CARCINOMAS OF THE URINARY BLADDER

Transitional Cell
Squamous Cell
Adenocarcinoma
Undifferentiated
Mixed Cell Type
Metastatic

Papillary transitional (urothelial) cell carcinoma-Pap TCC

Pap TCC
Invasive TCC

Polypoid TCC

Histology of bladder
Histology of bladder

NON-INVASIVE PAPILLARY UROTHelial NEOPLASMS

PUNLMP  LOW-GRaDE CARCINoMA  HIGH-GRaDE CARCINoMA

Invasive TCC
VARIANTS OF TRANSITIONAL CELL CARCINOMA

1. With squamous or glandular differentiation
2. Nested
3. Microcystic
4. Sarcomatoid
5. Micropapillary
6. With clear, oxyphylic or small cells
Variants of Primary Carcinoma of Bladder

1 Squamous cell
2 Adenocarcinoma
3 Undifferentiated
Variants of Adenocarcinoma

Usual
Urachal
With Exstrophy
With Endometriosis

Variants of Adenocarcinoma

Typical intestinal type
Mucinous (including colloid)
Signet-Ring Cell
Clear cell
Not otherwise specified

Urachal adenocarcinoma
Urachal adenocarcinoma

Urachal adenocarcinoma

Urachal adenocarcinoma
Adenocarcinoma of bladder complicating cystitis glandularis

Cystitis glandularis

Cystitis glandularis with severe atypia
Adenocarcinoma of bladder complicating cystitis glandularis

Small cell Ca
COMMON PRIMARY SITES OF SECONDARY BLADDER NEOPLASMS

Direct Regional Spread          | Metastases from Distant Sites
1. Colon                       | 1. Stomach
2. Prostate                    | 2. Skin (melanoma)
3. Rectum                      | 3. Lung

Direct spread of colon cancer
EPITHELIAL ABNORMALITIES

A. Von Brunn’s nests
B. Cystitis glandularis
   1. Typical type
   2. Intestinal type
C. Cystitis cystica
D. Squamous metaplasia
E. Nephrogenic adenoma
NEPHROGENIC ADENOMA

4-81 yrs. (Av. 41 yrs).
M:F = 2:1
GU Surgery – 61%
GU Stones – 14%
GU Trauma – 9%
Renal Transplant – 8%

SITES OF NEPHROGENIC ADENOMA (80 CASES)

Bladder 55%
Urethra 40% (2:1, M:F)
Ureter 5%

E. Oliva, R. H. Young
Modern Pathol 8:722, 1995

NEPHROGENIC ADENOMA

Papillary 56%
Polypoid 10%
Sessile 34%
At least 17% multiple
NEPHROGENIC ADENOMA

< 0.5 cm. - 45%
0.5 – 1.0 cm. - 17%
1.0 – 4.0 cm. - 28%
4 cm. + - 10%
CAUSES OF POLYPOID-PAPILLARY CYSTITIS

- Indwelling catheter
- Vesical fistula
- Underlying mass
- Florid cystitis
RADIATION-INDUCED CHANGES

1. Atypical stromal cells
2. Epithelial atypia
3. Pseudocarcinomatous proliferations
Inflammatory pseudotumor

Postoperative Spindle cell nodules

Inflammatory pseudotumor