pain. 2. Pyridium 200 mg p.o. q.8 hours p.r.n. dysuria. 3. Cipro 500 mg p.o. b.i.d.

HISTORY AND PHYSICAL

Date: 04/21/2010

Chief Compliant: Hematuria

Present Medical History: Mr. XX is an 82-year-old gentleman who complained of onset of gross hematuria on-and-off for the past 2 weeks. A subsequent workup demonstrated right hydronephrosis and multiple bladder tumors. After discussing the options with him, he elected to proceed with TURBT

Past Medical History: Melanoma, MI,, Hyperlipidemia, Hypertension.

Past Surgical History: Melanoma excision and removal of lymph nodes 2003. Appendectomy.

Family History: Brother with prostate cancer; no history of kidney or bladder cancer.

Social History: Stopped drinking December 2007; quit smoking when he was 28 years old.

Medications: Toprol.

Allergies: Penicillin, aspirin, cephalosporin.

Physical Examination: Alert and oriented x3, in no apparent distress.

Chest: Clear to auscultation bilaterally.

Cardiovascular: Regular rate rhythm.

Abdomen: Soft, nontender, nondistended.

GU: Non-circumcised phallus; normal urethral meatus; scrotal contents normal; both testes descended.

Rectal Exam: 35-40 grams prostate which is smooth, benign, compressible.

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RADIOLOGY REPORT

Date: 04/14/2010

CT of the Abdomen and Pelvis with/without contrast

Clinical: Hematuria.

Procedure: The noncontrast images demonstrate no evidence of nephrolithiasis, intraureteral stone, or abnormal calcification within the bladder. Contrast images demonstrate as follows: the right kidney demonstrates cortical loss when compared to the left, with marked hydronephrosis. In addition, there is significant right-sided hydronephrosis to the level of the UVJ. The right aspect of the bladder lumen demonstrates a lobulated, soft tissue density mass. This aspect of the bladder is obscured by streak artifact from patient's right hip prosthesis. The luminal mass likely represents neoplasm, and here may be surrounded by hemorrhage. Further evaluation with cystoscopy is recommended. The left kidney is normal in size and contour. No evidence of hydronephrosis or left-sided hydronephrosis. The prostate is within normal limits. The liver, gallbladder, spleen, stomach, pancreas, adrenal glands, aorta, and visualized large and small bowel demonstrate no significant abnormality. Note is made of a bone cyst within the right inferior pubic ramus. As stated above, a right hip prosthesis is identified. The remaining visualized osseous structures are within normal limits. The lung bases demonstrate a faint, peripheral opacity involving the lingula. A small right-sided pleural effusion is noted. No pericardial effusion is present.

Impression:

1. Lobulated soft tissue density mass identified along the right aspect of the bladder. This results in marked right-sided hydronephrosis and hydronephrosis, as well as delayed function of the right kidney, with no evidence of contrast excretion after 4 minutes. The findings are suspicious for bladder neoplasm, and cystoscopy is recommended.
2. Right hip prosthesis.
3. Small right-sided pleural effusion notification system activated.

OPERATIVE REPORT # 1

Date: 04/16/2010

Operation: Male Diagnostic Cystourethroscopy

Clinical: This is 82 year old male with gross hematuria, positive on urinary cytology and CT that reveals filling defects in bladder associated with right hydronephrosis.

Pre-operative Diagnosis Gross Hematuria

Post-operative Diagnosis: Gross Hematuria, Carcinoma of the Bladder

Findings: Normal urethra. Estimated length of prostatic urethra: 3.3 cm. Primarily bilateral lobe hypertrophy of prostate with mild intravesical extension. Multiple large papillary bladder tumors/masses - the largest measures: 4 cm in diameter. Right lateral wall, posterior bladder wall and at right bladder neck - clinical stage: T1a.

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Ureteral orifice is normal in shape and position on the left.

Procedure: Position: supine. Patient prepped and draped in usual sterile fashion using Povidone Iodine solution (Betadine). Instruments: 16 Fr flexible cystoscope with 0 degree lens. Special aspects of procedure: cystoscope passed under vision into bladder. Bladder and urethra examined in their entirety with findings as above. No immediate complications post-operatively.

Plan: Schedule TURBT of bladder tumor and right retrograde pyelogram; Needs medical clearance for surgery.

OPERATIVE REPORT # 2

Date: 04/21/2010

Procedures:

1. Transurethral resection of bladder tumor (TURBT) with transurethral resection of prostate.
2. Right retrograde pyelogram.

Preoperative Diagnoses: Hematuria,. Bladder Tumor, Benign Prostatic Hypertrophy.

Findings: Large papillary tumor on the bladder floor and right and left lateral walls, extending to the bladder neck. Enlarged median lobe of the prostate with bilateral lobar hypertrophy. Hydronephrosis of the right collecting system.

