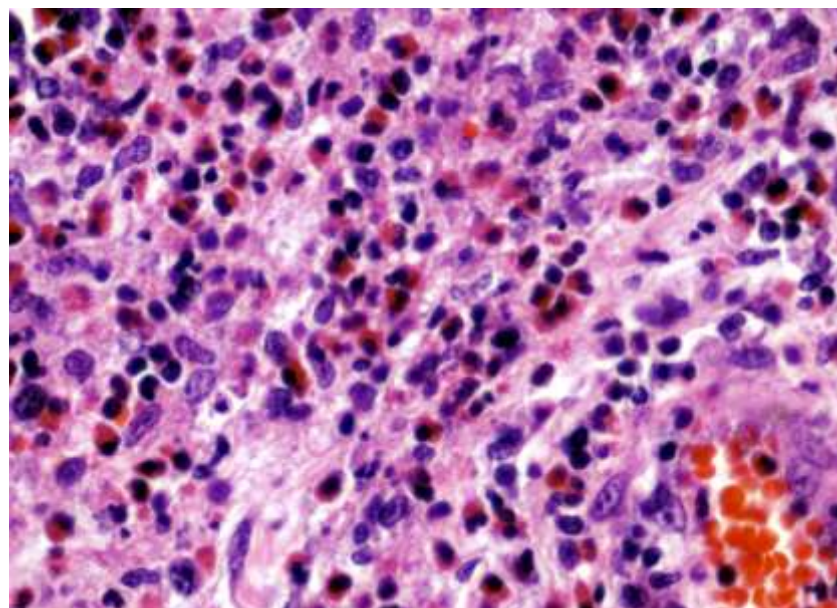
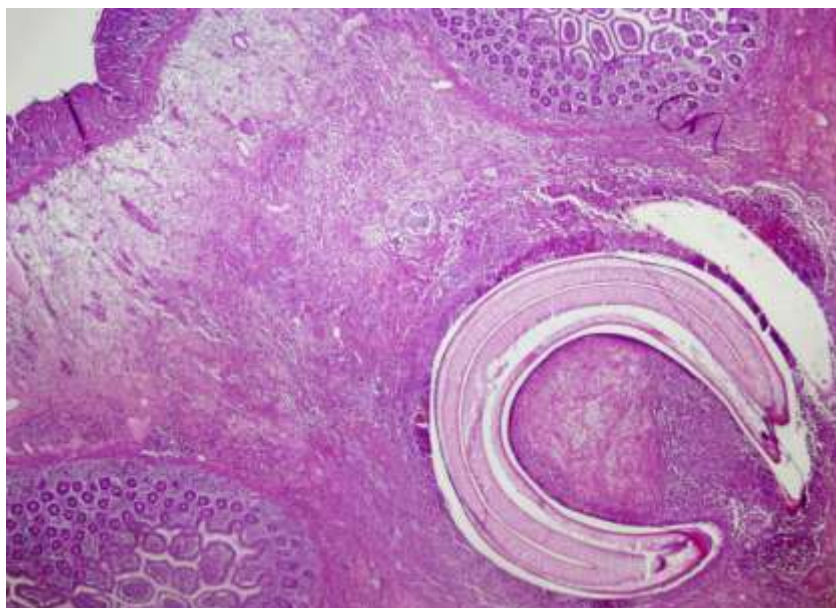


**XXV CONGRESO DE LA SEAP-IAP
ZARAGOZA, 18-21 DE MAYO DE 2011
CLUB DE NEFROLOGÍA**

**Biopsia de donante renal subóptimo
A propósito de un caso
¿Existe el ángel de la guarda de los
receptores de trasplante renal?**

