

CASE 6

Submitted by: Dr. Marion Mann, Howard University College of Medicine,
Washington, D.C.

A 9 year old female child entered the hospital with the chief complaint of left lumbar pain of three months' duration. She was a premature baby weighing four pounds at birth. Three months before hospital entry, the child complained of dull left lumbar pain which had periods of accentuation. Since the onset of symptoms the child was tired, had anorexia and frequent colds. She experienced frequency and nocturia; no hematuria has been present. There has been "considerable" weight loss in the past two or three months. On the day prior to hospital admission the mother noted a swelling in the left lumbar area, and the child was "warm to the touch".

Physical examination on entry revealed a temperature of 102°, pulse 110 per minute, respirations 20 per minute and blood pressure 140/100. A mass was palpated in the left lumbar region which was mostly firm but cystic at the lower pole. It moved with respiration. Intravenous pyelogram revealed a mass overlying the left kidney. An exploratory laparotomy revealed a large tumor mass in the region of the left kidney and, superior to it, displacing the kidney inferiorly and medially. A transperitoneal left nephrectomy was performed.

Gross pathology: Specimen consists of one-half of a left kidney which has been sectioned in a median-sagittal plane and it measures 10 cm. in length, 5 cm. in width and 2 cm. in thickness. The cortex of the kidney is smooth and glistening and varies in thickness from 0.6 cm. to 1 cm. It is whitish-tan in color and the cortico-medullary junction is fairly distinct. The medulla measures 1.5 cm. in thickness. The renal collecting system, particularly the pelvic, is markedly compressed by a huge, firm, greyish, pseudo-lobulated neoplasm which is growing in the peri-pelvic tissue on the pelvic wall. The tumor extends from the level of the junction of the lower one-third of the kidney and the upper two-thirds of the kidney superiorly, to the region of the adrenal where there is a large spherical necrotic portion of tumor contiguous with the previously described portion. This portion is in the region of the adrenal, is markedly hemorrhagic and, in areas, it is somewhat encephaloid in appearance. It appears to be fairly well encapsulated. The entire tumor mass measures 14 x 7 x 0.5 cm. The firm portion of tumor (the peri-pelvic portion) measures 8 x 6 x 2 cm., and the soft encephaloid necrotic portion in the region of the adrenal measures 9 x 8 x 0.5 cm. The superior necrotic mass has multiple areas of hemorrhage, the largest measuring 3.5 x 1.5 cm. No adrenal tissue is recognized in this mass. The firmer area is grayish, pseudo-lobulated and contains a few foci of softening, the largest measuring 3 x 1.5 cm. Two others are present and they average 1.2 x 0.5 cm. and contain a soft buttery type of material. No tumor is seen in the renal parenchyma per se but the tumor does appear to be extensively invading the peri-pelvic tissue. Ureter, renal arteries and veins are not identified.