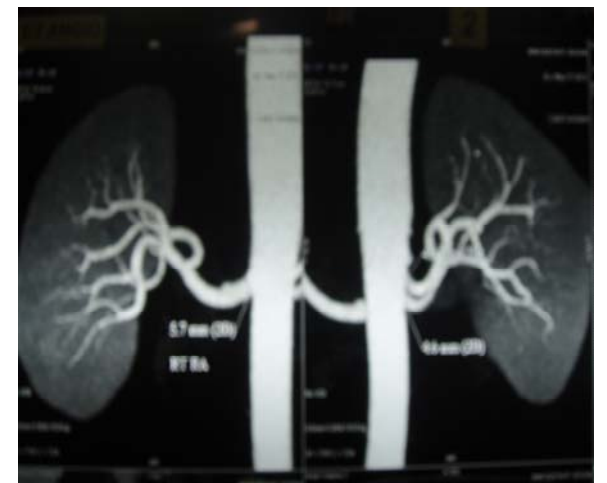
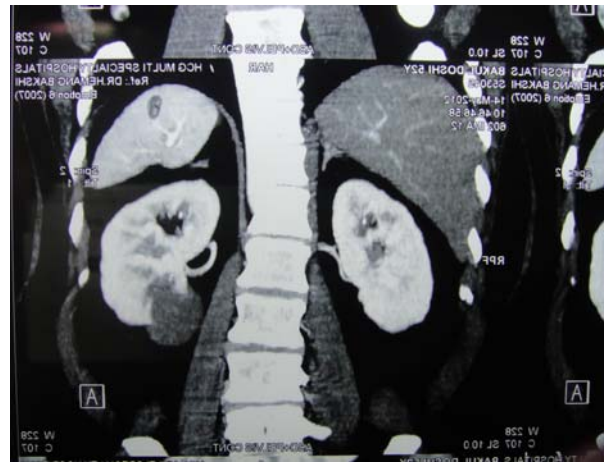
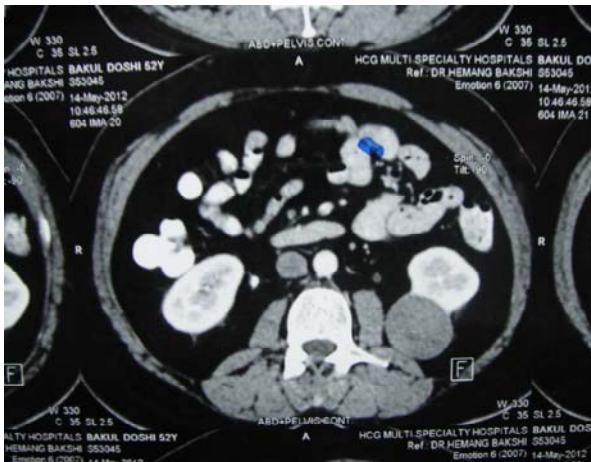


CASE NO :1

LEFT RENAL CELL CARCINOMA

PATIENT : 52YRS / MALE
SYMPTOMS : 1. PAIN AT LEFT RENAL ANGLE SINCE 8 DAYS
2. HAEMATURIA ONCE
INVESTIGATION : 1. PRE OP MAJOR
2. NO H/O DM
3. CT ANGIO
4. CT SCAN (ABD/PEL)



INVESTIGATION : CT SCAN ABDOMEN AND PELVIS
DATE : 14.05.2012

REPORT

Clinical profile: left renal mass lesion.

Technique: MDCT imaging was performed using thin contiguous axial scan of abdomen and pelvis with oral, per rectal and intravenous contrast.

Findings:

Liver appears normal in size and shape. Intrahepatic biliary radicles are normal. **28 x 21 mm sized simple cyst is seen in the right lobe.**

Gall bladder is normal. no mass lesion or calculus is seen.

Spleen is normal.

Pancreas appears normal. No evidence of focal lesions or dilatation of pancreatic duct is seen.

Both kidneys are normal in size and shape. E/o 3.5 mm right upper and 2 mm right mid polar calculus is seen. E/o 7 x 5 x 3 mm (CC-AP-trans) calculus is seen in the right upper ureter.

No evidence of hydronephrosis on either side.

3 mm sized calculus is seen at the upper pole of the left kidney.

E/o 43 x 38 x 42 (Trans-AP-CC) exophytic mass is seen at the mid-lower pole of the left kidney, showing heterogenous post contrast enhancement more than 20 HU.

No e/o renal vein or IVC thrombus is seen.

There is e/o two closely approximated left renal arteries with the lower artery branch supplying the lower pole in the mass lesion and posterior part of the lower pole.

The upper artery supplies the upper pole and the anterior part of the left lower pole

Urinary bladder is normal. No evidence of wall thickening is seen. 3 mm sized calculus is seen within

Prostate is normal. Both seminal vesicles are normal.

No evidence of para-aortic or pelvic lymphadenopathy is seen.

18 x 13 mm sized sclerotic lesion is seen in the left iliac bone posteriorly near the left SI joint.

Well defined lytic lesion is seen laterally in the left iliac bone with central hyperdensity.

