The Clinical Features of the Non-Urothelial Carcinoma of Urinary Bladder

Introduction and Objective: Non-urotherial carcinoma (nonUC) of urinary bladder is rare compared with urothelial carcinoma (UC). The aim of this study is to summarize the experience in the diagnosis and treatment of nonUC of urinary bladder.
Materials and Methods: From January 2005 to July 2011, a total of 13 patients with nonUC in 610 bladder carcinoma cases were analyzed. Bladder cancer specific survival was assessed using Kaplan-Meier method.
Results: The study included 13 patients, 7men and 6 women, with median follow up of 14.2 months (3-43 months). Their median age was 65.7(50-85 years old). The chief complaints were pollakisuria in 4 patients, macrohematuria in 4 patients, microhematuria in 3 patients and urinary retention in 2 patients. The histology of nonUC were 6 different types, including squamous cell carcinoma in 6, adenocarcinoma in 5, carcinosarcoma in 1, signet ring cell carcinoma in 1. In 13 patients, 8 of them received radical cystectomy, 4 received only transuretheral bladder tumor resection, 1 received only urinary diversion. Four cases received adjuvant chemotherapy, 1 case received radiotherapy. The pathological T2 or more are in 10 cases and pathological or clinical stage were N1 or more in 2 cases. The 1 and 3 years cancer-specific survival rate was 51.3% and 25.6%, respectively, which were very low compared with those of UC.
Conclusions: NonUC is rare, 1-2% of bladder carcinoma, especially squamous cell carcinoma of urinary bladder is very rare in Japan, because there is no existence of Schistosoma haematobium. The macrohematuria for chief complaints of non UC are less than that of UC; therefore, most cases are already invasive bladder carcinoma when diagnosed. There are no available chemotherapy and radiotherapy for the patients with lymphometastasis and distant metastasis at present. Therefore, their prognosis is very poor, even if they receive radical cystectomy. Because of aggressive biologic behavior of nonUC, they should be identified promptly. The available new chemotherapy and radiotherapy will be required.