Clinics in Oncology

Clinical Image
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A 70-Year-Old Hypertensive Male - Case of High-Grade Transitional Cell Carcinoma of the Bladder

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Clinical Image

A 70-year-old obese (BMI-29.8), hypertensive male with a history of prior cystectomy, transurethral resection of bladder tumors with an ileal conduit with no evidence of residual tumor on biopsy presented with hematuria for 3 months. Repeat cross sectional imaging revealed bilateral renal pelvic masses with biopsy confirming high grade transitional cell carcinoma (T1) for which he had 6 cycles of gemcitabine and carboplatin therapy. Functional capacity was <4 METS and ECOG performance status was 2. Laboratory evaluation was significant for a Creatinine of 5.1 mg/dl and additional cross sectional (PET + MRI) imaging revealed metastatic disease in bilateral pelvic ureters and right peri-renal and retrocaval nodes (Figure 1).

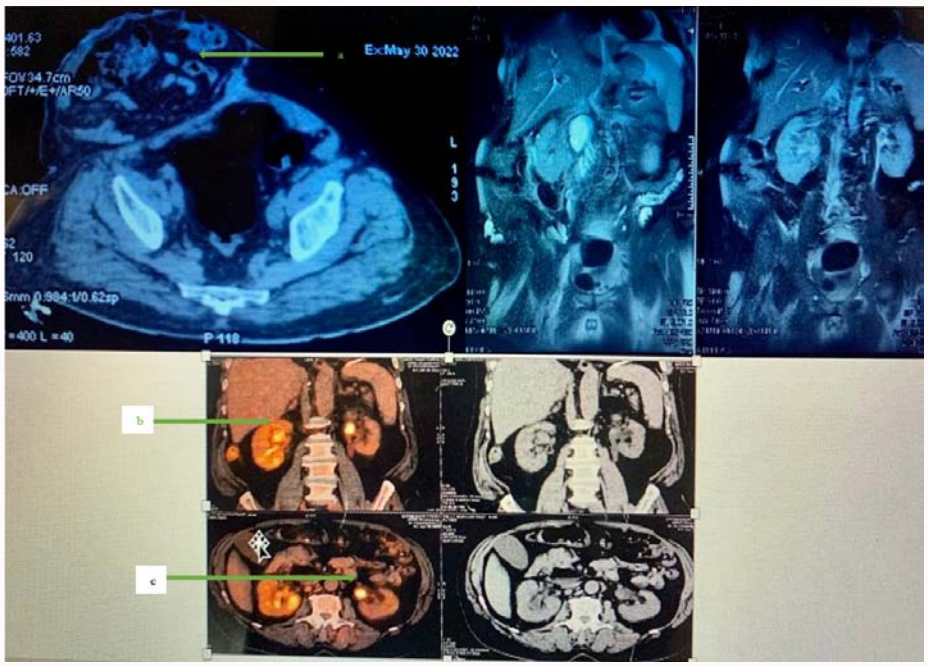

Figure 1: a) Parastomal hernia, b) Right renal pelvis metastasis, c) Left renal pelvic tumor.

What would the best management strategy be?

a. Bilateral open/laparoscopic nephroureterectomy + maintenance dialysis + renal transplant.

b. Radical surgery

c. Palliative radiotherapy

d. Masterly inactivity

Answer:

d. Masterly inactivity

We describe a very high-risk frail patient with acute renal failure and limited life expectancy. Given his frailty and extent of the metachronous tumor, masterly inactivity, with regards to survival, was comparable to radical surgery and palliative radiotherapy [1-4].

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