DIFFERENT LINES OF DIAGNOSIS AND MANAGEMENT OF KIDNEY TUMOURS

ESSAY

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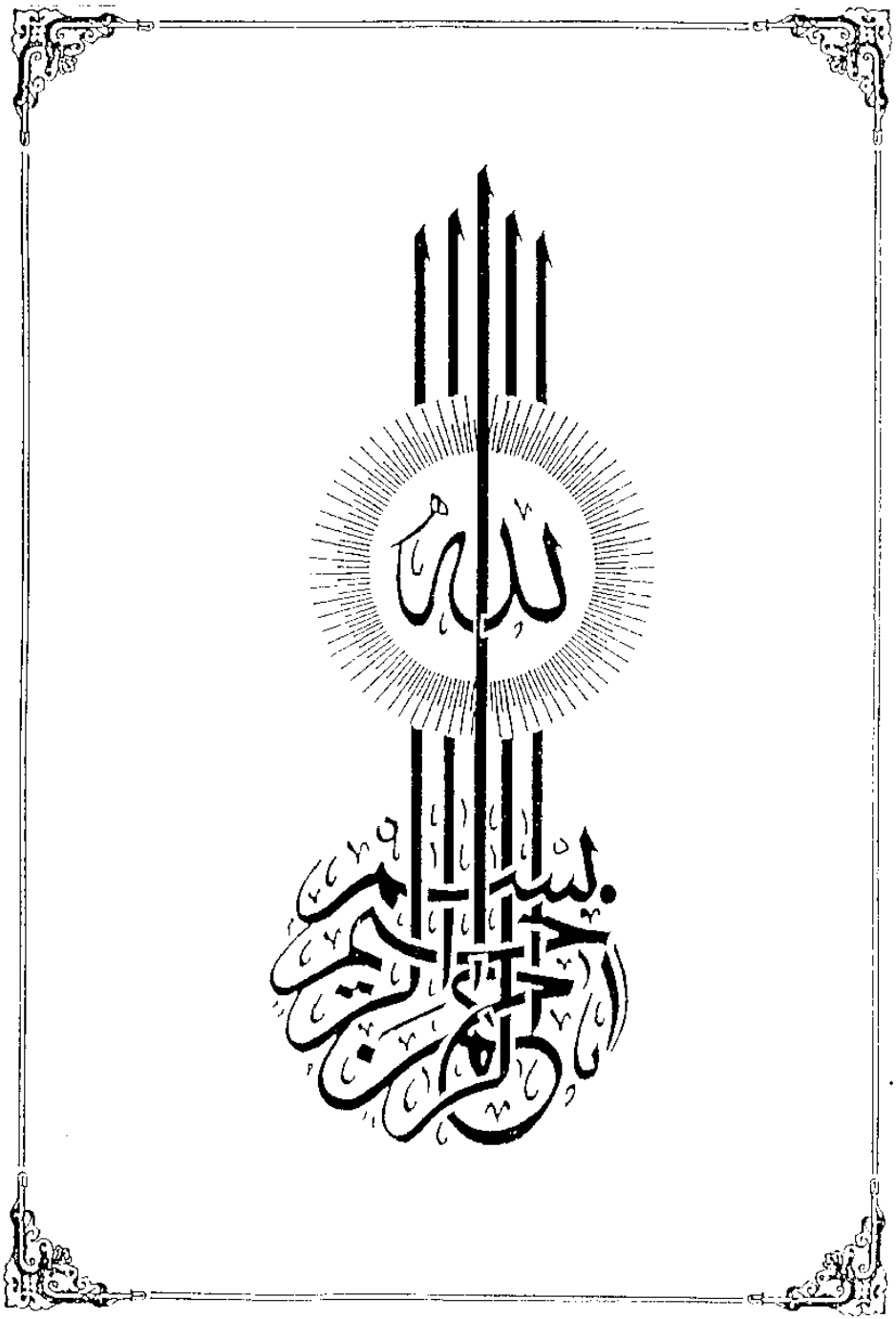

TO MY FATHER AND MY MOTHER

WITH

ALL LOVE AND RESPECT

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All tumors of the kidney are considered malignant until they are proved to be otherwise, as the benign renal tumors are rare.

Actually, about 85 % of all renal tumors are neoplastic (Bell, G.T. 1938). The degree of malignancy varies with the specificity of tissue from which the tumor arises, because each tissues sets a standared of its own for biological growth and behaviour.

Tumors arise any and all the components of the renal organ, from embryonic anlagen on, and in the kidney and from the connective tissue and nerve tissue about the hilum.

Malignant tumors of the kidney itself are much commoner than that of the pelvis, and early 90% of them are carcinomas (Melicow 1944).

Renal carcinoma is usually taken to mean carcinoma of the renal parenchyma, and to exclude carcinoma of the renal pelvis, but if there is any possibility of confusion the expression renal parenchymal carcinoma can be used.

Two destinct parenchymal tumors are seen, that which arises in childhood, the embryoma (Wilm's tumor) being a

highly malignant mixed tumor, and tumors occuring in adult, the renal cell carcinoma or adenocarcinoma (Grawitz'tumor). About 80% of renal neoplasms are adenocarcinoma and occur more frequently in men than in Women. (Richer. 1963).

Tumors of the collecting system comprise 10% of renal neoplasm. Renal sarcomas are rare but the secondary tumors eg: Lymphomatous and metastatic tumors occasionally involve the kidney.

The classic triad of pain, hematuria, and palpable mass in relatively rare and occure late (Warren, M., 1971). About 40% of patients have hematuria or other urinary complaints, but just as many exhibit only systemic signs and symptomes, Fevers, anaemia, erythrocytemia, hypercalcemia and liver dysfunction. The other 20% may show no evidence of a renal mass other than radiographic when the diagnosis is made 15% of patients will already have symptomatic metastasis such as chronic cough or bone pain. In these patients, a biopsy of the mestases may lead to the primary diagnosis.

Once a renal mass is found, there are a number of avenues to follow in making an accurate preoperative assessment.

Intravenous and retrograde urography are seldom specific enough. Nephrotomography is a relatively safe and reliable way of differentioting renal cysts from tumors (Evans, J.A.