

KIDNEY CASE

Patient is a 43-year-old gentleman with diabetes mellitus, who was evaluated for gross hematuria on 5/03. He noted 6 weeks of intermittent gross hematuria. He was referred to me for further evaluation after a diagnostic CT of the abdomen and pelvis noted a large left renal mass. He has also noted a 30-pound weight loss in the past year. There was noted a 9.1 x 8.4 x 8.8 cm left heterogeneous enhancing renal mass with a tiny hypodensity in the medial aspect of the right lobe of the liver measuring 1.3 cm. He was staged with a CT of the chest and a bone scan demonstrating no evidence of metastases, and MRI of the abdomen noting the mass in the right lobe of the liver was consistent with hemangioma, as well as the presence of a 1 x 0.9 cm abnormal left periaortic lymph node, inflammation versus neoplastic process. There was no renal vein thrombus. He was advised to undergo surgical resection and thought that laparoscopic approach would be reasonable as well as attempt at removal of left periaortic lymph node.

6/24: OPERATION PERFORMED: Left hand-assisted laparoscopic radical nephrectomy, left periaortic lymph node resection.

PATH: 1) LEFT KIDNEY, RADICAL NEPHRECTOMY: Clear cell, renal cell carcinoma (9.4 cm), WHO/ISUP grade 3.

- All margins are negative for carcinoma with tumor limited to kidney.
- Large vessel invasion identified.
- Benign adrenal gland with no significant histologic change.

2) PERIAORTIC LYMPH NODE:

- One benign lymph node, negative for metastatic carcinoma (0/1).
- Ganglion with no significant histologic change.

PROCEDURE: Radical nephrectomy

SPECIMEN LATERALITY: Left

TUMOR SIZE: 9.4 cm

TUMOR FOCALITY: Unifocal

MICROSCOPIC EXTENT OF TUMOR: Tumor limited to kidney

HISTOLOGIC TYPE: Clear cell, renal cell carcinoma

SARCOMATOID FEATURES: Not identified

TUMOR NECROSIS: Present

HISTOLOGIC GRADE: G3

MICROSCOPIC TUMOR EXTENSION: Tumor limited to kidney

MARGINS: Uninvolved by invasive carcinoma

PATHOLOGIC FINDINGS IN NON-NEOPLASTIC KIDNEY: None identified