

SIR,

M. H. Farhat et al. have written a very up to the point paper entitled "Secondary adenocarcinoma of the urinary bladder from a primary gastric cancer" which was published in the *Lebanese Medical Journal* 2007 ; 55 (3) : 162-4. In it, the authors present a case followed by a discussion to the effect that histochemical techniques do not seem to be useful in distinguishing between primary adenocarcinoma of the bladder and metastatic adenocarcinoma from the gut ; it was implied that classical histological features are more reliable in the differential diagnosis between primary and secondary adenocarcinoma of the bladder

In a fantastic coincidence, I have recently sent to the press a similar article entitled "Secondary metastatic tumor in the dome of the bladder from prostate primary carcinoma" [1]. In it, I reviewed all cases of metastases to the bladder between 1983 and 1988. I found a total of 29 cases (in 7 cases the primary was in the kidney, in 7 in the stomach, in 4 in a melanoma, in 3 in the respiratory tract, in 2 in a lymphoma and in 6 cases in miscellaneous primary sites).

The secondary tumor is usually found up to 14 years after the primary tumor [2]. Sometimes the primary and

the secondary tumors are diagnosed simultaneously, and at other times the metastatic lesion in the bladder is diagnosed before the primary lesion.

Beside the routes of metastases mentioned by the authors (direct extension, implantation of exfoliated cells, lymphatic, hematogenous, or peritoneal dissemination), I have suggested two new possible routes not mentioned previously [1], namely : the perineural and the urachal routes.

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References

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2. Silverstein LI, Plaine L, Davis JE et al. Breast carcinoma metastatic to bladder. *Urology* 1987 ; 9 (5) : 544-7.