



## **A Case Report on: CA Bladder**

**Deepali Ghungrud<sup>1\*</sup>, Ranjana Sharma<sup>1</sup> and Swapna Morey<sup>1</sup>**

<sup>1</sup>Department of Medical Surgical Nursing, Smt. Radhikabai Meghe Memorial College of Nursing,  
Datta Meghe Institute of Medical Sciences, (Deemed to be University), Sawangi (M) Wardha,  
Maharashtra, India.

### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

### **Article Information**

DOI: 10.9734/JPRI/2021/v33i44A32595

#### Editor(s):

(1) Dr. Jongwha Chang, University of Texas, College of Pharmacy, USA.

#### Reviewers:

(1) Maria Koleva, Medical University of Plovdiv, Bulgaria.

(2) M. C. Aryaa, Sardar Patel Medical College, India.

Complete Peer review History: <https://www.sdiarticle4.com/review-history/71822>

**Case Study**

**Received 12 June 2021**  
**Accepted 21 August 2021**  
**Published 17 September 2021**

## **ABSTRACT**

**Introduction:** Urinary bladder cancer is a global health problem. Carcinosarcoma of bladder is a very rare abnormal growth of cells and tissues called as tumors and it consist of malignant epithelial and sarcomatoids components. It mostly occurs at aging. Presentation of disease with hematuria i.e. blood in urine and painful urination i.e. dysuria. Pelvic radiation and cyclophosphamide therapy are the risk factors responsible for carcinoma of bladder.

**Clinical Findings:** Severe abdominal pain, fever (Temperature- 100<sup>0</sup> F), weakness, Anemia (Hemoglobin- 10.6gm %).

**Diagnostic Evaluation:** Blood test Hemoglobin -10.6 gram %, Total Red blood cell count- 3.4 million/cumm, Hematocrit- 21.45, Total White blood cells count- 12,000 per microliter. In ultrasonography it was found that, a mass present on the right lateral wall of the urinary bladder.

**Therapeutic Intervention:** Hemoglobin was raised by blood transfusion, Inj. Ceftriaxone 1gm Intravenously BD, Inj. Pantoprazole 40 mg Intravenously BD, radiation therapy and chemotherapy.

**Outcome:** As compared to prior condition patient's present condition show improvement. Fever was reduced and relieved abdominal pain by treatment and procedure transurethral resection of bladder tumor. With the help of blood transfusion Hemoglobin % increased from 10.6 to 11.5gm%.

**Conclusion:** My client was admitted to female surgery ward, at Acharya Vinoba Bhave Rural Hospital Sawangi (Meghe), Wardha with an unknown case of Ca bladder. On admission her condition was poor. So on clinical manifestation, specific and routine investigation was done and after proper treatment her condition was found improved than previous. Here we have to emphasize on early diagnosis and proper treatment strategies helps to improve patient's prognosis. It also helps to prevent morbidity and mortality.

*Keywords: Carcinoma; urinary bladder; mass; lateral wall; resection.*

## 1. INTRODUCTION

The bladder is the organ and part of urinary system. It is hollow organ in the lower pelvis. It is flexible and muscular wall which helps to stretch, to hold the urine and functions to squeeze, to send it out of the body. The main job of bladder is to store the urine. Urine is liquid waste made by the right and left kidneys. Kidney excreted the urine by the ureter to bladder. Bladder muscles contract at the time of urination and forcefully excrete the urine out of the bladder through the thin fibro muscular tube called the urethra [1-3].

Now a days, urinary bladder cancer is one type of global health problem. Carcinosarcoma of bladder is a very rare abnormal growth of cells and tissues called as tumors and it consist of malignant epithelial and sarcomatoids components. Though it may be occurs at any stage of age, but it mostly occurs at aging. Presentation of disease with hematuria i.e. blood in urine and painful urination i.e. dysuria. Pelvic radiation and cyclophosphamide therapy are the risk factors which are responsible for carcinoma of bladder. Carcinoma of bladder is common in males as compared to female, its ratio is nearly 2:1. Carcinosarcoma of bladder cancer are rare tumors and found at advanced stage and have very poor prognosis [2-4]. If it is diagnosed at early stage, when it's still treatable. Surgical treatment, biological therapy and chemotherapy is the treatment modalities to manage Ca bladder to prevent morbidity and mortality among patients.

