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CASE REPORT / OLGU SUNUMU

Destruction of perineal skin and posterior bladder wall as a result of rectum adenocarcinoma's invasion: a case report

Rektum adenokarsinomunun invazyonu sonucunda perineal cilt ve posterior mesane duvarı harabiyeti: olgu sunumu

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ABSTRACT

A 65 year old man had experienced Miles Operation cause of left colon carcinoma six years ago. Five years later bilateral nephrostomy catheters had placed into his kidneys because of bilateral hydroureteronephrosis. Then he presented at our clinic with an opening at his perineum. He has been complaining of wetness for six weeks. In physical examination anterior wall of the bladder and tumoral lesion were seen through the perineal hole. General surgeons evaluated the patient as inoperable relapsing tumor. Bilaterally laparoscopic ureter ligation was performed to finish his wetness complaint. Bilateral laparoscopic ligation makes patient relieved significantly. Although urine drainage through the hole was stopped secretions from local tissues caused not to relieve the complaints of patient completely. Laparoscopic retroperitoneoscopic bilateral ureter ligation may be a palliative treatment option for these patients.

Key words: Bladder, rectum, perineum, carcinoma, invasion

ÖZET

Sol kolon karsinomu nedeniyle 6 yıl once Miles Ameliyatı geçirmiş olan 65 yaşında erkek hasta sunulmuştur. Beş yıl sonra iki taraflı hidronefroz tanısı konan hastaya iki taraflı nefrostomi kateterleri kondu. Hasta bize perinesinde bir açıklık olduğunu söyleyerek başvurdu. Altı haftadır varolan altını ıslatma şikayeti vardı. Fizik muayenede perinedeki açıklıktan anterior mesane duvarı ve tümöral yapı varlığı görüldü. Hasta genel cerrahi tarafından inoperabl nüks tümör olarak değerlendirildi. Hastanın altını ıslatma şikayetini gidermek için iki taraflı laparoskopik üreter ligasyonu yapıldı. Hastada belirgin bir rahatlama izlendi. Yaradan idrar gelişi durmasına rağmen çevre dokulardan gelen doku sıvısı ve sekresyonlar hastanın şikayetlerinin tam olarak geçmemesine neden oldu. Laparoskopik retroperitoneoskopik bilateral ureter ligasyonu böyle hastalarda palyatif bir tedavi yöntemi olabilir.

Anahtar kelimeler: Mesane, rektum, perine, karsinom, invazyon

INTRODUCTION

Invasion of urinary bladder by colorectal carcinomas is not a rare problem. Its incidence was reported as % 3 in a large group of patient's study. The most invading tumors' origin is sigmoid colon. It's followed by rectum and others[1]. In this cancers bladder is the most involved adjacent organ. Prostate and vagina follows the latter. Total pelvic exenteration, low anterior resection or abdomino-perineal resection may be preferred. If it is possible bladder sparing surgery can be performed[2]. Pelvic exenterations are the most radical operations in these cancers. Mortality and morbidity rates are higher. Whatever resection of all involved tissues with tumor-free surgical margins is the most important step in contributing to successful treatment[3].

CASE REPORT

A 65 year old man had experienced Miles Operation cause of left colon carcinoma six years ago. After the surgery radiation therapy had given for 25 days and chemotherapy for a month. Five years later after the surgery bilateral nephrostomy catheters had placed into his kidneys because of bilateral hydroureteronephrosis. He had been living with these

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catheters for a year. Urine drainage from the nephrostomies was approximately 1000 cc/day. When he presented at our clinic there had been a hole at his perineum (right at his old surgery incision scar) for six months. His complaint was wetness lasting during night and day. General surgeons had evaluated the patient and accepted as inoperable local recurrence. In physical examination there was a hole at his perineum (Fig.1). There was a clear fluid coming through hole. Cystoscopy was performed and destruction on posterior wall of the bladder was confirmed. Methylen blue was infused into the bilaterally nephrostomies. Its coming through bilateral ureteral orifices could be seen. So invasion of recurrent rectum carcinoma was thought responsible for posterior bladder wall and perineal skin destruction. To prove the diagnosis biopsy from surrounding papillary lesions was performed. It was reported as adenocarcinoma. Urinary tract was visualized with antegrade pyelography (Fig.2). Bilateral urine flow through the bladder was seen. The images were compatible with bilateral ureteral orifice constriction or invasion. But there wasn't any image of a filling bladder. So it was decided to perform a palliative treatment aiming to end urine coming from the hole. Bilateral retroperitoneoscopic ureteral ligation was performed at ureteropelvic junctions in two sessions and the patient was left to live with bilateral nephrostomy catheters. His urine drainage through bilateral nephrostomy catheters increased approximately to 1500 cc/day. However, in follow up, although wetness was decreased significantly but complaint of the patient didn't end. There was still some fluid coming through the hole. Bilateral antegrade pyelography was repeated but there were no images of a passage down the kidneys (Fig.3). So the patient was taken into follow up. Six months after surgery the patient died because of progression of primary disease.

