

Inverted Papilloma of the Bladder: A Review and an Analysis of the Recent Literature of 365 Patients

Introduction and Objectives: Until the 1970s inverted urothelial papilloma (IUP) of the bladder had generally been regarded as benign neoplasms. However, in the 1980s several reported cases suggested their malignant potential including those indicating malignant evidence, those showing recurrence and those underline the association with synchronous or metachronous transitional cell carcinoma. The aim of this systematic review and analysis of the literature since 1990 to date is to contribute to the uncertain questions regarding biologic behavior and prognosis of this neoplasm in order to establish some key points in the clinical and surgical management of these lesions.

Materials and Methods: Database searches yielded 109 references. Exclusion of irrelevant references left ten references describing studies that fulfilled the predefined inclusion criteria.

Results: A problem regarding these neoplasms is the difficulty of obtaining a correct histopathological diagnosis. The size of the lesions range from 1 to 50 mm (mean 12.8 mm). Most cases occur in the fifth and sixth decade of life. The mean age of patients was 59.3 years (range 20 - 88 years). From the analysis of the literature we can find a strong male predominance with a male/female ratio of 5.8:1. The most common sites reported of IUP are the bladder neck region and trigone. Of 285 cases included in 8 studies, 11 cases (3.86%) had multiplicity. Out of the total 348 patients, six patients (1.72%) had previous history of transitional cell carcinoma of the urinary bladder, five patients (1.43 %) had synchronous transitional cell carcinoma of the urinary bladder and four patients (1.15%) had subsequent transitional cell carcinoma of the urinary The time before recurrence is not more than 45 months (range 5-45 months, mean 27.7 months) after surgery.

Conclusions: Inverted papilloma could be considered a risk factor and it is clinically prudent to exclude transitional cell cancer when it is diagnosed and a follow-up was needed if the histological diagnosis was definitive or doubtful. We recommend a 4-monthly flexible cystoscopy for the first year and then every six months for the subsequent three years. Routine surveillance of the upper urinary tract following inverted papilloma of the lower tract is deemed not necessary.