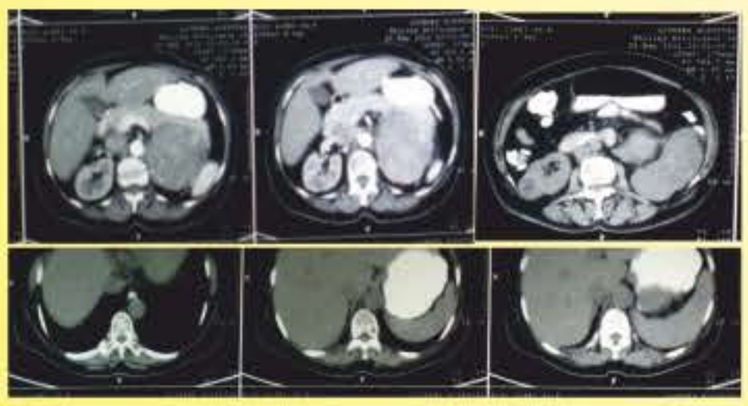
INTERESTING CASES

The Drama of Multiple Malignancies : Dr. H. Krishnamurthy,. Kochi.

61 yr old lady presents with tiredness and loss of weight of 6 months duration . Thin built, not a hypertensive or diabetic;Had a thyroid swelling of 5 yrs duration. General examination normal; Vital signs normal Abdominal examination: Mass in the left hypochondrium, moving with respiration

Firm-Hard thyroid nodule on the right lobe about 2 cm. Abdomen Ultrasound: Left renal exophytic mass lesion ? RCC & Large paraaortic mass (metastatic). Ultra sound of Thyroid: features suggestive of Thyroiditis; bilateral cervical adenopathy.

CT : 3 x 2.1 cm necrotic mass arising from the lateral cortex of lower pole of R kidney. Approx. 7.8 x 4.7cm lobulated exophytic mass lateral cortex upper and mid pole of L kidney. A 10 x 7.9 cm well marginated mass in relation to lateral limb of left adrenal gland. No IVC / renal vein / retroperitoneal lymphnodes involved. CT suggest ***bilateral renal Cell Carcinoma with left adrenal secondary deposit.***



Tests for functioning adrenal tumours. 24 hr urinary VMA normal. Serum corticosteroids normal. Serum electrolytes normal. FNAC: s/o Hashimotos Thyroiditis with evidence of Follicular Hyperplasia

Surgery done

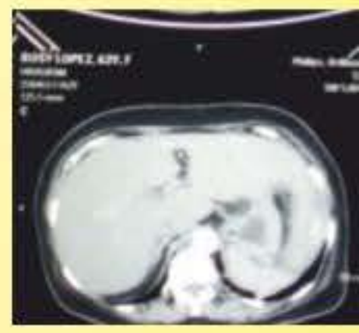
Total thyroidectomy by the Surgeon. Left adrenalectomy. Left radical nephrectomy.

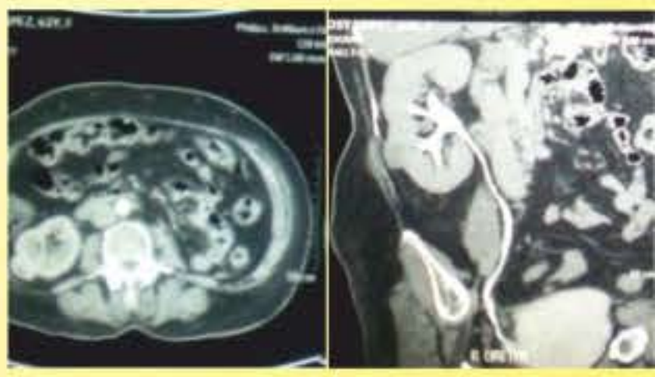
Patient had massive bleeding with hypotension, Patient on ventilator for 4 days Recovered. Discharged on the 8th post operative day

FINAL DIAGNOSIS: Thyroidectomy specimen- Papillary. Carcinoma of Thyroid in both the lobes & Hashimoto's Thyroiditis; Nephrectomy Specimen; Renal cell Carcinoma, grade1-2; Adrenalectomy specimen: possibility of Adrenal cortical tumor & pheochromocytoma (IHA suggested)

On late post operative follow up : Patient presented with severe cough and fever after two weeks of surgery; Polymorphonuclear leucocytosis. Chest X-ray showed left lobar pneumonia with pleural effusion(pleural tap negative for malignancy). Patient had to be put on ventilator again; Loaded with antibiotics and supportive measures; Recovered in 10 days time. Came for follow up after 4 months.

