

# NEOPLASIAS UROLÓGICAS

## **Epidemiology and natural history of penile cancer.**

Pow-Sang MR, Ferreira U, Pow-Sang JM, Nardi AC, Destéfano V.

Urology. 2010 Aug; 76 (2 Suppl 1): S2-6.

### Abstract

An extensive literature search was performed using the key words squamous cell carcinoma of the penis, phimosis, circumcision, chronic balanitis, cigarette smoking, genital warts and human papillomavirus (HPV) infection. All selected studies were classified according to the level of evidence (LE). The final grades of recommendation were assigned after discussion by the full panel of the International Consultation on Penile Cancer in November 2008. The factors positively associated with invasive penile cancers include the presence of phimosis (LE 3a), tobacco smoking (LE 3a-4), chewing tobacco (LE 3a), injury to the penis (LE 3a), balanitis (LE 3a), genital warts (LE 3a), and high-risk HPV infection (LE 3a-4).

## **Solitary fibrous tumor of the kidney (a case report).**

Taxa L, Huanca L, Meza L, Pow Sang M.

Actas Urol Esp. 2010 Jun; 34(6): 568-70.

### Abstract

Solitary fibrous tumors (SFTs) are mesenchymal tumors of probable myofibroblastic nature exhibiting a characteristic ramified hemangiopericytoid vascular pattern, that usually develop at pleural level. Up to 30% of all cases have been reported in soft tissues and solid organs. Few have been described in the kidney. The present study describes the case of a 39-year-old woman with dysuria and pollakiuria, diagnosed with urinary tract infection. The CAT study revealed a solid, hypodense mass with heterogeneous contrast uptake, measuring 2.3 cm in greater diameter, and infiltrating the adjacent collector system. Left radical nephrectomy and para-aortic lymphadenectomy were performed. At renal pelvis level a nodular, solid, light brownish lesion with expansive margins and measuring 2.5 cm in greater diameter was identified. The rest of the kidney showed no significant alterations. Microscopically, the tumor showed a fusocellular pattern, with moderate cellularity, hyaline collagen bands, no nuclear atypia and a low mitotic index. The renal parenchymal was focally affected. The immunohistochemical profile was found to be: CD34(+) (fig. 2), Bcl-2(+), CD99(+), S-100(-), desmin (-), actin (-), HMB-45(-), CD117(-), and with a low proliferative index (Ki67) of 2-3%. SFTs are mesenchymal tumors described in soft tissues and in different organs. They are primary myofibroblastic mesenchymal lesions with multiple differentiation characteristics.

## **Characteristics of metastatic prostate cancer occurring in patients under 50 years of age.**

Astigueta JC, Abad MA, Morante C, Pow-Sang MR, Destéfano V, Montes J.

Actas Urol Esp. 2010 Apr; 34(4): 327-32.

### Abstract

**OBJECTIVE:** To identify the clinical features, diagnostic approach, and treatment of metastatic prostate cancer in young adult patients. **METHODS:** A retrospective review was made of the clinical histories of patients under 50 years of age diagnosed with prostate cancer at the urology department of the National Institute for Neoplastic Diseases from 1952 to 2005. Demographic characteristics and data on history, symptoms, diagnostic procedures, treatment, and disease course were collected. Data were statistically analyzed and compared to information obtained from a literature search. **RESULTS:** There were 69 patients aged less than 50 years who had been diagnosed with prostate cancer, 60% of whom had metastatic tumors. Mean patient age was 45.5 years, with a lower range of 29. All patients reported bone pain, associated to other signs and symptoms such as spinal cord compression (19.5%), lower limb edema (17%), peripheral adenopathies (36.5%), and abdominal tumor (2.4%). All patients had bone metastases, of which 14.6% were in solid organs (lung and liver), 48.7% in retroperitoneum, and 7.3% in mediastinum. Initially, three patients were diagnosed a lymphoproliferative syndrome, one patient a retroperitoneal tumor of unknown etiology, and four patients a metastasis from an unknown primary tumor. Mean prostate-specific antigen (PSA) level was 795 ng/mL (3- 6500). All pathologies were reported as poorly differentiated or undifferentiated. Mean survival was 16.1 months (1-84), and all patients died due to disease progression. **CONCLUSIONS:** Advanced prostate cancer is an uncommon condition in young adults. Its clinical presentation is atypical, as metastases may mimic other diseases. The course of disease is indolent, and prognosis is poor. In patients with risk factors, PSA testing should be started before 50 years of age.