*Raimundo García del Moral
Unidad de Patología del Trasplante
de Granada*

A FAVOR: HASTA AHORA ME HA LIBRADO DE LA ANISAKIASIS



EN CONTRA: NO ME LIBRÓ DE UNA SALMONELOSIS DE UCI



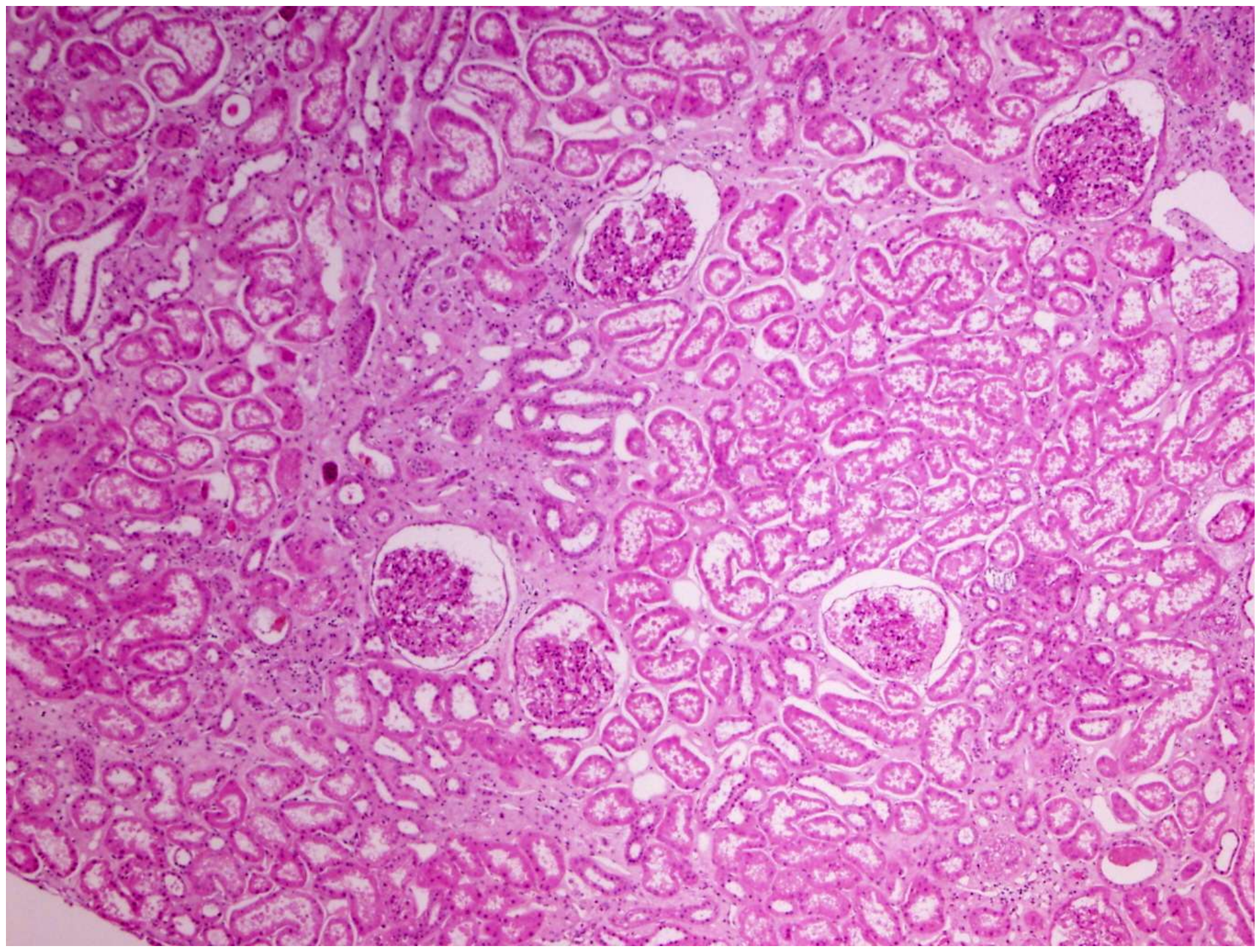
HISTORIA CLÍNICA:

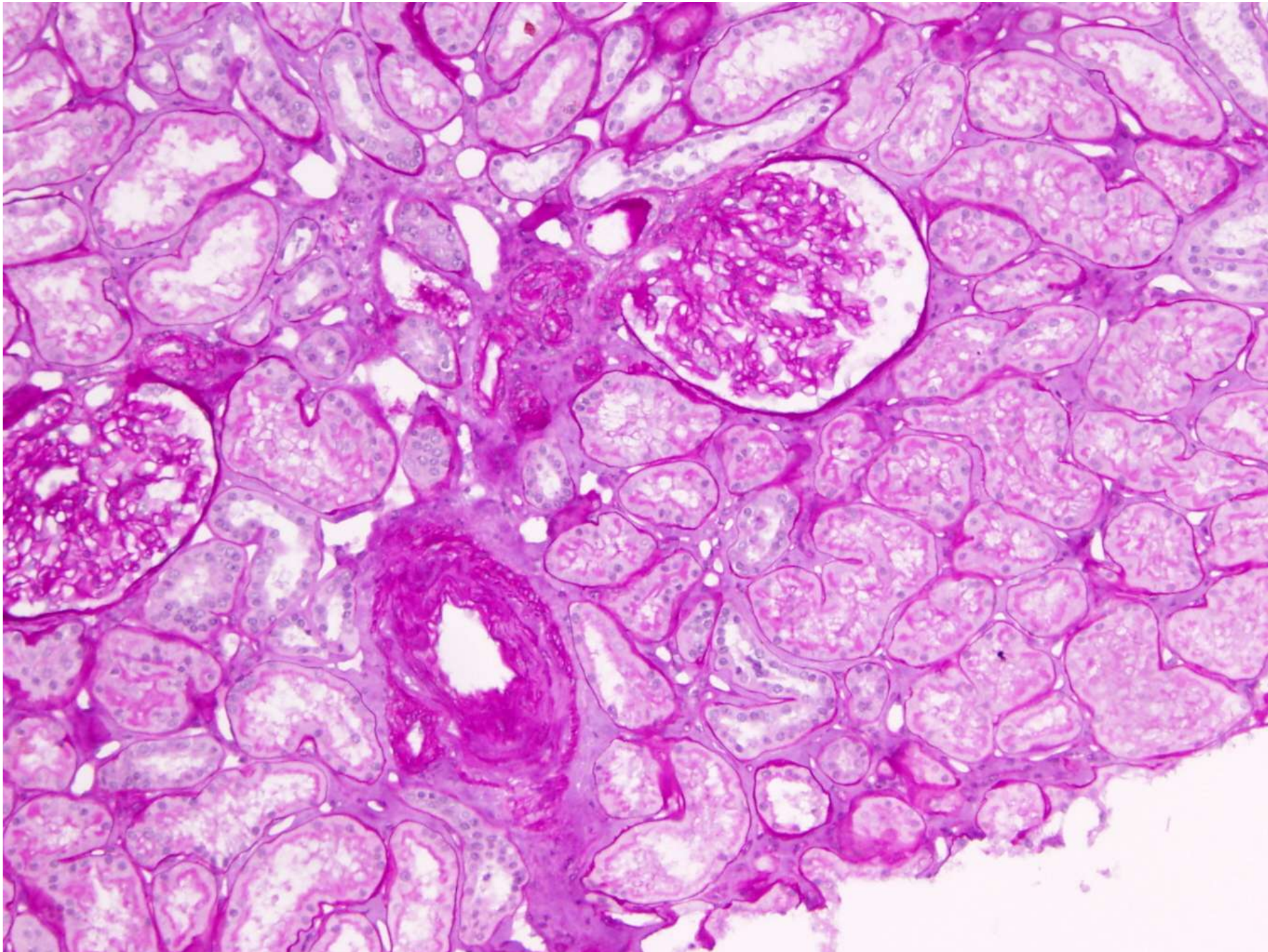
Hombre de 65 años de edad, hipertenso, tratado con medidas higiénico-dietéticas y combinación de IECA y diuréticos a bajas dosis que sufre un ACV. Muerte cerebral. Donación de órganos para trasplante. La ecografía renal no demuestra alteraciones significativas

