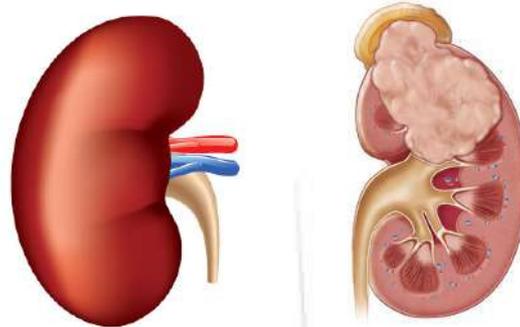


Tumor mixto epitelial y estromal de riñón

A propósito de un caso.



Raúl Rodríguez Aguilar
R4 Anatomía Patológica

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R1 Urología



SERVICIO DE SALUD
DEL PRINCIPADO DE ASTURIAS

27 de Abril 2018

HOSPITAL DE CABUEÑES. Gijón

Servicio de Urología

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- **Caso clínico**
- **Enfoque clínico**
- **Enfoque A. patológico**



Caso clínico

Mujer de 63 años que consulta en julio de 2013 por **hematuria macroscópica** sin coágulos y **dolor lumbar bilateral** difuso. No otra clínica asociada ni concomitante.



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Caso clínico

Antecedentes familiares

- Prima con cáncer de colon.

Antecedentes personales

- Alergia a penicilina.
- Hipercolesterolemia en tratamiento. No HTA ni DM.
- Fumadora de 5 cigarrillos/día desde la adolescencia.
- Hipotiroidismo. Lumbo - artrosis.
- AIT en territorio carotideo izquierdo en 2005.
- Intervenciones quirúrgicas: histerectomía y doble anexectomía en mayo del 2000.
- Tratamiento habitual: rosuvastatina 10 mg, lorazepam 1 mg, levotiroxina 100 mcg, AAS 300 mg



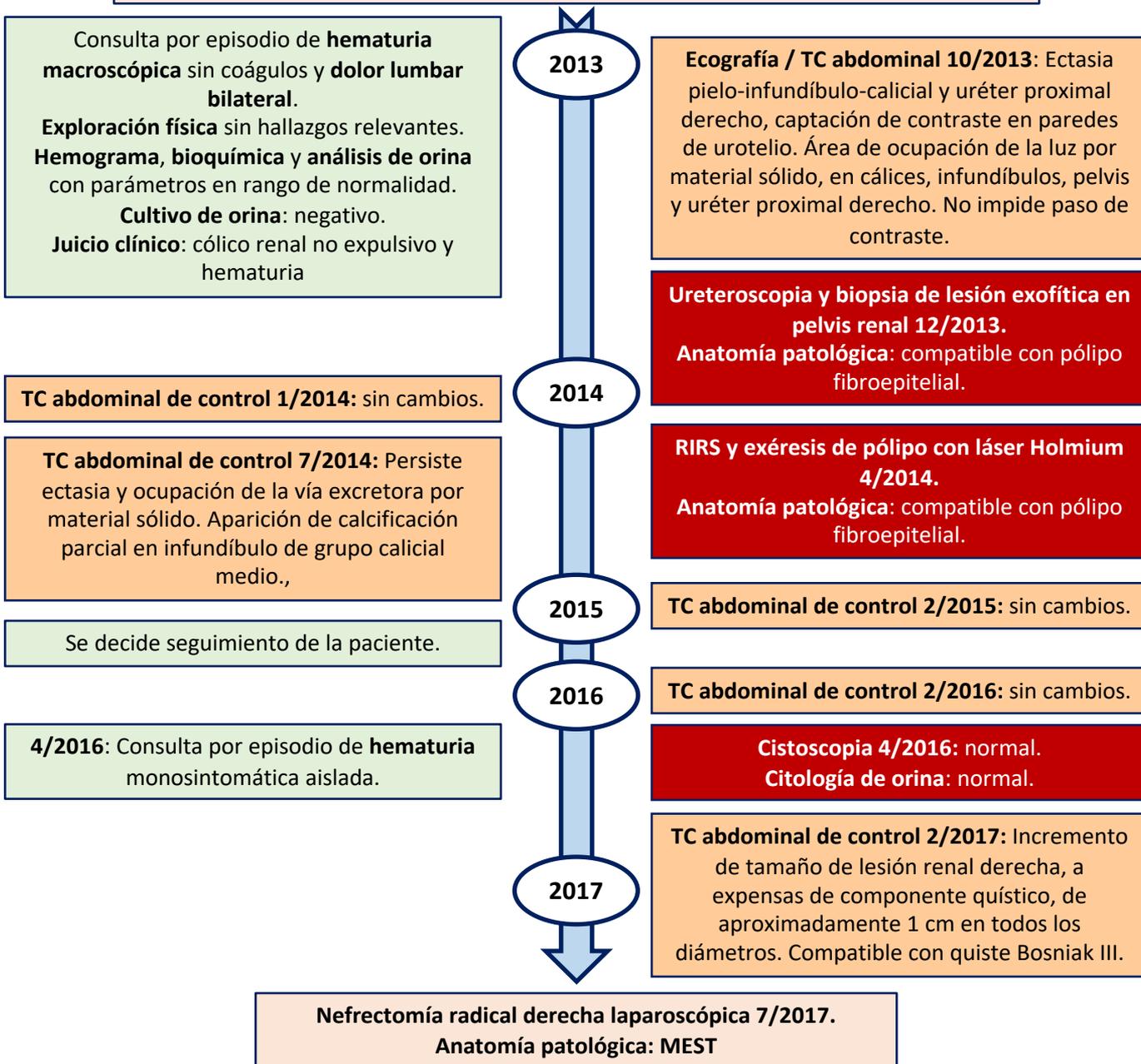
Caso clínico

Exploración física

- Consciente y orientada en tiempo, espacio y persona. Hemodinámicamente estable. Buen estado general.
- Cabeza y cuello: No alteraciones ORL ni puntos dolorosos. Pulso carotideo palpable. No adenopatías.
- Tórax: Auscultación pulmonar: murmullo vesicular conservado, sin sobreañadidos. Auscultación cardiaca: rítmico, sin soplos.
- Abdomen: blando, no doloroso a la palpación, no signos de irritación peritoneal, no masas ni megalias. Puño percusión renal bilateral negativa.



Mujer de 63 años que presenta los siguientes antecedentes: hipercolesterolemia, fumadora, hipotiroidismo, AIT territorio carotideo izquierdo en 2005. Intervenciones: histerectomía y doble anexectomía en 2000.



