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	DOI: 10.4103/1596-3519.82071

## Incidence of bladder cancer in a one-stop clinic

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**Objective:** The aim of this study is to demonstrate the importance of transvaginal scan (TVS) in the detection of bladder tumors in patients presenting with postmenopausal bleeding.

**Materials and Methods:** We examined the case records of all patients that attended a one-stop clinic between September 2001 and May 2004. Those presenting with postmenopausal bleeding (PMB) underwent transvaginal scan and endometrial pipelle sampling. Where bladder pathology was detected, urine cytology was done before referral to the urologist

**Results:** In all, 753 women were referred. There were 17 cases of endometrial cancer detected. Three cases of bladder tumor (malignant transitional cell cancer) were found.

**Conclusion:** We recommend careful assessment of all pelvic organs in women presenting with PMB.

**Keywords:** Bladder cancer, postmenopausal bleeding, transvaginal scan

### Résumé

**Objectif:** Le but de cette étude est de démontrer l'importance de l'analyse transvaginale (TVS) dans la détection des tumeurs de la vessie chez les patients présentant une hémorragie après la ménopause.

**Matériaux et procédés:** Nous avons examiné les dossiers de tous les patients qui ont assisté à une clinique de guichet entre Septembre 2001 et mai 2004. Ceux présentant des saignements après la ménopause (PMB) a subi une transvaginale balayage et l'échantillonnage de l'endomètre pipelle. Lorsque la pathologie de la vessie a été détectée, cytologie urinaire a été fait avant renvoi à l'urologue

**Résultats:** Dans l'ensemble, les 753 femmes ont été visées. Il y a 17 cas de cancer de l'endomètre détectée. Trois cas de vessie tumeur (cancer des cellules transitionnelles malignes) ont été trouvés.

**Conclusion:** Nous recommandons une évaluation minutieuse de tous les organes pelviens chez les femmes présentant une PMB

**Mots clés:** Cancer de la vessie, saignements après la ménopause, scan transvaginale

### Introduction

Bladder cancer is the eighth most common cancer in women. The latest available UK mortality statistics for cancer in 2001 reveal that 2% of all female cancer deaths are due to bladder cancer.<sup>[1]</sup>

Postmenopausal bleeding (PMB) is a common presentation in the gynecology clinic. The primary aim of investigation is exclusion of endometrial

carcinoma. PMB may also be due to lesions in the bladder, rectum, or anus. Patients with abnormal bleeding are increasingly assessed in the outpatient setting. In this series, we examined patients at a one-stop clinic using the transvaginal scan (TVS) and urine cytology to search for the presence of bladder tumors.

### Objective

The aim of this study is to demonstrate the importance

of TVS in the detection of bladder tumors among women presenting with postmenopausal bleeding.

## Materials and Methods

This study was a retrospective analysis of all patients that attended a one-stop clinic between September 2001 and May 2004. Their records were retrieved from the computerized database. Patients referred to the clinic underwent TVS by a single operator (AM) and endometrial sampling using pipelle where indicated. In all cases where bladder pathology was detected urine cytological examination was done and the patient was referred to the urologist for further investigations and management.

The main objective was to detect benign or malignant bladder tumor.

## Results

There were 753 new referrals to the one-stop clinic between September 2001 and May 2004. From this group, 17 cases of endometrial cancer were subsequently detected. Three bladder tumors were among the extra-endometrial malignancies detected. Urine cytology did not reveal any cancer cells in these women. All the women had cystoscopy carried out, which confirm malignant transitional cell cancer in all three. The tumors were subsequently completely excised by the urologist.

## Discussion

The main aim of running a PMB clinic is to detect endometrial pathology – in particular, endometrial carcinoma.<sup>[2]</sup> The risk of endometrial carcinoma in women with PMB rises with age, being 1% at the age of 50 years and rising to 25% by the age of 80 years.<sup>[2]</sup> A good proportion of women attending the clinic may present with bleeding from other areas like the bladder, rectum, or anus. In this group of women, careful investigation may reveal the extra-endometrial pathology.

There are several modes of investigating PMB. Dilatation and curettage under general anesthesia used to be considered the gold standard.<sup>[3]</sup> However, the predictive value of hysteroscopy and endometrial sampling on an outpatient basis for both benign and neoplastic pathology has been well documented<sup>[3-5]</sup> and is now considered the gold standard. Generally, all patients attending our clinic have TVS done, and this has shown 100% accuracy in detecting endometrial cancers. Transvaginal ultrasonography is useful in screening for endometrial malignancies. An endometrial thickness of 4–8 mm is considered

the cutoff thickness for detection of endometrial malignancy by TVS.<sup>[6]</sup>

Hematuria is a common presenting symptom in patients with bladder carcinoma.<sup>[7]</sup> The three patients in our series did not have any history of hematuria, but the TVS findings were suspicious of bladder pathology. If a careful pelvic scan had not been undertaken is likely their cancer would have been missed. Other extra-endometrial malignancies were also detected using TVS. These included ovarian and cervical cancers. A study by Karlsson *et al.*<sup>[8]</sup> found nine (0.77%) cases of cervical carcinoma among 118 women with PMB. There were only two cases of cervical cancer detected with TVS in these series.

Cystoscopy is the most widely accepted method of investigating bladder cancer,<sup>[9]</sup> with additional information provided by examination of voided urine. The main use of the latter is in the follow-up of treated transitional carcinoma, but it is also used to diagnose new cases.<sup>[10]</sup> In all our patients, the urine cytology was negative for malignant cells.

The standard treatment of superficial bladder cancers is transurethral resection.<sup>[11]</sup> Most urologists agree that patients with a single low or medium Pta can safely be treated by resection alone and followed up by regular cystoscopy.<sup>[11,12]</sup> The tumors in all our patients were well-differentiated grade 1 transitional non-invasive (Pta) carcinomas.

## Conclusion

We recommend careful assessment of all pelvic organs in women presenting with PMB. This will lead to detection of extra-endometrial malignancies, which can present with similar symptoms

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**Cite this article as:** Yakasai A, Allam M, Thompson AJ. Incidence of bladder cancer in a one-stop clinic. *Ann Afr Med* 2011;10:112-4.  
**Source of Support:** Nil, **Conflict of Interest:** None declared.

