SILENT KIDNEY AND TUMOURS OF THE UROGENITAL SYSTEM

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The "silent kidney" as a diagnostical and therapeutical problem continues to exist with a lot of still unsolved items. The importance of this problem is determined not only by the interesting and still uncleared aspects, but also by its practical significance. The question of the terminology of the "silent kidney" is complex and arguable for the time being. The concepts "non-functioning", "invisible", "non-visualizing" kidney are not specified and satisfactorily distinguished. That is why they are not always being used correctly.

The "silent kidney' is commonly used in nowadays-practice. This termin, interpreted as a clinical concept, doesn't reflect the nature of the pathological process. In some cases this concept can lead to error about the status of the renal parenchyma.

Important questions in cases of "silent" kidney are:

1. Is the loss of function definite or temporary?
2. What is the reason for the lack of function?
3. What our behaviour should be?

The diagnosis of renal or urinary tract tumours in some cases is a result of the reveal of the "silent kidney" and the search for the reason of this phenomenon. This fact is quite important because the tumours of the urinary system are often found out by accident on the basis of a few symptoms: macroscopic hematuria, fever or palpable addominal tumour.

Unfortunately, the loss of the renal function in cases with neoplasms is not an early symptom. However, this can be early observed when there is a tumour of the ureter, and the bladder because tumours of small size cause an obstruction of the ureter or of its bladder orifice.

Another important point in the cases with malignant renal and urinary tract tumours, this is the necessity of surgical treatment when distant metastases are not established. The diagnosis of the tumour as a reason for non-functioning kidney has an essential significance for the patient. That is why, as early as the correct diagnosis is settled as favorable the prognosis of the disease is.

We observed 250 patients with "silent kidney". The reason for it in 41 of the cases were tumours of the urogenital system — 16.4%. This fact means that among the reasons for the "silent kidney" the tumours of the urogenital system occupies second place after urolithiasis and before renal tuberculosis (see table I).

According of the kind of the tumour in our cases the renal adenocarcinoma and the urinary bladder carcinoma are the most often neoplasms (see table 2).

The tumours left are rare but of great interest. In 2 cases the cancer originates from the pyelon, in 2 cases there is Wilms' tumour and in 4 cases — metastases from female genital neoplasms. There is one case with testicular

Table 1.
"Silent kidney"

Etiology	number	%
1. Urolithiasis	141	56.4
2. Tumours of the urinary system	41	16.4
3. Renal tuberculosis	23	9.2
4. Congenital malformations	18	7.2
5. Inflammations	15	6.0
6. Cysts	5	2.0
7. Unknown	4	1.6
8. Others (trauma etc.)	3	1.2
	Total 250	100

Table 2.
"Silent kidney" in the urinary system tumours

Kind of the tumour	number	%
I. Primary tumours:		
1. Renal tumours		
a) adenocarcinoma	15	6.0
b) Wilms' tumours	2	0.8
2. Renal pelvic tumours	2	0.8
3. Ureteral tumours	2	0.8
4. Urinary bladder tumours	15	6.0
II. Metastatic tumours:		
1. Women genital tumours	4	1.6
2. Testicle's tumour	1	0.4
	Total 41	16.4

teratoblastoma. All but four of the cases are confirmed histologically and after the surgical treatment.

In 1826 G, Kōnig was the first who described two cases with "medullary sarcoma" of the kidney. Later P. Grawitz (1883) gives an account to a malignant tumour of the renal parenchyma, and since then one begins to call the renal tumours after him "Grawitz's" tumours. It is proved that the hypernephroma is a renal tumour coming from the renal tubules which is called adenocarcinoma of the kidney.

Conclusions:

1. In cases of "silent kidney" tumours of the urinary system occupy second place — 16.4% — after urolithiasis. This is of great importance for the urgent surgical treatment and the prognosis.

2. The most frequently observed tumours are renal adenocarcinoma and urinary bladder tumours.

R E F E R E N C E S

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«НЕМАЯ» ПОЧКА ПРИ ОПУХОЛЯХ МОЧЕПОЛОВОЙ СИСТЕМЫ

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Р Е З Ю М Е

В работе описывается 250 больных с т. н. немой почкой. Подчеркивается, что опухоли мочеполовой системы занимают второе место среди причин афункции одной почки вслед за мочекаменной болезнью, что имеет весьма существенное значение как для лечения (необходимость в неотложном хирургическом вмешательстве), так и для прогноза. Среди опухолей, вызывающих «немую» почку наиболее часты почечный аденокарцином и рак мочевого пузыря.