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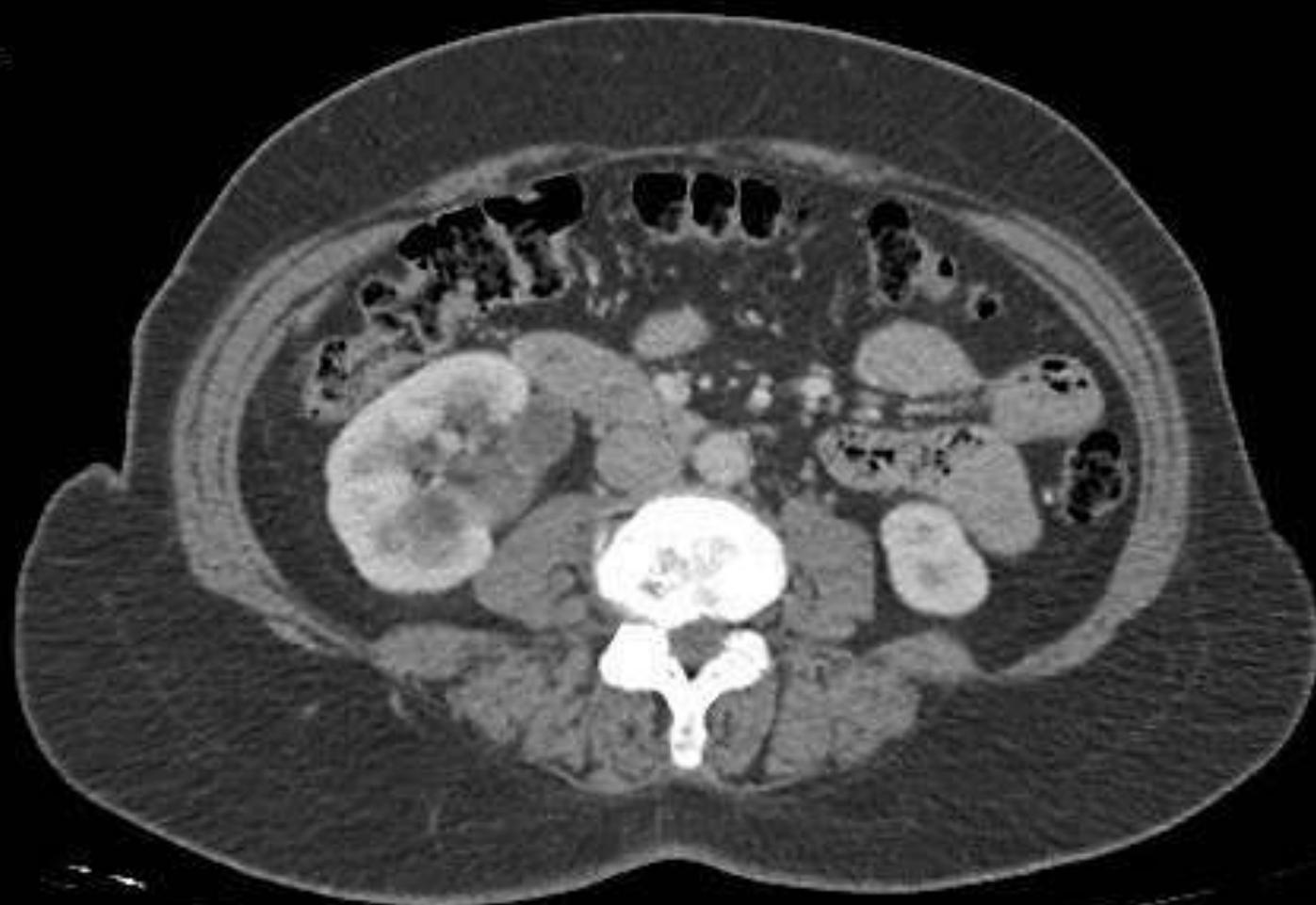
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HOSPITAL DE CABUENES

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MARIA LUISA,



NES

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TC ABDOMINO-PELV

WHO classification of tumours of the kidney

ccRCC
65 – 70%

Renal cell tumours

Clear cell renal cell carcinoma	8310/3
Multilocular cystic renal neoplasm of low malignant potential	8316/1*
Papillary renal cell carcinoma	8260/3
Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma	8311/3*
Chromophobe renal cell carcinoma	8317/3
Collecting duct carcinoma	8319/3
Renal medullary carcinoma	8510/3*
MIT family translocation renal cell carcinomas	8311/3*
Succinate dehydrogenase-deficient renal carcinoma	8311/3
Mucinous tubular and spindle cell carcinoma	8480/3*
Tubulocystic renal cell carcinoma	8316/3*
Acquired cystic disease-associated renal cell carcinoma	8316/3
Clear cell papillary renal cell carcinoma	8323/1
Renal cell carcinoma, unclassified	8312/3
Papillary adenoma	8260/0
Oncocytoma	8290/0

Metanephric tumours

Metanephric adenoma	8325/0
Metanephric adenofibroma	9013/0
Metanephric stromal tumour	8935/1

Nephroblastic and cystic tumours occurring mainly in children

Nephrogenic rests	
Nephroblastoma	8960/3
Cystic partially differentiated nephroblastoma	8959/1
Paediatric cystic nephroma	8959/0

Mesenchymal tumours

Mesenchymal tumours occurring mainly in children

Clear cell sarcoma	8964/3
Rhabdoid tumour	8963/3
Congenital mesoblastic nephroma	8960/1
Ossifying renal tumour of infancy	8967/0

Mesenchymal tumours occurring mainly in adults

Leiomyosarcoma	8890/3
Angiosarcoma	9120/3
Rhabdomyosarcoma	8900/3
Osteosarcoma	9180/3
Synovial sarcoma	9040/3
Ewing sarcoma	9364/3
Angiomyolipoma	8860/0
Epithelioid angiomyolipoma	8860/1*
Leiomyoma	8890/0
Haemangioma	9120/0
Lymphangioma	9170/0
Haemangioblastoma	9161/1
Juxtaglomerular cell tumour	8361/0
Renomedullary interstitial cell tumour	8966/0
Schwannoma	9560/0
Solitary fibrous tumour	8815/1

Mixed epithelial and stromal tumour family

Cystic nephroma	8959/0
Mixed epithelial and stromal tumour	8959/0

Neuroendocrine tumours

Well-differentiated neuroendocrine tumour	8240/3
Large cell neuroendocrine carcinoma	8013/3
Small cell neuroendocrine carcinoma	8041/3
Phaeochromocytoma	8700/0

Miscellaneous tumours

Renal haematopoietic neoplasms	
Germ cell tumours	

Metastatic tumours

The morphology codes are from the International Classification of Diseases for Oncology (ICD-O) (917A). Behaviour is coded /0 for benign tumours; /1 for unspecified, borderline, or uncertain behaviour; /2 for carcinoma in situ and grade III intraepithelial neoplasia; and /3 for malignant tumours.

The classification is modified from the previous WHO classification (756A), taking into account changes in our understanding of these lesions.

*New code approved by the IARC/WHO Committee for ICD-O.

MESTK
0.20 – 0.28%

MESTK

Epidemiología

- Poco frecuentes: 0.20 – 0.28% de todas las neoplasias renales.
- 7M:1H
- Edad promedio de diagnóstico → 46 – 52 años

Etiología

- Potencialmente relacionados con factores hormonales.

