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Key Words

Transitional cell carcinoma
Sarcomatoid variant
Upper urinary tract
Radical nephroureterectomy
Autopsy

ABSTRACT

A 68-year-old female presented with sarcomatoid transitional cell carcinoma of the right kidney and ureter with rapid growth and highly aggressive behavior. The patient was found to have suffered from progressive right flank pain and gross hematuria since December 1997. A right bulging mass measuring up to 8 x 8 cm could be palpated over the right flank area since September 1998. The abdominal CT scan showed a huge tumor measuring 17 x 10 x 10 cm with invasion and hydronephrosis of right Gerota's fascia and Morison's pouch. The patient received right radical nephroureterectomy in October 1998. The patient refused further treatment. However, carcinomatosis was noted one month later by abdominal CT scan which showed an ill-defined infiltrative mass at the right suprarenal fossa with direct invasion of the liver and right pararenal invasion. Massive ascites and retroperitoneum lymph node enlargement were noticed. An autopsy was performed. The cause of death was thought to be disseminated metastasis of sarcomatoid transitional cell carcinoma and multiple organ failure.

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PRESENTATION OF CASE

A 68-year-old female was admitted to our Urologic Ward on 25 November 1998 because of progressive general weakness, poor appetite, vomiting, and bilateral lower leg edema.

The patient past history was traced to 18 December 1997, when she first visited our Urology Department for right flank pain, dizziness, and painless gross hematuria. A right urinary tract stone was impressed. Image study of the L-spine showed spondylosis. Nei-

ther renal stone nor ureter stone was found. The patient was lost to follow-up after that. In this period of time, she tried herbal drugs to relieve the symptoms but in vain. On 14 September 1998, she visited our Radiotherapeutic Oncology Department again for a right bulging mass (8 x 8 cm) for two months and progressive right flank pain. Right kidney tumor was diagnosed by an outside health center. Laboratory data showed anemia, normal renal function, and increased level of LDH (Tables 1 and 2). Abdominal sonography showed a mixed echoic mass (16.5 cm in diameter) of

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