

SPECIMENS:

- A. MEDIAL UPPER POLE CYST WALL
- B. RIGHT POSTERIOR UPPER POLE TUMOR

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GROSS DESCRIPTION:

A. MEDIAL UPPER POLE CYST WALL

Received in formalin in a container labeled with patient name designated "a. medial upper pole cyst wall" are multiple fragments of beige-tan soft tissue measuring 1.9 x 1.2 x 0.3 cm in aggregate. The entire specimen is submitted in cassette A1.

B. RIGHT POSTERIOR UPPER POLE TUMOR

Received fresh labeled with patient name designated "b. right posterior upper pole tumor" is a portion of kidney with attached peri-renal fat weighing 105 gm and measuring overall, 12 x 7.5 x 3.0 cm. A grossly obvious mass protrudes from a ring of normal appearing kidney. The surface of the mass demonstrates an area of disruption measuring 2.0 x 1.5 x 1.0 cm. The lesion measures 2.8 x 2.5 x 2.0 cm. The normal kidney measures 3.0 x 1.5 x 1.0 cm. The specimen is inked as follows: surface of the lesion-black, normal kidney margins-blue, peri-renal fat-yellow. Cut section of the lesion shows a well encapsulated red-brown centrally hemorrhagic cut surface. The mass lies directly adjacent to the normal kidney margin at distance of 0.1 cm. Gross photographs are taken. A portion of the specimen is submitted for tissue procurement. Representative sections are submitted as follows:

B1-B6: remainder of the lesion and surgical margin

B7: lesion and normal kidney

B8: portion of normal kidney with attached peri-renal fat

B9: sections of peri-renal fat overlying tumor

DIAGNOSIS:

A. KIDNEY, UPPER POLE CYST WALL, EXCISION:

- BENIGN RENAL CORTICAL CYST

B. KIDNEY, RIGHT POSTERIOR UPPER POLE, PARTIAL NEPHRECTOMY:

-PAPILLARY RENAL CELL CARCINOMA (2.8 CM) EXTENDING TO THE INKED ASPECT. SEE COMMENT

SYNOPTIC REPORT - KIDNEY (PARTIAL OR RADICAL)

Specimens Involved

Specimens: B: RIGHT POSTERIOR UPPER POLE TUMOR

Specimen Type: Partial nephrectomy

Without adrenal gland

Laterality: Right

Tumor Site: Upper pole

Focality: Unifocal

Tumor Size (largest tumor if multiple): Greatest dimension: 2.8cm

Additional dimensions: 2.5cm x 2cm

Macroscopic Extent of Tumor: Tumor limited to kidney

WHO CLASSIFICATION

Papillary renal cell carcinoma 8260/3

Histologic Grade (Fuhrman Nuclear Grade):

G3: Nuclei very irregular, approximately 20 u; nucleoli large and prominent

Invasion of Vascular/Lymphatic: Absent

Perinephric Tissue Invasion: Absent

Margins: Cannot be assessed

Adrenal Gland: Not present

Regional Lymph Nodes: None sampled

Additional Findings: Incidental small cortical glandular proliferation (0.2 cm) best classified as papillary adenoma. See comment.

Pathological Staging (pTNM): pT 1a N X M X

Comment(s):

Representative sections of the main lesion and the incidental adenoma were reviewed by Dr. who concurs with this assessment. Both carcinoma and adenoma share a similar immunophenotype-CK 7 positive, EMA positive, CD 56 negative supporting the above diagnosis.

As per the surgeon (Dr.), the lesion was entirely removed with intraoperative visualization of the intact tumor capsule. However, the specimen received in the pathology department exhibited a disrupted capsule at the parenchymal resection side, possibly an ex vivo artifact. Clinical-operative correlation is essential. Close follow-up is indicated.

CLINICAL HISTORY:

None given

PRE-OPERATIVE DIAGNOSIS:

Right kidney mass

