

15. BÖLÜM

Villöz Adenom ve Mesane Adenokarsinomu

Gülsün GÜLTEN¹

VİLLÖZ ADENOM

Üriner traktın villöz adenomu ve ürotelyal hücrelerin villöz diferansiyasyonu son derece nadir görülür. Mesanede, urakusda, renal pelvisde, üreterde ve üretrada villöz adenom görülebilir (1-3). Yapılan araştırmalarda villöz adenomun malign potansiyele sahip olabileceği ya da diğer malign tümörlerle birlikte bulunabileceği bildirilmiştir (1,2). Villöz adenom ortalama 6. dekatta izlenmekle birlikte en sık 53-93 yaşları arasında görülür. Erkeklerde daha sık görülür (2). En sık hastaların semptomu hematüri, irritatif işeme semptomlarıdır (2,3). Villöz adenom mesanede genellikle urakus, trigon ve kubbeye yerleşir (2). Morfolojik olarak ultrasonda, tomografide, manyetik rezonans görüntülemesinde, sistoskopik incelemede spesifik bir bulgu olmayabilir (3).

Mikroskopik Bulgular

Histopatolojik özellikler kolonun tubülovillöz adenomuna benzer özelliktedir (1,2). Villöz ya da tübülovillöz morfolojide düşükten yükseğe kadar değişen displazi içeren epitelle döşeli tümöral oluşumdur (1,4) (Şekil 1A). Nükleomegali, nükleer kalabalıklaşma, nükleer statifikasyon, hiperkromazi, anizonükleozis, anizokromazi gibi displastik değişiklikler görülür (Şekil 1B). Yüksek displazi alanlarında mitoz izlenir. Nükleus bazalde yerleşmiştir ve veziküler kromatin ve belirgin nükleol görülebilir. Yüksek dereceli alanlarda polarite kaybı olabilir. Villöz adenom çevresindeki mukozada, kronik inflamatuvar değişiklikler, sistitis sistika glandularis, intestinal metaplazi görülebilir (5). Skuamöz metaplazi ve

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reli karsinom metastazında bol sinüzoidal damarlar ile fibrovasküler stroma bu tümörün tanınmasında yardımcı olabilir. Tümör hücrelerinde CAM 5.2, vimentin, Leu-M1, CD10, EMA ile ekspresyon izlenirken; CK 7, CK 20, CEA ile ekspresyon izlenmez (70). Mesanenin myelomelanositik berrak hücreli tümörü nadir görülür. Vasküler stroma içerisinde berraktan eozinofiliğe değişen sitoplazmalı epiteloid hücre nestleri şeklinde görülür. Bu tümörde HMB-45 ve düz kas aktin ile ekspresyon izlenir. Berrak hücreli adenokarsinomda HMB-45 ve düz kas aktin ile ekspresyon izlenmez (71).

Prostatın nadir görülen tubulokistik berrak hücreli karsinomu ve renal tip berrak hücreli karsinomu da ayırıcı tanıya alınmalıdır (72,73). Ayrıca akciğer, meme, uterus, over ve vajinadan gelişebilecek berrak hücreli karsinom metastazları, metastatik melanom ve berrak hücreli sarkom da mesanenin berrak hücreli adenokarsinomu tanısı için dışlanması gerekmektedir.

Berrak hücreli adenokarsinomun diğer bütün mesane adenokarsinomlarına göre daha kötü prognoz gösterdiği bildirilmiştir (74).

KAYNAKÇA

1. Cheng L, Montironi R, Bostwick DG. Villous adenoma of the urinary tract: a report of 23 cases, including 8 with coexistent adenocarcinoma. *Am J Surg Pathol.* 1999;23(7):764-771.
2. Seibel JL, Prasad S, Weiss RE, et al. Villous adenoma of the urinary tract: a lesion frequently associated with malignancy. *Hum Pathol.* 2002;33(2):236-241.
3. Kato Y, Konari S, Obara W, et al. Concurrence of villous adenoma and non-muscle invasive bladder cancer arising in the bladder: a case report and review of the literature. *BMC Urol.* 2013;13:36.
4. Nakamura Y, Orikasa K, Fujishima F, et al. A case of villous adenoma of the urinary bladder with tubulovillous architecture: characterization by immunohistochemical analysis. *Pol J Pathol.* 2011;62:179-182.
5. Channer JL, Williams JL, Henry L. Villous adenoma of the bladder. *J Clin Pathol.* 1993;46:450-452.
6. Mitra S, Chatterjee D, Das A, et al. Urothelial tumors with villous morphology: histomorphology and role of immunohistochemistry in diagnosis. *APMIS.* 2018;126:191-200.
7. Adegboyega PA, Adesokan A. Tubulovillous adenoma of the urinary bladder. *Mod Pathol.* 1999;12(7):735-738.
8. Corica FA, Husmann DA, Churchill BM, et al. Intestinal metaplasia is not a strong risk factor for bladder cancer: study of 53 cases with long-term follow-up. *Urology.* 1997;50(3):427-431.
9. **Wang J, Manucha V. Villous adenoma of the urinary bladder: a brief Review of the literature.** *Arch Pathol Lab Med.* 2016;140 (1):91-93.
10. Turcan D, Acikalin MF, Yilmaz E, et al. Nephrogenic adenoma of the urinary tract: a 6-year single center experience. *Pathol Res Pract.* 2017;213:831-838.
11. Kryvenko ON, Epstein JI. Mimickers of urothelial neoplasia. *Ann Diagn Pathol.* 2019;38:11-19.
12. Eble JN, Hull MT, Rowland RG, et al. Villous adenoma of the urachus with mucosuria: A light and electron microscopic study. *J Urol.* 1986;135:1240-1244.

