A Case of Synchronous Renal Cell Carcinoma (Rt) and Transitional Cell Carcinoma Urinary Bladder

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Introduction

Incidence of transitional cell carcinoma (TCC) or Urothelial tumours and renal cell carcinoma (RCC) is high in elderly age group. However, synchronous occurrence of two different urological malignancies in same patient is rare and poses difficult treatment challenge. We present a case of renal cell carcinoma of right kidney and transitional cell carcinoma in the urinary bladder.

Case Report

A 73-year-old patient reported with, painless and paroxysmal haematuria. On examination there was no abdominal lump. Ultrasound showed a large papillary tumour arising from left wall of bladder and a well-circumscribed tumour in mid pole of right kidney. Contrast enhanced computerised tomography (CECT) abdomen revealed a bladder tumour arising from the left lateral wall and a 4cm diameter, enhancing mass lesion in mid pole of right kidney, 4cm in diameter (Figs 1 & 2). Urine cytology revealed transitional cell carcinoma. The bladder tumour was completely excised in two sessions which showed transitional

cell carcinoma Grade II with out muscle invasion. The patient underwent radical nephro-ureterectomy right, in view of mid polar lesion extending through the whole thickness of kidney and to avoid leaving ureteral stump in a setting with TCC bladder (Fig 3). The operation was performed by a lateral kidney incision and the ureter was separated from bladder by cystoscopic electrocautery. The histopathology showed a clear cell renal cell carcinoma, stage T1 N0 M0. Patient is on regular follow up for last 30 months and is recurrence free.

Discussion

The simultaneous occurrence of different types of urological malignancies in the same patient is quite rare. There have been reports in the literature about synchronous renal cell carcinoma and transitional cell carcinoma in the same kidney [1] and also in ureter/urinary bladder [4]. The points are the biological behaviour of the different tumours, the stage of different tumours, co-morbid conditions if any.

Our case had a superficial TCC bladder and a 4cm, clinically stage I, mid pole renal cell carcinoma right kidney. We have offered complete transurethral

Fig. 1 : CT scan showing bladder tumour

Fig. 2 : CT scan showing right renal tumour

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Fig. 3 : Right kidney with tumour

resection of bladder tumour with surveillance and radical nephro-ureterectomy for the renal tumour. The ureter was removed completely as the patient had already manifested with TCC bladder, to avoid recurrence of TCC in ureteral stump. Metachronous occurrence of TCC has been reported in ureteral stumps of patients who have undergone radical nephrectomy for RCC[5]. The patient has been kept under regular cystoscopic

surveillance for any recurrence of TCC and so far remained recurrence free.

Conflicts of Interest

None identified

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Events Calendar

8th- 9th April 2006

Respiratory Medicine Update

Venue: MH (CTC), PUNE-411040

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29th July 2006

CME on Recent Advances in Management of Haemorrhagic Disorders

Venue: Armed Forces Medical College, Pune-40

Contact Person: Lt Col PK Gupta, Assoc Prof

Dept of Transfusion Medicine, AFMC, Pune-40.

Tele No. : 020-26306267; Email : depttmafmc@rediff.com

10-12th November 2006

Annual Conference of Research Society of Anaesthesiology

Venue: Armed Forces Medical College, Pune-40

Contact Person: Organizing Secretary

Col KK Upadhyay, vsm

Dept of Anaesthesiology & Critical Care, AFMC, Pune-40

Tele No : 020-26306036 (Office), 020-26306274 (Office)

e-mail : rsacp2006@rediffmail.com

7-10th December 2006

ICAAICON 2006

40th National Conference on Allergy, Asthma & applied Immunology

Venue: Desh Bhagat Yaadgar Hall, Jalandhar

Contact Person: Organising Secretary, Dr. HJ Singh

Ranjit Hospital, Patel Chowk,

Jalandhar

Tele No : 0181-2620600;

Fax : 2620700;

Cell: 09814217738

e-mail : drhj@sify.com;

Website : www.ICAAICON2006.com

23-24th December 2006

CME on Stem Cell

Venue: Armed Forces Medical College, Pune-40

Contact Person: Lt Col PK Gupta, Assoc Prof

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