

Bladder Cancer

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This article is about Transitional Cell Cancer of the Bladder. See also: Small cell cancer of the bladder.

Bladder cancer (transitional cell or urothelial cancer) is a cancer occasionally seen in the palliative care setting and can cause significant local symptomatic problems with pain, haematuria and urinary retention as well as metastatic complications, typically from lung, liver and bony metastases.

Epidemiology and Pathogenesis

Almost all bladder cancers are transitional cell cancers. The vast majority of transitional cell cancers occur in the bladder although a very small proportion arise in the ureter or renal pelvis.

Some of the key risk factors for development of bladder cancer include:

- Men are 4 times more likely to develop bladder cancer than women
- Smoking
- Exposure to various industrial carcinogens (e.g. from the rubber industry)
- Exposure to certain weight-loss preparations that contain aristolochic acid

Clinical features

Local disease causes haematuria which can cause urinary retention from clot retention. This is extremely uncomfortable. Pain can also be caused by local disease invading beyond the bladder and surrounding muscle.

Painful bone metastases are relatively common in metastatic disease and occasionally patients develop hypercalcaemia.

Similar to other cancers, gradual decline of appetite and energy, is very common with progressive disease.

Investigations

Initial investigations in a patient who is suspected to possibly have bladder cancer include urine analysis for abnormal cells (cytology) and a cystoscopy for a visual inspection and biopsy.

Imaging

Imaging is used to define the extent of local disease as well as look for distant metastases.

CT scan of the abdomen and pelvis with contrast and delayed images helps outline any abnormalities in the collecting system as well as extra-vesicular invasion, lymphadenopathy and distant metastases.



MRI with gadolinium is slightly superior to CT at examining local extent of invasion.

Management

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Prognosis

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