Presentación clínica

- **Asintomáticos (como hallazgo incidental)**
- Hematuria macroscópica
- Dolor en flanco
- Masa palpable



MESTK

Diagnóstico

- TC con contraste. RNM.
- Biopsia de la lesión

Tratamiento

- Quirúrgico.

Pronóstico

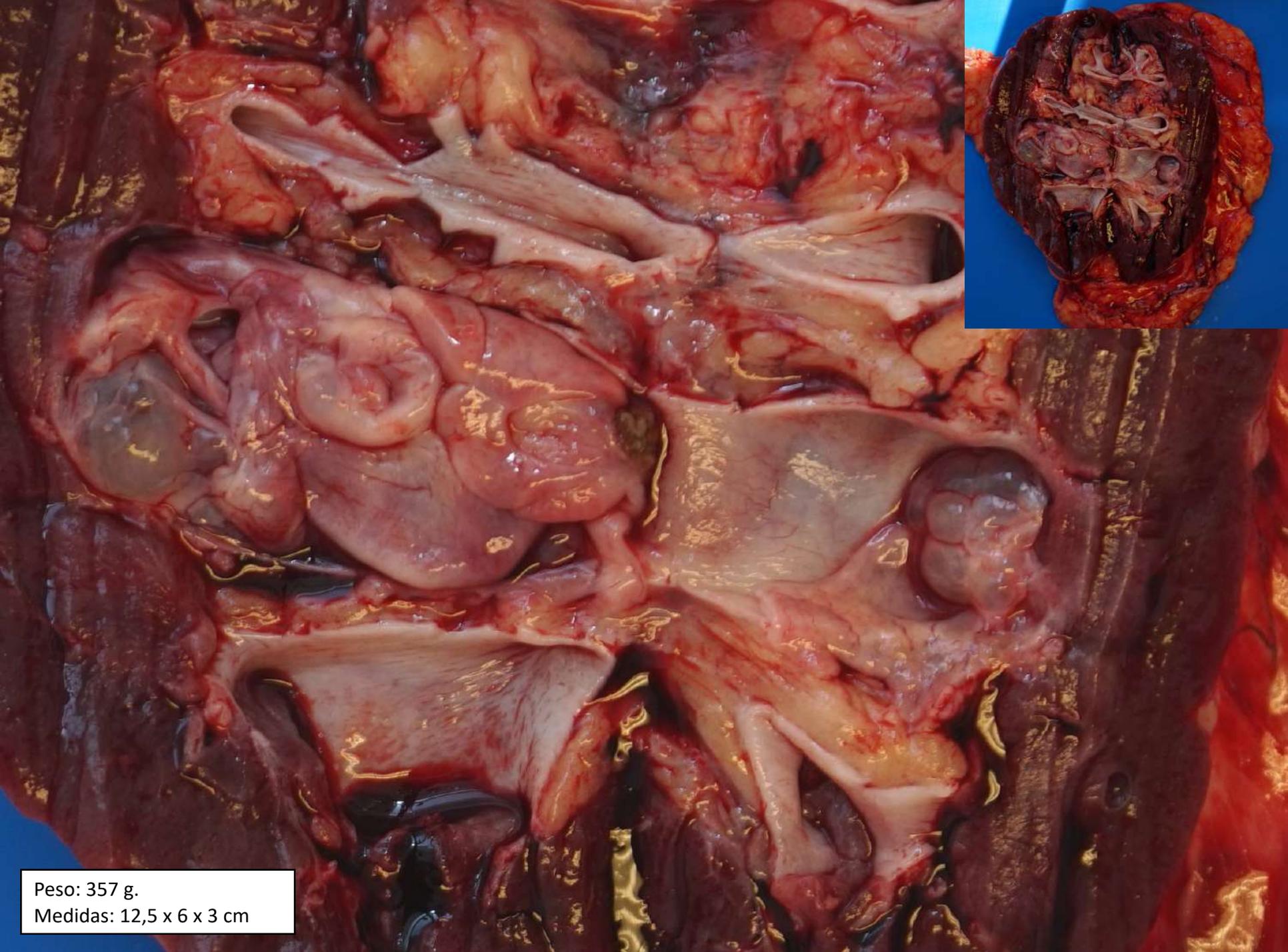
- La mayoría son benignos.
- Raro que sean agresivos (transformación maligna).



Table 1. Summary of MEST With Malignant Components Reported in the Literature.**Table 1. (continued)**