Radionucleotide whole body scan: negative for skeletal mets. Impression:- CT scan of the abdomen reveals. Hepatomegaly with two focal enhancing lesions segment 4a and 8 - suggest hepatic metastasis. Approx. 3 x 2.3 cm oval enhancing mass posterior lateral cortex of the lower inter polar region of right kidney - suggest Renal Cell Carcinoma. Left Kidney absent / no recurrence / no lymph nodes. CT scan suggest Renal Cell Carcinoma right kidney with hepatic mets.



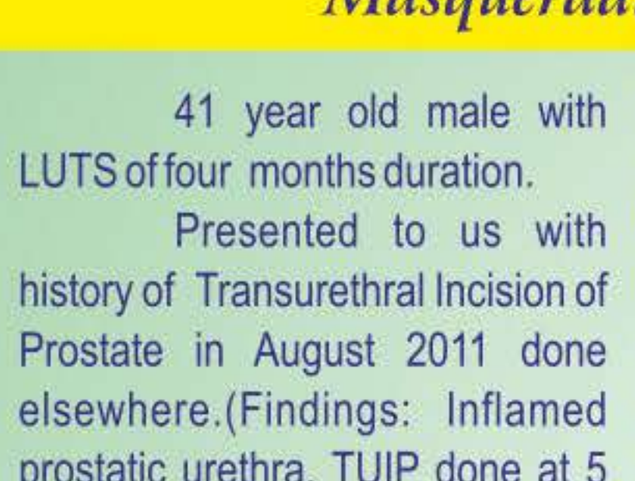


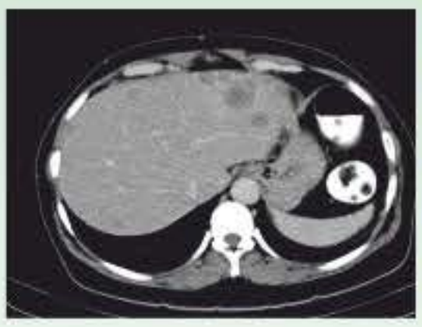
Masquerading Until Mayhem ! :- By Dr Dineshan K.m, Kozhikode

41 year old male with LUTS of four months duration.

Presented to us with history of Transurethral Incision of Prostate in August 2011 done elsewhere.(Findings: Inflamed prostatic urethra, TUIP done at 5 and 7 o'clock. PSA at the time was 2.3.)

LUTS persisted.He had developed acute retention of urine and had been catheterized at an outside hospital. No history of abdominal pain. No history of hematuria. No history of fever.Known diabetic on OHA. No other known comorbid conditions.





Pulse : 80/mt BP: 120/80;No pallor, no jaundice and no cyanosis. On Examination: Abdomen –NAD

System examination : NAD ;EG – NAD, DRE – Indurated hard prostate. No tenderness

Investigations:- Blood and urine routine WNL (few WBC in Urine)

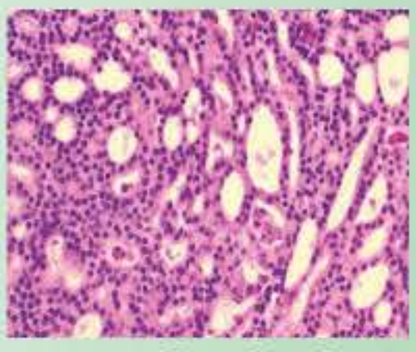
Ultrasound Abdomen: Multiple hyperechoic lesions in the liver - ? Metastasis.; Bilateral hydroureteronephrosis ; Heterogenous mass lesion 7 x 5 cm adjacent to external iliac vessels on right side - ? lymphnodal mass.

CT Abdomen: Malignant neoplasm of prostate gland with invasion of UB, Bilateral seminal vesicle and ureters with proximal moderate hydroureteronephrosis and pelvic and intra abdominal lymph nodal metastasis and hepatic metastasis.

Discussion: Patient presented with above mentioned complaints. Initially in view of normal PSA levels and Ultrasound abdomen findings he was managed as chronic prostatitis.

As he did not improve – Trucut biopsy prostate was done – which showed poorly differentiated adenocarcinoma – (Immuno Histochemistry Awaited). USG abdomen and subsequently CT abdomen was repeated which showed multiple nodal and hepatic metastasis.

He was counseled regarding his condition and he requested transfer to Regional Cancer Centre, Trivandrum.



Trucut Biopsy Prostate:
Poorly differentiated adenocarcinoma.
(IHC – Awaited)

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