



Original Contribution

INFLAMMATORY COMPLICATIONS OF PATIENTS WITH BLADDER CANCER AFTER OBSTRUCTION IN VESICOURETHERAL SEGMENT

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ABSTRACT

Urinary tract infections (UTI) are complication attending patients with bladder cancer. The aim of this examination are inflammatory complications by patients with bladder cancer and obstruction in vesicourethral segment after surgery treatment. By examined 17 patients according to clinical, microbiological and laboratory evidence were determined UTI by 12 (70.6%) of them. By patients with DJ stand and this with urethral catheter there are not significant difference in respect of UTI. Patients with bladder cancer and obstruction in vesicourethral segment are with high frequency of UTI. To use of DJ stands by this patients lead to better drainage of urine and decrease inflammatory complications, with exception of cases of progression in cancer.

Key word: bladder cancer, obstruction, UTI.

INTRODUCTION

Bladder cancer is a disease which covers 50% of all the urogenital system cancers (9). The main symptom determining the disease is haematuria (3).

UTI is a complication attending bladder cancer which is provoked by obstructions along the urinary tract and subsequent urine stasis (1).

The obstruction leads to dilatation of the pyelocalyx system with difficult flow away of the urines and at subsequent stage complete stop and kidneys disconnection of function set in.

This study is focused on the inflammatory complications occurred after surgery treatment of patients having bladder cancer and concomitant vesicourethral obstructions.

MATERIAL AND METHODS

Seventeen patients, having bladder cancer and attending vesicourethral segment obstructions, were included in this five-year-long study (1997-2002) in Department of Urology on MBAL-SZ-EAD, Stara Zagora.

They all were treated surgically by means of the open method. For leading away of the urines from the upper urinary tract are used stands (DJ) and standard urethral catheters.

For identification of the disease, the patients were examined by: urethrocystoscopy, cystography, ultrasonography of urogenital system and abdominal viscera, radiography of lungs, intravenous urography computer tomography. Standard blood tests; urotests and preoperative and postoperative uroculture tests were also made.

The patients are studied clinically for presence of uroinfection.

RESULTS AND DISCUSSION

It was intubated one of the urethers during the open method operation to all of the seventeen patients having bladder cancer. Presence of febrility, positive urocultures and laboratory tests are established at 12 (70.6%) of them (figure 1). They were patients having vesicourethral segment obstructions caused by spreading cancer growth which covered the urethral orifice.

Because of the obstructions the kidney, situated on the side of the changes, had 1, 2 or 3 degrees hydronephrotic transformation. In that case the kidney could be partly or fully excluded.

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In seven of the cases (41.18%) it was necessary the ureter to be reimplanted to another place in the bladder. The reimplantation demanded DJ stands to be used intraoperatively in all of these seven cases. DJ stands were also used to another group of five patients with no reimplanted urethers. And the urethers of the last five patients were intubated with catheters 6-10 Ch, which were led away from the place of the operative wound. The catheters, used to intubate the urethers were taken away from 14th to 24th day. DJ stands were taken away for a different period of time from 1st to 6th month.

To the patients having bacterial UTI, proved by clinical, microbiological and laboratory tests, it was applied preoperative antibacterial prophylaxis. In the postoperative period of the patients it was applied

postoperative antibacterial treatment, during the time of which they were followed up for presence of bacterial UTI.

The bacterial UTI developed in different ways in patients with intubated urethers and those with DJ stands in accordance with clinical, microbiological and laboratory tests (figure 2).

Presence of UTI in 5 patients with intubated urethers :

- postoperative – 4 (80%);
- after removing the urethral catheter – 4 (80%);
- six months after the surgery – 2 (40%).

Presence of UTI in 12 patients with DJ stands:

- postoperative – 9 (75%);
- after removing the urethral catheter – 7 (58.3%);
- six months after the surgery – 4 (33.3%).

Figure 1. Presence of postoperative UTI in patients having bladder cancer, complicated with vesicourethral segment obstruction.

