Introduction
Urinary bladder cancer is the sixth most common cancer worldwide and the second most common malignancy of the genitourinary tract after prostate cancer\(^1\). Estimated new cases and deaths from bladder cancer in the United States in 2016 were 76,960 and 16,390 respectively\(^1\). Transurethral resection of the bladder tumor (TURBT) is a therapeutic procedure that gives the material necessary for histopathological diagnosis with the degree of differentiation, and depth of tumor invasion, parameters useful in elaboration of diagnosis and prognosis assessment\(^2\). This study aimed to show the epidemiological profile of patients who had TURBT and the various histological types of bladder tumour at presentation.

Methodology
This was a retrospective study on patients who had undergone Transurethral Resection of Bladder Tumor (TURBT) at B.P Koirala Institute of Health Sciences Dharan, Nepal during time period from November, 2007 to March, 2016. Data of patients were obtained from the medical record section and information about the age, sex, history of smoking, exposure to other possible risk factors, clinical presentations, blood investigation, operative findings and histopathological diagnosis were retrieved. The collected data were entered in a structured proforma and was analyzed using Statistical Package For Social Sciences (SPSS) software version 17.0.

Results
A total of fifty-five (55) patients had trans-urethral resection of bladder tumor (TURBT) in the years

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under review with male female ratio of 3.6:1. The age of the patient at presentation ranged from 30-80 years with the mean age of 61.6. Most of the patients with bladder carcinoma were between 60 and 70 years of the age. The major occupation among the patients were farming (45%).

Regarding clinical features of the patients, hematuria was the most common symptom (95%) at the time of presentation among which 48 (87.3%) patients were having painless hematuria and 7 (12.7%) patients had painful hematuria. There was a significant correlation between smoking and grade of TCC (P<0.05). The operative findings were dominantly of proliferative growth (32.7%) followed by polyoidal growth (30.9%), followed by papillary growth (10.9%). The most common site being lateral wall 34.5%. Transitional Cell Carcinoma (TCC) was the most common histological variety of bladder cancer in our study accounting for 85.5% of which 12 (21.8%) patients had high grade and 35 (63.6%) patients had low grade tumor as shown in Table 1 below.

### Table 1: Showing Histological Diagnosis

<table>
<thead>
<tr>
<th>Histology</th>
<th>Muscle invasion</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Present</td>
<td>Absent</td>
<td></td>
</tr>
<tr>
<td>Benign conditions</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Low grade Papillary urothelial cancer</td>
<td>9</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>High grade Papillary urothelial cancer</td>
<td>11</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>35</td>
<td>55</td>
</tr>
</tbody>
</table>

**Discussion**

Urinary bladder cancer is commonly seen in males than in females (M:F = 3:1). The present study also shows a similar distribution pattern (M:F = 3.6:1). Furthermore, studies done in Malaysia and India revealed higher M:F ratio of 9.4:1 and 8.6:1 respectively which shows male preponderance. This shows that as similar to other part of the world, in Nepal also, incidence of bladder cancer is high in male than in female. The reason for higher incidence in males could be attributed to environmental, dietary exposure, anatomical difference, urinary habits and hormonal factors whereas, less incidence of bladder cancer in females could be due to less exposure of females to individual carcinogens and less smoking.

Most of the patients with bladder carcinoma are between 60 and 70 yrs of age. The most common clinical manifestation was found to be a painless hematuria. In the present study, hematuria was found to be the most common clinical feature. In support to the present finding, a study done in India and Pakistan has shown that 97%, 81.4%, 88.7% of the patients had hematuria as presenting symptom.

In present study significant impact of smoking has been found as a major risk factor (P < 0.05) for high grade Transition cell carcinoma (TCC) in which out of 35 cases of bladder cancer with the history of smoking, 31(88%) were found to have high grade TCC, which is similar to the result of study carried out by Ray et al in which 72% of the patients with bladder carcinoma were smokers in developing of high grade TCC.

The study showed 85.5% patient had urothelial (TCC) carcinoma out of which 22 % had muscle invasive carcinoma and the muscle invasion was
related with high grade transitional carcinoma (P < 0.05). This is comparable to finding by Pudasaini et al.\textsuperscript{11} which showed among the malignant lesion of urinary bladder, 88.9% were urothelial tumor of which 25% cases showed muscle invasion.

**Conclusion**
The peak age incidence of bladder cancer was seventh decade of life with male preponderance and smoking as the major risk factor. Painless hematuria was the most common initial presentation. The operative findings were predominantly of single proliferative growth followed by polypoidal growth in the lateral wall of bladder. Transitional Cell Carcinoma was the most common histological variety of bladder cancer in our study accounting for 85.6% of cases with majority (78%) being non-muscle invasive. The muscle invasion was directly associated with the grade of tumor. Transurethral resection of bladder tumour (TURBT) has a great impact in bladder tumour management as it gives the degree of differentiation, depth of tumor invasion, parameters useful in diagnosis, treatment and prognosis assessment.

**Reference**