CODE: T7200 M8133/2

ID NOS: HBX2698 70057

DIAGNOSIS: PELVI-UPERETERIC JUNCTION – PAPILLARY UROTHELIAL CARCINOMA (TRANSITIONAL CELL CARCINOMA).

CLINICAL HISTORY: F/57. This patient was a known analgesic (BEX) abuser and smoked 20-30 cigarettes a day. Her urine had been heavily blood stained for 7-10 days before coming to hospital. She had been in no pain. A retrograde pyelogram showed a 3cm mass in the renal pelvis causing obstruction. There was also bilateral papillary necrosis. The kidney and its associated ureter were surgically removed. There had been no recurrence after two years.

MACROSCOPIC: A buff coloured, slightly lobulated tumour is seen just above the pelvi-ureteric junction. The tips of all papillae are missing and in some cases adherent necrotic tissue is still present. The renal pelvis is slightly dilated.

MICROSCOPIC: The neoplasm is made up of delicate fronds of vascular connective tissue, each frond coated by abnormally thick transitional epithelium. There is a sprinkling of mitotic figures and a mild degree of pleomorphism in places. These appearances suggest that the behaviour although malignant, would not be particularly aggressive.