

LETTER TO EDITOR

Comment to “An unusual ‘linitis plastica’ like breast cancer bladder metastasis”

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Dear Editor,

We read with interest the recently published article by *Farci et al.*, titled “An unusual ‘linitis plastica’ like breast cancer bladder metastasis” and we congratulate with the authors for the very interesting topic and case presented (1).

The authors have correctly reported data from the literature regarding the rate of bladder metastases from breast cancer, which appear to be approximately 2.4% of all bladder metastases. However, a recent systematic review of the literature (2) including 45 articles highlighted how in reality this percentage may be underestimated and probably higher. As indicated, some studies have reported rates of metastatic bladder involvement in breast cancer patients as high as 7% (2, 3). Most clinical presentations occur with the appearance of hematuria, sometimes even several years after the initial diagnosis of breast cancer. In the case presented by colleagues (1) this occurred approximately 5 years after the diagnosis of breast cancer, and also in other cases presented in the literature the presentation of the metastasis can occur even more than 30 years after the diagnosis (2, 4).

This delay in presentation can often make a timely diagnosis of the metastasis itself difficult, as the appearance of hematuria often occurs after the end of the usual oncological follow-up for breast cancer (5). A further difficulty in this sense, during the follow-up, is also a lack of mutual knowledge on the part of the urologist and breast surgeon of the respective pathologies. This can lead to a more difficult histopathological and immunohistochemical diagnosis post-TURB (6), given by the failure to communicate the previous history of breast cancer to the pathologist himself.

A further focus must be placed on the fact that breast cancer is a pathology which is not only unfortunately relatively frequent in females, but sometimes also in young women in an aggressive and locally advanced form (7, 8).

This draws attention to the importance of a correct medical history of patients, especially young ones, to better understand the appearance of hematuria and better direct the differential diagnosis, even with the aid of biomarkers (8, 9). Fortunately, bladder metastases from breast cancer remain rare events, although not exceptional. It therefore becomes essential, in our opinion, to also take this possibility into consideration in order to carry out a correct and timely diagnosis.

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