Well-Differentiated Adenocarcinoma of the Urinary Bladder with Minimal Deviation Adenocarcinoma-Like Features

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Abstract
Urinary bladder adenocarcinoma is an uncommon disease. The histological diagnosis of bladder adenocarcinoma is usually straightforward. However, bladder carcinoma rarely shows benign-mimicking features. We report on a 64-year-old woman who was diagnosed with urinary bladder adenocarcinoma, which was well differentiated with the features of minimal deviation adenocarcinoma. Most of the tumor cells were slightly atypical, and the tumor was differentiated barely from the benign disease. Careful examination was necessary for a correct diagnosis. The pathology comprised invasive foci with desmoplastic reaction in the extravesicular adipose tissue.

Keywords: Minimal deviation adenocarcinoma; Urinary bladder; Adenoma malignum

Introduction
Urinary bladder adenocarcinoma is a rare tumor, representing between 0.5-2% of all malignant epithelial tumors of the urinary bladder. It occurs more commonly in males than in females at about 2.6:1. Its diagnosis is often belated and the prognosis is bleak. Urinary bladder adenocarcinoma is classified into subtypes: enteric (colonic), signet ring cell, mucinous (colloid), clear cell, hepatoid, adenocarcinoma not otherwise specified, and mixed type [1]. Nephrogenic adenoma, cystitis glandularis and Müllerianosis are important differential diagnoses in bladder adenocarcinoma [2]. Urothelial carcinoma appears rarely as a deceptively benign appearance [3,4]. Talbert and Young reported a case of nested variant of urothelial carcinoma with minimal deviation adenocarcinoma-like features [3]. Herein, we report a pure primary adenocarcinoma of the urinary bladder with minimal deviation adenocarcinoma-like features.

Case Report
A 64-year-old Japanese woman presented complaining of hematuria and lower abdominal pain. A local physician performed a cystoscopy, which revealed an infiltrative lesion with an irregular surface in her urinary bladder. The lesion appeared to invade widely from the urinary bladder neck to the posterior wall. A biopsy showed adenocarcinoma in situ (Figure 1). An MRI scan showed irregular thickening of urinary bladder wall and invasion to the rectum and the vagina was suspected (Figure 2). The patient's serum CA19-9 concentration was high, 3372 U/ml, and the concentrations of CEA and CA-125 were 1.9 ng/ml and 18 U/ml, respectively. Pelvic exenteration was performed.

Microscopically, the bladder surface comprised columnar cells with papillary structures. This feature was similar to that observed in the biopsy sample. Tubular and cystic glands were observed throughout the bladder wall (Figure 3a and 3b). Small, simple tubular glands or cysts measuring up to a few millimeters were present. Papillary structures were seen rarely in these glands. Almost all glands and cysts were present without desmoplastic stromal reactions. The nuclei were minimally atypical and were small and round with a smooth contour.

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adenocarcinoma without urothelial carcinoma component. There are no convincing reports of urinary bladder minimal deviation adenocarcinoma-like features [3]. To our knowledge, there has been no report of a case of a nested variant of urothelial carcinoma with minimal deviation adenocarcinoma. Talbert and Young reported a case of a nested variant of urothelial carcinoma with minimal deviation adenocarcinoma-like features [3]. To our knowledge, there has been no report of a case of a nested variant of urothelial carcinoma with minimal deviation adenocarcinoma. Talbert and Young reported a case of a nested variant of urothelial carcinoma with minimal deviation adenocarcinoma-like features [3]. To our knowledge, there has been no report of a case of a nested variant of urothelial carcinoma with minimal deviation adenocarcinoma. Talbert and Young reported a case of a nested variant of urothelial carcinoma with minimal deviation adenocarcinoma-like features [3]. 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