

An Interesting Case of Colonic Metastasis of Renal Cell Carcinoma Post Radical Nephrectomy

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Learning Objective

The importance of endoscopic vigilance in the patient diagnosed with renal cell carcinoma.

Case Summary

- 62 y/m presented to hospital with anemia (Hb-8gm/dl) than 24 hours

Significant Medical History

- Renal cell carcinoma of the left kidney, status post radical nephrectomy, done two years back. Histopathologic examination of the resected tumor had shown Clear-cell RCC, grade 2, limited to the kidney with surgical margins negative, T1aNX MX, stage I. PT received radiation therapy afterward.

At presentation

- At admission, his vitals were stable and systemic examination was normal. Stool occult blood was positive

Investigation:

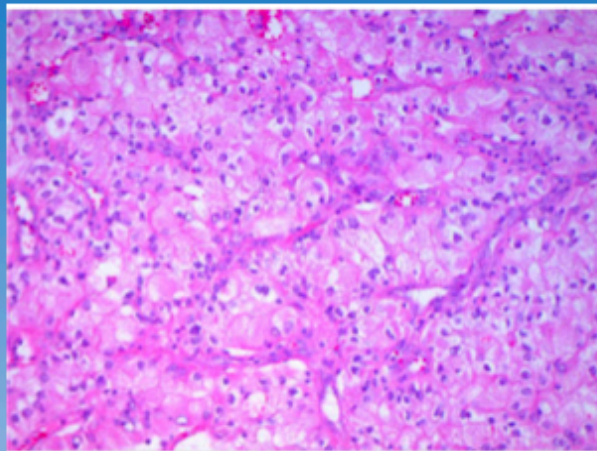
- Colonoscopy:** Tubular adenoma and ulcerated lesion were found in ascending colon, and splenic flexure

- CT abdomen:** metastasis in the abdominal wall and peritoneum.

- Histopathology** of poorly differentiated carcinoma is consistent with metastatic renal cell carcinoma, positive for PAX 8-, CK 20, CDX 2, and CK7.

Hospital course and

- Ileosigmoid colonic bypass and excision of peritoneal, sigmoid, and abdominal wall tumors were done. PT completed his chemotherapy and immunotherapy.



Discussion

Colonic metastasis in RCC is very uncommon.

It involves the sigmoid, splenic flexure, transverse colon, and hepatic flexure.

CEA and CK7 levels, and increased CK10 levels, have been identified in tumors.

High amounts of vimentin are detected in instances with RCC metastases.

Thumb-printing on an abdominal radiograph and segmental wall thickening on a CT scan are two signs of malignancy-related inflammation and edema, neither of which were seen in this patient.

Recent advances in the treatment of renal cell carcinoma have increased patients' survival and resulting in atypical presentations of metastasis