



Episodes of Gross Hematuria

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George, a previously healthy 60-year-old male, has been experiencing increasing tiredness, discomfort in the right flank region and loss of appetite for the last four months. There have been episodes of gross hematuria.

Medical history

Georges's history includes the following:

- He has no significant past history apart from hypertension
- He has smoked at least a pack a day for over 40 years and continues to smoke
- He has worked as a mechanic
- He has two adult children and five grandchildren
- He has been taking only Tylenol 3 for pain
- His sister had ovarian cancer

Physical examination

- He looks pale
- Blood pressure 135/86, pulse 90, regular
- Soft abdomen with right upper quadrant palpable not tender mass, roughly softball sized
- His physical examination is otherwise unremarkable

Clinical investigations

Blood work:

- Haemoglobin 106g/L (Normal 140 to 180g/L)



Figure 1. Ct Scan of lungs

- White blood cell a little elevated
- Slight elevation of liver function test
- LDH-840 IU/L (Normal 313 to 618 IU/L)

What is your diagnosis?

- Pulmonary carcinoma with metastases to the liver
- Pulmonary carcinoma with metastases to the liver and right kidney
- Metastatic right renal carcinoma

CT scan of lungs and abdomen showed large right renal carcinoma with associated hepatic and pulmonary metastases and lymphadenopathy involving the upper abdomen.

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Figure 2: CT scan of abdomen



Figure 3: CT scan of abdomen

Answer: Metastatic right renal carcinoma

About Carcinoma of the kidney:

Renal cancer; kidney cancer; Hypernephroma; Adenocarcinoma of renal cells. Renal cell carcinoma is the most common type of kidney

cancer in adults. It occurs most often in people 50 to 70 years old and typically affects men. The male to female ratio is estimated at 2:1 and the exact cause is unknown. Hematuria, gross or microscopic is the most common presenting sign, followed by flank pain, palpable mass and fever of unknown origin. Hypertension due to segmental ischemia, or polycythemia secondary to increased erythropoietin activity are seen in some cases. Factors that increase the risk of renal cancer include: smoking and family history of renal cancer. Metastatic renal carcinoma has a very poor prognosis.

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Treatment

A. Early disease

- Surgery

B. Advanced disease

- Surgery
- Radiation therapy is used to control bleeding and pain from the tumour and to improve symptoms from metastases to the central nervous system and bone. Generally, renal tumors are relatively radioresistant
- Drug therapy 