

Morison's pouch, and external compression of the liver was the most reasonable clinical diagnosis.

Epithelial neoplasms arising in the ureters and renal pelvis are uncommon lesions. Age, sex ratio, frequency of histologic types, and prognosis are similar to tumors arising from the urinary bladder. There are some important variations; however, from urinary bladder neoplasms, including: a lower frequency of all types, a stronger association with certain types of chemical agents (such as phenacetin), a stronger association with obstruction to urinary outflow, a decreased value of cytology and endoscopy for detection and monitoring, and an increased frequency of synchronous or metachronous urothelial neoplasms at other sites. Signs and symptoms are nonspecific: most patients have hematuria (70% - 90%) or flank pain (8% - 50%). Flank pain, is the result of ureteral obstruction from blood clots or tumor fragments, or renal pelvic or ureteral obstruction by the tumor itself. Irritative voiding symptoms are present in approximately 5%-10% of patients. Constitutional symptoms of anorexia, weight loss, and lethargy are uncommon. A flank mass owing to hydronephrosis or a large tumor is detected in approximately 10%-20% of cases, and flank tenderness may be elicited as well. A preoperative diagnosis is often difficult.

CLINICAL DIAGNOSIS

Transitional cell carcinoma of the upper urinary tract, with disseminated multiple organ metastasis.

DISCUSSION OF PATHOLOGY

Microscopic examination of the previous ureteroscopic-biopsied specimen showed a picture of carcinoma of undetermined origin made up of large-sized tumor cells with prominent nucleoli, and basophilic or vacuolated cytoplasm. The cells are arranged in solid nests with marked tumor necrosis, and frequent mitosis.

The previously radically resected right kidney was markedly enlarged, measuring 19.3 x 11.5 x 9.5 cm, and weighing 1055 g. The shape was distorted by the nodularity on the outer surface. Focal adhesion with re-

nal capsule was seen. On cutting, the parenchyma was almost totally replaced by a heterogenous tumor with marked and extensive necrosis and hemorrhage. The calices were obliterated and the pelvis was dilated. Two satellite papillary nodules were found which measured up to 0.6 cm in the greatest dimension on the mucosal surface of the pelvis (Fig. 3). The ureter, which was dilated, measured 21.5 cm in length and up to 2.1 cm in diameter. There was a whitish papillary and fungating tumor on the mucosa of the lower 2/3 of

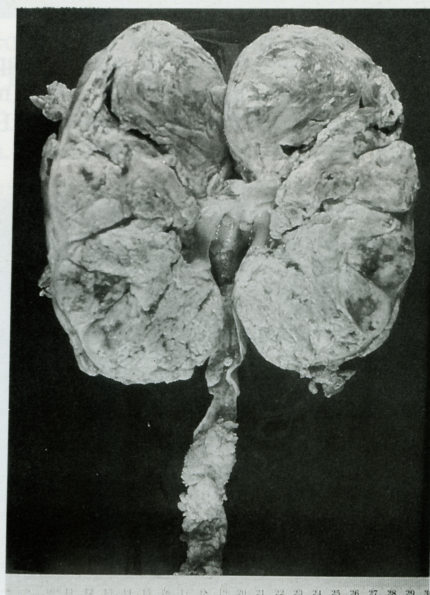


Fig. 3. Two satellite papillary nodules measuring up to 0.6 cm in the greatest dimension on the mucosal surface of the previously resected right renal pelvis.



Fig. 4. A whitish papillary and fungating tumor mass on the mucosa of the lower 2/3 of the ureter with involvement of the surgical margin.