

CASE 3

73 Y/O F

Brief history

- **Past history**

1.Diabetes mellitus type 2, 2.Hypertension,
3.Hyperlipidemia, 4.Insomnia

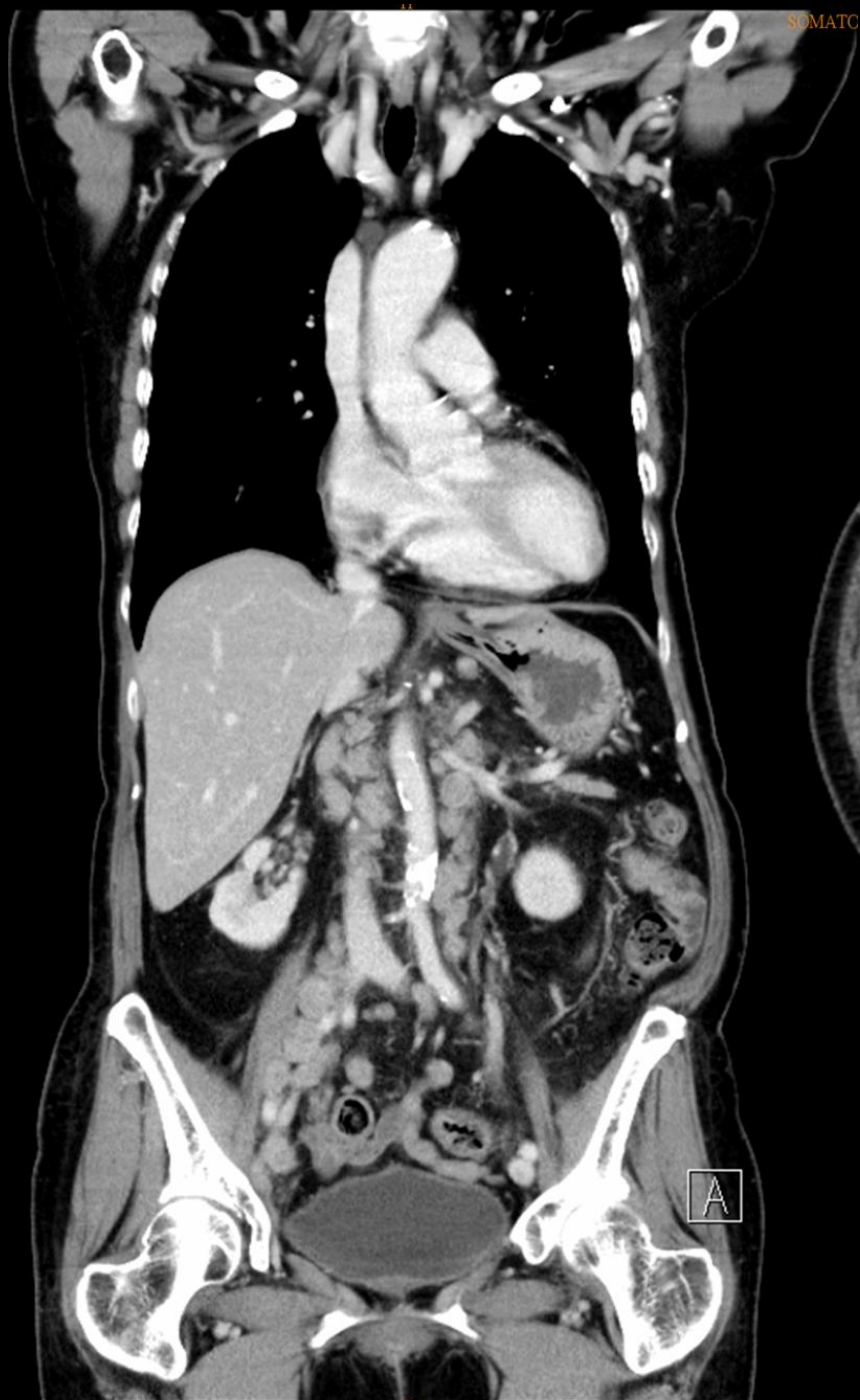
- **Chief complain**

low back pain since 2023 for 1+ year after falling

- MR : multiple mets

Image

- CT 2024/08/29



(2024/09/12) Kidney, renal pelvis, left, ureterorenoscopic (URS) biopsy, urothelial carcinoma, high grade, invasive
Kidney, ureteropelvic junction, left, ureterorenoscopic (URS) biopsy, urothelial carcinoma, high grade, invasive

The specimen is submitted in two bottles, labeled as: 1) left renal pelvis, and 2) left ureteropelvic junction, respectively, fixed in formalin. The bottle 1) contains 7 tissue fragments, measuring up to 0.2 x 0.2 x 0.2 cm in size. Grossly, they are gray and soft. The bottle 2) contains 3 tissue fragments, measuring up to 0.2 x 0.2 x 0.2 cm in size. Grossly, it is gray and soft.

All for sections and labeled as: A: left renal pelvis, and B: left ureteropelvic junction

Microscopically, sections A and B shows invasive high grade urothelial carcinoma composed of pleomorphic tumor cells arranged in single cells, cell nests and papillary structures invading into the underlying fibrotic tissue. Immunohistochemistry studies on sections A and B reveals these tumor cells are positive for cytokeratin (AE1/AE3), CK20 and GATA-3.

Reference: N24-04526 - Urine; Cellular change conclusive for malignancy
N24-04525 - Urine; Cellular change conclusive for malignancy
N24-04446 - Urine; Cellular change suspicious for malignancy
N24-04351 - Urine; Cellular change suspicious for malignancy

(2024/09/09) Bone and soft tissue, intra-abdominal, CT-guided biopsy, metastatic adenocarcinoma

The specimen submitted consists of four tissue fragments measuring up to 1.8 x 0.1 x 0.1 cm. in size, fixed in formalin.

