Localized Squamous Cell Carcinoma of Renal Pelvis

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Introduction

The kidney is not an uncommon site for malignancy. In majority of cases renal cell carcinoma dominates the lesion from renal cortex and transitional cell carcinoma from collecting system. Histological diagnosis is essential as the choice of chemotherapeutic agent and prognosis, depends upon pathological features of the tumor. Beside transitional cell carcinoma, adenocarcinonia and squamous cell carcinoma are also detected occasionally. Squamous cell carcinoma are rare, mostly present at an advanced stage and are notorious for aggressive course. Here we present a case of squamous cell carcinom a of renal pelvis that was localized at the time or presentation.

Case Report

A 65 years old female presented with left upper abdominal pain and burning micturation for one month and cough with sputum for fifteen days. Low grade fever, anorexia and weight loss were also noted. Five years back she had full therapy for pulmonary tuberculosis and one year ago a left pyelolithotomy was done.

Her complete blood picture and renal function tests were normal. Repeated urinalysis showed sterile pyuria but was negative for AFB. An ultraosound examination revealed a small left kidney with irregular outline, suggestive of pyelonephritis. Intravenous pyelogram and retrograde pyelography were suggestive of filling defect in the renal pelvis which was later confirmed as soft non-enhancing renal pelvic mass with normal renal vein or pen nephric involvement in computerized tomogram (Figure 1).

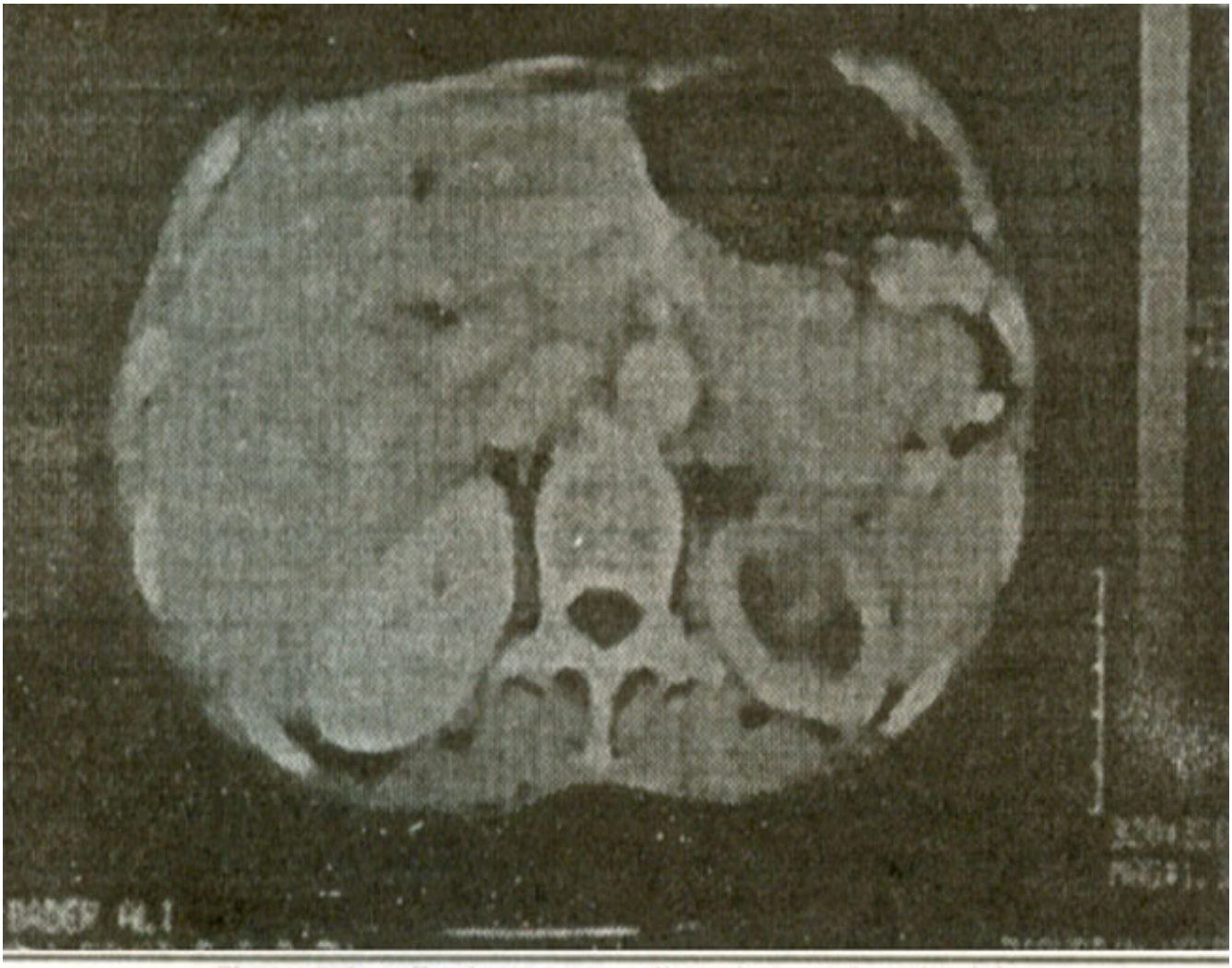

Figure 1. Localized squamous cell carcinoma of renal pelvis.