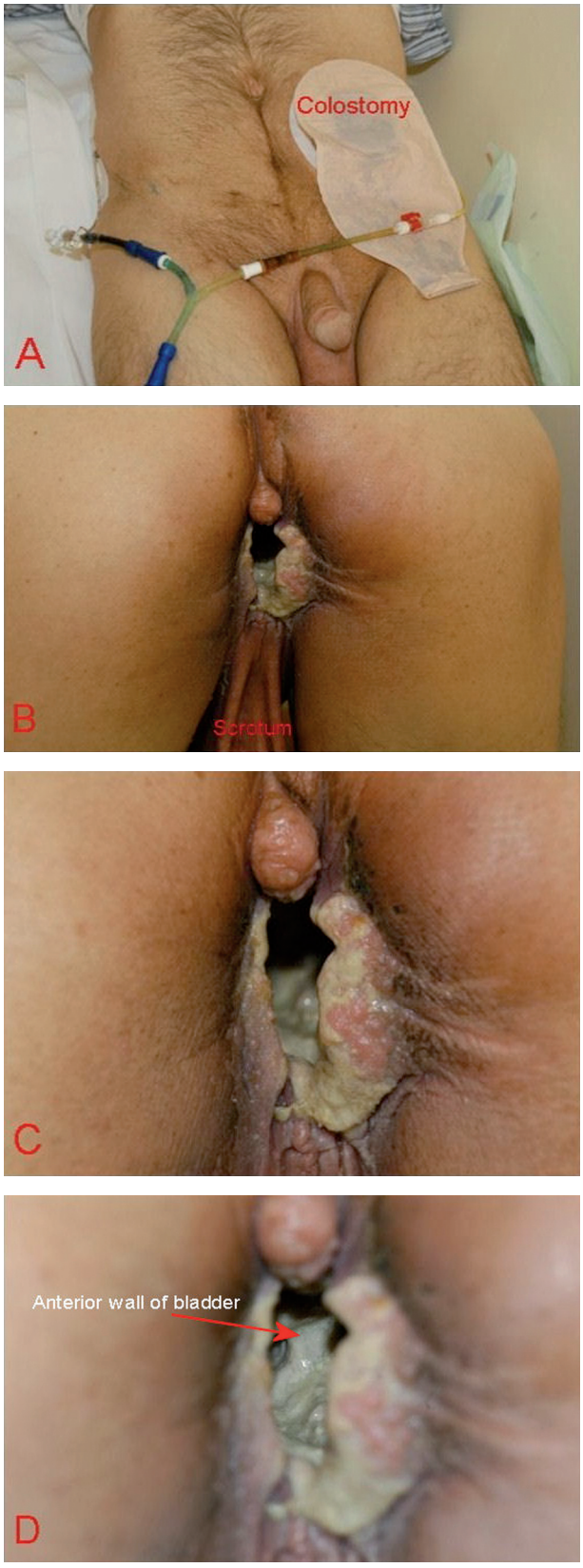

Fig. 1-A. View of bilaterally nephrostomy and colostomy; **1-B** and **C**: View of perineal hole; **1-D**: Anterior wall of bladder seen through hole.

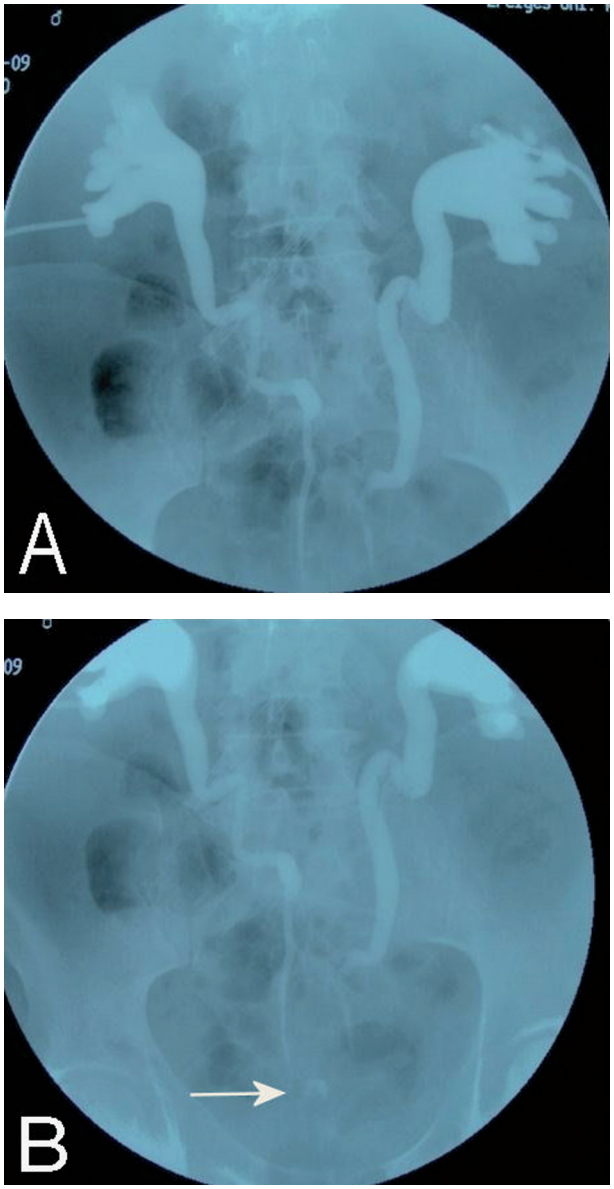

Fig. 2. Preoperative bilateral antegrade pyelography of the patient; **2-A:** Bilateral hydroureteronephrosis can be seen; **2-B:** Bilateral ureters' 1/3 distal parts are narrowing and a thin passing through downside could be visualized (notice arrow).

