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Original Research Paper

Urology

A CASE REPORT ON RENAL ANGIOMYOLIPOMA

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KEYWORDS :

INTRODUCTION:

A rare type of tumor called a renal angiomyolipoma is composed in varying amounts of mature adipose tissue, thick-walled blood vessels, and smooth muscle. When renal angiomyolipoma is growing up to more than 10cm, they are referred to as giant angiomyolipoma. The most frequent benign kidney tumor is renal angiomyolipoma. Despite being benign, it can cause complications like hemorrhage and manifest other symptoms including abdominal pain. Most of these tumors—about 80%—are sporadic. Sometimes they are linked to pulmonary lymphangioleiomyomatosis or tuberous sclerosis complex.

Case Report:

60yr old female came to our opd with complaints of right loin pain, nausea, giddiness and loss of appetite since 2 weeks. Patient gives history of blunt trauma to right loin 3weeks ago. No other significant history noted. Upon CECT abdomen: a well defined partially exophytic heterodense lesion measuring 6.4x4.8x4.8cm in interpole region of right kidney. Areas of fat stranding and hemorrhage noted in the lesion. Post contrast shows nodularity in arterial phase predominantly in peripheral region. Inferior pole of kidney medialised due to mass effect. Patient was taken up for right simple nephrectomy suspecting right renal angiomyolipoma. Cut specimen showed areas of hemorrhagic component in lesion along with fat, in the upper pole region. HPE report showed: angiomyolipoma with extensive areas of hemorrhagic necrosis.

DISCUSSION:

A benign kidney tumor made up of smooth muscle cells, adipose tissue, and blood vessels is known as a renal angiomyolipoma. Less than 4 cm tumors' do not exhibit any symptoms & tumors are larger than 4 cm, and they can present with shocks as well as symptoms like fever, nauseousness, vomiting, pain, palpable mass, hematuria, anemia, and hypertension. In cases with big tumors, retroperitoneal bleeding may occur in up to 50% of patients. The majority of patients with an acute or potentially fatal bleeding need a complete nephrectomy. If it is investigated, selective embolization can temporize and in many cases prove definitive partial or total nephrectomy, if planned, should be performed within a few days of angioembolization to prevent extensive adhesion. If surgical option is not available, everolimus may be taken into consideration as an alternative therapeutic option

The choice of treatment should be based on both tumor size and symptoms. According to this approach, tumors >4 cm are frequently symptomatic and have a hemorrhagic tendency, and therefore require either selective embolization or surgical treatments such as partial nephrectomy, enucleation or wedge resection ,whereas tumors < 4 cm should be followed up with yearly CT scans or ultrasonography SAE of renal artery is a safe and effective treatment for symptomatic and large-size AMLS. The therapeutic strategy varies from case to case: selective embolization of the renal artery and surgical removal of the lesion are the pillars of AML management .Alternatively, it is possible to follow the clinical course, with periodic surveillance of the lesion. Nephrectomy can be opted for in more severe cases. In case the aforementioned alternatives cannot be performed, a medical approach with hormonal therapy or with agents such as sirolimus, an inhibitor of the mammalian target of rapamycin (mTOR), can be chosen.