CORRESPONDENCE

To the Editor:

We read with great interest the article by Okada et al,[1] reporting on a child with multilocular cyst of the kidney cured by partial nephrectomy. Although we concur with the authors that cystic nephroma (CN) is best treated by nephron-sparing surgery and have reported similar experience,[2] we were concerned about the term *multilocular cyst (MLC) of the kidney* that they used to describe the excised lesion.

Indeed, cystic variants of nephroblastoma have been the subject of a lively controversy for many years, including the so-called multilocular cystic renal tumor. However, Joshi and Beckwith[3] are credited for the current terminology and classification of these lesions, previously described with numerous synonyms that proved to be either ambiguous or misleading.

They proposed a modification of the existing terminology based on a review of extensive material accumulated at the National Wilms Tumor Study Pathology Center.[3] In an effort to emphasize a neoplastic rather than a developmental or hamartomatous origin, they proposed the use of the term *CN* to describe a multicystic tumor lacking blastemal or other embryonal elements. Second, they recommended that the term *cystic partially differentiated nephroblastoma* be used to denote a predominantly cystic lesion without nodular solid regions, in which the septa contain blastemal or other embryonal elements. Further, they proposed that both of these terms be subsets of a category of multilocular cystic renal tumor.

Geoffrey et al[4] recently emphasized this nomenclature, reviewing the experience on these lesions at the Armed Forces Institute of Pathology. Moreover, the mentioned classification is also adopted by the current SIOP protocol for Wilms' tumor. Therefore, we strongly endorse the replacement of the term *MLC of the kidney* with *CN*.

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REPLY

To the Editor:

The term *multilocular cyst (MLC) of the kidney* invites confusion with various forms of cystic malformations of renal parenchyma.[1] Several modifications of existing terminology and definitional criteria for these cystic lesions were recommended. For this reason, the term *cystic nephroma (CN)* has been recommended by some as an alternative, implying the benign but neoplastic nature of this entity.[1,2] The American National Wilms' Tumor Study proposed that the classification cystic lesions containing mature elements in septa = CN as a better term than MLC. Because MLC probably represents a neoplastic lesion, the designation CN is preferred.[1] The term *MLC* should be used only for predominantly cystic tumors composed entirely of differentiated tissues, without blastema or other embryonal elements. The pathologic findings of our patient met these criteria. Therefore, it was not wrong to use this terminology.

Finally, we adopted the term *MLC of the kidney* in our manuscript as synonymous with CN.

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