COMMENTS:

Findings suggest exophytic mass at the mid-lower pole of the left kidney- highly s/o malignancy. Two closely approximated left renal arteries with the lower artery branch supplying the mass lesion.

Two right renal and one left calculi. Right upper ureteric calculus. No obvious proximal hydronephrosis.

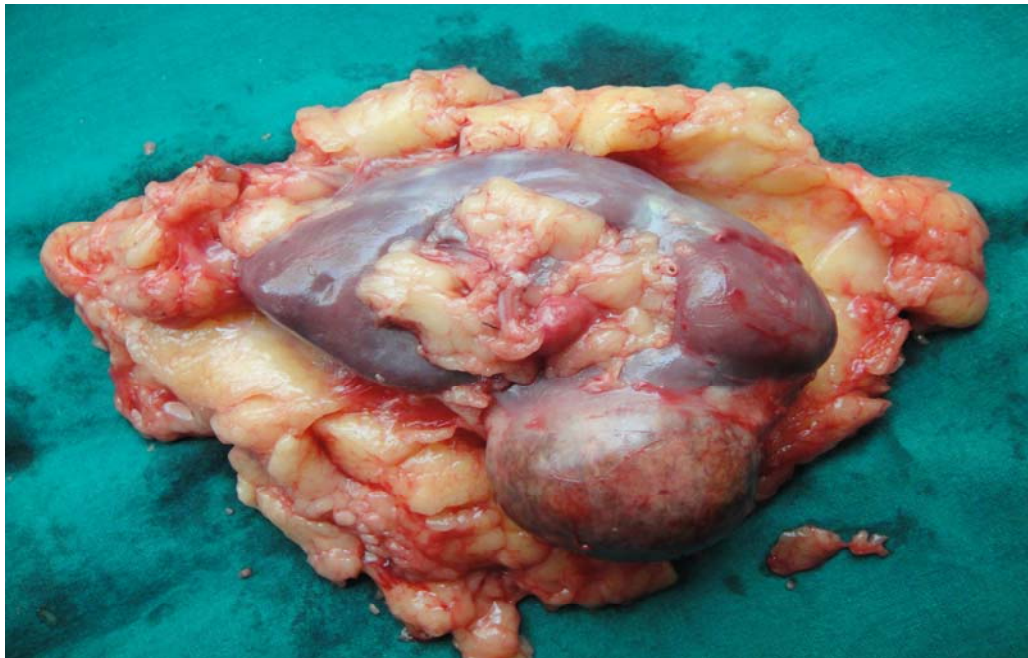
Calculus in the bladder.

Simple cyst in the right lobe of liver.

Sclerotic lesion is seen in the left iliac bone posteriorly near the left SI joint- ? bone island.

Well defined lytic lesion laterally in the left iliac bone with central hyperdensity- possibility of osteoid osteoma.

Under G.A. lateral position was given. CO2 gas insufflation was done. Then 12 mm port 6 cm lateral to the umbilicus on the left side was put in mid clavicular line.
2nd 12 mm port was put in mid clavicular line below costal margin.
3rd 12 mm port was put midway between umbilicus and anterior superior iliac spine.
4th 5 mm retraction port was put near anterior superior iliac spine.
Colon was mobilized medially.
Then dissection was done at the lower pole.
There was a tumor (size about 45 cm) near the hylum of kidney but not at the dependent part of lower pole.
Tumor was not separated from renal hilar vessels so decision for laparoscopic radical nephrectomy was taken.
Renal artery and vein was clipped with hemolock clips.
Whole kidney with adrenal gland with gerota fascia, perirenal fat was removed.
Small phennenstiel incision was put suprapubically and specimen was removed.
Drain was kept and wound was closed.



Lap. Left radical nephrectomy was done.
Specimen send for HP examination.

HISTOPATHOLOGY REPORT

Nature of Specimen : Lt. nephrectomy sp.

Gross Examination : Lt. nephrectomy sp. with perirephric fat 12x9x7 cms. Lower pole of kidney shows a nodular tumor 4.5x3.5x3 cms. Cut surface of tumor is brownish and soft. Rest of the kidney is unremarkable.

No. of Sections : Tumor [A to F]
Tumor with kidney [G,H]
Ureter [I]
Renal vessels [J]
Total =10

Microscopic Examination : Sections show a circumscriboid neoplasm composed of cells arranged in papillary pattern. Papillae are lined by single layer of cells with eosinophilic cytoplasm and vesicular nuclei with tiny nucleoli.

Diagnosis : **Papillary Renal cell carcinoma - Lt. nephrectomy sp.**
Furhman's nuclear Grade - III
Area of sarcomatoid carcinoma not seen.
Tumor size 4.5x3.5x3 cms.
Lymphovascular emboli not seen.
Tumor does not invade renal capsule.
Tumor does not invade perinephric fat.
Area of necrosis seen.
Ureter and cut margin of ureter free of tumor.
Renal vessels free of tumor.

P.S. : Enclosed Slide / Block (s) No. : **1580/12-13**
Please preserve them carefully.

Reporting Date : 24/05/12