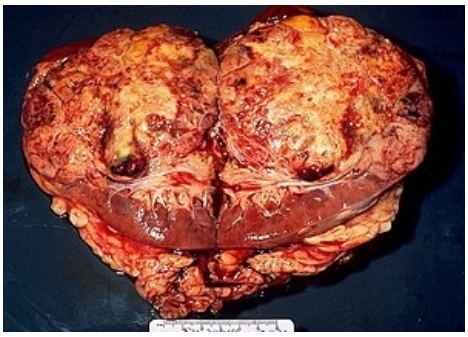
Karcinom ledviny

Adenocarcinoma of the kidney spreads per continuitat (into surrounding structures, angioinvasion - IVC), lymphogenically few (lumbar nodes) and especially hematogenously (lungs, bones, liver). It is based on tubule cells.



Longitudinal section of the kidney - carcinoma

Forms of cancer

- Light cell - makes up about 70%

  bright cells, thanks to glycogen and lipids
- Papillary - 10-15%

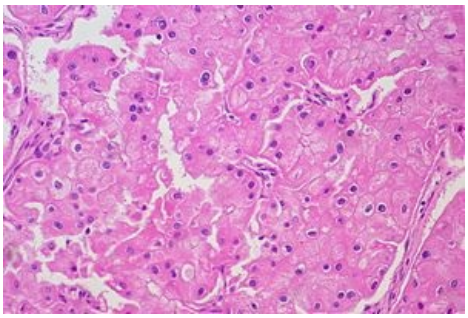
  papillary structure, contains psamomatous bodies.
- Granular - 8%

  acidophilic cytoplasm, cellular atypia.
- Chromophobic - 5%

  contains clear cells with perinuclear halo + granular cells
- Sarcomid - 1.5%

  vortex atypical spindle cells.
- From collecting channels - 0.5%

  structure with tubular and papillary pattern



Histological preparation of chromophobic renal carcinoma

Histopathological grading

Template:Grading

TNM classification

Template loop detected: Template:TNM

Clinical manifestations

- Up to **60% of patients are asymptomatic**, the tumor is diagnosed as an incident (accidental finding on a sonography),
- trias (in advanced tumor) - macrohematuria, lumbalgia, palpable tumor - in about 6–10% of diagnosed tumors,
- acute varicocele,
- renal colic (clot, tumor mass),
- pathological fracture.

Diagnostics

- When an expansive kidney process is found:
  - excretory urography,
  - Ultrasound, CT examination with contrast of the abdomen and chest (staging),
  - angiography, cavography (injection of the inferior vena cava with a contrast agent - a tumor thrombus is being sought, now replaced by MRI).

Treatment

1. **Surgical** – nephrectomy,
   - nephrectomy (preferably transabdominal approach, laparoscopically and openly transperitoneal) radical - including fat sheath and Gerot's fascia, in tumors over 5 cm in the upper pole in adrenalectomy, regional lymphadenectomy is no longer performed as standard (kidney cancer metastasizes mainly hematogenously, not lymphoscopically), operate on tumors up to 8−10 cm, without invasion of perirenal

structures and tumor thrombus,
    - conservation surgery - resection of the pole (tumor up to 5 cm) or excision of the tumor from lumbotomy or laparoscopically, (indications of conservation surgery: anatomically or functionally solitary kidney, bilateral tumor and hereditary forms of tumors),
    - advanced carcinoma - resection of solitary metastasis, in massive hematuria embolization, in bone pain palliative radiation,
2. chemo-radiotherapy - the tumor is chemo- and radioresistant, the effect is vinblastine,
3. imunoterapie (IFNα, IL-2) - since the 90s, effect on metastasis treatment, partial remission in 15% of patients (IL-2),
4. biologic therapy (since 2006) - sunitinib, sorafenib, doubled patient survival, angiogenesis inhibitors bevacizumab.

Tumor thrombus

Kidney cancer grows into the veins:

- renal vein - nephrectomy,
- inferior vena cava below the level of the diaphragm - cavotomy,
- inferior vena cava above the level of the diaphragm - a two-cavity procedure with extracorporeal circulation and assisted by a cardiac surgeon.

Links

Related articles

- Clear cell renal cell carcinoma (histology slide)
- Benign kidney tumors

Source

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