Renal Tumours

Malignant Renal Cell Tumours

- 1-2% of all malignant tumours
- Male:Female ratio 2:1

Renal Cell Carcinoma

- arise from proximal tubular epithelium
- most common renal tumour in adults
- rarely present before the age of 40
- in von Hippel-Lindau disease, bilateral RCCs are common
- highly vascular tumours

Clinical Features

- Often asymptomatic
- Haematuria
- Loin Pain
- Mass in the flank
- Malaise
- Anorexia
- Weight loss
- Hypertension (renin secretion by tumour)
- Anaemia
- Pyrexia
- Left sided tumours can cause variocele

Diagnosis

- USS
- CT

Treatment

- Chemotherapy
- Nephrectomy is performed unless bilateral disease, or if the contralateral kidney functions poorly
- If mets are present, nephrectomy may still be indicated as mets have been shown to regress after removal

Nephroblastoma (Wilms' Tumour)

- Seen in the first 3 years of life and may be bilateral
- Abdominal mass, rarely with haematuria
- USS, CT and MRI for diagnosis
- Nephrectomy, radiotherapy and chemotherapy has much improved survival
- 5 year survival is 90%

Urothelial Tumours

- Calyces, renal pelvis, ureter, bladder and urethra are lined by transitional cell epithelium
- Uncommon below 40 years old
- Bladder tumours are about 50 times more common than that of the ureter or pelvis

Risk Factors

- Cigarette Smoking
- Exposure to industrial carcinogens
- Expose to drugs (Phenacetin, cyclophosphamide)
- Chronic Inflammation (Schisto)

Presentation

- Painless haematuria
- Symptoms suggestive of UTI in the absence of bacteriuria
- Presenting symptoms may result from metastases

Investigations

- Urine Cytology
- USS
- CT
- MRI
- Cystoscopy

Management

- Chemotherapy
- Surgical resection