

Introduction

- Standard radical cystectomy (RC) in women includes removal of the bladder, the entire urethra, adjacent vagina, uterus and ovaries. Pelvic floor disorders, along with sexual and voiding dysfunction in female patients are prevalent after RC that may also have a significant impact on the patient's image and psychological well-being.
- Here we report a case of a pelvic organ-preserving radical cystectomy (POPRC) in a female with a rare subtype of non-muscle invasive squamous cell (epidermoid) bladder cancer..

Case

- A 59-year-old sexually active female patient was referred to our department for a second opinion regarding recurrent urinary tract infections. She has a complex urologic history of urinary retention with acute renal insufficiency, with failure of catheter removal and an on-going story of self-catheterization, a bladder lesions but no distant lesions on the scanner (fig. 1) and no history of gross hematuria. She has no other past medical history other than active smoking.
- A cystoscopy was performed and showed a polypoid and calcified lesion for which she underwent a transurethral resection (TURBT). Histopathological analysis revealed a **non-muscle invasive epidermoid carcinoma of the bladder (pTis)**.

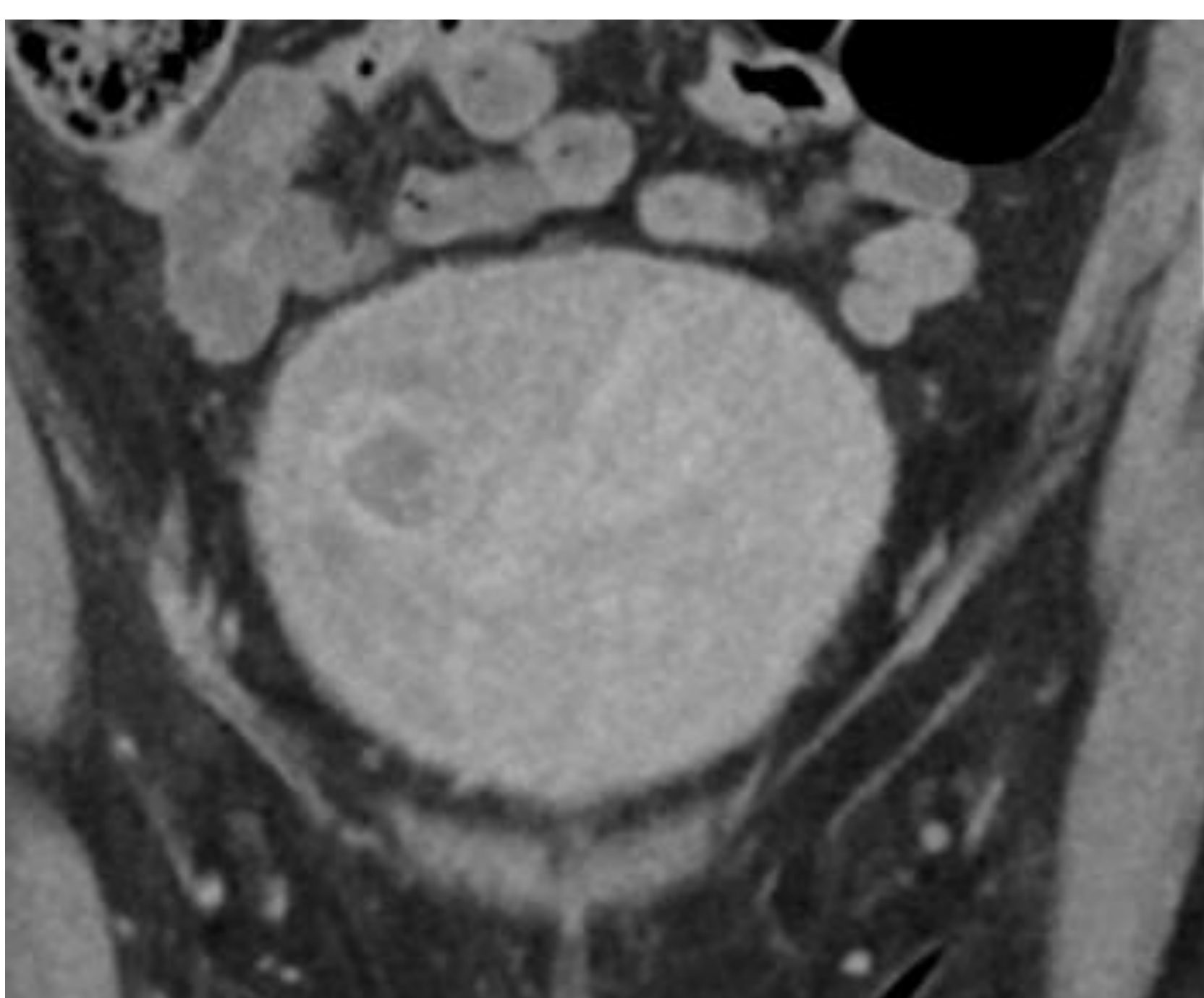


Figure 1 : CT Scanner showing polypoid lesion on the right side of the bladder

- After tumor board discussion, a decision was made to perform a **robotic assisted POPRC with an orthotopic neobladder**. No intraoperative complications were noted. Operative time was less than 4 hours. Patient was discharged on day 7.

- Pathological analysis confirmed extended residual epidermoid carcinoma in situ. There were no lymphovascular nor perineural invasion. **Final status was pTis (epidermoid) pN0 L0 V0 pn0**. After one month of follow-up, no other complications occurred.

Discussion

- Standard radical cystectomy in females traditionally encompasses an en-bloc resection of the uterus, fallopian tubes, ovaries, anterior vaginal wall and regional lymph nodes with the bladder and urethra. Due to this wide resection, sexual dysfunction and continence disorder are very common after surgery. Decreased desire, poor vaginal lubrication and dyspareunia were noted in sexually active patients receiving RC.
- POPRC involves the preservation of the female vagina, uterus, neurovascular bundles, and any enhancement of the aforementioned techniques¹.
- Sexual health remains an often overlooked aspect of care in female patients with bladder cancer. While survival outcomes and oncologic control are priorities, the impact of radical cystectomy on sexual function is frequently underestimated or insufficiently addressed.
- Women undergoing bladder cancer treatment may experience profound changes in body image, sexual desire, vaginal lubrication, and dyspareunia, yet discussions around these issues are rare in clinical practice. **Raising awareness and integrating sexual health into preoperative counseling and postoperative care are essential to improve overall quality of life for these patients.**
- Concomitant primary genital cancers in women with bladder cancer is rare. Genital recurrence is rare in patients receiving pelvic organ preserving-RC.
- Based on retrospective studies, in well-selected patients, sparing female reproductive organs during RC appears to be oncologically safe².**

Conclusion

Pelvic organ-preserving radical cystectomy offers a valuable surgical option for carefully selected female patients with bladder cancer, allowing preservation of sexual and urinary functions while maintaining oncologic safety.

References

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