A 43-year-old African immigrant from Mali was seen and treated at our facility for a recently exacerbated episode of hematuria that had been intermittent and non-remitting for the past 36 years. On cystoscopy the left lateral and anterior wall mucosa were replaced by tumor; a 6 × 6 × 2 cm friable and fungating lesion was visible at the bladder neck. Pathological results showed invasive squamous cell carcinoma of the urinary bladder moderately differentiated involving the base, dome, anterior, posterior, and lateral wall of the urinary bladder. The patient then underwent a radical cystoprostatectomy, pelvic lymph node dissection, and ileal neo-bladder placement following a surgical staging of the disease involving the prostate. Pathological examination revealed a stage 4 lesion with involvement of the prostate and distant lymph nodes and pathologic staging as pT3a, pN2, pMX AJCC. The patient died 7 months after presentation following complications of septicemia.

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**FIGURE 1.** CT scan of the pelvis demonstrating bladder mass. This figure appears in color at www.ajtmh.org.

**FIGURE 2.** Gross picture of radical cysto-prostatectomy specimen for invasive squamous cell carcinoma that shows a fungating friable tumor involving the anterior, posterior, and lateral walls of urinary bladder from base to dome. This figure appears in color at www.ajtmh.org.

**FIGURE 3.** Invasive squamous cell carcinoma showing keratinization and pearl formation (hematoxylin-eosin, original magnification ×400). This figure appears in color at www.ajtmh.org.

**FIGURE 4.** *Schistosoma haematobium* egg with terminal spine in area of invasive squamous cell carcinoma of the urinary bladder. Inset shows this prominent terminal spine on egg of parasite (hematoxylin-eosin, original magnification ×400 and ×600 [inset]). This figure appears in color at www.ajtmh.org.