AMSER Rad-Path Case of the Month



62-yo female presents with abdominal pressure and flank pain

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Patient Presentation

- HPI: Patient presented with abdominal pressure and pelvic/flank pain
- PMHx: Appendiceal cancer, schwannoma, osteoporosis, arthritis, depression
- SHx: appendectomy, hysterectomy, tonsillectomy
- Vitals: BP 154/82, HR 90, RR 16, SpO₂ 99%, 97.8°
- Physical exam: Normal
- ROS: No fever or chills, increased urinary frequency, sensation of pressure with urination, x1 emesis



Pertinent Labs

No pertinent labs!



What Imaging Should We Order?



Select the applicable ACR Appropriateness Criteria

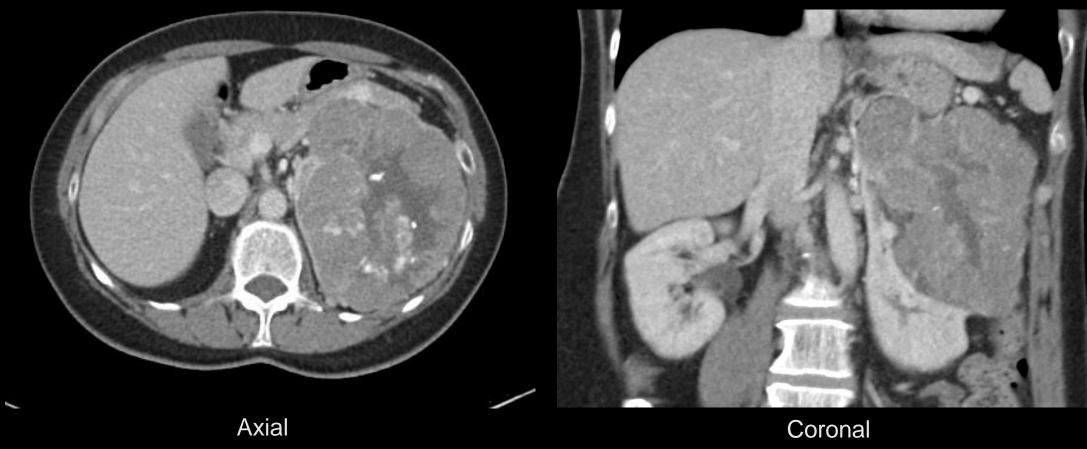
Variant 4: Acute nonlocalized abdominal pain. Not otherwise specified. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
CT abdomen and pelvis with IV contrast	Usually Appropriate	₩
CT abdomen and pelvis without IV contrast	Usually Appropriate	₩
MRI abdomen and pelvis without and with IV contrast	Usually Appropriate	0
US abdomen	May Be Appropriate	0
MRI abdomen and pelvis without IV contrast	May Be Appropriate	0
CT abdomen and pelvis without and with IV contrast	May Be Appropriate	❖❖❖❖
Radiography abdomen	May Be Appropriate	₩
FDG-PET/CT skull base to mid-thigh	Usually Not Appropriate	₩₩
WBC scan abdomen and pelvis	Usually Not Appropriate	♦ ♦♦
Nuclear medicine scan gallbladder	Usually Not Appropriate	₩
Fluoroscopy upper GI series with small bowel follow-through	Usually Not Appropriate	₩
Fluoroscopy contrast enema	Usually Not Appropriate	₩
Fluoroscopy upper GI series with small bowel follow-through		