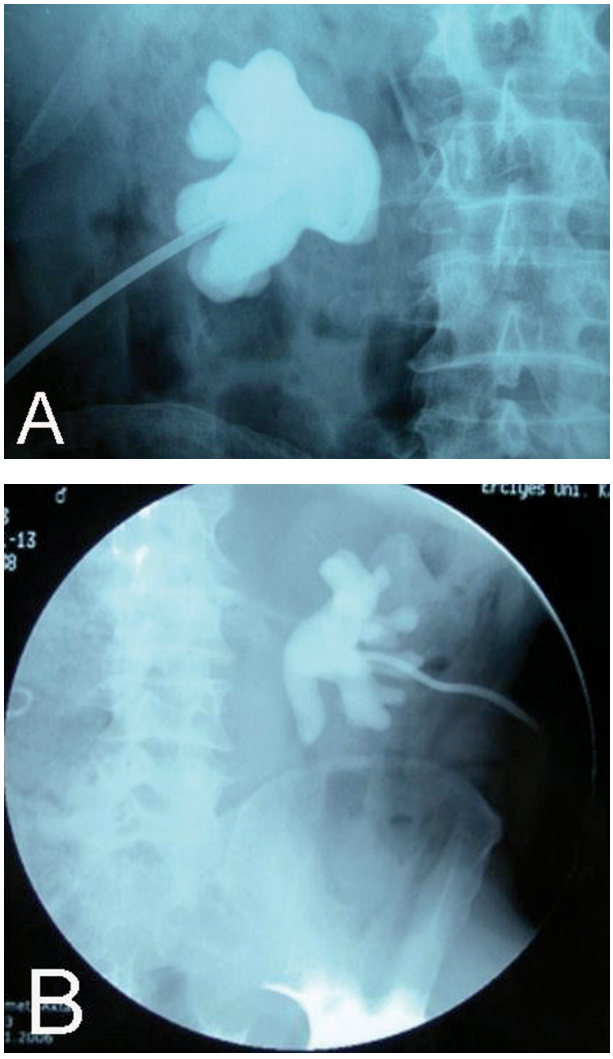

Fig. 3. Postoperative antegrade pyelographies of the patient; 3-A: Right kidney after ureteral ligation; 3-B: Left kidney after ureteral ligation. Notice that there is no passing of urine down the ureters.

DISCUSSION

Pelvic surgery of a malignancy is always onerous case in surgery. Winter and friends suggests en-bloc resection to bladder invading colorectal cancers but our patient wasn't suitable for this operation[4]. If we had tried to resect mass and bladder and perineal skin by en-bloc type, closing of remaining tissue would become a problem. In large defects of pelvic surgery Galandiuk S et al. suggests tissue flaps[5]. A radical surgery wasn't thought because survey of the patient was lower than six months.

Bilateral ureter ligation at upper ureter levels was planned to end drainage of urine through the

hole and to increase patient's life comfort because definitive treatment couldn't be performed. It was decided to perform laparoscopic retroperitoneoscopic ureter ligation as a minimally invasive surgery. Laparoscopic retroperitoneoscopic ureter surgery is a procedure which has been performed successfully at experienced centers. Its treatment success is equal to open surgery. In this case we performed bilateral retroperitoneoscopic laparoscopic ureteral ligation.

It was unique case in which colorectal cancer invades and destructs both bladder and perineal skin. When we look at the literature, there were few cases presenting as a mass in perineum or gluteal zone. Liposarcoma, angiomyxoma and a pororectal carcinoma were reported before[6-8]. But we couldn't find any case in which a malignancy both invades and decays perineal and posterior bladder wall together. As a repetition this special condition leads to a wetness problem. Tissue defect after a radical surgery is hard to repair. Bilateral laparoscopic ligation makes patient relieved significantly. But patient's expectations are important in evaluating success of treatment. Although urine drainage through the hole was stopped secretions from local tissues caused not to relieve the complaints of patient completely. This situation effects patient's life quality negatively.

On the other hand laparoscopic bilateral ureter ligation is a rare case. We searched thoroughly in Pubmed and found a case in which Ishii D. et al, performed laparoscopic radical cystectomy and bilateral ureteric ligation to a patient on hemodialysis[9]. If patient will last with hemodialysis or a permanent drainage of upper urinary system is obtained laparoscopic ureteral ligation may be a choise when urine drainage through ureters is unnecessary (like Ishii's case) or unwanted (like our case).

Laparoscopic retroperitoneoscopic bilateral ureter ligation may be a treatment option for these patients however this method may not satisfy patient's expectations.

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