Grossly, they are grey and soft.

All for section.

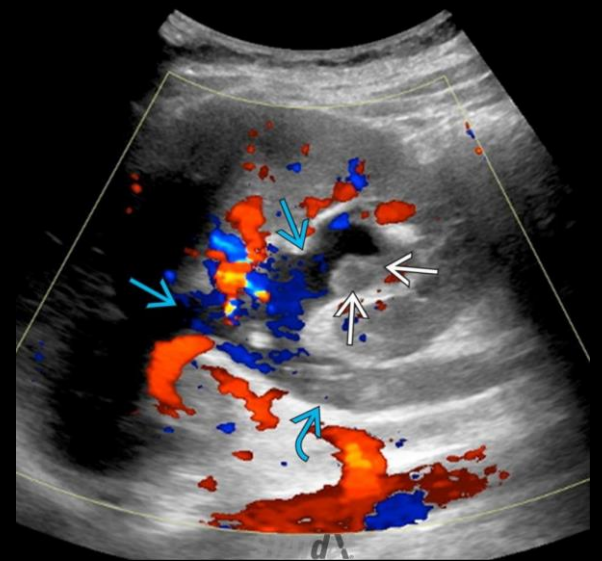
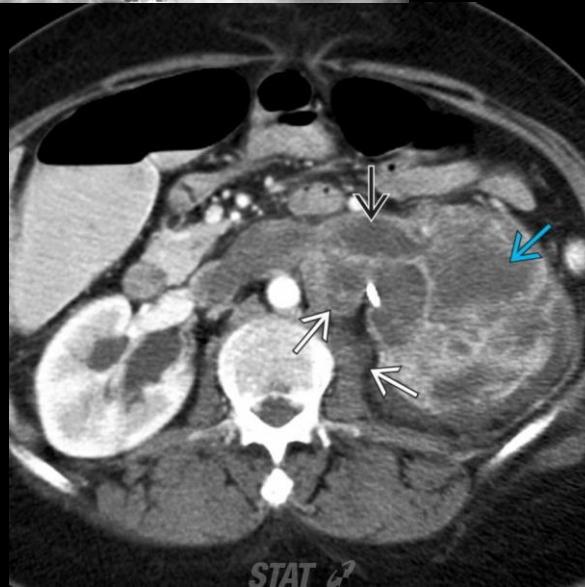
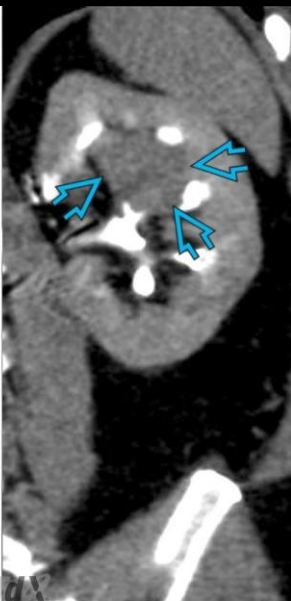
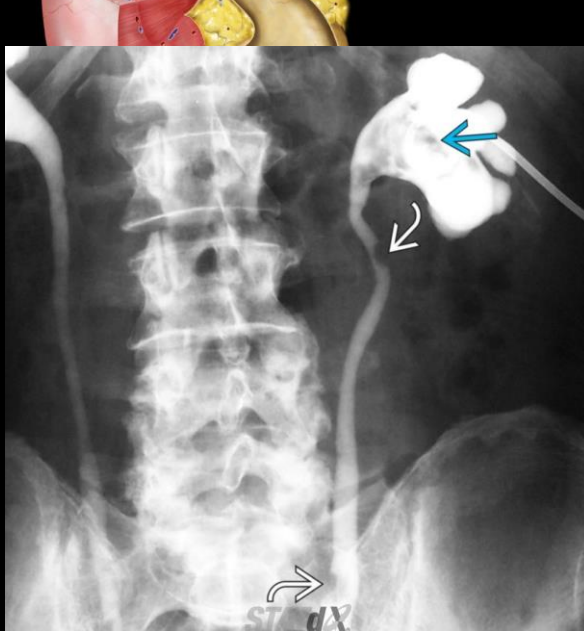
Microscopically, sections show bone and soft tissue with metastatic adenocarcinoma in a solid growth pattern, poorly differentiated. The tumor cells are immunoreactive with CK7 and CK20, weakly positive for cdx2 and negative for TTF1. The tumor origin may be (but is not limited to) gastrointestinal or pancreatic-biliary; clinical correlation is recommended.

報告登打：周德盈醫師 (病解專醫字第000106號) 2024/09/12 00:00，覆閱：張惟鈞醫師 (員編 221015)

病理號碼 TH2422154 報告日期 2024-09-12

Discussion

- UCC of renal pelvis
 - Aka transitional cell carcinoma (TCC) of renal pelvis; only about 5-10% renal tumor
 - 50x less common than bladder UCC but 2-3x more common than ureter
 - M:F = 3:1, 60-70 y/o
 - Microscopic or macroscopic hematuria (70-80%), flank pain (20-40%)
 - Staging: T1 => lamina propria; T2=> Muscularis; T3=> Beyond muscularis into peripelvic fat or renal parenchyma ; T4 => Adjacent organs, pelvic or abdominal wall, or through kidney into perinephric fat



Ill-defined & infiltrative mass centered
in lt upper, middle infundibulum &
calyceal system

White: Lower pole polypoidal mass
Blue solid: Hydronephrosis
Curve: Debris in dilated proximal
ureter

Black arrow: Invade lt renal vein

White arrow: Lymph nodes

High-grade TCC