

TRANSITIONAL CELL CARCINOMA WITH ADENO-SQUAMOUS CARCINOMA COMPONENT OF RENAL PELVIS IN HORSESHOE KIDNEY: A CASE REPORT

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A case of renal pelvic transitional cell carcinoma accompanied by an adeno-squamous carcinoma component in a horseshoe kidney is reported. This case is the first case reported in Japan to the best of our knowledge.

Key words: Transitional cell carcinoma, Renal pelvis, Horseshoe kidney

CASE REPORT

A 64-year-old man presented at our clinic in October 1988 with a 2-month history of left flank dull pain. Physical examination revealed a healthy male with normal vital signs and no demonstrable abnormalities. Excretory urography revealed a normally functioning right half of a horseshoe kidney. The left half was non-functioning (Fig. 1). Abdominal compu-



Fig. 1. DIP revealed left non-functioning kidney.

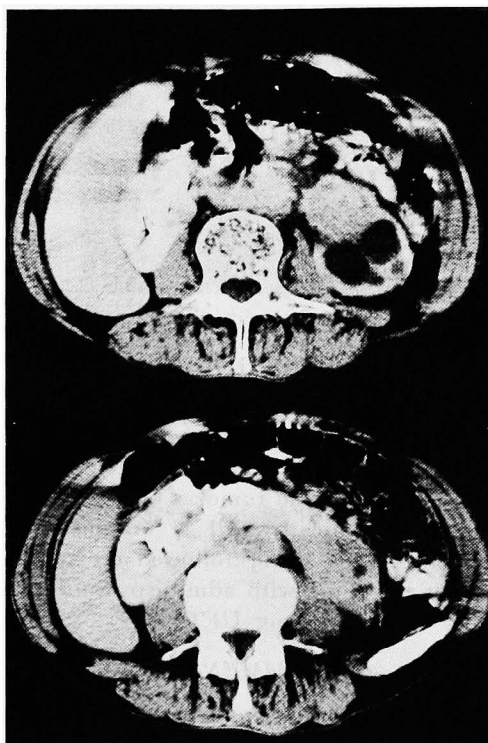


Fig. 2. Enhanced CT scan showed a well-defined anteriorly situated renal pelvis mass.

terized tomography showed a well-defined, anteriorly situated renal pelvis mass of tissue density (Fig. 2). A left retrograde pyelogram confirmed these findings. A

left renal arteriogram showed the mass to be avascular. Laboratory data were within normal limits except for urinalysis revealing 70 to 80 red blood cells per high power field (RBC/HPF). On November 16, 1988 the patient subsequently underwent a left renal exploration with partial nephrectomy. Histologically the lesion was grade 3 transitional cell carcinoma also with adeno-squamous carcinoma component (Fig. 3, 4). Intra-luminal

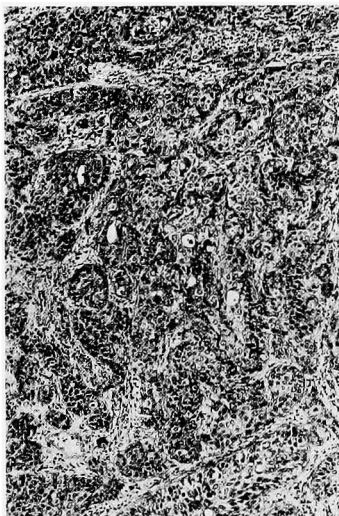


Fig. 3. Histopathological findings of pelvic tumor showed grade 3 T.C.C. with tubular foci (H.E., $\times 100$).

mucin secretion and intracytoplasmic mucin production were recognized in the tubular foci of the tumor (Fig. 5). The patient is clinically well 11 months after surgery and is being followed up at our outpatient clinic with administration of a daily dose of 300 mg UFT®.

COMMENT

Transitional cell carcinoma of the renal pelvis is not an uncommon urologic lesion. The occurrence of this lesion within a horseshoe kidney, however, is rare. Ware and Shulman¹⁾ described that the incidence of renal pelvic tumor in a horseshoe kidney could be estimated as 2.1 cases/10,000,000. Murphy and Zincke²⁾ reviewed 25 cases of the lesion including their 3 additional



Fig. 4. In the invading portion of this tumor, the cells showed abundant cytoplasm, hyperchromatic large nuclei, distinct cytoplasmic edges and presence of intercellular bridge like structure. These findings suggested 'epidermoid' growth (H.E., $\times 400$).

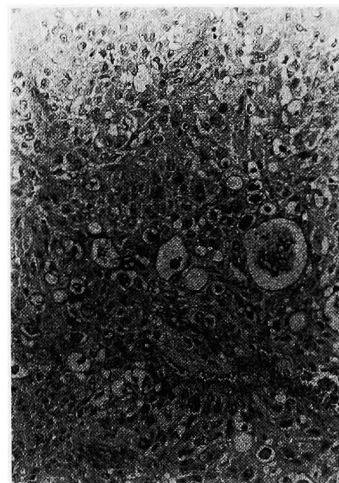


Fig. 5. Intra-luminal mucin secretion and intracytoplasmic mucin production were recognized (Alcian-Blue, pH 2.5 Stain, $\times 200$).

cases. Pujari et al.³⁾ reported the first case of adenocarcinoma of the pelvis in a horseshoe kidney. Approximately 10~20% of the carcinomas of the renal pelvis are either squamous cell carcinoma throughout or show squamous cell "metaplasia" and less than 1% are adenocarcinomas⁴⁾.

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和文抄録

腎盂腫瘍を合併した馬蹄腎の1例

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移行上皮癌に加えて腺癌および扁平上皮癌成分を有する馬蹄腎に合併した腎盂腫瘍の1症例を報告した。

本症例は本邦第1例目と思われる。

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