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Global Nephrology: Mixed epithelial stromal tumor of the kidney: The male case and literature review- Pai-Yen Pan - Chang Gung Memorial Hospital

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Mixed epithelial-stromal tumor of the kidney (MESTK) may be a rare genitourinary tract tumor. it had been first presented by Michal and Syrucek in 1998. This tumor is characterized by its composition of both stromal solid areas and epithelial elements. Previous reports showed that MESTK attacks mostly middle-aged peri-menopausal women with estrogen therapy history, which indicates a correlation between MESTK and estrogen. However, rare cases were also reported in men and youngsters . albeit malignant cases are rare, but they need also been reported for both genders. Since 2004, MESTK has been included within the World Health Organization renal tumor classification. We report a 44-year-old Taiwanese male, with no history of hormonal therapy, who was found with a left renal tumor by self-health examination. Abdominal computerized tomography showed an 11x15 cm enhanced heterogeneous soft tissue mass with calcification and minimal fatty content. He subsequently received radical left nephrectomy. MESTK may be a benign renal tumor with malignant potential. we should always confine mind that patients receiving hormonal therapy have a better risk of developing cystic renal tumor, regardless of their gender.

Mixed epithelial stromal tumor of the kidney (MESTK) may be a rare genitourinary tract tumor. it had been first presented by Michal and Syrucek in 1998.1 This tumor is characterized by its composition of both stromal solid areas and epithelial elements. Previous reports showed that MESTK attacks mostly middle-aged peri-menopausal women with estrogen therapy history, which indicates a correlation between MESTK and estrogen.2 However, rare cases were also reported in men and youngsters .3 albeit malignant cases are rare, but they need also been reported for both genders. Since 2004, MESTK has been included within the World Health Organization renal tumor classification.

A 44-year-old male visited our hospital because he accidentally found an outsized palpable hard mass over his left upper abdominal area. there have been no symptoms of hematuria, flank pain, irritable urinary symptoms, bowel habit changes nor any bodyweight loss. Physical examinations were generally normal apart from a palpable (10 × 10 cm) fixed non-tender mass over his left upper quadrant area. Laboratory examinations, including urine analysis, were all normal apart from a small elevation of CA19-9 (47.52 U/mL). The recommended upper limit of normal for CA19-9 is 37 U/mL.

The urine cytology showed reactive urothelial cells and neutrophils. He was a hepatitis-B virus carrier, and had smoking and alcohol history. He began taking aspirin since he received left anterior descending arteria coronaria stenting for anteroseptal myocardial infarct . His mother had carcinoma history.

Abdominal computerized tomography showed an 11 × 15 cm enhanced heterogeneous soft tissue mass with calcification and minimal fatty content; No enlarged lymph nodes were found. the pictures favored a left renal angiomyolipoma with little fat content, but malignant renal tumor or epithelioid angiomyolipoma (EAML) were also considered.

This work is partly presented at 19th Global Nephrologists Annual Meeting, May 14-15, 2018, held at Rome, Italy