13. Thomas AA, Stephenson AJ, Campbell SC, et al. Clinicopathologic features and utility of immunohistochemical markers in signet-ring cell adenocarcinoma of the bladder. *Hum Pathol.* 2009;40:108–116. Doi: 10.1016/j.humpath.2008.06.022.
14. Wang HL, Lu DW, Yerian LM, et al. Immunohistochemical distinction between primary adenocarcinoma of the bladder and secondary colorectal adenocarcinoma. *Am J Surg Pathol.* 2001;25:1380–1387.
15. Mostofi FK, Thomson RV, Dean AL Jr. Mucous adenocarcinoma of the urinary bladder. *Cancer.* 1955;8:741–758.
16. Sheldon CA, Clayman RV, Gonzalez R, et al. Malignant urachal lesions. *J Urol.* 1984;131:1–8.
17. Roy S, Smith MA, Ciepły KM, et al. Primary bladder adenocarcinoma versus metastatic colorectal adenocarcinoma: a persisting diagnostic challenge. *Diagn Pathol.* 2012; 7: 151.
18. Melicow MM. Tumors of the urinary bladder: a clinico-pathological analysis of over 2500 specimens and biopsies. *J Urol.* 1955;74:498–521.
19. Epstein, J.I., Amin, M.B. & Reuter, V.E. (2010). Glandular Lesions. In: J. I. Epstein, M. B. Amin & V. E. Reuter (Eds). *Biopsy Interpretation of the Bladder* (2nd ed., pp.180-213). Philadelphia.
20. Ghoneim MA, Abdel-Latif M, El-Mekresh M, et al. Radical Cystectomy for Carcinoma of the Bladder: 2,720 Consecutive Cases 5 Years Later. *J Urol* 2008;180: 121-127.
21. el-Mekresh MM, el-Baz MA, Abol-Enein H, et al. Primary adenocarcinoma of the urinary bladder: a report of 185 cases. *Br J Urol.* 1998;82:206-212.
22. Shaaban AA, Elbaz MA and Tribukait B. Primary nonurachal adenocarcinoma in the bilharzial urinary bladder: deoxyribonucleic acid flow cytometric and morphologic characterization in 93 cases. *Urology.* 1998;51:469-476.
23. Eble, J., Sauter, G., Epstein, J.I., et al. (2004). *World Health Organization Classification of Tumours. Pathology and Genetics of Tumours of the Urinary System and Male Genital Organs.* Lyon, France: IARC Press.
24. Nakaguro R, Tsuzuki T, Shimada S, et al. Adenocarcinoma arising in urinary bladder endocervicosis. *Pathol Int.* 2016;66(2):108-13.
25. Shigehara K, Taya T and Hisazumi H. Primary adenocarcinoma in the bladder diverticulum. *Scand J Urol Nephrol.* 2008;42: 481-3.
26. Fu LY, Adeniran AJ. Adenocarcinoma Arising from a Bladder Diverticulum. *J Urol.* 2015;194(2):527-8.
27. Balachandra B, Swanson PE, Upton MP, et al. Adenocarcinoma arising in a gastrocystoplasty. *J Clin Pathol* 2007;60:85-7.
28. Zhang X, Gupta R, Nicastrì AD. Bladder adenocarcinoma following gastrocystoplasty. *J Pediatr Urol.* 2010;6(5):525-7.
29. Islam MM, Saltzman AF, Carrasco A Jr, et al. Incidental Discovery of Adenocarcinoma of an Augmented Bladder in a Patient With Myelomeningocele Undergoing Cystolithotomy. *Urology.* 2018;113:203-205.
30. Grignon DJ, Ro JY, Ayala AG, et al. Primary adenocarcinoma of the urinary bladder. A clinicopathologic analysis of 72 cases. *Cancer.* 1991;67:2165-2172.
31. Smith AK, Hansel DE, Jones JS. Role of Cystitis Cystica et Glandularis and Intestinal Metaplasia in Development of Bladder Carcinoma. *Urology.* 2008;71:915-918.
32. Del Sordo R, Bellezza G, Colella R, et al. Primary signet-ring cell carcinoma of the urinary bladder: a clinicopathologic and immunohistochemical study of 5 cases. *Appl Immunohistochem Mol Morphol.* 2009;17:18–22.
33. Bernstein SA, Reuter VE, Carroll PR, et al. Primary signet-ring cell carcinoma of urinary bladder. *Urology.* 1988;31:432-436.
34. Poore TE, Egbert B, Jahnke R, et al. Signet ring cell adenocarcinoma of the bladder: linitis plastica variant. *Arch Pathol Lab Med.* 1981;105:203-204.