Hereby, we present a case of cancer of bladder which undergone transurethral resection of bladder tumor, radiation therapy and chemotherapy.

## 2. CASE PRESENTATION

A 55- year's old female was admitted in Acharya Vinoba Bhave Rural Hospital Sawangi (Meghe) Wardha, Maharashtra, India, in the month of January 2021 at female surgery ward with an

unknown case of cancer of bladder. Her weight is 45 kg and height is 150cm.

### 2.1 Present Medical History

A 55- years -old female was admitted in Acharya Vinoba Bhave Rural Hospital Sawangi (Meghe) Wardha. With the complaints of hematuria and dysuria since 5 months, urgency, frequency of urination and weakness since 5 months and having nausea vomiting and severe abdominal pain since 2 days. On admission her hemoglobin was 10.6gm% and she was weak.

### 2.2 Past Medical History

My client has developed above mentioned clinical manifestation since 5 months and for that complaints her family members referred to client at nearer hospital. She received the treatment but didn't relieved by all the signs and symptoms. Otherwise there is no any bad habit like tobacco chewing. No any comorbidities i.e. hypertension and diabetes mellitus.

### 2.3 Family History

My client is belonged to middle class family and there are six family members in her family. In her family there is no any history of cancer disease and communicable and non-communicable diseases in her family.

### 2.4 Intervention and Outcome

Client admitted in hospital within a time. That why treatment done very carefully and nicely with the history collection, physical examination and blood transfusion and investigations. After blood transfusion when hemoglobin was raise till 11.5gm % then client underwent Transurethra resection of bladder tumor and specimen send for histopathology and by its report it is conformed that, she is having bladder cancer. Then, as early as possible radiation therapy and chemotherapy was started by the doctor's advice.

## 2.5 Clinical Findings

Hematuria, dysuria, fever (body temperature 100° F), Anemia (Hb- 10.6gm %) abdominal pain, weakness and nausea, vomiting was present.

## 2.6 Etiology

Smoking is biggest risk factor which is responsible for bladder cancer. This occurs due to carcinogenic chemicals present in tobacco. If any person smoke for so many years, these chemicals enter into your bloodstream and are filtered by the kidneys and this waste excrete the kidney in the form of urine. Long term urinary tract infection and bladder calculi, due to early menopause before age of 54 years. Bladder catheterized with indwelling Cather from long.

Duration [1,2,5-6]. But in my client there is no any bad habit. But she is having hematuria, dysuria, urgency and frequency of urination since five months.

## 2.7 Physical Examination

During physical examination not much abnormality was found in head to toe. Client's is thin and dull look. She is weak.

## 2.8 Diagnostic Evaluation

Blood test Hb-10.6gm%, Total Red blood cell count- 3.4 million/cumm, Hematocrit- 21.45, Total White blood cells count- 12,000 per microliter, In ultrasonography it was found that, a mass present on the right lateral wall of the urinary bladder.

## 2.9 Therapeutic Intervention

Blood transfusion, Inj. Ceftriaxone 1gm intravenously BD, Inj. Pantoprazole 40 mg intravenously BD, radiation therapy and chemotherapy with Cisplatin and 5-Flurouracil. After all therapeutic intervention patient's condition was improving than the previous condition.

## 3. DISCUSSION

It was observed that, microscopically these bladder tumors are usually big in size and nodular i.e. abnormal growth of tissue was

present. In maximum cases reported high grade papillary and squamous carcinoma and adenocarcinoma.

Sometimes squamous cell carcinoma of bladder is a rare cause of the bladder cancer. In the developed world near about 2.7 % of bladder cancers was reported. Schistosomiasis is an endemic disease caused by parasitic worm, this is the common cause of bladder cancer<sup>1</sup>.

Some conditions are associated with carcinoma of bladders and this conditions make chronic irritation to bladder which are recurrent urinary tract infection, bladder calculi, chronic bladder outlet obstruction and long term indwelling catheterization, exposure of cyclophosmmide. Again it is caused by intravesicle bacillus Calmette-Guerin (BCG) these are responsible for abnormal change in the nature of a tissue i.e. metaplasia and malignant transformation [2].

Therefore in this patients with bladder tumor, we suggested random biopsies to detect presence of dysplasia i.e. abnormal development of cells within tissues or organs or malignancy and follow -up is essential to prevent further complications.