This imaging modality was ordered by the ER physician

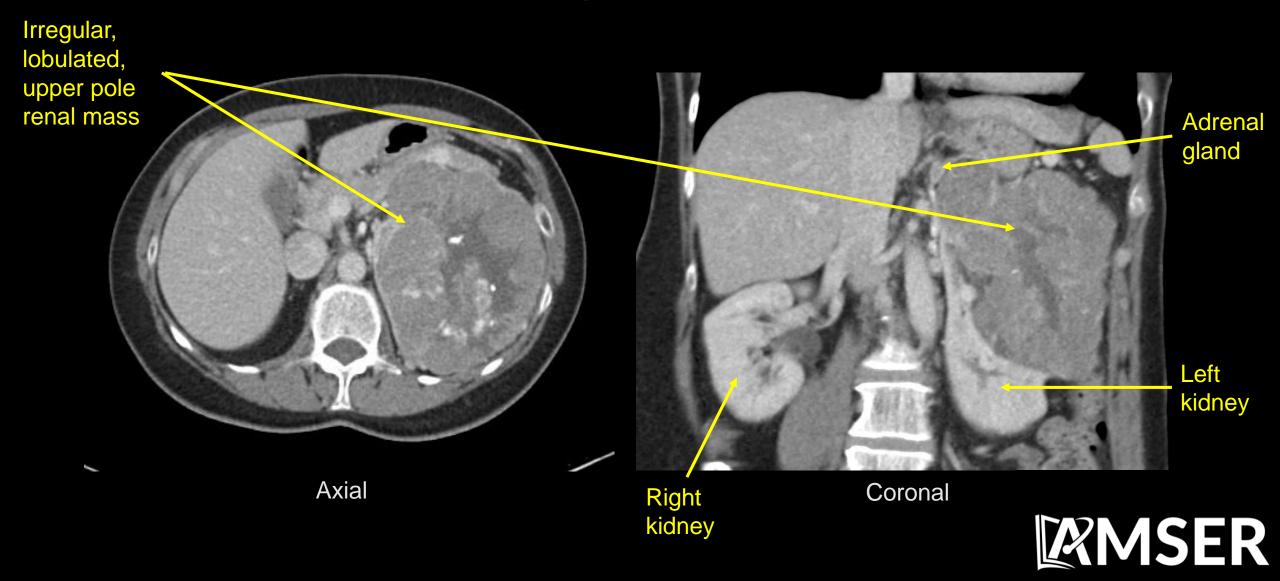


Findings (unlabeled)





Findings (labeled)



Gross Pathology

Adrenal gland

Tumor





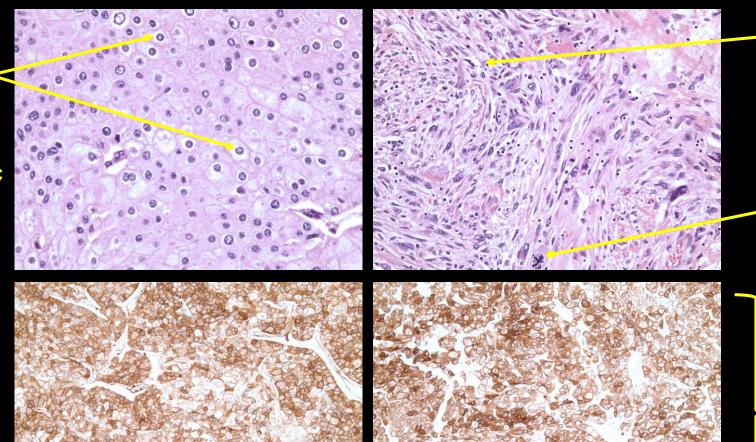
Differential dx:

- Renal cell carcinoma
- Metastatic disease

Surgical Pathology

"Raisinoid" nuclei with perinuclear halos

Cells are eosinophilic with pale cytoplasm



Sarcomatoid differentiation: cells are spindled with elongated nuclei, highly pleomorphic

Atypical mitosis

CD117 and CK7 diffusely positive which correlates with chromophobe diagnosis.

Final Dx:

Chromophobe renal cell carcinoma



Case Discussion

Renal cell carcinoma

- Most common presenting symptoms consisted of hematuria, abdominal mass, flank pain, and weight loss
- Can have areas of necrosis, cyst formation, hemorrhage and calcification

Epidemiology

- Account for 80-85% of primary renal neoplasms
- Approx. 25% of patients have distant metastasis or advanced locoregional disease at presentation
 - Patient was found to have 2.2cm right middle lobe lung lesion
- 2x as common in males vs females, median age at diagnosis is 64
- Predisposing factors: smoking, hypertension, obesity, dialysis, von Hippel-Lindau disease

Case Discussion

Pathology

- Chromophobe subtype is rare (5% of renal cell carcinomas)
 - Arises from intercalated cells of collecting ducts
 - Better prognosis than clear cell subtype
- Areas of extreme pleomorphism and sarcomatoid differentiation
 - Sarcomatoid features only seen in ~10% of chromophobe renal cell carcinomas

Treatment

- Radical nephrectomy
- Responsive to Everolimus
 - Patient will start due to lung lesion (sarcomatoid features are poor prognostic indicator)
 - Limited evidence for efficacy of vascular endothelial growth factor inhibitors



References:

- American College of Radiology ACR Appropriateness Criteria Acute Non-localized abdominal pain.
 https://acsearch.acr.org/docs/69467/Narrative/
- Marko, J et al. "Chromophobe Renal Cell Carcinoma with Radiologic-Pathologic Correlation." Radiographics, 13 Aug. 2021, https://pubs.rsna.org/doi/10.1148/rg.2021200206
- UpToDate. https://www.uptodate.com/contents/clinical-manifestations-evaluation-and-staging-of-cell-carcinoma/
- *UpToDate*. https://www.uptodate.com/contents/epidemiology-pathology-and-pathogenesis-of-renal-cell-carcinoma/
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