put together by Alex Yartsev: Sorry if i used your images or data and forgot to reference you. Tell me who you are.
aleksei.igorevich@gmail.com

Bladder cancer and subsequent chronic renal failure

History and Examination:

Bladder cancer symptoms, in particular HEMATURIA

- Gross Hematuria
- Clots in the urine
- Weight loss
- Malaise
- Dysuria
- Frequency / Polyuria

Post-Renal failure symptoms, secondary to urinary tract obstruction

- Loin pain
- Oliguria
- Ankle Oedema
- Easy bruising

RISK FACTORS FOR BLADDER CANCER:

- **SMOKING is to blame for 50%**
- **Occupational exposure to** dyes, paints, solvents, leather dust, inks, combustion products, rubber, and textiles.
- **Pelvis Irradiation**
- **Previous Cyclophosphamide**

Physical findings:

- Is there ANAEMIA?
- OEDEMA?
- ASCITES?
- JAUNDICE?
- ABDO TENDERNESS?
- Suprapubic tenderness?

Could there be an alternative reason for the oedema and ascites?

Can a UTI explain the urinary symptoms?

DO A PR!! ITS PROBABLY PROSTATE-RELATED

INVESTIGATIONS

DTPA SCAN
To assess kidney function by each kidney: which can you afford to lose?
DTPA is gadolinium-uptake MRI scintigraphy.
PLUS: this shows you which kidney is still functioning usefully; as it is useless to do a nephrostomy on a non-functioning kidney.

FBC – microcytic hypochromic anaemia of Iron Depletion (from hematuria)
- OR normocytic normochromic anaemia of chronic renal failure

EUC – just your normal expected renal failure-related electrolyte derangements

Coags – source of bleeding could be a hypocoagulable state eg. Liver Failure

LFTs – Just in case it IS liver failure…

PSA– obstructive symptoms of the bladder need to be investigated with PSA

URINALYSIS you expect **lots of blood** and white cells
↳ **culture it anyway- may be superimposed UTI**

Urine Microscopy LOOK AT THE BLOOD CELLS: dysmorphic? Coming from the kidney? …not if they are normal shaped.
LOOK AT THE EPITHELIAL CELLS: Abnormal transitional epithelium?

Abdominal Ultrasound looking for changes in bladder wall thickness,
Looking for dilated kidneys and ureters
Looking for a source of bleeding in general

Intravenous or Retrograde Pyelogram to determine the site of obstruction, if obstruction is a key feature of this case. If not, may want to suspend the pyelography and move right on to CYSTOSCOPY

Any of these could generate enough suspicion to do a **staging CT** scan of the abdomen and pelvis, and to follow up with a **BONE SCAN** to look for metastatic disease

CYSTOSCOPY and BIOPSY Definitive diagnosis of the suspicious lesion

MANAGEMENT

1. **Correct life-threatening electrolyte derangement**
2. **Relieve obstruction** (suprapubic catheter or percutaneous nephrostomy)
3. After staging: **MANAGE THE CANCER**
4. Definitive cystectomy, cystoprostatectomy etc.
5. May wish to produce a "neobladder" or ileal conduit

WATCH OUTPUT!! It should increase, and the creatinine should begoin to drop; so just replace losses