Multimed 2008; 12(2)

MINISTERIO DE SALUD PÚBLICA
HOSPITAL UNIVERSITARIO
"CARLOS MANUEL DE CÉSPEDES Y DEL CASTILLO"

Association of Right Breast and Kidney Malignant Tumors. A Case Report. 2008

Asociación del cáncer de mama derecha con tumores malignos de riñón. Un reporte de caso

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Summary

Renal granular cells cancer is a frequently tumor encountered in our area, but to find it associated to breast ductal cells cancer is quite rare. We report a case of a 53 year old female patient, who was diagnosed with both kinds of tumors, histologically confirmed; on the rigth side of the body and with a period between them of 8 years. Nothing similar was found in the national and international consulted literature.
Subject heading: ***BREAST NEOPLASMS/diagnosis; KIDNEY NEOPLASMS/diagnosis***

Resumen

El cáncer renal de células granulares es un tumor que aparece con frecuencia en nuestra área, pero, pero encontrarlo asociado a células ductales de mama es bastante extraño. Se hace un reporte de caso de una paciente de 53 años quien fue diagnosticada con ambos tipos de tumores, confirmado histológicamente en la parte derecha del cuerpo y con un período de ocho años entre ellos. Nada similar se encontrará en la literatura nacional e internacional consultada.
Descriptores DeCS: ***NEOPLASIAS DE LA MAMA/diagnóstico; NEOPLASIAS RENALES/diagnóstico***

Introduction

When we go into the study of Urology, in spite of contemporary science and technique development, we realize that diagnosis and definitive treatment of renal cancer are not still solved; and it is frequent to find in the autopsies, tumors so much benign as wicked unsuspected until then. The wicked kidney tumor or renal carcinoma is relatively frequent and it constitutes 3% of all cancerous tumors in man and 85% of all renal tumors. It appears predominantly in males, with a pick of incidence between the 5th and 6th decade of life (1-6).

There are associated factors that predispose to renal adenocarcinomas (AC) appearance, such as tobacco, diets rich in animal fat and calcium, use of diuretics, contac with lead, cadmium, radiations and virus can produce cancer of renal cells. There is also a positive correlation among the high consumption of fatty, oil, milk, sugar and death for carcinoma of renal cells; as well as, in patients who received hemodialisis treatment is frequent to find multiple cysts and renal cells carcinoma (5,6).

The adenocarcinomas, generally originates in one of the renal poles; as the neoplasia extends, it compresses the adjacent renal fabric and it displaces the chalices, the pelvis and the blood

vesels which are deformed and they tend to surround the tumoral mass. It is a characteristic that allows the urografic diagnostic (7). Often it invades the renal veins and even the cava vein, this can be associated to the nefrotic syndrome or hepatic disfunction, and occasionally tumoral cells can extend until the right cavities of the heart. As the kidney size increases, intraperitoneal organs can be displaced. The tumor can invade the neighboring muscles or the adjacent ones.

Most of metastasis extends through the blood and it can affect the liver, lungs, long bones and occasionally brain. The lumbar lymphatic ganglion located around the renal pedicle can be affected. Rarely, the metastasis returns after the nephrectomy, but this is commonly temporary (8). Thirty per cent of patients with this tumor present a growth of it and clinical manifestations that may vary and about 30% of patients with this pathology are diagnosed by non urologic symptoms and signs (9,10).

The most frequent clinical manifestations are; tumor, pain and haematuria; that last one commonly have a late apparition. Kidney ultrasound is an important radiologic investigation. It may precise the tumor characteristics and structure, and can also detect metastatic infiltration (9, 10). The CT scan is considered effective for the valuation of a non functioning kidney, to differentiate cysts of solid tumors and it let state the hipernefromas and other wicked renal tumors stage (11,12).

