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شبكة المعلومات الجامعية
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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات لم ترد بالاصل

***Correlation of Histologic Grade and
Stage of Urothelial Carcinoma of the
Bladder Between Biopsy and Radical
Cystectomy specimens***

Thesis

Submitted in Partial Fulfillment of the
Master Degree in Urology

2197

By

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2002***



محمّد

تحت عنوان باللغة الانجليزية : Correlation of histologic Grade and stage of urothelial carcinoma of the bladder between biopsy & Radical cystectomy specimen

باللغة العربية : مقارنة الدرجة والمرحلة الهستولوجية للورم المبيخ للبروستاتا بين الخزعة والجراحة الجذرية

(١) أ. ب. علي من أ. ب. ج. د. هـ عن المشرفين

(٢) أ. ب. ج. د. هـ من أ. ب. ج. د. هـ متحن داخلي

(٣) أ. ب. ج. د. هـ من أ. ب. ج. د. هـ متحن خارجي

قرار اللجنة : قبول المرسلة

المقرن المتحن
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(صام)

المقرن الداخلي
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المقرن الخارجي
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ACKNOWLEDGEMENT

I greatly honored to express my sincere gratitude to **Prof. Dr. Aly Hussien**, Professor of Urology, Cairo University, for his valuable constant guidance, fruitful ideas and great encouragement throughout this work.

Sincere appreciation to **Prof. Dr. Sherif Abd El Rahman**, Assistant Professor of Urology, Cairo University, for his fruitful and stimulating suggestions during the course of this work, kind guidance, patience and meticulous revision of the manuscript.

I Would like to express my gratefulness to all my colleagues in urology Department, Faculty of Medicine, Cairo University for their support and encouragement.

ABSTRACT

The aim of our study is the evaluation of the effectiveness of pre-operative histological grading and staging in identifying pathologically organ confined disease and correlate it with postoperative outcome aiming to determine the prognosis of this patient as regarding these criteria.

The study included 90 patients with organ confined invasive bladder cancer for which radical cystectomy was performed.

Keywords:

Cancer bladder, Radical cystectomy, staging of biopsy & cystectomy specimen.

INTRODUCTION

Bladder cancer is one of the most common tumors in Egypt and it is one of the most common diseases treated by urologist.

The most common form of bladder cancer in Egypt for a long time was squamous cell carcinoma and this was attributed to the endemicity of bilharziasis caused by schistosoma hematobium. Evidence suggests that existence of shistosomiasis since the Ancient Egyptians, for nearly 4000 years. (*El Bolkainy, 1981*).

The most common form of bladder cancer worldwide is the transitional cell carcinoma. These tumors exhibit the entire spectrum of biologic aggressiveness, from benign-behaving, superficial low grade papillary lesions to highly malignant anaplastic carcinomas. In practice, however, transitional cell carcinomas tend to occur in two principal forms; low grade superficial and high-grade invasive cancers.

Urothelial carcinomas often behave as a field change disease in which the entire urothelium from the renal pelvis to the urethra is susceptible to malignant transformation (*Messing and Catalona, 1997*).

In the United States, bladder cancer is nearly three times more common among men than woman. In men, it is the fourth most common cancer, after prostate, lung and colorectal cancer, accounting for 5.5% of all cancer cases. In women, it is the eighth most common cancer, accounting for 2.3% of all cancer (*Boring et al., 1995*).

In western countries, more than 90% of bladder cancers are transitional cell carcinomas, 80% are papillary and 20% are solid and invasive. Squamous cell carcinoma accounts for only 1% of bladder cancer in England (*Costello et al., 1984 and El Bolkainy, 2000*) and 3-7% in the United States (*Koss, 1975*).

The highest incidence of bladder cancer associated with bilharziasis comes from Egypt. At the National Cancer Institute, bladder cancer constitutes 30.3% of all cancers (*El Bolkainy, 1981*).

The outcome of treatment for bladder cancer depends mainly on the local and systemic extent of disease. Efforts to classify depth of invasion in the bladder wall and metastatic spread before treatment are summarized in TNM clinical staging system of UICC, the use of which is widely accepted. The TNM system, with all proposed staging systems, has been criticized (*Schmidt et al., 1976; Pagano et al., 1991 and Paulson et al., 1993*). But as indicated by *Gospodarwicz in 1994*, even an imperfect measurement of a powerful prognostic factor may be more important than a very precise measurement of an irrelevant