

Letters to the Editor

Fatal Outcome Caused by Intravenous Infusion of Bacille Calmette-Guérin

TO THE EDITOR:

We are writing to share a dramatic incident with catastrophic consequences. We believe it is important that this incident be made known to our colleagues. We recently treated a 39-year-old man who presented to the urology clinic with macroscopic hematuria. The radiologic workup revealed a very large tumor that filled the bladder lumen and no signs of systemic spread. On cystoscopy, the tumor filled the entire bladder, but it was a papillary tumor connected to the bladder wall by an approximately 1-cm-thick stalk. The tumor was resected transurethraly, and histologic analysis revealed high-grade urothelial carcinoma with invasion of the lamina propria. The muscle layer was free of tumor. A second resection was performed after 3 weeks with no histologic evidence of residual tumor found. A decision was made for intravesical bacille Calmette-Guérin (BCG) immunotherapy. Because the patient lived in another city, he wanted to receive the treatment in his hometown. Cystoscopy was planned after 6 weeks of intravesical BCG immunotherapy, and a detailed letter was written to his local urologist so that he could receive the weekly BCG instillations in his hometown. The patient received the first 3 intravesical BCG instillations with no adverse events. At the fourth weekly instillation, a nurse gave him the BCG by intravenous infusion, despite the patient's objections. He was referred to another university hospital immediately after the infusion, which had caused a high fever, nausea, and shivers. After 1 week of treatment, he was referred to our hospital because of the worsening of his condition. At that time, he had a high fever, nausea, emesis, malaise, and jaundice. He had a tender abdomen, with an enlarged liver and elevation of the liver and kidney function test results. The patient was immediately admitted to the intensive care unit with a diagnosis of BCG sepsis and multiorgan failure. Consultations were obtained from the departments of infectious diseases, nephrology, and gastroenterology, and he received broad-spectrum antibiotic treatment. His condition worsened despite the treatment, and he developed gastric perforation that was repaired surgically. He died of multiorgan failure 3 weeks after the intravenous infusion of BCG.

We would like to stress that the proper administration of BCG is the responsibility of the treating urologist and should never be taken lightly. Preparation of the BCG

solution and intravesical instillation should always be performed by a urologist or a physician under the supervision of a urologist.

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Re: Steinberg et al.: YouTube as Source of Prostate Cancer Information (Urology 2010;75:619-622)

TO THE EDITOR:

The authors have rightfully concluded that the Internet is often the first-line source of health care information for Americans and that YouTube is an inadequate source of prostate cancer information for patients. Any video will of course harbor the biases and opinions of its creator and must be "taken with a shaker of salt."

Urologists can attempt to rectify some of the misinformation disseminated on the Internet by constructing their own videos with the intent of providing patients with information that supplements and/or reinforces the educational process initiated in the office, as I have done for the past several years. My first video was on pelvic floor exercises, the impetus of which was to avoid the repetition and time expenditure required to educate patients on this subject. With the surprising success of that video—more than 70,000 views—extending way beyond my own patient population, I created additional videos on urological topics, including incontinence, pelvic relaxation, prostate enlargement, prostate cancer, bladder cancer, and erectile dysfunction, as well as several videos on lifestyle issues, including exercise, healthy eating, processed foods and smoking. They can be accessed at the following web site: <http://www.youtube.com/incontinencedoc>.

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