



Recurrent Renal Pelvic Tumour – An Interesting Ureteropyelogram.

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ABSTRACT

Upper urinary tract tumour is relatively rare urological neoplasm. Most of these tumours are transitional cell carcinomas. Recurrent transitional cell carcinoma of renal pelvis in contralateral kidney is rare. The incidence of upper urinary tract tumour after primary bladder cancer is only one to four percent.[1] We are reporting an interesting case of right renal pelvic tumour recurring after treatment of left ureteric tumour. 73 year old male on ileal conduit following left nephroureterectomy and radical cystectomy. He presented with hematuria. Excretory urography or CECT could not be performed due to presence of renal impairment. Retrograde pyeloureterogram done noninvasively delineated the tumour in this patient. Ureteropyeloscopy combined with cytology and biopsy is diagnostic in upper urinary tract tumours. Our patient was treated palliatively due to his poor general condition and presence of renal impairment. Among ureteral tumors, distal tumors are more frequent than proximal tumors, with a ratio of 70:20:10 for the distal, middle, and proximal ureter, respectively. [3]

INTRODUCTION

Tumour of the renal pelvis is a relatively rare disease as it accounts for only one percent of genitourinary neoplasm and five percent of all urinary tract tumours.¹ The incidence of upper urinary tract tumour after primary bladder cancer is only one to four percent.¹ Here we are presenting a case of recurrent TCC of opposite pelvis in a patient operated for left ureteric tumour previously. We are presenting an interesting retrograde pyelogram study through the conduit which clearly delineates the renal pelvic tumour.

CASE REPORT

A 73 year old male was diagnosed as TCC of left lower ureter. He had undergone left nephroureterectomy five years back. During follow up surveillance he developed muscle invasive bladder TCC. He underwent radical cystectomy with ileal conduit. He was left with solitary right kidney with mildly elevated RFT. He was on regular follow up. After two years he presented with haematuria through ileal conduit. Ultrasound showed renal pelvic mass. Because of deranged RFT contrast CT could not be obtained. So retrograde pyelography study through the ileal conduit was obtained. Ileal conduit was catheterized with foley's catheter and stoma occluded with the bulb. 50ml contrast was instilled into the conduit. Conduit was filled and right ureter and pelvis was delineated retrogradely. It showed a tumour of four centimeter in right renal pelvis (Figure:1&2). Because of the advanced disease and poor patient condition he was treated conservatively. Later he developed renal failure and was on haemodialysis for few months before his demise.

Figure 1: Retrograde pyelogram showing mass in right renal pelvis.



Figure 2: Enlarged view of the right renal pelvic mass



DISCUSSION

Patient with bladder cancer are at lifelong risk of recurrence in the upper tract urothelium.² Patients with multifocal superficial bladder tumour, high grade tumour, tumour involvement in prostatic urethra are at risk of developing recurrent tumour in the upper urinary tract.³ Regular follow up is required to detect recurrence. But, most of the time surveillance fails to detect tumour before symptoms develops.² Haematuria is the most common presentation and by that time tumour may be in advanced stage. The mean time to the diagnosis is 39 months.⁴

Excretory urography and retrograde pyelography are the conventional diagnostic tools for diagnosing recurrence; however, ureteropyeloscopy combined with cytology and biopsy is diagnostic. Treatment depends upon grade and stage of the tumour and general condition of the patient. So it varies from conservative management to radical nephroureterectomy including the removal of the contents of Gerota's fascia with ipsilateral ureter. Depending on the patient's general condition and co morbidities, treatment options for the management of advanced or metastatic disease includes surgery, radiation therapy and/or chemotherapy. Renal pelvic tumours of urothelial origin are reported to be responsive to cisplatin-based chemotherapy regimens (39–65%). Taxanes and/or gemcitabine are other regimens available.⁵ In our patient, tumour in renal pelvis developed after two years of primary TCC of the bladder. By the time of diagnosis; tumour was in advanced stage. So he was managed conservatively.

REFERENCE

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