

A RENAL CELL CARCINOMA MAKING METASTASIS TO THE ANTERIOR WALL OF THE ABDOMEN THIRTEEN YEAR AFTER THE NEPHRECTOMY

MERAL SAYIN ((MINISTRY OF HEALTH ANKARA TRAINING AND RESEARCH HOSPITAL, RADIATION ONCOLOGY, ANKARA)
GÖKHAN ÇELENKOĞLU ((MINISTRY OF HEALTH ANKARA TRAINING AND RESEARCH HOSPITAL, RADIATION ONCOLOGY, ANKARA)

Introduction - Purpose : He is a seventy three-year-old male patient. Nephrectomy was performed due to left renal carcinoma on December 1995. Pathology: The result was renal cell carcinoma (grade 2) (left renal) and renal-cell carcinoma metastasis (left adrenal). Neither chemotherapy nor radiotherapy was applied. He had received only interferon treatment for one year was.

Findings : The patient referred again on 2008 due to the mass upper half of the abdomen. In the Abdominal Computerized Tomography (BT) acquired due to the pre-diagnosis of abdominal hernia, there are two solid mass lesions with adjacent location which the larger reaches approximately to 3.5-centimeter diameter and being contrasted within the cutaneous and subcutaneous tissues at the right half upper part of the abdominal anterior wall. Since the patient referred due two nodular lesions with regular boundaries that were observed at the neighborhood of the pancreas process and pancreas tail which the biggest was measured in 15×13-millimeter dimensions and which their boundaries could not be distinguished clearly (metastasis) were observed, biopsy was taken from the mass on the anterior wall of the abdomen (on May 2008). His pathology result came as clear cell carcinoma metastasis. The thoracal computerized tomography (CT) was observed as normal. The result of the whole body bone scintigraphy (WBBS) was normal. Other organs were detected as normal. The patient referred to the outpatient clinic of the radiation oncology department on June 16, 2008. Sunitinib maleate with 50-milligram-per-day dose was started to the patient due to the renal cell carcinoma. The medication was stopped due to impairment in the general status (nausea, vomiting, weight loss, neutropenia, weakness, fatigue, yellowing in the skin, impairment in the thyroid function tests). While regression in the dimensions of the lesion at the anterior abdominal wall in the acquired Computerized Tomography (CT), two nodules in the pancreas could not be observed. The patient was healed through the support treatment. In the emergency ultrasonography (USG) acquired on September 21, 2008, there is a heterogeneous solid mass with approximately 42×38-millimeter dimensions at the anterior of the middle section of the right kidney. Pancreas was detected as normal. The patient was exitus due to the cardiac and respiratory failure on September, 2008.

Discussion : Renal cell carcinoma is type of tumor being in aggressive progress and that usually makes metastasis to atypical regions. It is usually in fast progress and their metastases are seen in early period. Metastasis to muscle of the renal cell carcinoma is very rare. Sutent (Sunitinib) is a strong medication which its antiangiogenic effect has been proven. Researches for other targeted therapeutics (sorafenib, bevacizumab and temsirolimus) continues. As is known, renal cell carcinomas are seen very atypical regions. Metastasis into the nasal cavity is mentioned in a publication. Sunitinib was used in this case. Although its usage time is shorter, the activity that it demonstrates has been described. In our patient also, while a significance shrinkage was observed in the dimensions of the mass at the anterior abdominal wall, nodules in the pancreas was completely disappeared. The side effects of Sutent (Sunitinib) is very frequent. We should have stopped the medication in early period due to its side effects such as gastrointestinal side effects, thyroid function impairment and hematologic side effects. In other patient with renal cell carcinoma in which Sutent (Sunitinib) was used, the medication should have been stopped due to side effects.

Keywords: Renal carcinoma nephrectomy