

CASE 4

56 Y/O MAN

Brief history

- **Past history**

Smoker with alcohol consumption

Ascending colon tubular adenomas

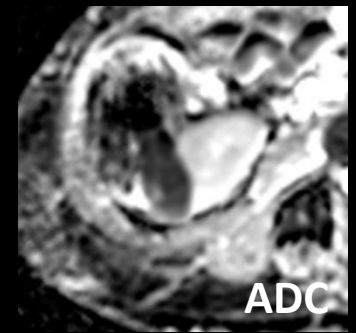
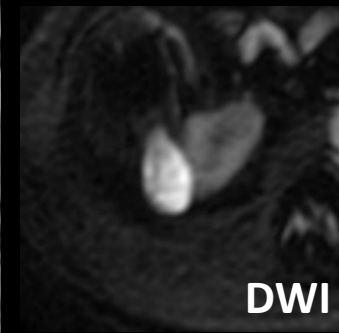
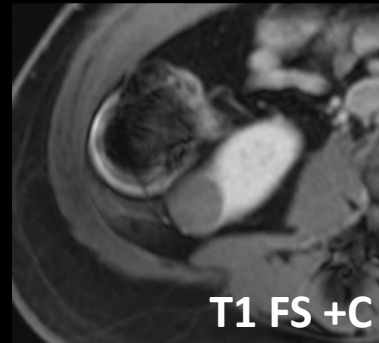
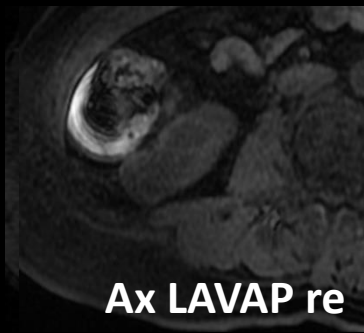
- **Chief complain**

For whole-body health examination

Imaging studies

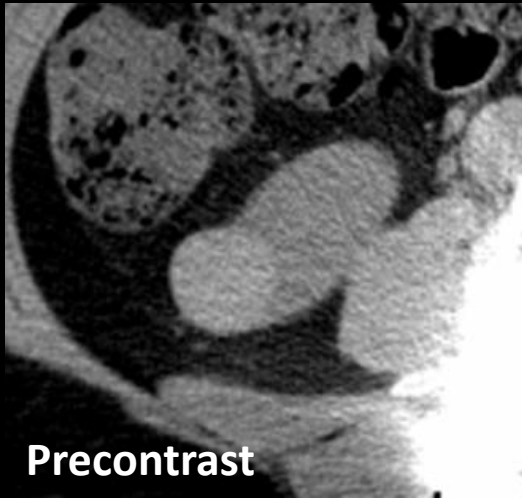
Whole-body MRI	(2020.05.21)
Kidney MRI (+C)	(2020.06.09)
Kidney CT (+C)	(2020.06.20)

Kidney MRI



- ✓ A 2.4 cm round lesion at the lower pole of right kidney
- ✓ Iso-intensity on T1WI and hypo- to iso-intensity on T2WI
- ✓ No prominent enhancement on post-contrast images
- ✓ Significant diffusion restriction on DWI

Kidney CT



- ✓ A nearly 2.5cm sized hyperdense roundish space-taking lesion in lower pole of right kidney with
- ✓ equivocal contrast enhancement on CECT

Differential Diagnoses

- Suspicious high protein containing cyst
- Lymphoma
- RCC

→ Pathology report

Chromophobe RCC

2.7cm, pT1a Nx Mx

RCC

- Malignant tumor arising from renal tubular epithelium
- Most common malignant renal tumor
- Most common in 50-70-year old patients and moderate male predilection of 2:1
- Pathology:
 - Clear cell RCC (70-80%)
 - Papillary RCC (13-20%)
 - Chromophobe RCC (5%) → Better prognosis
 - Others

RCC

Syndrome	Renal mass
Von Hippel-Lindau (VHL)	Clear cell RCC
Tuberous Sclerosis	Angiomyolipoma, clear cell RCC, oncocytoma
Familial renal carcinoma	Clear cell RCC
Hereditary Papillary RCC	Papillary RCC
Familial oncocytoma	Oncocytoma
Hereditary leiomyoma-RCC	Papillary RCC
Birt-Hogg-Dube (BHD)	Chromophobe RCC, oncocytoma, hybrid tumors
Constitutional chromosome 3 translocation	Clear cell RCC