

RENAL INVOLVEMENT WITH NORMAL KIDNEY SIZE IN A PATIENT WITH MANTLE CELL LYMPHOMA

Hooman Hajian, Pritkia Shrivastava, W Brian Reeves.

Penn State Hershey Medical Center, Hershey, PA, USA

Mantle cell lymphoma (MCL) is a mature B-cell non-Hodgkin's Lymphoma (NHL) which has a variable, but often aggressive, course. Approximately 7% of adult NHLs are MCL, with a median age at diagnosis of 68 years old. It affects men almost 3 times more than women and Caucasians almost 2 times more than African Americans. The majority of cases present with advanced disease, most commonly involving the lymph nodes, spleen, Waldeyer's ring, bone marrow, and blood, while, in almost 25% of cases, the presentation is that of extra-nodal disease. Infiltration of the kidneys with tumor cells, particularly without significant enlargement in size, is uncommon.

We present an unusual case of a 68-year-old Caucasian male with previously normal kidney function who presented with a one month history of progressive abdominal pain, weakness, dyspnea on exertion and hot flashes. His serum creatinine at the time of presentation was 2 mg/dl and continued to progressively worsen, reaching a peak of 4.4 mg/dl. Imaging studies during his hospitalization revealed mediastinal and bilateral hilar and upper abdominal lymphadenopathy and splenomegaly on CT scans, with normal kidney size both by Ultrasound and MRI. Further workup did not yield any clues as to the cause of his acute kidney injury. Ultimately, a kidney biopsy showed diffuse infiltration by tumor cells throughout the renal parenchyma, surrounding the renal tubules, extending into the tubular epithelium, and destroying many of the tubules. The patient was started on appropriate chemotherapy protocol, which resulted in rapid resolution of the kidney dysfunction back to normal.

Infiltration of the kidneys by malignant cells is usually accompanied by an increase in their size. However, it is important to consider the possibility of infiltrative disease despite normal kidney size, particularly in cases of renal failure with inconclusive workup and no clear explanation for the acute kidney injury.