35. Sekino Y, Mochizuki H, Kuniyasu H. A 49-year-old woman presenting with hepatoid adenocarcinoma of the urinary bladder: a case report. *J Med Case Rep.* 2013;7:12.
36. Lopez-Beltran A, Luque RJ, Quintero A. Hepatoid adenocarcinoma of the urinary bladder. *Virchows Arch.* 2003;442:381-387.
37. Dadhania V, Czerniak B, Guo CC. Adenocarcinoma of the urinary bladder. *Am J Clin Exp Urol.* 2015;3:51-63.
38. Raspollini MR, Nesi G, Baroni G. Immunohistochemistry in the differential diagnosis between primary and secondary intestinal adenocarcinoma of the urinary bladder. *Appl Immunohistochem Mol Morphol.* 2005;13:358-362. doi:10.1097/01.pai.0000136552.44045.0f
39. Silver SA, Epstein JI. Adenocarcinoma of the colon simulating primary urinary bladder neoplasia. A report of nine cases. *Am J Surg Pathol.* 1993;17:171-178.
40. Suh N, Yang XJ, Tretiakova MS, et al. Value of CDX2, villin, and alpha-methylacyl coenzyme A racemase immunostains in the distinction between primary adenocarcinoma of the bladder and secondary colorectal adenocarcinoma. *Mod Pathol.* 2005;18:1217-1222.
41. Gopalan A, Sharp DS, Fine SW, et al. Urachal carcinoma: a clinicopathologic analysis of 24 cases with outcome correlation. *Am J Surg Pathol.* 2009;33:659-668. doi: 10.1097/PAS.0b013e31819aa4ae
42. Broede A, Oll M, Maurer A, et al. Differential diagnosis of bladder versus colorectal adenocarcinoma: keratin 7 and GATA3 positivity in nuclear β -catenin-negative glandular tumours defines adenocarcinoma of the bladder. *J Clin Pathol.* 2016;69(4):307-12.
43. Epstein JI, Egevad L, Humphrey PA, Montironi R; Members of the ISUP Immunohistochemistry in Diagnostic Urologic Pathology Group. Best practices recommendations in the application of immunohistochemistry in the prostate: report from the International Society of Urologic Pathology consensus conference. *Am J Surg Pathol.* 2014;38: e6-e19.
44. Svanholm H. Evaluation of commercial immunoperoxidase kits for prostatic specific antigen and prostatic specific acid phosphatase. *Acta Pathol Microbiol Immunol Scand A.* 1986;94:7-12.
45. Ford TF, Butcher DN, Masters JR, et al. Immunocytochemical Localisation of Prostate-specific Antigen: Specificity and Application to Clinical Practice. *Br J Urol.* 1985;57:50-55.
46. Torenbeek R, Lagendijk JH, Van Diest PJ. Value of a panel of antibodies to identify the primary origin of adenocarcinomas presenting as bladder carcinoma. *Histopathology.* 1998; 32:20-27.
47. Woodard AH, Yu J, Dabbs DJ, et al. NY-BR-1 and PAX8 Immunoreactivity in Breast, Gynecologic Tract, and Other CK7+ Carcinomas: Potential Use for Determining Site of Origin. *Am J Clin Pathol.* 2011;136:428-435.
48. Kong CS, Beck AH, Longacre TA. A panel of 3 markers including p16, ProExC, or HPV ISH is optimal for distinguishing between primary endometrial and endocervical adenocarcinomas. *Am J Surg Pathol.* 2010;34:915-926.
49. Yang CC, Chu KC, Chen HY. Expression of p16 and Cyclin D1 in Bladder Cancer and Correlation in Cancer Progression. *Urol Int.* 2002;69:190-194.
50. Jacobs LB, Brooks JD, Epstein JI. Differentiation of colonic metaplasia from adenocarcinoma of urinary bladder. *Hum Pathol.* 1997;28:1152-1157.
51. Zaghoul MS, Nouh A, Nazmy M. Longterm results of primary adenocarcinoma of the urinary bladder: a report on 192 patients. *Urol Oncol.* 2006;24:13-20.
52. Rogers CG, Palapattu GS, Shariat SF, et al. Clinical Outcomes Following Radical Cystectomy for Primary Nontransitional Cell Carcinoma of the Bladder Compared to Transitional Cell Carcinoma of the Bladder. *J Urol.* 2006;175:2048-2053.
53. Tuna B. Adenocarcinoma of the urinary bladder. *Journal of Urological Surgery.* 2018;5(4):233-238.
54. Schultz RE, Bloch MJ, Tomaszewski JE, et al. Mesonephric adenocarcinoma of the bladder. *J. Urol.* 1984;132:263-5.