Procedure: A cystoscope was inserted in a normal fashion and inserted into the bladder per urethra. A tumor, a large, papillary and sessile tumor was appreciated throughout the bladder floor and mainly on the right lateral wall, but extending to the left ureteral orifice. The tumor was resected down to the bladder mucosa. Tumor specimens were sent off as floor of bladder, right bladder wall, right ureteral orifice, right bladder neck, left bladder neck, and left ureteral orifice and upper right lateral wall. Attention was then turned to removing the median lobe of the prostate. The median lobe was taken down with the resecting loop with the cutting current down to the bladder neck, and trough was created.

CYTOLOGY REPORT

Date: 04/08/2010

Specimen: Void Urine

Clinical: Hematuria

Final Diagnosis: Positive for Transitional Cell Carcinoma

PATHOLOGY REPORT

Date: 04/21/2010

Clinical: Bladder Tumor.

CSv2 Training Materials

Bladder Case # 1

Specimen: 1. Bladder tumor. 2. Bladder neck at 6:00. 3. Right posterolateral wall.
4. Bladder neck at 10:00. 5. Bladder tumor, right upper quadrant. 6. Prostate chips.
7. Left bladder neck at 5:00.

Final Pathology Diagnosis:

1. Bladder tumor: Papillary urothelial carcinoma, high grade, with invasion into the muscularis.
2. Bladder neck at 6:00: Prostate tissue with no neoplasia identified.
3. Biopsy of right posterolateral wall of the bladder: Papillary urothelial carcinoma, high grade, with minimal invasion into the superficial lamina propria, but with no invasion of the muscularis identified.
4. Biopsy of bladder neck at 10:00: Papillary urothelial carcinoma, high grade, with invasion at least into the lamina propria.
5. Biopsy, right upper quadrant: Denuded specimen with muscularis and fibrofatty connective tissue, but no neoplasia identified.
6. Prostate chips: Prostatic hyperplasia.
7. Biopsy of left bladder neck at 5:00: Papillary urothelial neoplasia, high grade, with no invasion identified.

Gross:

1. Received in formalin labeled "bladder tumor" are multiple fragments of rubbery, pink to tan tissue measuring 1.5 x 4 x 3 cm.
2. Received in formalin labeled "bladder neck at 6:00" is a rubbery, tan to pink tissue, measuring 1 x 0.7 x 0.2 cm.
3. Received in formalin labeled "right posterior lateral wall" are two fragments of soft, tan to pink rubbery tissue, measuring together 1.5 x 0.8 x 0.7 cm.
4. Received in formalin labeled "bladder neck at 10:00" are multiple fragments of rubbery, soft, tan to pink tissue, and measuring 2 x 1.2 x 0.8 cm.
5. Received in formalin labeled "right upper quadrant" is a rubbery, pink to tan tissue, measuring 0.6 x 0.6 x 0.4 cm.
6. Received in formalin labeled "prostate chips" are multiple rubbery, pink to tan prostate chips, measuring 4.5 x 3 cm.
7. Received in formalin labeled "left bladder neck at 5:00" is a 1.2 x 0.7 x 0.4 cm fragment.

Microscopic:

1. This papillary urothelial carcinoma has some surface area with high grade nuclear atypia. There are major regions of invasion, at least into the lamina propria. In one area invasive tumor is admixed with some smooth muscle strands but this fragment is from near the surface and the muscle might be the smooth muscle of the lamina propria. In another fragment however there is tumor between two masses of smooth muscle, both of which are larger than would be seen in the lamina propria. Therefore it is my interpretation that there is documented invasion into the muscularis.
4. There is much surface papillary urothelial neoplasia high grade. There is significant invasion, at least at the lamina propria. The specimen does contain some identifiable muscularis. No definitive invasion into the muscularis is identified.
7. There is a small fragment of surface with papillary urothelial carcinoma high grade. This small fragment has considerable artifact. The possibility of a minimal amount of invasion into the lamina propria cannot be excluded but no definitive invasion is identified. This specimen contains much muscularis with no neoplasia.

FIELD NAME	CODE	RATIONALE/DOCUMENTATION
Patient Name		
Sequence		
Primary Site		
Histology		
Behavior		
Grade		
Grade system type		
Grade system value		
Lymph-vascular invasion		
CS Mets at Dx - Bone		
CS Mets at Dx - Lung		
CS Mets at Dx - Liver		
CS Mets at DX - Brain		
CS Tumor Size		
CS Extension		
CS Tumor Size/Ext Eval		
CS Lymph Nodes		
CS Lymph Nodes Eval		
Regional Nodes Positive		
Regional Nodes Examined		
CS Mets at Dx		

CS Mets Eval

CS Site-Specific Factor 1

CS Site-Specific Factor 2

CS Site-Specific Factor 3

Diagnostic Staging
Procedure

Surgery of Primary Site

Scope of Regional
Lymph Node Surgery

Radiation-Regional
Treatment Modality

Chemotherapy

Immunotherapy
