

DE NOVO RENAL CELL CARCINOMA AFTER KIDNEY TRANSPLANTATION: A CASE REPORT

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De novo Renal Cell Carcinoma (RCC) of a transplanted kidney is a rare event. We report the case of an aggressive RCC in a transplanted kidney 27 years post transplant.

A 59-year-old Caucasian male underwent deceased donor renal transplantation in 1980 for renal failure of unclear etiology. He underwent splenectomy and bilateral native nephrectomy at the time of transplant. He had stable serum creatinine of 1.4 mg/dl on low dose of Prednisone and Azathioprine. During a work up for an acute rise in serum creatinine to 2.3 mg/dl, a renal ultrasound showed the transplanted kidney with lobulated contour and heterogeneous echotexture. Renal biopsy showed poorly differentiated carcinoma, favoring renal cell carcinoma. A PET scan (Figure: 1) revealed multiple metastatic lesions in the lung and the brain.

The patient had good Eastern Cooperative Oncology Group (ECOG) performance score. He was started on radiation treatment to the brain lesions with plans for IV temsirolimus.

Despite its rarity, RCC can have a very late presentation as well as a very aggressive course post discovery. We believe this is one of the longest reported intervals between transplantation and date of tumor presentation.

Surveillance ultrasound has been suggested for routine monitoring for development of RCC. Treatment modality will be dictated by the disease stage and mammalian target of rapamycin (mTOR) kinase inhibitor is used in advanced RCC.