55. Sugao H, Suzuki S, Yokokawa M, et al. Clear cell adenocarcinoma of the bladder: Report of a case. *Jpn. J. Urol.* 1983;74:1447–52.
56. Kuwahara M, Nishitani M, Matsushita K, et al. Clear cell adenocarcinoma of the bladder: A case report. *Jpn. J. Clin. Urol.* 1993;47:418–21.
57. Drew PA, Murphy WM, Civantos F, et al. The histogenesis of clear cell adenocarcinoma of the lower urinary tract. Case series and review of the literature. *Hum Pathol.* 1996;27:248–252.
58. Oliva E, Young RH. Clear cell adenocarcinoma of the urethra: a clinicopathologic analysis of 19 cases. *Mod Pathol.* 1996;9:513–520.
59. Gilcrease MZ, Delgado R, Vuitch F, et al. Clear cell adenocarcinoma and nephrogenic adenoma of the urethra and urinary bladder: A histopathologic and immunohistochemical comparison. *Hum Pathol.* 1998;29:1451–1456.
60. Oliva E, Amin MB, Jimenez R, et al. Clear cell carcinoma of the urinary bladder: a report and comparison of four tumors of mullerian origin and nine of probable urothelial origin with discussion of histogenesis and diagnostic problems. *Am J Surg Pathol.* 2002;26:190–7.
61. Kösem M, Şengül E. Clear cell adenocarcinoma of urinary bladder. *Scand J Urol Nephrol.* 2005;39(1):89–92.
62. Brimo F, Herawi M, Sharma R, et al. Hepatocyte nuclear factor-1 β expression in clear cell adenocarcinomas of the bladder and urethra: Diagnostic utility and implications for histogenesis. *Hum Pathol.* 2011;42(11):1613–9.
63. Sethi S, Dhawan S, Chopra P. Clear cell adenocarcinoma of urinary bladder: A case report and review. *Urol Ann.* 2011;3(3):151–154.
64. Alsanjari N, Lynch MJ, Fisher C, et al. Vesical clear cell adenocarcinoma. V. nephrogenic adenoma: a diagnostic problem. *Histopathology.* 1995;27:43–49.
65. Adeniran AJ, Tamboli P. Clear cell adenocarcinoma of the urinary bladder: A short review. *Arch Pathol Lab Med.* 2009;133:987–91.
66. Young RH, Scully RE. Clear cell adenocarcinoma of the bladder and urethra. A report of three cases and review of the literature. *Am J Surg Pathol.* 1985;9:816–26.
67. Young RH, Scully RE. Nephrogenic adenoma. A report of 15 cases, review of the literature, and comparison with clear cell adenocarcinoma of the urinary tract. *Am J Surg Pathol.* 1986;10:268–75.
68. Herawi M, Drew PA, Pan CC, et al. Clear cell adenocarcinoma of the bladder and urethra: cases diffusely mimicking nephrogenic adenoma. *Hum Pathol.* 2010;41(4):594–601.
69. Shiraishi K, Mohri J, Inoue R et al. Metastatic renal cell carcinoma to the bladder 12 years after radical nephrectomy *Int J Urol.* 2003;10:453–455.
70. Sim SJ, Ro JY, Ordonez NG, et al. Metastatic renal cell carcinoma to the bladder: a clinicopathologic and immunohistochemical study. *Mod Pathol.* 1999;12: 351–355.
71. Pan CC, Yu IT, Yang AH, et al. Clear cell myomelanocytic tumor of the urinary bladder. *Am J Surg Pathol.* 2003;27:689–92.
72. Pan CC, Chiang H, Chang YH, et al. Tubulocystic clear cell adenocarcinoma arising within the prostate. *Am J Surg Pathol.* 2000;24:1433–1436.
73. Singh H, Flores-Sandoval N, Abrams J. Renal-type clear cell carcinoma occurring in the prostate. *Am J Surg Pathol.* 2003;27:407–410.
74. Zhou Z, Kinslow CJ, Wang P, et al. Clear Cell Adenocarcinoma of the Urinary Bladder Is a Glycogen-Rich Tumor with Poorer Prognosis. *J Clin Med.* 2020;3;9(1):138.