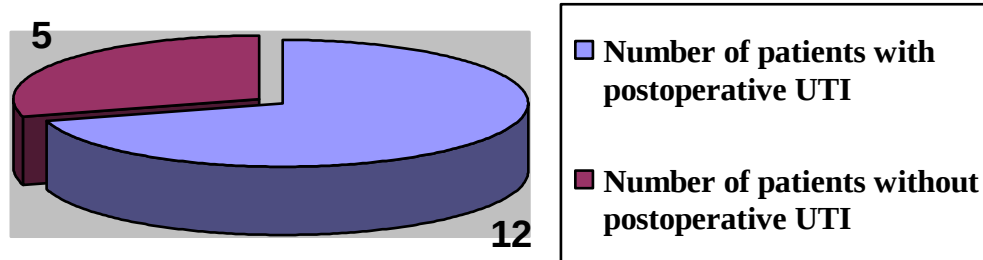
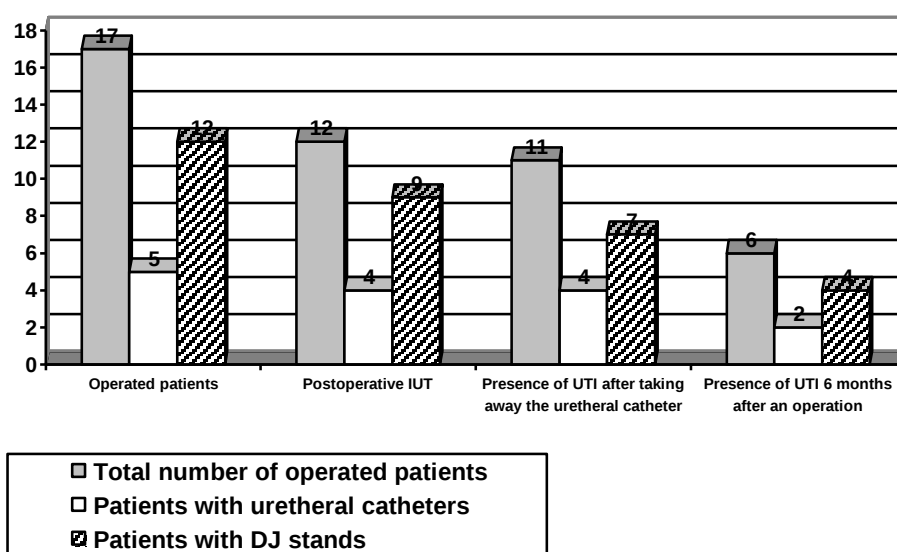


Figure 2. UTI dynamics of patients having bladder cancer and vesicourethral segment obstructions.



The presented results on figure 2 show that postoperative UTI could be found more often in patients with intubated urethers. After removing the urethral catheters UTI with lower frequency in comparison with those patients with DJ stands. The final examinations showed relatively equal levels of UTI.

It was carried out a conventional antibacterial treatment, in accordance with the results of the antibiograms, to affected by the UTI patients. As a result of this long-term therapy a significant part of the patients having UTI were cured.

A persistent UTI was determined in four of the cases in which the main disease had a progressive development whose expressions were decreased resistance against diseases, anaemia and metastasis.

The inflammatory complications which affected patients, having bladder cancer and subsequent vesicourethral segment obstructions, reach to a considerable extend. A great influence on the large number of the UTI cases is due to the invasive examinations, urine stasis, age and decreased bodily resistance (4, 5).

Except for urethral catheter, during the time of the surgery, to the patients was put DJ stand or urethral catheter on the side of the hydronephrotic kidney (2, 8).

Putting the DJ stand or urethral catheter helps overcoming the obstruction and draining the urine but it is also a possibility for occurring inflammatory complications.

There was no significant difference, in respect of UTI, between cases in which DJ stand or urethral catheter was used. But yet the better method was DJ stand because of its possibility for a long time usage.

A long time antibacterial therapy was used for treating the postoperative inflammatory complications. The resistance of the isolated uropathogenic microorganisms was taken into account for choosing the appropriate antibacterial therapy (6, 7).

CONCLUSIONS

In conclusions patients with bladder cancer and vesicourethral segment obstructions and hydronephrosis as a result have more often inflammatory complications. Using DJ stands to the patients having bladder cancer and vesicourethral segment obstructions relieves draining the urine and decreases the UTI except for the cases in which the main disease progressively develops.

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