

# Urological Complications of Malignancy

## Case 1

1. What does this sagittal magnetic resonance imaging (MRI) scan show?
2. Which cancers commonly cause this?
3. What is the acute management?



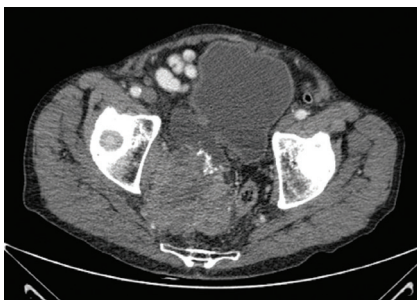
## Case 3

1. What abnormalities are seen on this bone scan?
2. What is the mostly likely urological diagnosis?
3. What is the radiation dose of this scan?



## Case 2

1. What is the diagnosis?
2. What local effects can this mass cause?



## Case 4

1. What is the abnormality?
2. What are the possible causes of the results shown?
3. What is the acute management?

Name :	xxx
FN :	xxx
NHS :	xxx
DoB :	xxx
Sample type: Blood (unless otherwise stated)	
<b>BONE</b>	
Calcium.....	3.92 mmol/l
Results (Calcium + Adjusted Calcium) have been telephoned.	
Albumin.....	* 28 g/L ( 35 - 50 )
PLEASE NOTE Albumin results are 6-8g/L lower on the new method in place from 16/4/13	
Alkaline Phosphatase....	125 IU/l ( 30 - 130 )
Adjusted calcium	* 4.06 mmol/l ( 2.20 - 2.60 )
Rec. :	20/08/13 at 13H52M RWH Clinical Chemistry RG1
Rep. :	05/09/13 at 13H24M DUPLICATE CONTINUED Last Page

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## – answers

### Case 1

1. Spinal cord compression.
2. Breast, prostate, lung, kidney, thyroid.
3. Corticosteroids (loading dose of at least 16mg dexamethasone followed by 4mg six-hourly), analgesia, bisphosphonates, spinal decompression surgery or radiotherapy.

### Case 2

1. Large tumour within bladder diverticulum.
2. Invasion and compression of local structures causing: haematuria, pain due to mass effect, neuropraxia (sacral nerve compression), altered bowel habit (rectal compression).

### Case 3

1. Increased uptake in thoracic spine, pelvis and left femur suggestive of bony metastases. Bilateral hydronephrotic kidneys. Patient is catheterised. Extravasation at injection site in right antecubital fossa.

2. Bony metastases secondary to prostate cancer, with bilateral hydronephrosis secondary to bladder invasion or pelvic lymphadenopathy.
3. 6.3mSv.

### Case 4

1. Hypercalcaemia.
2. Advanced malignancy, hyperparathyroidism, bone metastases, sarcoidosis, hyperthyroidism, drugs (Thiazide diuretics).
3. IV fluids (0.9% saline 3-6 litres / 24 hour), diuretics once rehydrated (furosemide 40mg IV boluses), bisphosphonates (30-90mg IV pamidronate).

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