

## Renal Cancer Revealed by a Giant Renal Abscess in an Immunodepressed Subject to HIV: A Case Report

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### Abstract

Kidney cancer is the third urological cancer in men. It is nowadays discovered more and more by chance and can take various aspects. We report in this observation a case of tubulo-papillary carcinoma revealed by a renal abscess.

A 46-year-old subject immunocompromised to HIV and on triple therapy was admitted for a severe infectious syndrome with a painful right lumbar mass. The abdominal CT scan found fluid collection from the right kidney in favor of a large abscess. A two-stage treatment were performed: drainage of the collection first, followed by total nephrectomy. Pathological examination of the part revealed tubulo-papillary carcinoma. The postoperative follow-up was simple and no complications were detected after two years.

**Keywords:** renal cancer, abscess, nephrectomy, drainage.

### INTRODUCTION

Kidney cancer is the third most common urological cancer in humans and accounts for around 3% of solid cancers in general [1]. It most often affects the elderly and presents clinically by the classic Guyon triad associating hematuria, pain and lumbar mass. But this triad is rarely found. Kidney cancer can take various forms and sometimes it is even discovered incidentally by imaging [2]. We report in this observation a case of tubulopapillary carcinoma discovered on a piece of nephrectomy performed for a large abscess of the kidney in an immunocompromised subject.

### OBSERVATION

Mr. A.A., a man of 46 years old, had been consulted for pain in the right flank and lumbar fossa, progressing intermittently for almost two months. He had previously been in several medical offices where antibiotic and analgesic treatments had been given without success. Rather, the symptoms worsened with the onset of fever and exacerbation of pain. The interrogation about the prevailing situation did not find hematuria.

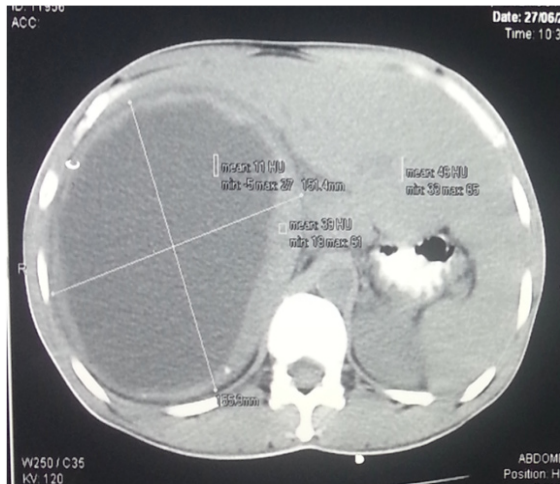
The patient also reported episodes of urinary burns. In his history, he was immunocompromised to HIV 1 on triple antiretroviral therapy. The examination revealed:

- Bad general condition;
- A temperature at 39°5 C, a blood pressure at 100/80 mmHg;
- A painful right lumbar mass on palpation, making lumbar contact;

Furthermore, the urine output was disturbed whereas the rest of the urogenital examination was normal, so was the examination of the other devices. The paraclinical assessment carried out made it possible to note what follows:

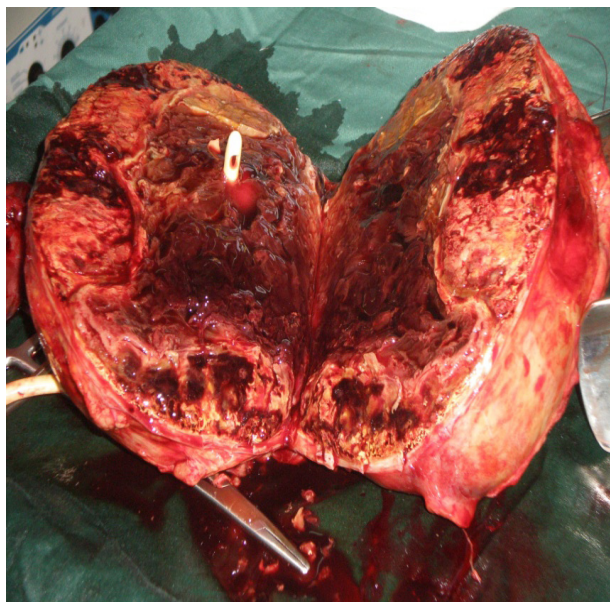
- A biological inflammatory syndrome including a predominantly neutrophilic leukocytosis with 15,000 elements / mm<sup>3</sup> and a CRP at 27 mg / l;
- Normal renal check-up;
- On the abdominal CT scan, images of a large collection of right renal intraparenchymal fluid (Picture1).

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**Picture1.** renal fluid collection on the CT scan

The diagnosis of a right kidney giant abscess was accepted and surgical drainage indicated. We performed a percutaneous drainage by using a Foley catheter: it was frank pus. So we put the patient on a triple antibiotic treatment made of ceftriaxone at 2g / 24 hours, ciprofloxaxine at 200mg / 12 hours and gentamicin at 160mg / 24 hours. This antibiotic therapy was maintained after the results of the cytological and bacteriological examination of the pus. Three days after drainage, there was a continuous bleeding through the Foley catheter, **demanding** blood transfusion. This, with the persistence of right flank mass indicated a right nephrectomy which we performed, showing abnormal aspect of renal parenchyma (Picture 2).



**Picture2.** Nephrectomy piece

The post-operative period had been simple. Histological examination of the kidney concluded that it was a tubulopapillary carcinoma. No further treatment had been given. The clinical and biological follow-up had been successful over a 2-year follow-up.

### DISCUSSION

Nowadays renal carcinoma is haphazardly found more and more thanks to the progress of imagery; it can take several forms when it is symptomatic. The abscess form that we present in this work is a rare clinical situation. Very recently, Saadi et al. [3] described a similar case of carcinoma revealed by a renal abscess. Indeed, the abscess may reflect a superinfection of foci of intra-tumor necrosis or an infection of a cystic tumor [4]. According to André et al. [5], the cyst is the usual presentation of tubulopapillary renal cancers. Kidney cancer is well known for its long clinical latency and its incidental discovery by imaging or occasionally complications such as paraneoplastic syndromes or metastases [2]. The occurrence of renal cell carcinoma is induced by the presence of many risk factors and our patient had only a history of immunosuppression to HIV. This is not cited as a risk factor for kidney cancer, although several immunosuppressive conditions have been recognized as risky factors for renal cell carcinoma, including renal failure, diabetes and the kidney transplant patient.

Therapeutically, our attitude was radical surgery. Percutaneous drainage was firstly performed because of the bad general condition of the patient, and the hope to conserve the kidney. But the evolution leads us to suspect a renal cancer. The reference treatment for kidney cancer remains surgery [2]. So, in front of the suspicious evolution of the drainage of the kidney, a nephrectomy had been made. To our knowledge, this attitude seems to be the best in front of this strong suspicion and has made it possible to confirm the diagnosis of tubulopapillary carcinoma. According to Benjelloun et al. [1], this anatomopathological form of renal cancer has a good prognosis and our patient had no complications over a two-year follow-up.

### CONCLUSION

Renal cancer is multifaceted and can take several many forms. Renal mass is highly suspicious and must lead to think about its malignancy.

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