Profile of Lesions in Cystoscopic Bladder Biopsies: A Histopathological Study

ABSTRACT

Aim and Introduction: Urinary bladder lesions, non-neoplastic and neoplastic, are collectively responsible for significant morbidity and mortality throughout the world. The present study aimed to study the histopathology of various lesions of the bladder through cystoscopic biopsies.

Material and Methods: The present prospective study aimed to study the histopathology of various lesions of the urinary bladder through cystoscopic biopsies. All patients who visited Urology Outpatients Department for haematuria and dysuria were subjected to cystoscopy. Biopsies were taken from the abnormal areas and tumours. The cystoscopic biopsies were fixed in 10% formalin for 12–24 hours. The tissues were processed for paraffin blocking. Five micron sections were cut and they were stained with haematoxylin and eosin. The histological features were studied and relevant findings were noted.

RESULTS

A total of 53 cystoscopic biopsies were studied in a period 2 years. 3 biopsies were considered to be unsatisfactory. The biopsies were considered as satisfactory if they showed mucosa with lamina propria and without any crush artifacts. Twenty five cases (50%) had non-neoplastic lesions and 25 cases (50%) had neoplastic lesions.

Urothelial neoplasms were by far the commonest neoplasms (96%). Of the 24 cases of urothelial neoplasms, 3 cases (12.5%) were invasive urothelial neoplasms and 21 cases (87.5%) were non-invasive urothelial neoplasms. The non-invasive neoplasms were more frequent than the invasive urothelial carcinomas (probably because of early detection by cystoscopic biopsies).
Amongst the 3 cases of invasive urothelial carcinomas, 2 were of the typical invasive urothelial carcinomas and 1 case was of an infiltrating urothelial carcinoma with a squamous differentiation.

Out of 21 cases of noninvasive urothelial carcinomas, low grade non-invasive papillary urothelial carcinoma (PUNLMP) constituted 15 cases (71.42%), high grade papillary urothelial carcinoma (PUCHG) constituted 2 cases (9.52%) and papillary urothelial neoplasm with a low malignant potential (PUNLMP) constituted 05 cases (23.80%). No case of papilloma was noted.

Lateral wall was the most common area of the bladder (64%) which was affected and the least common sites which were affected were dome (4%) and ureteric orifice (4%).

The age distribution of the urothelial neoplasms is shown in Table/Fig-3.

<table>
<thead>
<tr>
<th>Urothelial Neoplasms</th>
<th>Invasive</th>
<th>Non-invasive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Squamous differentiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUCHG</td>
<td>14 (4%)</td>
<td></td>
</tr>
<tr>
<td>PUCHG</td>
<td>28 (8%)</td>
<td>7 (28%)</td>
</tr>
<tr>
<td>PUNLMP</td>
<td>0 (0%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Squamous cell carcinoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>1 (4%)</td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>2 (8%)</td>
</tr>
<tr>
<td>60-69</td>
<td></td>
<td>2 (8%)</td>
</tr>
<tr>
<td>70-79</td>
<td></td>
<td>1 (4%)</td>
</tr>
<tr>
<td>80-89</td>
<td></td>
<td>1 (4%)</td>
</tr>
</tbody>
</table>

**Table/Fig-3**: Age-wise distribution of bladder neoplasms in the present study

Most of the patients who had neoplasms were in the age group of 60–69 years and papillary urothelial neoplasms of low and high grades were seen in an earlier age group (50–59 years) also, in addition to the 60–69 years age group. The youngest patient who had a papillary urothelial neoplasm was 46 years old and the oldest patient was 79 years old. The only case of squamous cell carcinoma was 85 years old. (which was relatively later than the urothelial carcinoma).

Out of 50 cases which were studied, 33 patients (66%) were males and 17 (34%) were females.

Of the 24 cases of urothelial neoplasms which were studied, 20 were males and 4 were females. The only case of squamous cell carcinoma was a male [Table/Fig-4].

<table>
<thead>
<tr>
<th>Urothelial Neoplasms</th>
<th>Non-invasive</th>
<th>Invasive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punlmp</td>
<td>Male: 1</td>
<td>Female: -</td>
</tr>
<tr>
<td>Punlg</td>
<td>Male: 13</td>
<td>Female: 2</td>
</tr>
<tr>
<td>Punhg</td>
<td>Male: 4</td>
<td>Female: 1</td>
</tr>
<tr>
<td>Squamous cell carcinoma</td>
<td>Male: 2</td>
<td>Female: 1</td>
</tr>
</tbody>
</table>

**Table/Fig-4**: Gender wise distribution of bladder neoplasms

All the 24 cases of urothelial neoplasms which were studied, presented with haematuria. Cystoscopically, 21 cases showed a papillary exophytic growth and 3 cases showed solid lesions. All the 3 cases which showed solid lesions were found to be invasive neoplasms microscopically.

**DISCUSSION**

Cystoscopy is the primary diagnostic tool for patients who are suspected of having bladder tumours, which allows a direct visualization of the bladder mucosa and biopsies of the suspected lesions [3]. While most of the lesions are fairly easy to identify, occasionally, there can be diagnostic difficulties. The role of the pathologist is not just limited to giving a diagnostic label, but also to giving additional information that can have an impact on the treatment [5].