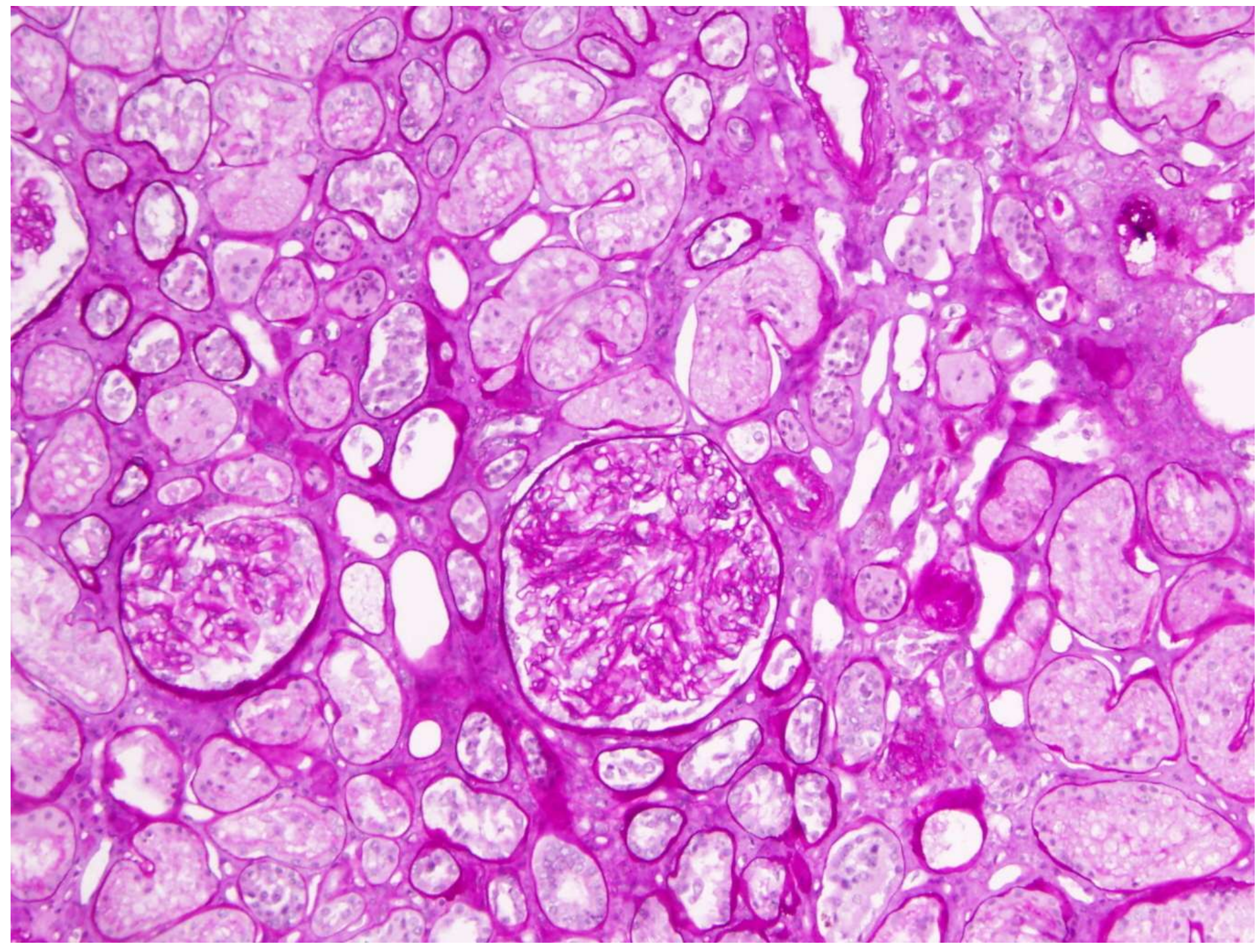
EVENTOS QUIRÚRGICOS CONCOMITANTES CON LA EXTRACCIÓN:

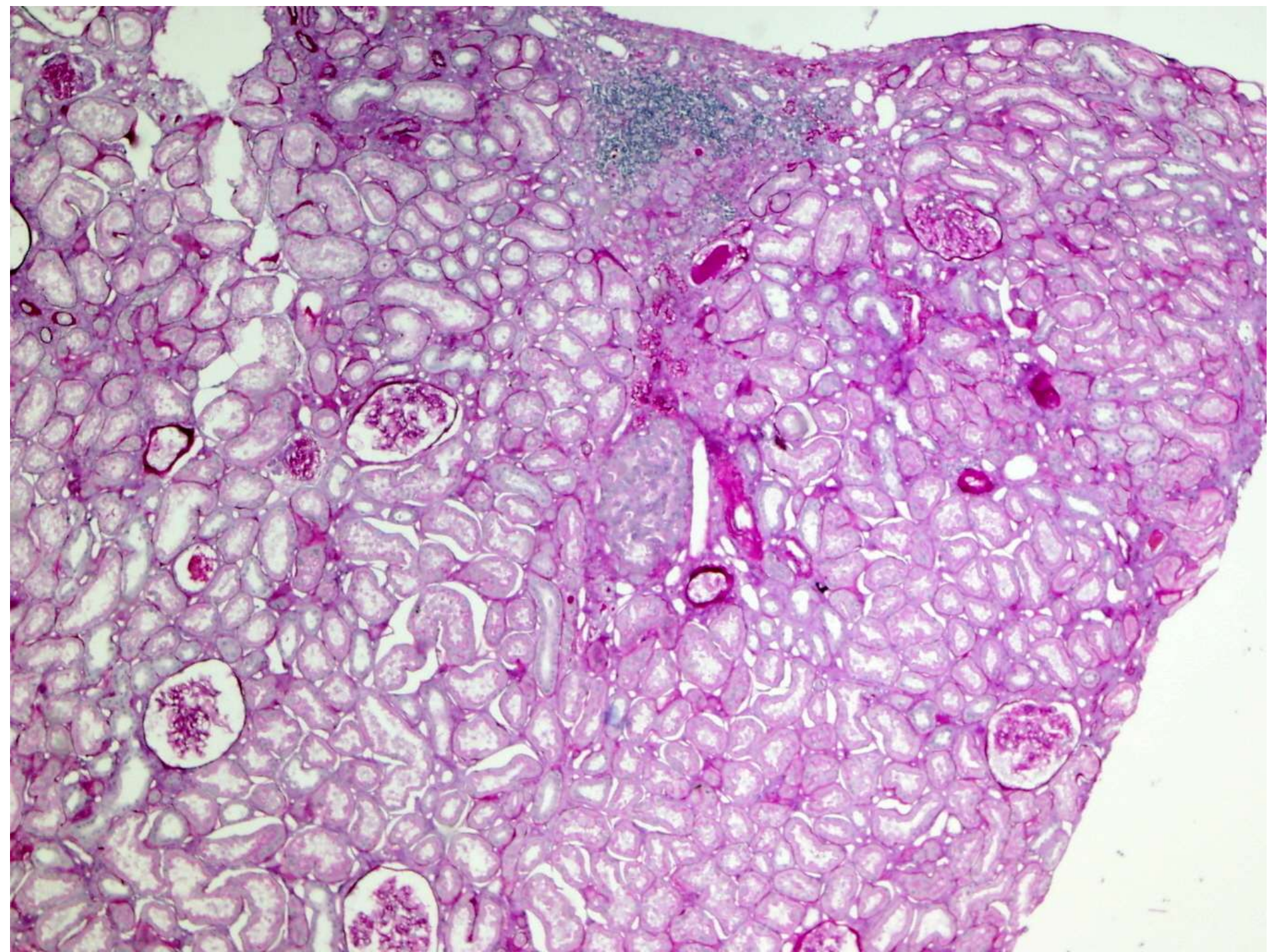
RIÑÓN DERECHO: EXTRAÍDO CON NORMALIDAD
BIOPSIA DE DONANTE CON INCLUSIÓN
RÁPIDA EN PARAFINA MEDIANTE HORNO
MICROONDAS

