AN UNUSUAL PRESENTATION OF URINOMA: THE FIRST SYMPTOM OF LUNG CANCER

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ABSTRACT

Introduction: Metastases of lung cancer to kidney are very common but in most cases they are not clinically significant for urologists.

Case Report: The authors present a case of urinoma of left retroperitoneum caused by partially necrotic metastases of lung carcinoma in the left kidney. The urinoma, which presented with changes of bowel habits resulting in constipation, was the first symptom of a lung cancer.

Conclusion: It was primary urine that leaked through the necrotic kidney metastases into the retroperitoneum. The peculiarly silent clinical manifestation may be explained by the left-sided hemiparesis. We are not aware of any similar case in the MEDLINE database.

Key words: kidney neoplasms, secondary; lung neoplasm, symptoms, diagnosis; urinoma

Braz J Urol, 28: 130-131, 2002

CASE REPORT

A 64-year-old man presented with changes of bowel habits resulting in constipation, which he had had for about one week. As for his other medical history, he suffered from chronic ischemic heart disease, insulin non-dependent diabetes mellitus, and from residual left-sided hemiparesis due to a brain stroke (which had occurred 10 years prior to the presentation). He was admitted to hospital and several examinations were performed. Pulmonary hypertension was noted on a chest X-ray. The colonoscopy and abdominal ultrasonography showed normal results. Computed tomography (CT) scan revealed a tumor in the left adrenal gland and urinoma in left retroperitoneum (1) with leakage of contrast medium (Figure-1). Intravenous urography displayed leakage of contrast fluid into retroperitoneum, but the source could not be elucidated. The surgical revision via a left lumbotomy revealed retroperitoneal structures soaked in transparent odorless fluid and thickening

Figure 1 - CT scan of retroperitoneum at the level of kidneys. The left pararenal space is soaked through and the kidney is displaced ventrally. The contrast medium has leaked into the dorsal pararenal space.
of the Gerota’s fascia. Moreover, multiple tumor foci in the left kidney and a neoplastic mass of the left adrenal gland were identified, prompting nephrectomy and adrenalectomy (Figure-2). Histologically, both organs were diagnosed to contain partially necrotic metastases of lung carcinoma. The right lateral X-ray projection of the chest displayed a centrally located pulmonary tumor of the right lung. Multiple metastases were revealed in the brain on CT. The patient was given merely symptomatic therapy afterwards.

COMMENTS

In our opinion, it was primary urine that leaked through the necrotic kidney metastases into the retroperitoneum. The peculiarly silent clinical manifestation may be explained by the left-sided hemiparesis, which obscured the abdominal pain to leave the only symptom of a disturbed bowel function. We are not aware of any similar case in the MEDLINE database.

REFERENCES


Received: February 24, 2002
Accepted: March 18, 2002