Renal Adenocarcinoma On Tuberculosis Nephritis

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Abstract

The association of renal tuberculosis and renal cancer is rare. We report a patient who was followed for lithases kidney. The diagnosis of renal tumor associated was made intraoperatively. A lumpectomy was performed. Histological examination revealed a clear cell renal cell carcinoma redesigned by granuloma-follicular caseo tuberculeux. Le patient was under treatment for bacillary for a period of 9 months (2SRHZ/7RH). The outcome was favorable after a decline of 06 months. The objective of this study is to analyze the pathogenesis, diagnostic aspects and therapeutic modalities of this association, which is exceptional.

Introduction

The association of renal tuberculosis and renal cancer is exceptional; less than fifty cases have been reported in the literature [1]. We report a patient who was followed at the urology department A, through which we will analyze the pathogenesis, diagnostic aspects and therapeutic modalities of this association.

Case Report(s)

This is a patient aged 35 years, having benefited in 2004 from left percutaneous nephrolithotomy for renal stones left who was admitted for three years of back pain again later left after febrile with pus from a left lumbar cutaneous fistula in the context of impaired general condition. Clinical examination normal apart from the left lumbar fistula. Radiological assessment: chest radiograph was normal renal ultrasound and CT urography showed the presence of bilateral renal stones: an average of 8 mm caliceal right and 3 lower and middle caliceal millimeter, DMSA has left hydronephrosis (Figure 1) predominant at the middle and lower caliceal group and a left renal fistula perished (Figure 2), on renal scintigraphy showed a left kidney providing 30% of renal function with lesions deep sequelae of lower 2/3 of the left kidney. At surgical exploration, there is a medio renal tumor 1.5 cm lower pole nephrectomy and a tumerectomie were performed. Histological renal tuberculosis is caseo-follicular (Figure 3) associated with renal cell carcinoma type tubulopapillary Fürhman grade 2 (Figure 4). The patient was under treatment for bacillary for a period of 9 months (2SRHZ/7RH). After falling 06 months an ultrasound does not objectified tumor recurrence.

Discussion

Some authors report that kidney cancer occurs in 0.2% of cases of renal tuberculosis. [2] There is a high frequency of this association in the Mediterranean including Spain [2]. The age of onset of this association according to published cases is between 50 and 70 years with a male predominance [3]. For most authors this association could be related to reactivation of latent tuberculosis secondary to local immunosuppression induced by the tumor [4] The clear cell adenocarcinoma is histological form predominantly found associated with renal tuberculosis [2,4]. The association of tuberculous lesions in a tumor from another histologic type has been rarely described, two cases of tuberculosis occurring in renal adenocarcinoma tubulopapillary were reported in the literature [5]. Cancer treatment on renal tuberculous nephritis is based on the radical nephrectomy, this one can only be achieved after impregnation with a TB treatment for at least four weeks to prevent secondary infection and spread of Mycobacterium tuberculosis. Currently conservative surgery is increasingly performed for tumors of small size [6].

Conclusion

The originality of our observation is based on the double chance discovery of a tumor of the kidney and renal tuberculosis. Treatment should be adapted to the characteristics of cancer. In case of small tumor polar partial nephrectomy followed or preceded by a TB treatment is possible.

Abbreviations(s)

R: Rifampicine
H: Isoniazide
Z: Pyrazinamide
S: Streptomycine

References

Illustrations

Illustration 1

Left hydronephrosis.
Illustration 2

bilateral renal stones and cutaneous fistula renovation.
Illustration 3

tuberculous granuloma caséofolliculaire.
Illustration 4

Histology of carcinoma papillary architecture.
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