Conclusion
L'aspergillose invasive dans sa forme pseudo-tumorale reste une pathologie grave en raison de son agressivité locale. Le traitement doit être large et radical. La voie externe est la plus recommandée. Un complément thérapeutique par des antifongiques par voie générale est indispensable. L´évolution est imprévisible et le pronostic dépend essentiellement de la précocité du diagnostic et de la rapidité de prise en charge.

Références
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Bladder carcinosarcoma (sarcomatoïd carcinoma)

Carcinosarcoma (CS) is a rare and highly aggressive tumor defined according to the WHO as a biphasic neoplasm exhibiting morphologic and/or immunohistochemical evidence of epithelial and mesenchymal differentiation with or without heterologous components [1]. It is most often described in female genitals. The skin, the gastrointestinal tract, the bile ducts and the respiratory system can also be affected. Involvement of the urinary bladder is uncommon. To our knowledge, about 90 cases were reported in the English language literature [2].

Case report
An 80 year-old male, with history of superficial bladder urothelial carcinoma (pT1a grade 2) treated with endoscopic resection and BCG-therapy, presented with recurrent hematuria. Cystoscopy revealed multifocal, solid, friable and bleeding tumor. The patient had a second endoscopic resection. Histological examination of the specimen showed a biphasic proliferation characterized by an admixture of two malignant components exhibiting epithelial and mesenchymal differenciation. The epithelial component was made of thick and usually fused papillary structures with obvious variation in architectural and cytologic features. Tumoral cells were large and polygonal with an atypical, hyperchromatic and pleomorphic nuclei. Mitoses were frequent (Figure 1). The sarcomatous component was made of cartilaginous lobules dug by cubicles of varying size. These included one or more atypical chondrocytes (Figure 2).
The stroma was abundant and fibrous. The vascular emboli were frequent. This tumor infiltrates the bladder mucosa without reaching the muscle. The diagnosis of carcinosarcoma of the bladder was made. A radical cysto-prostatectomy was indicated, not accepted by the patient family.

Figure 1 : Bladder carcinosarcoma: Epithelial cells with large and atypical nucleus. Note the presence of mitoses. HEx400

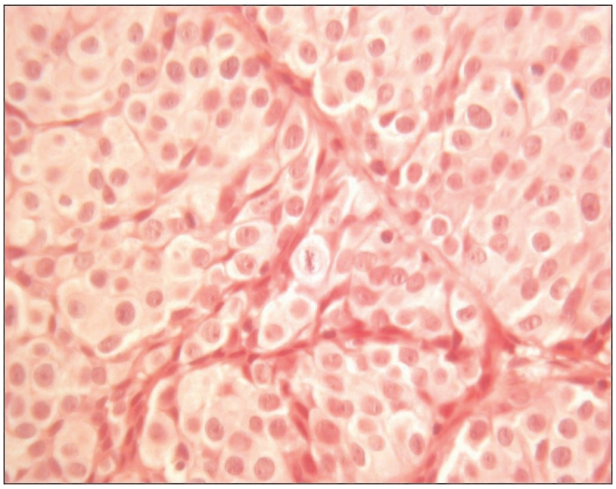
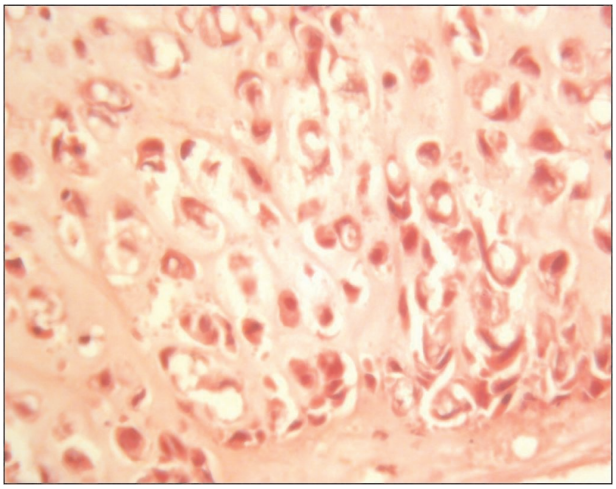


Figure 2 : Bladder carcinosarcoma: Sarcomateous component made of cartilage lobules. HEx400



Conclusion
CS of the bladder is a rare and highly aggressive tumor, often discovered at a late stage. The treatment is surgery. The role of adjuvant treatment is not yet established. Molecular studies are needed to understand the mechanisms of carcinogenesis, and therefore to establish an adequate therapeutic strategy.

References
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