Lymphoepithelioma – like carcinoma of the bladder in a North African man: a case report

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Citation: Trabelsi A, Ben Abdelkrim S, Rammeh S, Stita W, Sriha B, Mokni M, Korbi S. Lymphoepithelioma - like carcinoma of the bladder in a North African man: a case report. North Am J Med Sci 2009; 1: 375-376.

Abstract

Context: Lymphoepithelioma - like carcinoma of the bladder is an extremely rare tumour. We discuss through a new case and a review of the literature the pathological pattern and the management of this uncommon entity. Case report: We report the case of a 58 year-old man who presented with a macroscopic hematuria. Transurethral bladder resection was consistent with the diagnostic of a poorly differentiated carcinoma infiltrating the bladder's muscle. A radical cysto-prostatectomy was performed. The pathological examination revealed an EBV negative lymphoepithelioma-like carcinoma of the bladder. Conclusion: Lymphoepithelioma-like carcinoma of the bladder is a rare bladder cancer that is important to recognize since it has a favourable prognosis.

Keywords: Bladder, lymphoepithelioma – like carcinoma, immunohistochemistry.

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Introduction

Lymphoepithelioma-like carcinoma is a malignant epithelial neoplasm densely infiltrated by lymphoid cells. It is characterized by indistinct cytoplasmic borders and a syncitial growth pattern. The most frequent location is the nasopharynx. Identical tumours have been rarely described in the bladder. About 50 cases have been reported in the English literature.

Case Report

A 58 year-old North African man presented with a macroscopic hematuria of two weeks' duration. Cystoscopy showed a 4 x 4 cm sessile mass in the bladder. Pathologic examination of the transurethral bladder resection was consistent with the diagnostic of poorly differentiated carcinoma infiltrating the muscle of the bladder and a radical cysto-prostatectomy was performed.

Grossly, there was a well demarcated tumour in the dome that measured 2 x 3 x1 cm. Microscopic examination showed an undifferentiated carcinoma with a lymphoid stroma. Tumour cells were characterized by a syncytial growth pattern in a dense lymphoid stroma (Fig. 1, 2).

Fig. 1 Malignant cells having a syncytial appearance in a lymphoid stroma (hematoxylin-eosin, original magnification x100).
Immunohistochemically, most of the tumour cells were positive for Epithelial Membrane Antigen (EMA) and cytokeratin. The surrounding cellular infiltrate was a mixture of B and T lymphocytes. Hybridization to Epstein–Barr Virus encoded RNA was negative. The patient remained alive and disease free eight months after the diagnosis (Fig. 3).

The LELC has a relatively favourable prognosis (3, 4, 7) which is attributed to the intense immunological response of the host against the neoplasm (3); moreover, the inflammatory infiltration causes early symptoms like macroscopic hematuria alerting the patient promptly (4).

In the present case, the patient was treated by radical cystectomy without adjuvant chemotherapy.

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