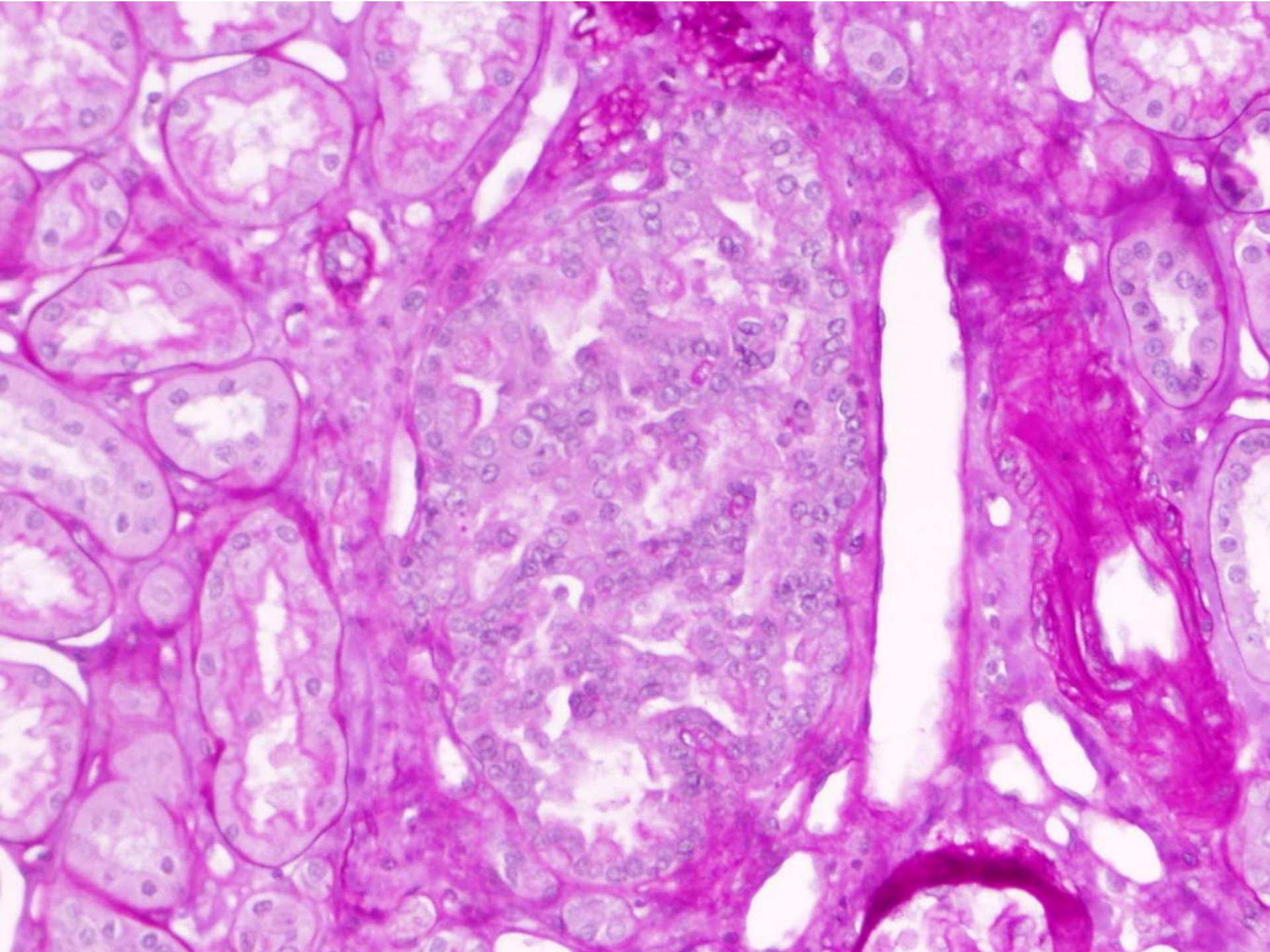
RIÑÓN IZQUIERDO: ROTURA DE ARTERIA RENAL
POR PLACAS DE ATEROMA. RECHAZADO PARA
TRASPLANTE POR MOTIVOS QUIRÚRGICOS