Furthermore, in such a condition cystoscopy is useful to look for asymptomatic recurrent bladder stones which is the predisposing factor to malignancy. However, the cost effectiveness of the treatment suggested practice can be confirmed by further studies. Early detection of disease is the better for the good prognosis of patients. And it helps to reduced morbidity and mortality.

It is essential to create awareness among the people regarding risk factors of cancer and its preventive measures. In my client shows good improvement after transurethral resection of bladder tumor and radiation and chemotherapy. As compared to previous condition. And treatment is still going on my last date of care of patient.

A researcher was conducted a study on urinary bladder carcinoma: A clinicopathological study, the objectives of the study was to analyses the clinicopathological features of histologically to confirm the diagnosis of bladder cancer. In this study there are 85 urinary bladder carcinoma specimen received in the pathology department

of Government medical college of Jammu for 3 years of period. The frequency of urinary bladder carcinoma 12.6 percent of patients having malignant tumor, Tran's urethral resection of bladder tumor specimen constituted 87 percent and cystectomy specimen constituted 1 percent. The mean age was  $59.15 \pm 1.65$  years with Male: Female ratio 7.5:1. 88% patients were smokers. Most common presenting symptom was hematuria. 83.01% of the growths were on lateral wall and posterior wall and 89.41% growths were grossly polypoidal/ papillary. All the patients were diagnosed in the late stage. So the research study suggested that, this situation can be improved by giving adequate education and screening program to patients and their family members also regarding its risk factors and causes and clinical manifestation of bladder cancer. It is very helpful for the patients to sustain quality life and to prevent morbidity [7].

A researcher mentioned in a case report, bladder cancer is an unusual tumor which can be characterized by a combination of malignant epithelial and soft tissue. Most of the reported cases have been case reports or small series. For this type of condition optimal treatment strategies are uncertain. While handling this case researcher treated with transurethral resection followed by radiotherapy and final outcome was adverse. Treatment of bladder cancer should be aggressive and multimodal but still there is no optional treatment. Only radiotherapy alone is not sufficient as a treatment to manage this type of cases [1].

#### 4. CONCLUSION

Here we present a case of bladder cancer with the past history and present history of patient. Disease was rapidly progressive, so all the treatments were started as early as possible by the all medical team. After underwent of Trans urethral resection of bladder tumor and radiation therapy and chemotherapy, patient's current disease prognosis is good and patient is in follow up. We suggested that, random biopsies and cystoscopy to find out the presence of dysplasia or bladder tumor. And patient's health education and screening test also helps to prevent the disease. It is essential to reduce morbidity and mortality also.

#### CONSENT

While preparing a case report and for publication patient's informed consent has been taken.

#### ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

#### REFERENCES

1. Zachariadis C, Efthimiou I, Giannakopoulos S, Bantis A, Giatromanolaki A, Sivridis E, Touloupidis S. A case report of urinary bladder carcinosarcoma and review of the literature. *Case reports in urology*. 2011; 2011.
2. Fernando MH, Jayarajah U, Herath KB, de Silva MV, Goonewardena SA. Aggressive squamous cell carcinoma of the bladder associated with a history of large bladder stone—a case report. *Clinical case reports*. 2017;5(10): 1616.
3. Al Edwan GM, Mansi HH, Atta ON, Shaban MM. Squamous cell carcinoma of the bladder presented with spontaneous intraperitoneal bladder rupture: A case report. *International journal of surgery case reports*. 2018;48:61-4.
4. Burity CR, Ferreira FT, Veiga AF, Saade RD. Advanced small-cell bladder cancer into a ureterocele: A case report and literature review. *Urology case reports*. 2019;27: 100986.
5. Knez VM, Barrow W, Lucia MS, Wilson S, La Rosa FG. Clear cell urothelial carcinoma of the urinary bladder: a case report and review of the literature. *Journal of medical case reports*. 2014;8(1): 1-8.

6. Lewis SL, Bucher L, Heitkemper MM, Dirksen SR. Clinical Companion to Medical-Surgical Nursing-E-Book. Elsevier Health Sciences; 2014.
7. Mansi Sharma KC, Goswami, Sunil Gupta Urinary Bladder Carcinoma: A Clinicopathological Study.2017;6(6). ISSN No 2277 - 8179

---

© 2021 Ghungrud et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*

*The peer review history for this paper can be accessed here:*  
<https://www.sdiarticle4.com/review-history/71822>