

## Case Report - Transitional-Cell Bladder Tumor in Childhood

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### I. Introduction

Bladder tumours are rare in children, with only 0.38% of cases occurring in the first 2 decades of life. The origin of such cases is mesodermal. The literature on this topic is very limited, and only small series have been described. In total, some 100 cases of transitional cell carcinoma of the bladder in children have been reported since 1950. The tumours have been described as having a low grade of malignancy and showing little tendency to recur. In adult age, however, transitional cell carcinomas of the bladder are the fifth most prevalent tumor and are responsible for 2.1% of all cancer deaths (1). They usually appear after the sixth decade and in most cases are related to smoking or to exposure to industrial carcinogenic substances. The male to female ratio is 7:1.

### Case Presentation

Mast. Gowtham aged 11 years male presented with C/O. painless gross haematuria one episode last week. Evaluated and found to have a polypoidal growth in urinary bladder. Now admitted for cystoscopy and biopsy. H/o. blood stained sputum + while coughing / vomiting today. No h/o.fever.

### Past History

Had similar episode of painless haematuria one year ago. Treated conservatively. No other medical illness.

### Clinical Examination

O/E: Conscious, alert, afebrile, no pallor, hydration adequate, not tachypnoic, peripheral pulses felt, Pulse:86/min, RR: 26/min, no distress, CVS:S1S2+, RS:BAE+,P/A:soft.

### Course In Hospital:

#### Procedure Done: Cystoscopy-Tur BT

On 24.2.12, Under General anaesthesia, using 10fr. Compact cystoscope, scopy done. Urethra normal. Bladder there is a pedicled growth 1.5cm x 1cm left lateral wall 3 cms away from left ureteric orifice. Biopsy taken from the growth. Fulgration of growth done with Bugbee electrode. Base fulgrated. Bladder catheterized with 10Fr. Catheter. Patient withstood the procedure and Post operatively, he was treated with IV fluids, Inj. Taxim, Inj. Tramazac were given. Post operative period was uneventful and discharged in a stable condition.

### Usg Complete Abdomen

**Kidneys:** RT.Kidney measures 8.3x4.2 cms.

LT.Kidney measures 8.8x4.8 cms. Cortico medullary differentiation is maintained on both sides. Pelvicalyceal system on both sides appears normal. No calculus is seen on either side.

### Bilateral ureteric jets noted.

**Bladder:** Is normal contour. There is mild irregularity noted in the urinary bladder wall.No demonstrable lesions made out. Prevoid -396 cc. Postvoid- 62 cc.

### Impression:

- Normal study of liver,GB,spleen,pancreas and both kidneys.
- Mild irregularity in the left lateral wall of the urinary bladder.No demonstrable lesion.

### CT SCAN Report

KIDNEYS are of normal size and are showing homogeneous density. Pelvicalyceal pattern is normal on both sides. ADRENALS are of normal configuration. Adrenal-renal fat planes are well maintained.

**Retroperitoneal:** Major vascular structures are identified individually. The caliber and branching pattern of these vessels are within the normal limits. No significant enlarged lymphnodes can be identified in relation to them.

### Pathology

**Diagnosis:**

**Bladder Growth Biopsy:-** Papillary urothelial carcinoma WHO / ISUP – low grade.

**Check Scopy** – After 1 year

Under General Anaesthesia, Patient in lithotomy position, scopy done. Anterior and posterior urethra normal. Bladder normal. No evidence of growth or calculus. Normal study. Patient withstood the procedure.

**II. Conclusion**

This case being reported because of Rarity of urothelial tumors in childhood in concordance with the low malignant potential of urothelial tumor in childhood this case showed good prognosis.