

# Management Of Bladder High Grade Superficial Tumors About 40 Cases

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**Abstracts:** non-invasive Urothelial bladder tumors constitute a group with a common first-line conservative treatment and a high risk of recurrence, which requires systematic monitoring. We undertook this work in a retrospective descriptive study, including 40 patients having been treated in the urology department for A class T1G3 urothelial carcinoma.

**Index Terms:** Urology,tumors,bladder,superficial,Pt1G3

## 1 INTRODUCTION

PT1G3 Bladder tumors are high grade superficial and poorly differentiated tumors, characterized by an architectural disorganization and cytological abnormalities . These tumors pose a diagnostic challenge for the pathologist and a therapeutic challenge for the urologist.

## 2 MATERIALS AND METHODS:

We undertook this work in a retrospective descriptive study, including 40 patients who were treated in the urology department for A T1G3 urothelial carcinoma. These tumors accounted for 9% of superficial tumors. We resumed the clinical and therapeutic as well as the evolution of each patient data.

## 3 RESULTS:

Patients were divided into 38 men and 2 women. The average age of our patients was 58 years, ranging from 25 to 71 years. Initial treatment consisted of a deep and complete transurethral resection (TUR) in all patients. A second endoscopic resection was performed 6 weeks for 17 patients. 15 patients had a bladder instillation of BCG. After an average of 18 months, 16 patients experienced a first recurrence including 8 cases as a tumor pT1G3, who have received BCG therapy in 6 cases, and recurrence as a low grade pTa in 3 cases. For progression, 4 patients progressed to the invasive form. Overall bladder conservation could be made in 27 cases (67.5%) while cystectomy was necessary in 13 patients (32.5%).

## 4 DISCUSSION:

pT1G3 stage tumors represent 6-23% of all superficial tumors. T1 G3 tumors recur in about 80% of cases at 3 years. The risk of progression at 5 years is 40%. Adverse predictors are solid tumor, recurrent tumor and, of course, the existence of a CIS. the diagnosis of these tumors standson the transurethral resection of the bladder, which must be the most complete and profound as possible, taking the bladder muscle and thus avoiding any risk of under staging.

There is a superiority of using BCG for pT1G3 tumors concerning the risk of recurrence compared to the intravesical chemotherapy. Cystectomy should be indicated if the unfavorable prognostic factors are associated, or if there is a failure after the first treatment 6 instillations of BCG.

## 5 CONCLUSION:

PT1G3 tumors represent about 10% of superficial tumors .the prognosis is particularly derogatory. Intravesical adjuvant treatment reduce the risk of tumor recurrence. The ineffectiveness of bladder instillations must discuss the indication of a cystectomy.

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