In the present study, 15 cases of chronic non-specific cystitis, whose ages ranged from 28 years to 76 years, were studied. Most of them were catheterized and they showed thickened bladder walls on ultrasound and congested mucosa on cystoscopy. Microscopically, the urothelium was within normal limits in all the cases. The lamina propria showed oedema and infiltration by chronic inflammatory cells.

All the 3 cases of tuberculous cystitis showed ulcerations with the characteristic granuloma of epithelioid cells, histiocytes, Langhan's giant cells, and lymphocytes. Two cases showed caseation necrosis. This correlated with the findings of Young et al. [5].

Sarma [6] stated that follicular cystitis is a term which is used to describe the presence of lymphoid follicles with germinal centres in the urinary bladder.

In one case of follicular cystitis, in the present study, dense aggregates of lymphoid follicles with germinal centres were seen in the lamina propria.

Hellstrom et al., [7], in their study, observed that a bladder inflammation with a striking infiltrate of eosinophils, occurs in two settings: in association with allergic diseases or without an allergic association, but usually in association with bladder injuries.

The only case which was studied was that of a biopsy from a catheterised 32 year female, which showed numerous eosinophils which were admixed with neutrophils, with congested vessels in the lamina propria. The overlying mucosa was normal.

Reuter stated that haemorrhagic cystitis is microscopically characterized by marked oedema and haemorrhage throughout the lamina propria [8].

In the present study, the biopsy from one case of haemorrhagic cystitis showed extensive haemorrhage in the lamina propria.

Malakoplakia occurs most frequently in the urinary bladder, where it is visible as yellow white soft raised plaques on the mucosal surface [7].

In the present study, one case of Malakoplakia was encountered, which showed M G bodies and numerous histiocytes infiltrating the lamina propria.

Edward Jones [9] studied 75 cases of inflammatory pseudotumours, which had a female to male ratio of 2:1.

In the present study, there was one case of an inflammatory pseudotumour. Its biopsy showed proliferation of the blood vessels with infiltration of histiocytes, neutrophils and eosinophils. Pulp spindle cells with vesicular nuclei were seen in fascicles and they were scattered singly.

In the present study, one case of Von Brunn's nest from cystitis cystica was noticed in a 39 year old male, in the region of trigone, in which the urothelium showed a solid invagination into the lamina propria. Some of them had lost connection with the surface urothelium. Few cell nests showed central cystic spaces which were lined by cuboidal epithelium.

Also, one case of squamous metaplasia was seen in a 33 year old female, in the region of trigone. The biopsy showed a non keratinizing, stratified, squamous epithelium. The cells appeared to be glycogented, with clear cytoplasm [Table/Fig-5].

A vast majority of tumours of the urinary bladder are of epithelial origin, which arise from the urothelium, the specialized, transitional type of epithelium, that lines the bladder. Approximately 90% of malignant bladder tumours are transitional cell carcinomas. The remaining 10% comprises all other types of carcinomas [8].
In the present study, neoplastic lesions were noticed in 25 of the 50 cases, which constituted 50%. Of the 25 cases, 24 cases (96%) showed features of urothelial neoplasms and one case showed features of pure squamous cell carcinoma (4%). Wynder and Goldsmith [10] observed that 75% of patients presented with superficial (non-invasive) disease, while 20% and 5% presented with invasive and metastatic diseases respectively. In the present study, 87.5% patients presented with superficial (non-invasive) disease, while 12.5% patients presented with invasive disease.

Pauwells et al., [11] studied 168 carcinomas and they found a distribution of 8% grade I, 69% grade 2, and 23% Grade 3 urothelial carcinomas (WHO 1973). This, according to the WHO 2004 classification, is 8% papillary urothelial neoplasms with a low malignant potential, 69% low grade papillary carcinomas and 23% high grade papillary urothelial carcinomas.

In the present study, papillary urothelial neoplasms with a low malignant potential constituted 4.76% cases. Low grade papillary carcinomas constituted 71.40% cases. High grade malignant potential constituted 4.76% cases. Low grade papillary carcinomas and high grade papillary urothelial carcinomas accounted for 12.5% of the cases. Invasive urothelial carcinomas were found to show small nests and sheets of tumour cells beneath the muscularis mucosa. These cells had vesicular nuclei, alterations in the chromatin texture and mitotic figures.

**SUMMARY AND CONCLUSION**

In this study, 53 cystoscopic biopsies were studied during a period of 2 years. Non neoplastic lesions were as common as neoplastic lesions (50%). Most of the non-neoplastic lesions were of inflammatory origin. Chronic non-specific cystitis (predominantly papillary) formed the bulk of the non-neoplastic lesions. Tuberculous cystitis accounted for a significant percentage of inflammatory lesions (14.8%). A great majority of the neoplastic lesions (96%) were of urothelial origin, while squamous cell carcinomas accounted for only 4% cases. Tumour like conditions like inflammatory pseudotumours and malakoplakia were encountered. Amongst the urothelial neoplasms, a majority were non-invasive papillary urothelial neoplasms (87.5%). Invasive papillary urothelial neoplasms accounted for 12.5% of the cases. All urothelial neoplasms were more common in males. Cystoscopic studies and biopsies help in an early detection of bladder neoplasms and they form the mainstay of the diagnosis and follow up.
REFERENCES


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