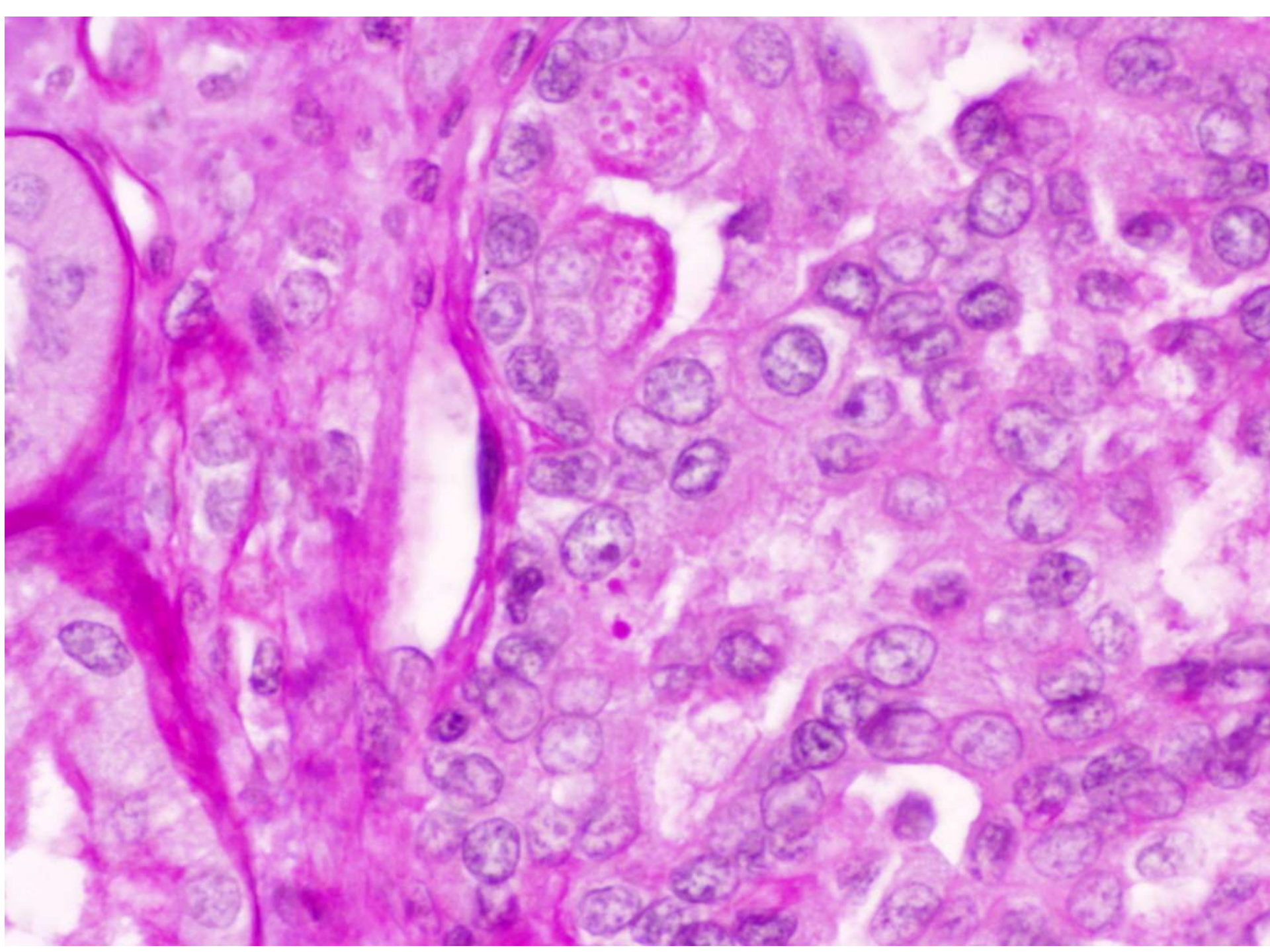












DIAGNÓSTICO ANATOMOPATOLÓGICO:

RIÑÓN DERECHO DE DONANTE:

Muestra adecuada.

Score de 7 (g: 1; fb: 2; at:1; cv:2; ah:1)^a

Microadenoma tubular (OMS, 2004)

Histología desfavorable para trasplante

a) Serón D, Anaya F, Marcén R, del Moral RG, Martul EV, Alarcón A, Andrés A, Burgos D, Capdevila L, Molina MG, Jiménez C, Morales JM, Oppenheimer F, Pallardó L, Fructuoso AS. [Guidelines for indicating, obtaining, processing and evaluating kidney biopsies]. Nefrologia. 2008; 28(4):385-96.

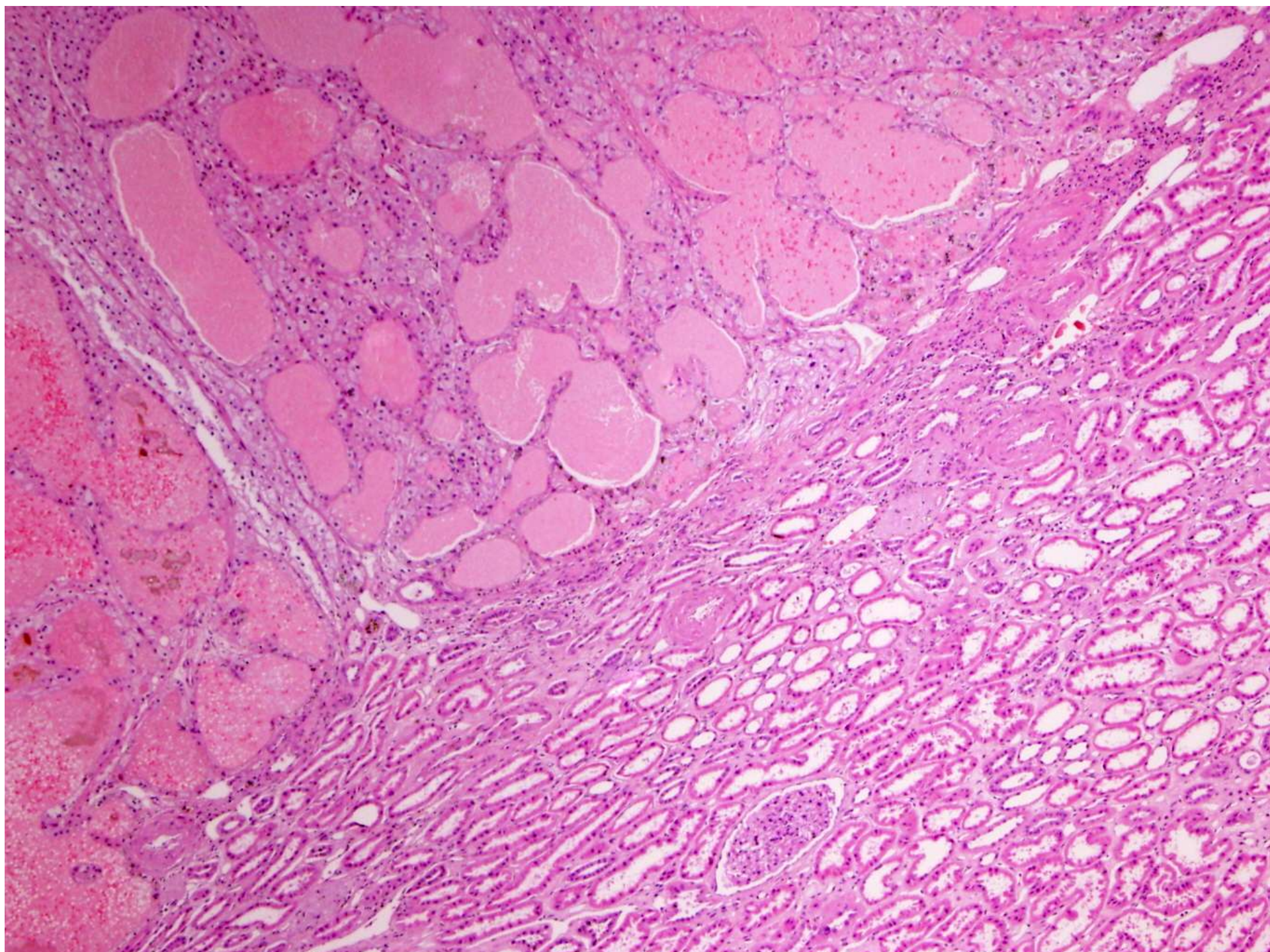
DESCRIPCIÓN MACROSCÓPICA RIÑÓN IZQUIERDO:

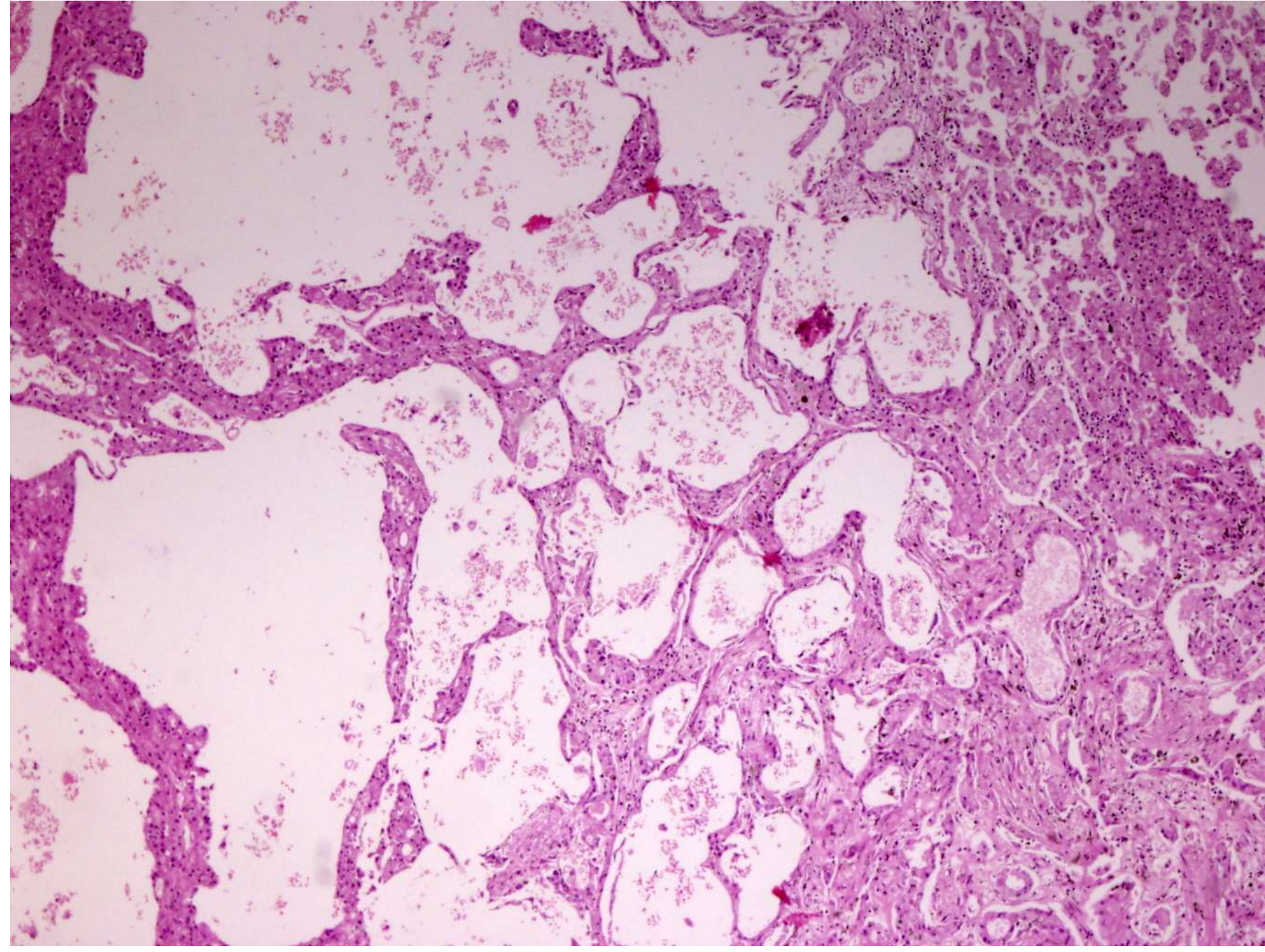
NEFRECTOMÍA IZQUIERDA DE 670 GRAMOS DE PESO Y 12X6X5 CM. DE DIÁMETRO MÁXIMO CON ABUNDANTE GRASA DE CELDA PERIRRENAL. DECAPSULA CON FACILIDAD. SUPERFICIE EXTERNA RUGOSA CON PEQUEÑAS CICATRICES DEPRIMIDAS. EN POLO SUPERIOR 3 PUNTOS DE SUTURA. BUENA DELIMITACIÓN CÓRTICO-MEDULAR. EN POLO INFERIOR ÁREA IRREGULAR DE 1,8X1,2 CM. DE DIÁMETRO MÁXIMO DE COLORACIÓN PARDO GRISÁCEA CON ZONAS HEMORRÁGICAS.

