Symptomatic giant renal oncocytoma: a case report

Takayuki Aso, Kazuhiko Oshinomi, Kohzo Fuji, Motoko Sugahara, Masashi Morita, Takashi Fukagai, Yoshio Ogawa
Department of Urology, Showa University School of Medicine, Tokyo, Japan

Introduction: Renal oncocytomas are benign neoplasms derived from cells of the distal renal tubule, and comprise 5% to 7% of primary renal neoplasms. Oncocytomas are mostly asymptomatic, and the majority of tumors are discovered incidentally. In this case report, we present a case of a patient with a giant oncocytoma arising from her right kidney.

Case presentation: A 77-year-old woman had an abdominal ultrasound for chronic abdominal discomfort, which revealed a large mass on the right kidney. An abdominal computed tomography scan revealed a contrast enhancing, well-defined, hypervascular large mass (10.0 × 8.0cm) originating from the right upper pole. A magnetic resonance imaging scan was performed with no evidence of renal vein or caval thrombus or embolus. A radical nephrectomy was performed and the pathology diagnosed renal oncocytoma. No local or distant metastasis was seen at 24 months postoperatively.

Conclusion: Several reports have characterised this essentially benign renal histiotype, which represents 5% to 7% of all solid renal masses. Unfortunately, most renal oncocytomas cannot be differentiated from malignant renal cell carcinomas by clinical or radiographic criteria. Central stellate scar and a spoke-wheel pattern of feeding arteries are unreliable diagnostic signs and are of poor predictive value. These tumors are treated operatively with radical or partial nephrectomy or thermal ablation, depending on the clinical circumstances. In this report, we discuss literature review of radiological, genetic, and pathological characteristics of renal oncocytoma.
A 60-year-old man with diabetes mellitus (DM) had a continuous fever and complained pollakisuria and general fatigue during his hospital stay for the purpose of glycemic control in previous hospital. He was diagnosed with prostatic abscess by computed tomography (CT) and immediately admitted to our hospital. We performed transrectal ultrasound-guided needle aspiration in the prostatic abscess as the initial surgical treatment, however, the content fluids were not able to evacuate completely because of their thick viscosity. His subjective and objective symptoms were cured by needle aspiration alone, then we administered antibiotics intravenously with strict control of DM. Waiting for remission of his general conditions and inflammatory findings, transurethral resection of prostate (TURP) was carried out to resolve abscess cavities. After TURP, lower urinary tract symptoms were improved and no recurrence of abscess in prostate was detected.
**Introduction:** Urolithiasis is one of the major late complications of ileal conduit diversion and is treated with extracorporeal shock wave lithotripsy, antegrade or retrograde endoscopic ureterolithotripsy. However, these treatments are often difficult.

This time, we will present the case of ureteral calculus, treated with percutaneous antegrade ureterolithotripsy successfully.

**Case Report:** A 65-year-old man presented with bilateral ureteral stones and was candidate for percutaneous antegrade ureterolithotripsy (PAUL). He had a history of total cystectomy and ileal conduit diversion at 35 years old because of bladder cancer. His bilateral renal calculus was treated with extracorporeal shock wave lithotripsy (ESWL) at 42 years old. However, small fragments were remained after ESWL in bilateral upper urinary tracts, and they often caused hydronephrosis. When he was 52 years old, left hydronephrosis was developed due to ureteral calculus and left percutaneous nephrostomy was performed. However, pyelonephritis was often developed after that and right ureteral calculus was recognized. Then he received left PAUL and right percutaneous nephrostomy at 65 years old. PAUL was performed with flexible ureteroscope and Holmium: YAG Laser Lithotriptor. Additionally, he received right PAUL 3 months later.

After these procedures, his hydronephrosis were improved and he is living without bilateral nephrostomy tubes.