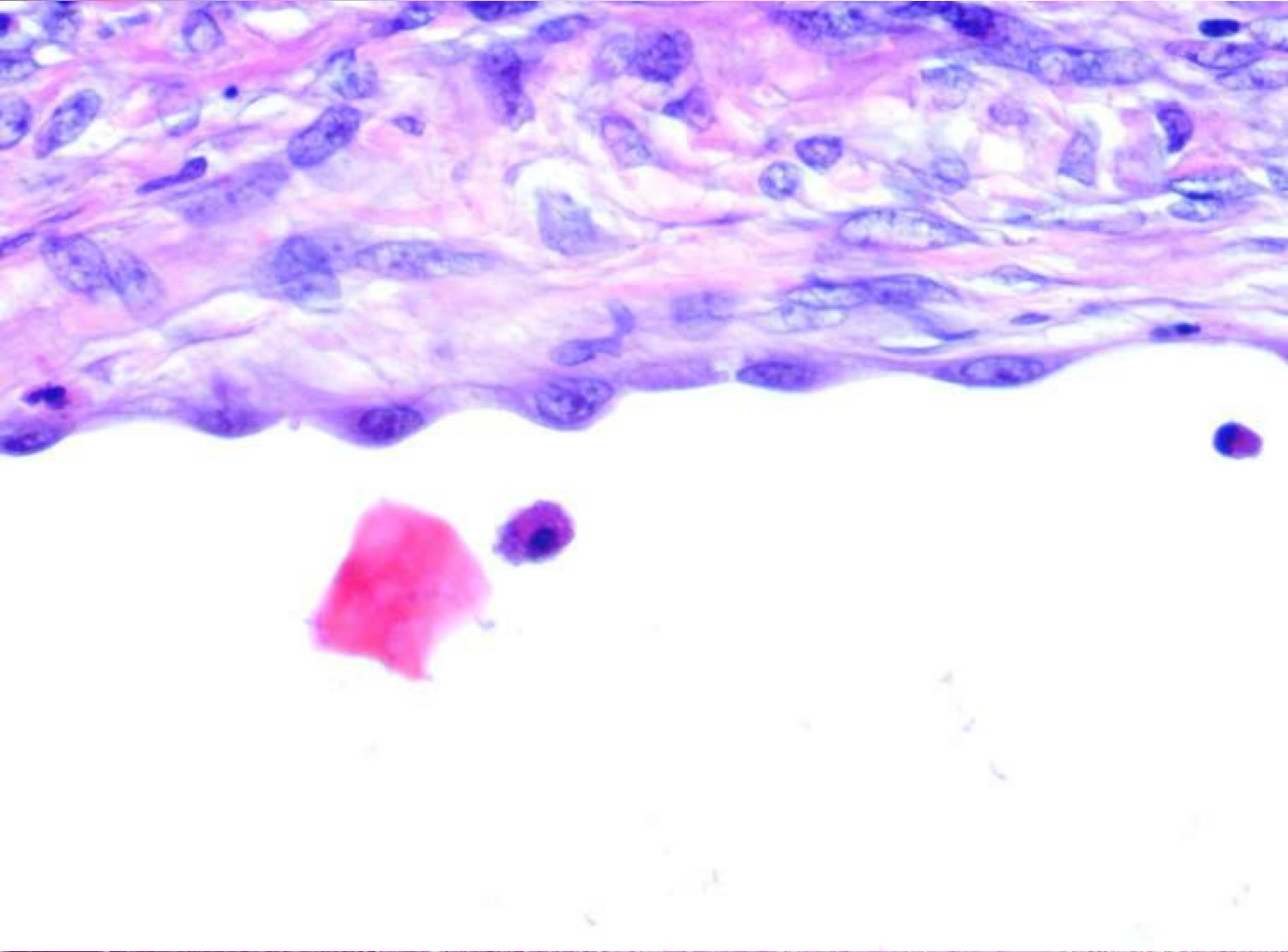
Report	Age	Gender	Size (cm)	Malignant Component	Follow-up	ER and PR MEST Status
Kuroda et al ²⁰	54	F	7.6	Carcinosarcoma (adenocarcinoma with endometrioid features, undifferentiated sarcoma, chondrosarcoma, and rhabdomyosarcoma)	Metastatic disease (not confirmed by histology) and died 5 months after surgery	NR
Mudaliar et al ²²	75	F	8.1	Papillary renal cell carcinoma	Free of local recurrence after 10 months of follow-up	ER+, PR+ (papillary RCC was focally PR+)
Menéndez et al ²¹	62	F	5	Rhabdomyosarcomatous transformation	Alive with evidence of disease 3 years after surgery (lung nodules and hilar mass, unknown origin)	ER+
Suzuki et al ⁷	67	M	3.5	Undifferentiated sarcoma	Free of local recurrence and metastasis after 22 months of follow-up	ER+, PR+ (epithelium)
Zou et al ⁸	19	M	28	Undifferentiated sarcoma	Locally recurrent tumor invading right lateral body wall and liver 9 months after surgery	ER-, PR-
Ozluk et al ¹⁷	25	F	8	Undifferentiated sarcoma	Alive with evidence of metastasis after 39 months of follow-up	PR+, ER-
Vanecek et al ⁹	75	F	2.5	Low-grade sarcoma not otherwise specified	Unknown	NR
Vanecek et al ⁹	69	M	9.5	Spindle cell sarcoma not otherwise specified	Unknown	NR
Present case	60	M	11.5	Undifferentiated sarcoma with intimately associated papillary renal cell carcinoma and separate clear cell renal cell carcinoma	Free of recurrence after 24 months of follow-up	ER-, PR-

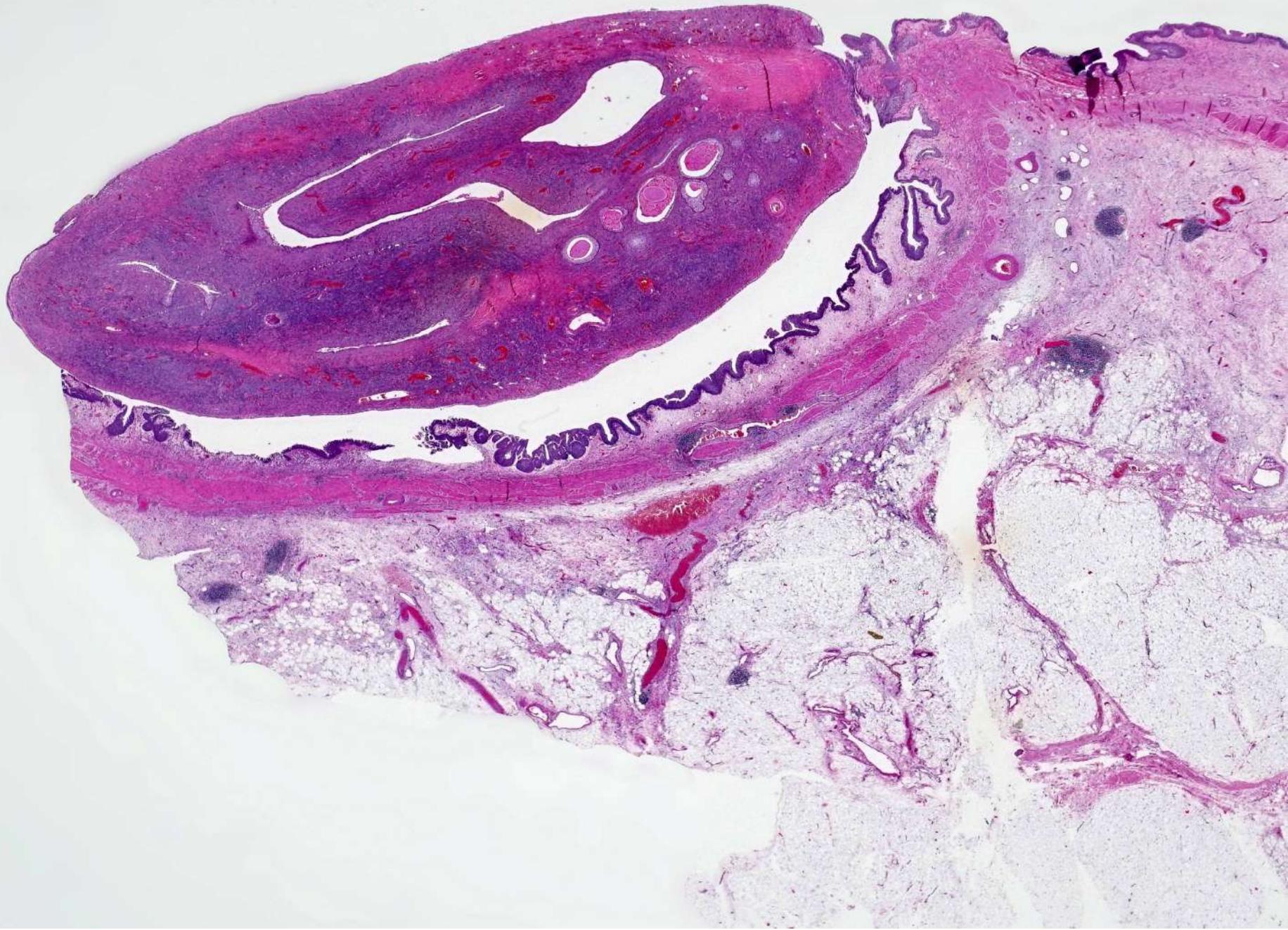
Abbreviation: MEST, mixed epithelial and stromal tumor; F, female; M, male; ER, estrogen receptor; PR, progesterone receptor; NR, not reported.