A few small para aortic lymph nodes were seen . A fine needle aspiration cytology was negative for malignant cells.

A left nephroureterectomy along with excision of para aortic lymph nodes was done.

Histological examination revealed an infiltrating squamous cell carcinoma (Figure 2)

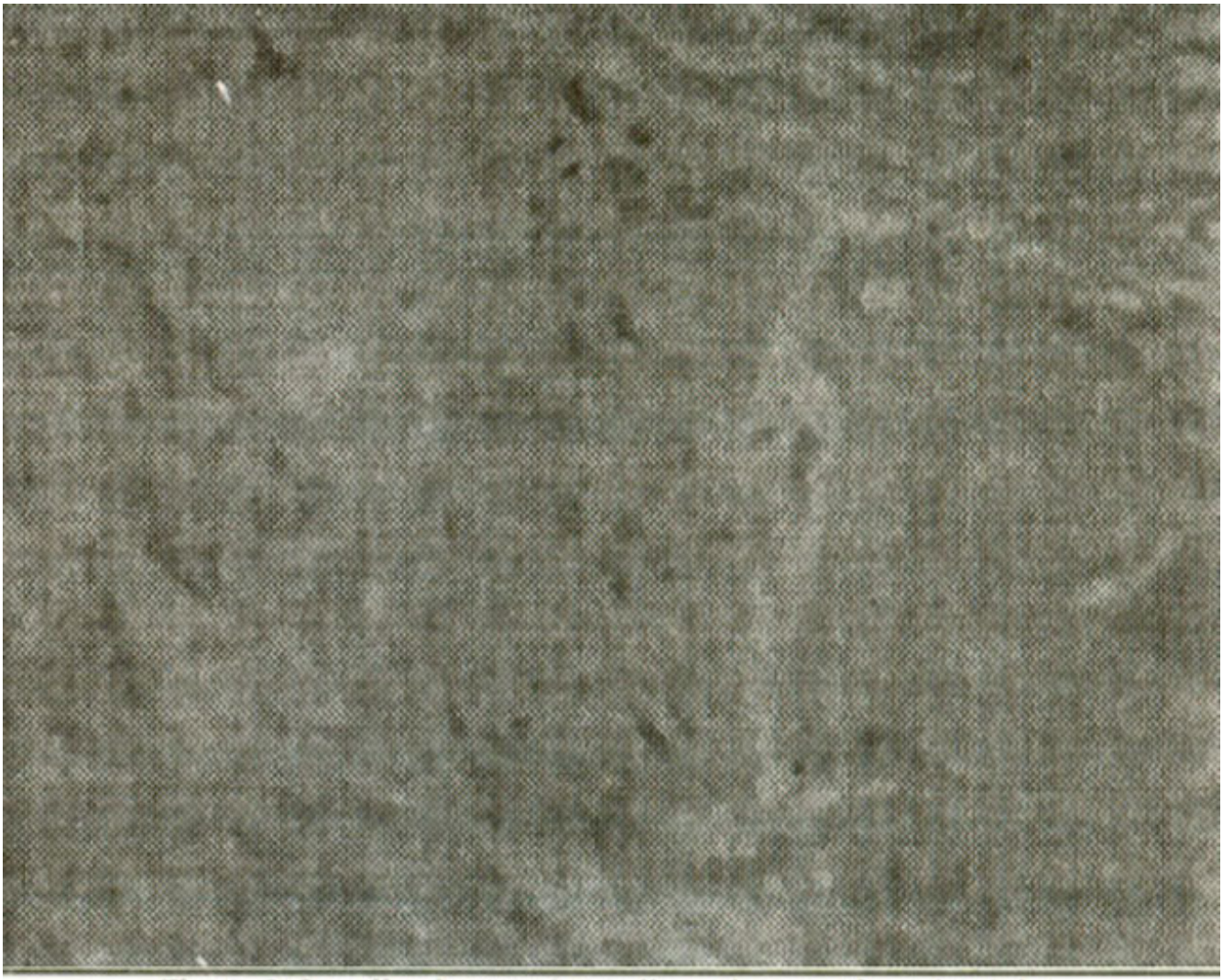

Figure 2. Localized squamous cell carcinoma of renal pelvis.

originating from the renal pelvis and invading the renal parenchyma. Renal capsule, vessels and lymph nodes were free of tumor. However the ureter showed tumor tissue in the lumen. A subsequent bone scan was normal.

Discussion

Squamous cell carcinoma (SCC) of renal pelvis is rare tumour1-3. Forty-six cases in forty four years have been a reported from Mayo Clinic[4]. Usually it is difficult to establish a clinical diagnosis, so histological confirmation on a radical nephrectomy specimen is needed.

Unlike transitional cell carcinoma, SCC is usually detected with extensions into the renal vein, inferior vena cava or even with distant metastasis[1-3]. Its aggressive course is reflected in the poor prognosis of squamous cell carcinoma of the renal pelvis[5].

Presence of urinary stone with squamous metaplasia and later malignant transformation is suggested as the pathoetiology but found in only eleven percent of the Mayo clinic series[4].

On a literature search since 1967 our case seems to be only if any reported case of localized SCC of the renal pelvis at the time of initial presentation. Appropriate treatment for this remains controversial.

References

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