



Squamous cell carcinoma of kidney; a rare case report

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ABSTRACT

Renal cell carcinoma of kidney is very rare. Diagnosis to rule out it is very difficult due to its rarity. Its radiological features are very vague, because of this reason its diagnosed later and patient is usually present in advanced stage. Main treatment is radical nephrectomy but as patient presents in very advanced stage palliative management is a important pat of treatment strategy. At present there are no standard treatment guidelines are there. [1]

Key words – Renal cell Carcinoma , Urolithiasis, IHC, Radical Nephrectomy.

I. INTRODUCTION

Squamous cell carcinoma of primary renal origin is very rare because it presents in 0.5%-0.8% of malignant tumors of renal origin. It possess diagnostic challenge due to its rarity[3], patients usually presents in a advance. Common etiological factors are renal calculi, infection chemicals vitamin deficiency. [3] Only a single case of primary squamous cell carcinoma is reported till

date to the best of our knowledge so we are reporting a case of squamous cell carcinoma due to its rarity. [2]

II. CASE REPORT

A 37year old male presented with complains of abdominal pain for 3 months, vomiting, small renal angle swelling and fever for 20 days. Patient didn't complain of hematuria, weight loss. Ultrasound showed a calculus in right kidney and was operated for same. Patient had a persistent symptom so further evaluated by computed tomography of thorax, abdomen & pelvis. Which sowed lesion in lower pole of right kidney, soft tissue lesion in right posterolateral abdominal wall with bilateral infraclavicular, axillary & paraaortic lymnode enlargement with multiple nodules in both lung. Biopsy was taken from renal mass as well as skin lesion. IHC showed squamous cell carcinoma, moderately differentiated. So for this conservative management was given and palliative radiotherapy(30GY/10#) to local renal mass and skin lesion was given.

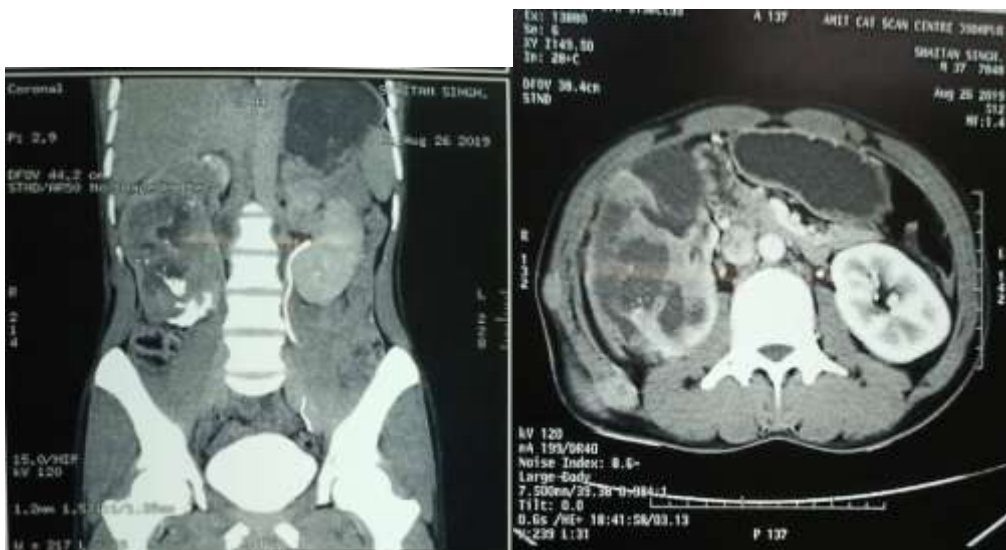


Figure 1 & 2



Figure 3

III. DISCUSSION

Squamous cell carcinoma of renal pelvis is very rare (0.5-0.8%). Most common mechanism of development is chronic irritation, long term inflammation & infection.[5] Long standing nephrolithiasis is most common risk factor. Most common is clear cell carcinoma followed by papillary and chromophobe type.[4] Common age for presentation is 40-70 years with complains of abdominal pain, vomiting, abdominal mass, hematuria & weight loss. Radiologically seen as mass lesion in kidney with features of hydronephrosis & calcifications. Biopsy usually shows moderately or poorly differentiated squamous cell carcinoma. Which usually invade paranephric tissue, muscle and skin also. So most of times it presents in a advance stage. Data regarding primary renal scc is in adequate, it need further evaluation.

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