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METANEPHRIC ADENOMA OF KIDNEY: A RARE RENAL NEOPLASM

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ABSTRACT

INTRODUCTION: Metanephric adenomas are rare neoplasm of the kidney with less than 200 cases reported, and though benian, an increase in the familiarity of this pathology may lead to less invasive treatments in the future. We report a case of a metanephric adenoma of right kidney in a 50 year-old female.

KEYWORDS

Kidney Metanephric Adenoma, Benign.

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INTRODUCTION: Metanephric adenoma is a rare neoplasm of kidney, accounting for 0.2% of adult renal epithelial neoplasms.[1] It usually presents in patients of 50-60 years of age^[2,3,4] and show female preponderance by a 2:1 ratio.[3] Although metanephric is usually benign, a few cases of metastatic disease have been reported. [5,6] The two most important differential diagnosis of metanephric adenoma include Wilm's tumour & papillary variant of renal cell carcinoma. We describe here a case of a renal mass and the challenge of establishing a preoperative diagnosis. [6]

CASE REPORT: A 50 years old female presented with vague but persistent pain and heaviness in the left flank for few months. There was no history of fever or haematuria. Physical examination was unremarkable. Ultrasonography and CT scan detect renal tumour involving upper pole of right kidney measuring 3x2cm. Diagnosis of renal cell carcinoma was made clinically & radiologically and radical nephrectomy was performed.

GROSS FEATURES: Right radical nephrectomy specimen was received measuring 3.5x2.5x2 cm, which showed a tan grey, well-circumscribed solid tumour involving the upper pole of kidney. Cut surface was solid and grey-white. The rest of the kidney was not involved.

MICROSCOPIC FEATURES: The tumour was composed of closely packed small tubules and acini. The acini were arranged in clusters separated by bands of acellular, hyalinized oedematous stroma. Individual cells of the acini were small, having round to oval basophilic nuclei. No nucleoli, nuclear atypia or mitosis were seen. The surrounding renal parenchyma was not involved by tumour.

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E-mail: varshanema@live.com DOI: 10.18410/jebmh/2015/1220 the follow-up has been short and not well documented.[18] **CONCLUSION:** Metanephric adenomas are morphologically distinct benign renal tumours with characteristic histological features. Hence, it is important to diagnose this tumour

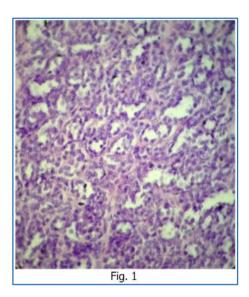
preoperatively to allow surgeons to avoid a radical

nephrectomy in favour of a more conservative surgery.

DISCUSSION: Kidney develops from metanephric blastema. If their remnants are present in parenchyma, they can give rise to Wilm's tumour or metanephric adenoma. Metanephric adenoma is benign counterpart of Wilm's tumour in adults.[7] The mean age of presentation is 41.[8] It is a benign, well-differentiated tumour in adults.^[9] There has been one report in a 7-year-old child with an metanephric adenoma that had metastasize to the paraaortic, hilar, and aortic bifurcation lymph nodes.[10] It may be often incidental findings on imaging.[11] It usually presents with haematuria, flank pain, or abdominal mass. Twelve percent of patients present with polycythaemia Vera which is higher than that of other renal neoplasms.[11,12] Tissue cultured from a metanephric adenoma was found to produce significantly elevated concentrations of erythropoietin.[13] Unfortunately, there are no definitive radiologic findings in metanephric adenoma that can differentiate them from other renal masses.[14,15] It has been reported that there is a higher incidence of calcifications in metanephric adenoma (20%) than other renal neoplasms on CT, but this is not diagnostic. Most often, they present as solitary well-circumscribed and well-defined tumours.[12] Histopathology has shown to reveal primitive type, uniform, small cells with scant cytoplasm, without mitosis, distributed in small round acini, and phenotypically similar to nephroblastomas.[16] One case of a 78-year-old was reported in which metanephric adenoma was diagnosed with a renal biopsy and was treated with surveillance.[17] Four other studies showed similar histologic findings leading to the diagnosis of metanephric adenoma using fine-needle aspiration.[10] Renal biopsy can in this setting obviate the need for surgical intervention.

Historically, patients with metanephric adenomas treated with partial or total nephrectomy have an excellent prognosis. Due to its benign history and surgical treatment,

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