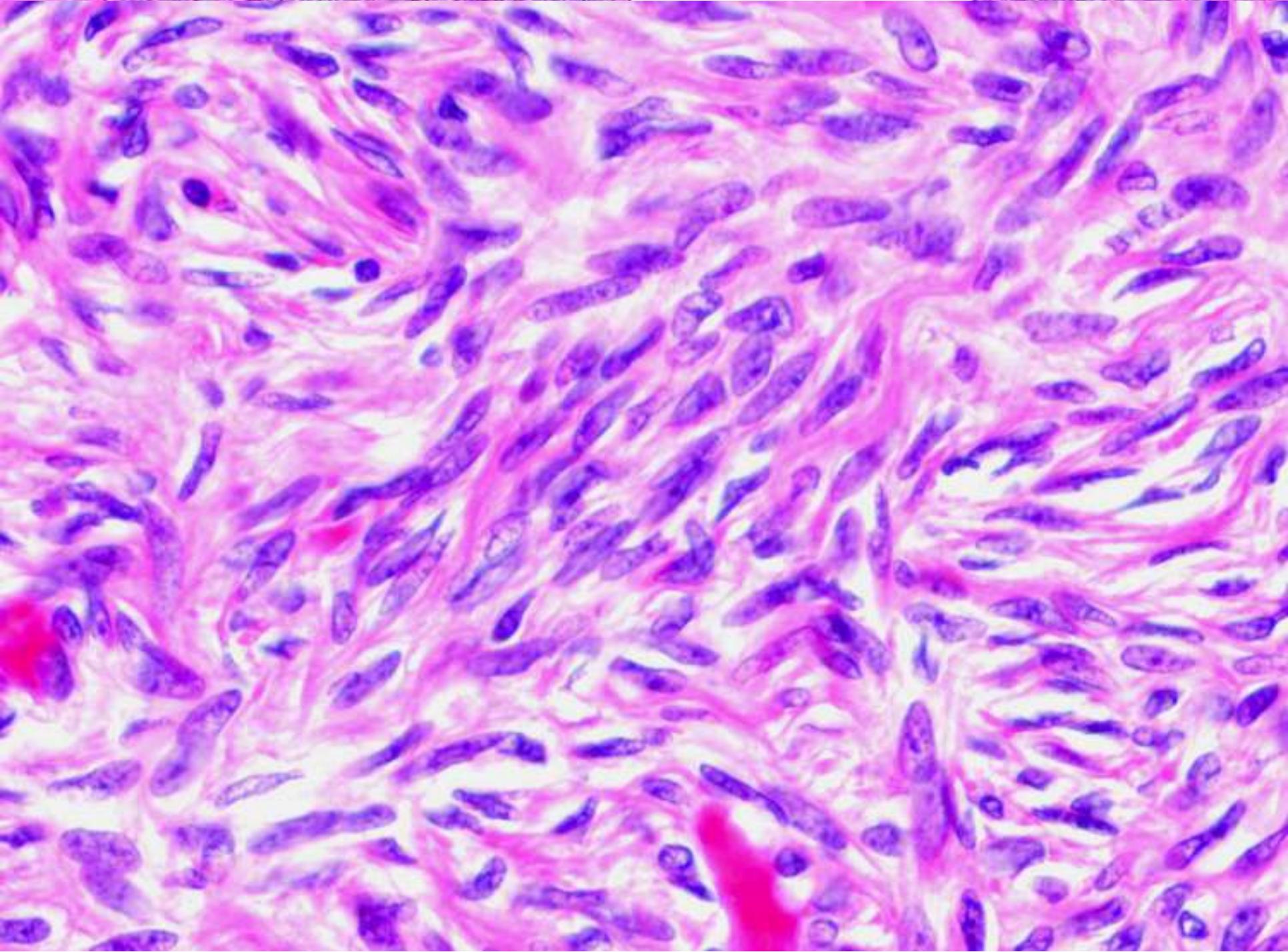


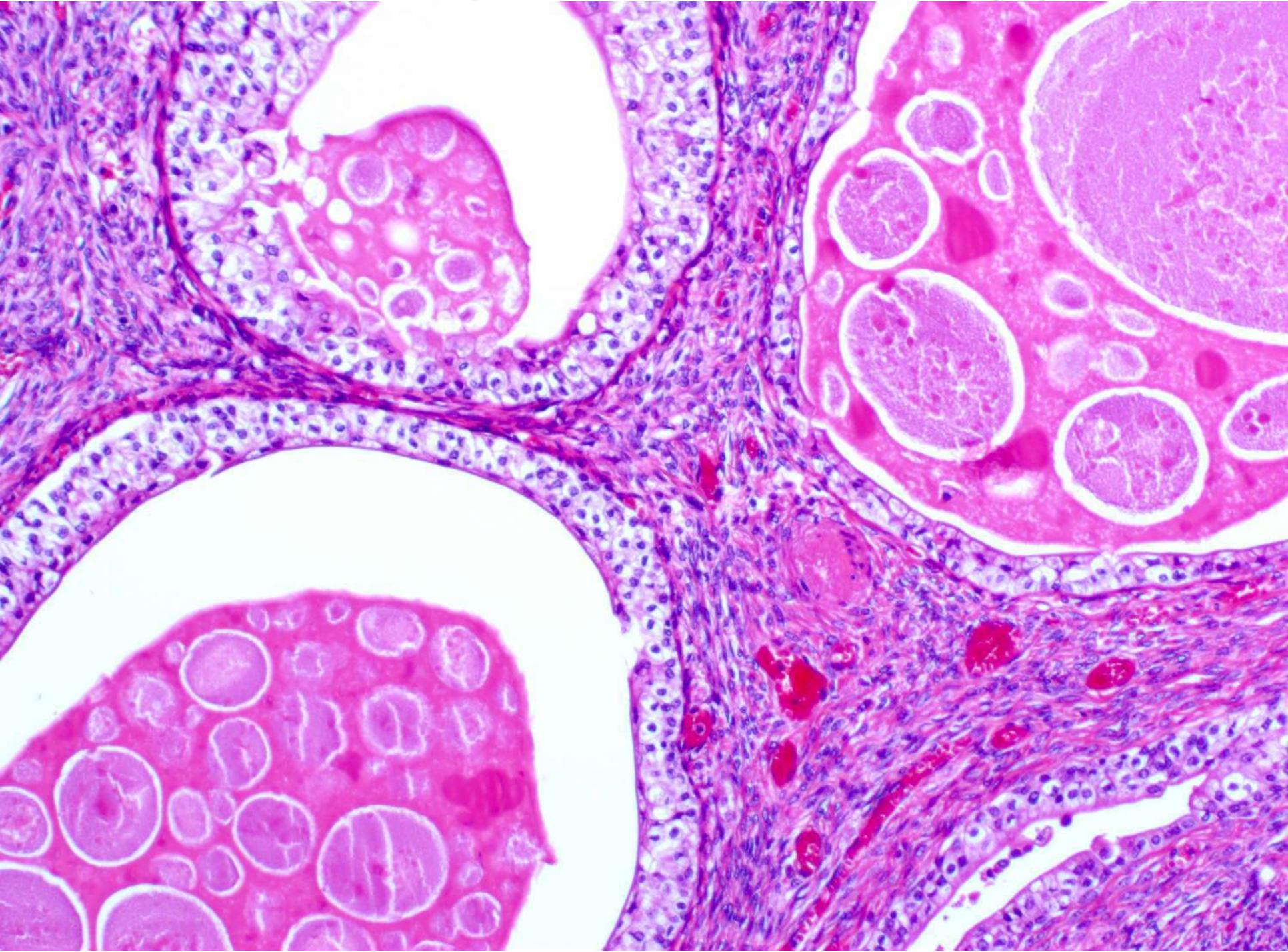
Peso: 357 g.
Medidas: 12,5 x 6 x 3 cm

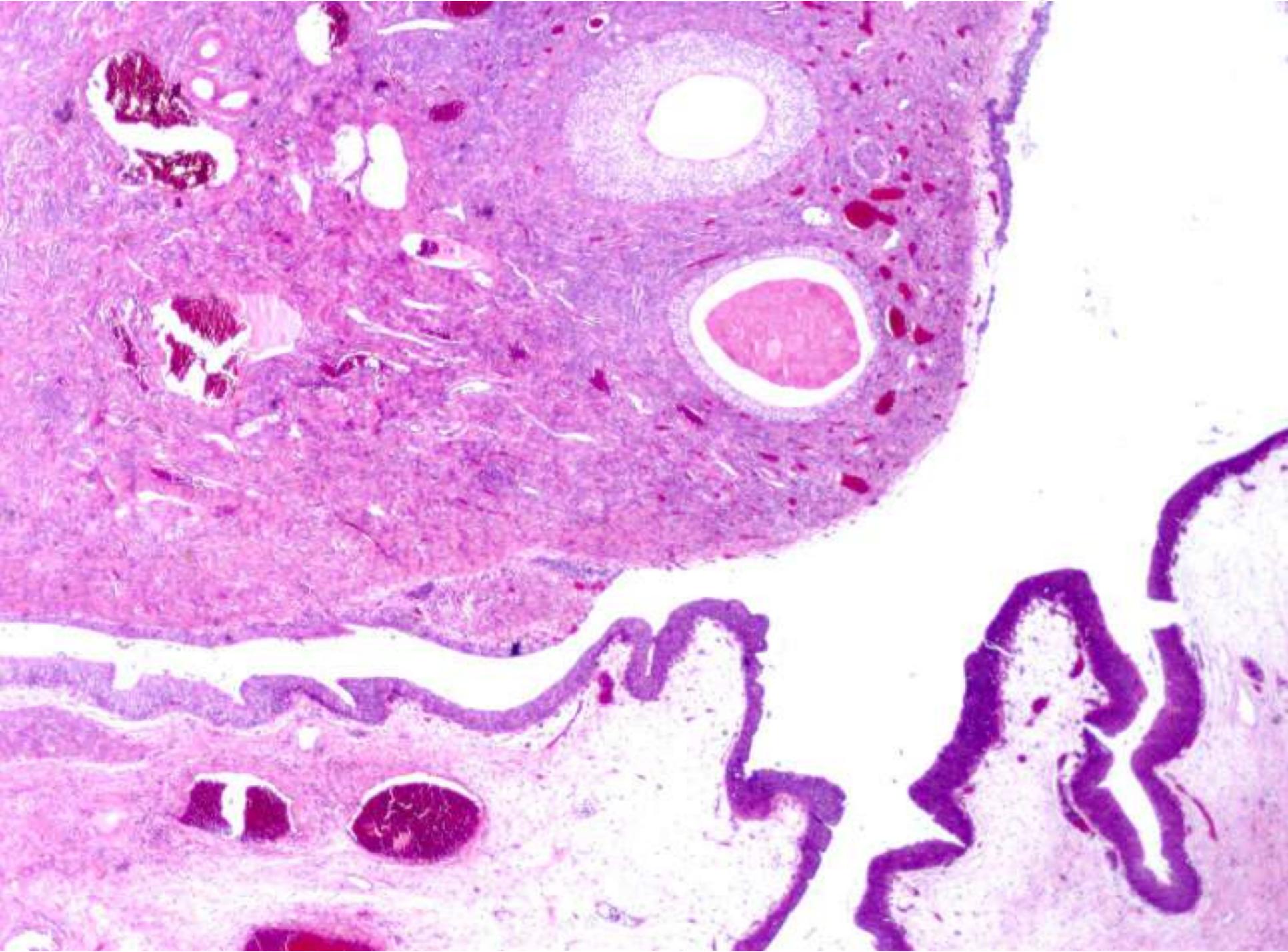


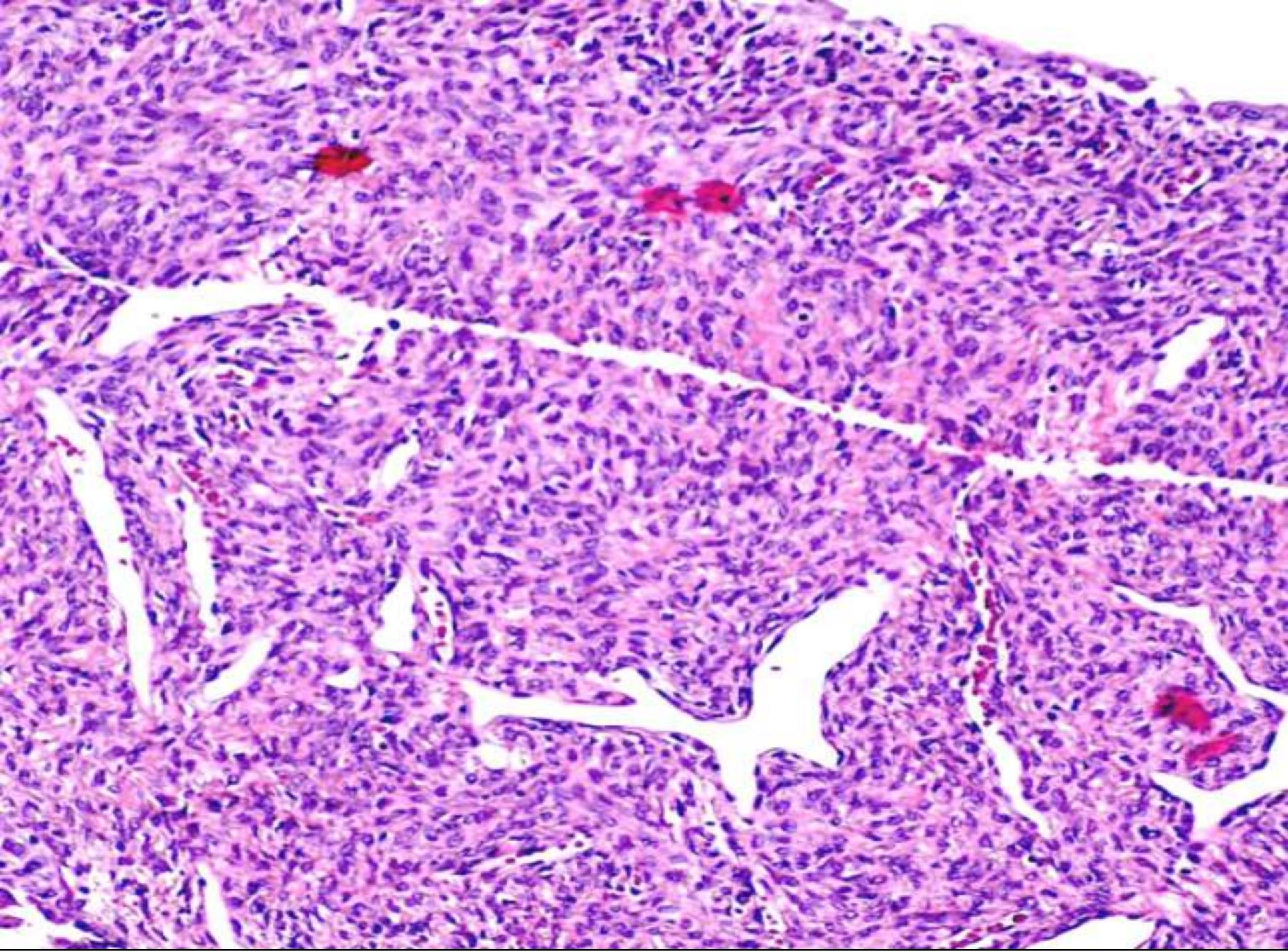


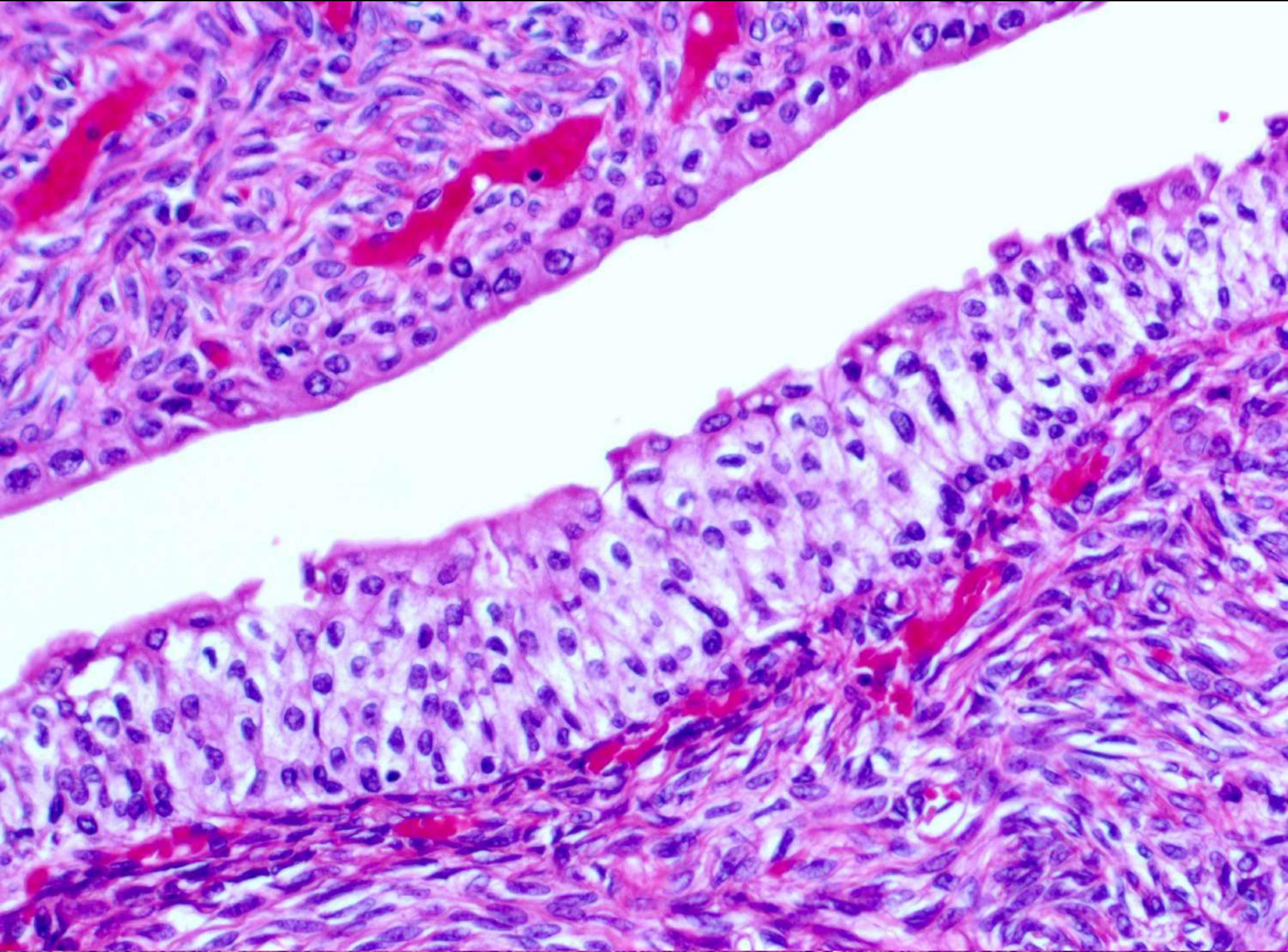




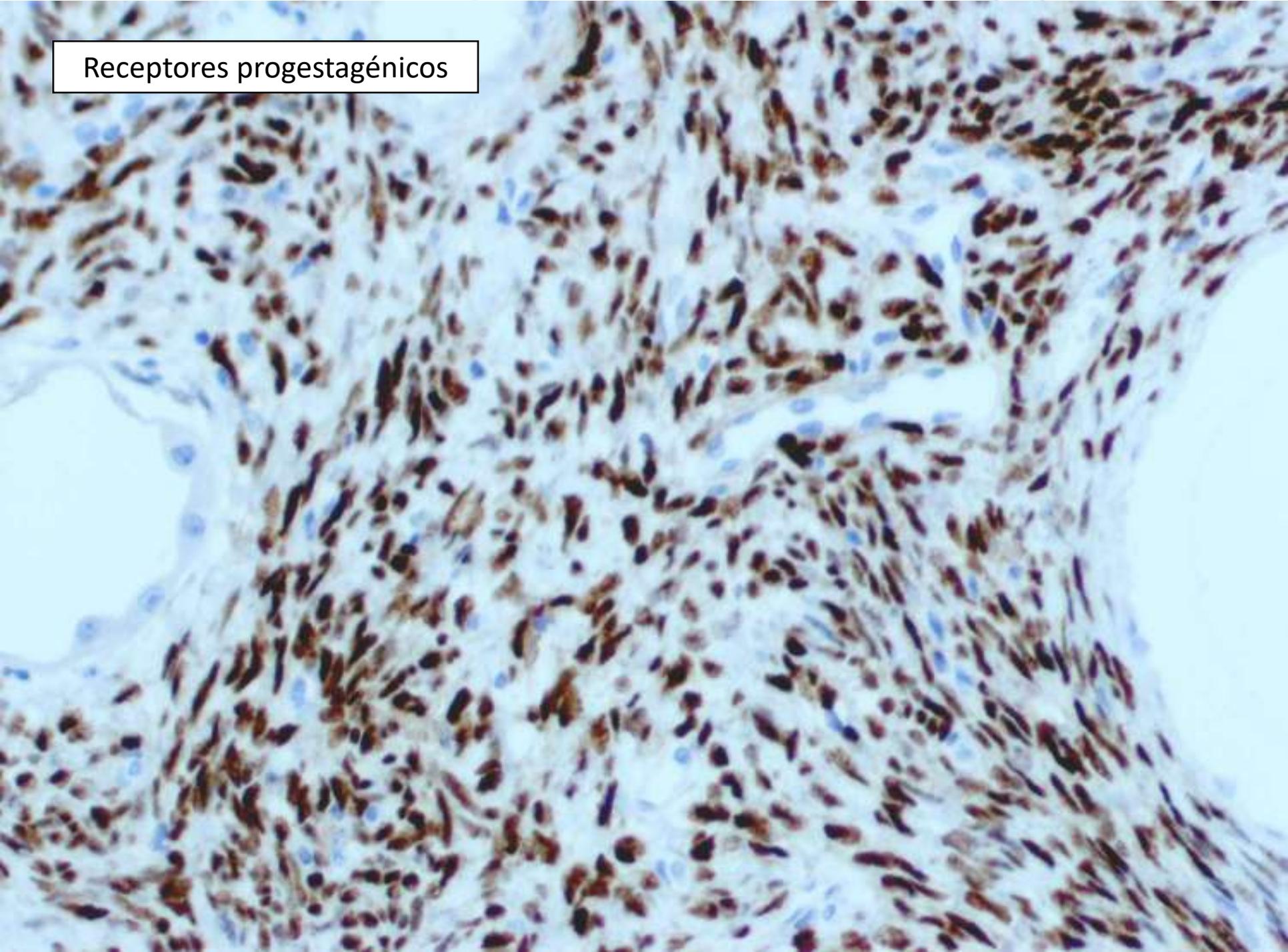