In Cuba have been enabled in most of the medical centers ultrasound, CT scan and magnetic resonance specialized services. In the last years has been increased in a remarkable way the detection of complex masses and solid tumors that belong together with wicked tumors of the kidney in their preclinic stage, which allows an earlier diagnosis and therapeutic action (6).
The objective of this work is to present a case of a female medium-age patient who was diagnosed with a right kidney cancer, with a medical history of a breast ductal cancer of the same side, with an 8 year-old period between both diagnoses. Although this event can be explained, it does not appear any similar case reported in national and international studies.

Case Report

A female, 53-year-old housewife, who presented complaining of sustained abdominal pain, that had an insidious unset and was located in the right upper quadrant. It was moderately intense and had not relief with analgesics or irradiation. Other symptoms were denied. She had a medical history of breast cancer. A radical modified mastectomy with axillary emptying was performed to her 8 years before and posterior chemotherapy was applied. Her diagnosis was

non infiltrating ductal cells carcinoma, histologically confirmed. The patient does not smoke or drink alcohol. Her family history was non contributory.

On physical examination were found costovertebral angle tenderness and palpable right kidney. The rest of the examination was essentially unremarkable. Some laboratory investigations were obtained: Hb: 10.7 g/l (mild anemia), Sed rate: 89mm, a mild leukocytosis: 10.8 x 10^9 /L, glucemia: 5.5mmol/L, creatinine: 74 µmol/L, platelet count: 270x 10^9/L, ST: 1mts and CT: 8mts. The abdominal ultrasound revealed an increased liver size and right kidney enlargement in the upper polar area. The intravenous pyelogram (IVP) showed a rigth kidney darkeness in the half upper area and retarded contrast elimination of the rigth kidney.

The architecture of the upper pyelocalicial system was abnormal and compressed by a solid mass with 85 x 86 mm of extension. The rest of IVP was normal. The conclusion of it was right kidney tumor without metastasic infiltrattion. The patient was managed surgically. A right nephrectomy with biopsy was performed. A few days later the biopsy concluded renal carcinoma of fairly differenciate granular cells, with II-III nuclear stage and lymphatic muscular invasion, and Neoplasic obstructive hydronephrosis. The prognosis was reserved.

Comments

The renal carcinoma was known a few days ago as hypernephroma, hypernephroid carcinoma or Grawitz tumor. It was thought that it was a tumor derived of suprarenal bark inclusions in the kidney. It is the most frequent malignant tumor of the kidney. It can presented in any age, but their relative frequency is particularly high around the 6th decade of life, and it appears in males in a proportion of 3:1, compared with females (13,14). The presented case appears in a female, in the fifth decade of her life, and it didn't present the classic clinical signs: haematuria, tumor and pain.

In 5% of cases this tumor is discovered because of metastasis (generally bone, lung or subcutaneous), however, in this case, the medical history of a breast ductal carcinoma existed. There was not found in national or international literature reports of similar cases (15-18).
Echography is the most commonly used technique in the initial detection of renal masses (14). It happened in this patient and allowed a precise diferenciation of cystic and solid lesions and likewise it allows the exact diagnosis of simple cysts, anechoic injures, well defined parenchyma ones and with later acoustic reinforcement without other specific explorations.

CT scan allows an appropriate evaluation of the complexity degree of a cystic lesion permiting to take therapeutic decisions about its surgical treatment.
The employed surgical technique was radical nephrectomy. It was introduced by Robson in 1963, and includes the exeresis of the kidney, the suprarenal ipsilateral gland, the perirrenal fatty contained in Gerota's and markage of the tumoral channel with metallic points. It was carried out lymphadenectomy. At the light of the current knowledge nowadays it is known that the long term survival of the patients with ganglionar metastasis is around 20 per cent, the ganglional dissection could have healing potential in those patients with limited metastasis to the regional ganglion (14). In this case regional glangios were not meet with macroscopic metastasis signs.

Conditions that usually determine in a patient the antitumoral treatment can favor the appearance of other tumors like theoretical principle from the oncologic point of view however it is not common in medical practice to describe the aparition of two tumors, in the same patient, in the same side of the body, in a so short period of time. We did not find any international report with the so peculiar characteristics of this case that we are reporting.

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