A 70-year-old man with a history of hypertension and asymptomatic atrial flutter presented with pyuria on urine microscopic examination. Cystoscopy revealed bladder lesions emanating from the left ureteral orifice and posterior lateral wall (Figure, A and B). Upper tract evaluation with ureteropyelograms revealed no other lesions. Transurethral resection of the bladder tumors was performed to further characterize these lesions. Histopathological examination revealed the presence of noninvasive high-grade urothelial carcinoma (Figure, C and D). Specifically, these grossly exophytic lesions correspond to papillary structures with well-defined fibrovascular cores that are lined by urothelial cells with loss of cell polarity and marked cytologic atypia.

Tumor grade, presence of tumor invasion, tumor size, recurrence, and multifocality are some factors that predict the risk of disease...
In this patient, the presence of high-grade lesion would stratify him as having a high risk of progression. Patients with high-risk disease are typically managed with transurethral resection of the bladder tumor coupled with intravesical therapy. This is typically followed by surveillance to monitor for disease recurrence or progression.

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