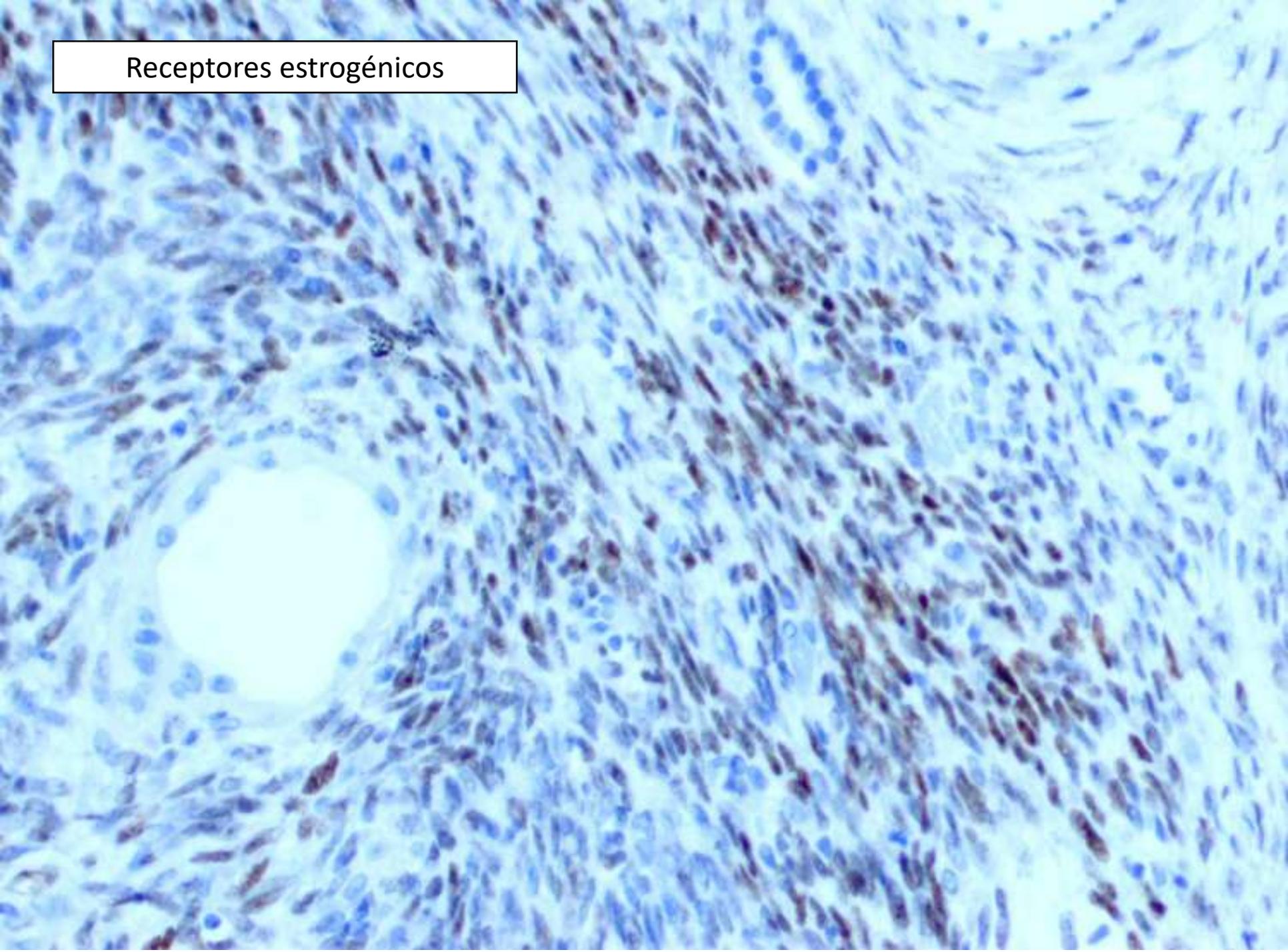




Receptores progestagénicos



Receptores estrogénicos



Conclusiones

- **Los MESTK son neoplasias benignas con buen pronóstico, poco comunes y que tienen posibilidad de transformación maligna.**
- **Considerar el diagnóstico ante la presencia de una masa renal quística.**
- **Lesión polipoide como presentación inicial poco habitual de esta neoformación.**



A vibrant tropical beach scene. In the foreground, a large, lush green palm tree leans over a white sandy beach, casting a shadow. The beach is dotted with some seaweed and a few people are visible in the distance. The ocean is a beautiful turquoise color, meeting a clear blue sky with a few wispy white clouds. The overall atmosphere is bright and sunny.

iMuchas Gracias!

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