Opinion Article

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Clinical Presentation and Evaluation of Hematuria and Flank Pain

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Description

The distinction between renal Arteriovenous Malformations (AVM) and cancer can pose a challenge due to their similar clinical and imaging characteristics. Here, we present a case involving an 80-year-old male patient who initially presented with gross hematuria, initially diagnosed and treated with embolization for a renal AVM. Despite treatment, the recurrence of hematuria and rapid progression of vascular lesions, along with the discovery of an intralesional solid nodule, led to a radical nephrectomy, revealing Renal Cell Carcinoma (RCC). Distinguishing between renal cell carcinoma and renal AVM can be challenging, emphasizing the importance of short-term follow-up in patients treated for renal AVM to confirm resolution or detect any changes suggestive of an underlying renal tumor, such as atypical neovascularization or intralesional renal masses.

Flank pain

An 80-year-old male patient presented to our emergency department with complaints of gross hematuria and left flank pain persisting for the past 7 days. His medical history included dyslipidemia and benign prostatic hypertrophy, managed with atorvastatin and alfuzosin, respectively. The patient denied any prior renal issues, trauma, or surgeries. Upon physical examination, a tender abdomen and mild lower limb edema were noted. Routine blood tests showed normal values except for anemia (hemoglobin: 10 g/dL, normal range: 11.5-17.5 g/dL) and thrombocytopenia (115 x 10^3/mm^3, normal range: 150-400 x 10^3/mm^3). Urinalysis confirmed gross hematuria. Point-of-care ultrasound (POCUS) of the bladder revealed a dense echogenic area suggestive of a blood clot, prompting cystoclysis. Persistent macro-hematuria and sudden onset right leg pain prompted further evaluation with abdominal-pelvic CT and lower limb angiography.

Hereditary Papillary Renal Cell Carcinoma (HPRCC) is a genetic syndrome characterized by bilateral and multifocal classic type papillary renal cell carcinomas, inherited in an autosomal dominant pattern. Recent molecular research has pinpointed missense mutations in the tyrosine kinase domain of the MET proto-oncogene as the main genetic culprit behind this syndrome. While MET mutations are predominantly associated with HPRCC, they have also been observed in sporadic papillary renal cell carcinomas and, as recently reported, in the biphasic squamoid alveolar variant of papillary renal cell carcinoma. Treatment with dual MET/VEGFR2 kinase inhibitors and tyrosine kinase inhibitors has shown promise in systemic therapy for HPRCC.

A 53-year-old woman presented with a six-week history of dark floaters in her right eye. Examination revealed vitreous veils and white pre-retinal plaques in the posterior pole, extending to a temporal peripheral lesion suggestive of retinal infiltration. Optical coherence tomography showed clumps of pre-retinal hyper-reflective material in the macula and a large hyper-reflective plaque-like lesion involving the internal limiting membrane in the temporal periphery. Fluorescein angiography indicated patchy hyperfluorescence with mild leakage at the temporal lesion, while indocyanine green angiography showed no choroidal involvement. Vitreoretinal biopsy confirmed metastatic papillary renal cell carcinoma, prompting further systemic metastatic evaluation. Choroidal metastasis developed in the fellow eye 15 months later, illustrating different patterns of intraocular metastatic spread in the same patient.

A 53-year-old Caucasian woman with a medical history including migraine, hypothyroidism, cervical dysplasia, and a diagnosis of papillary renal cell carcinoma 1.5 years earlier, following radical nephrectomy, visited the ophthalmology clinic reporting a six-week period of experiencing dark floaters and "spider webs" in her right eye. She mentioned no symptoms of flashing lights, photophobia, or pain, but noted blurring across her entire visual field without any specific blind spots. There were no apparent changes in her other eye. About six months before this visit, she underwent endobronchial ultrasound-guided transbronchial needle aspiration of mediastinal lymph nodes, revealing metastatic papillary renal cell carcinoma, for which she was currently receiving pazopanib treatment.