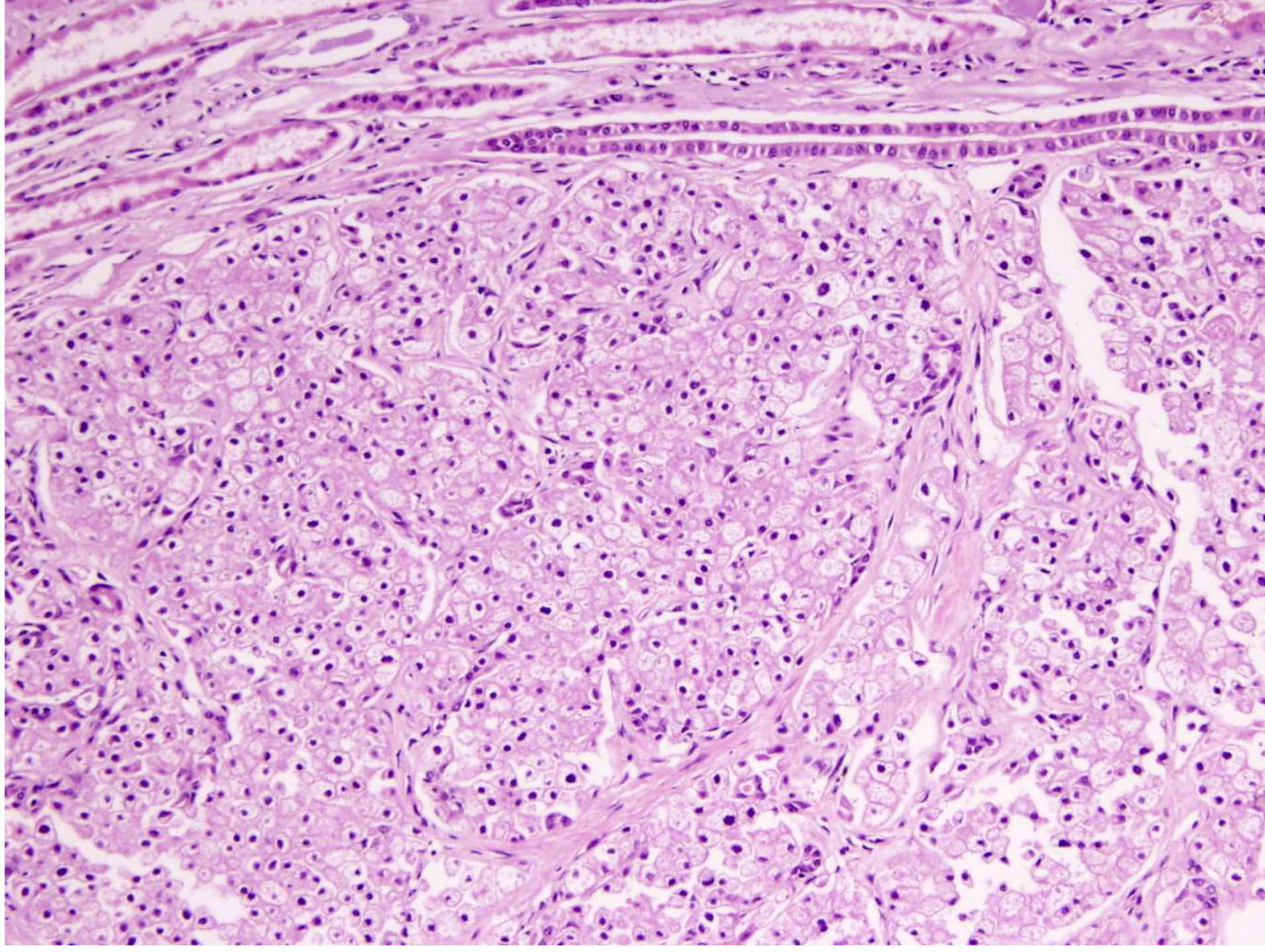
URÉTER DE 24 CM. DE LONGITUD, ARTERIA RENAL PARCIALMENTE DESGARRADA CON PLACAS DE ATEROMA.

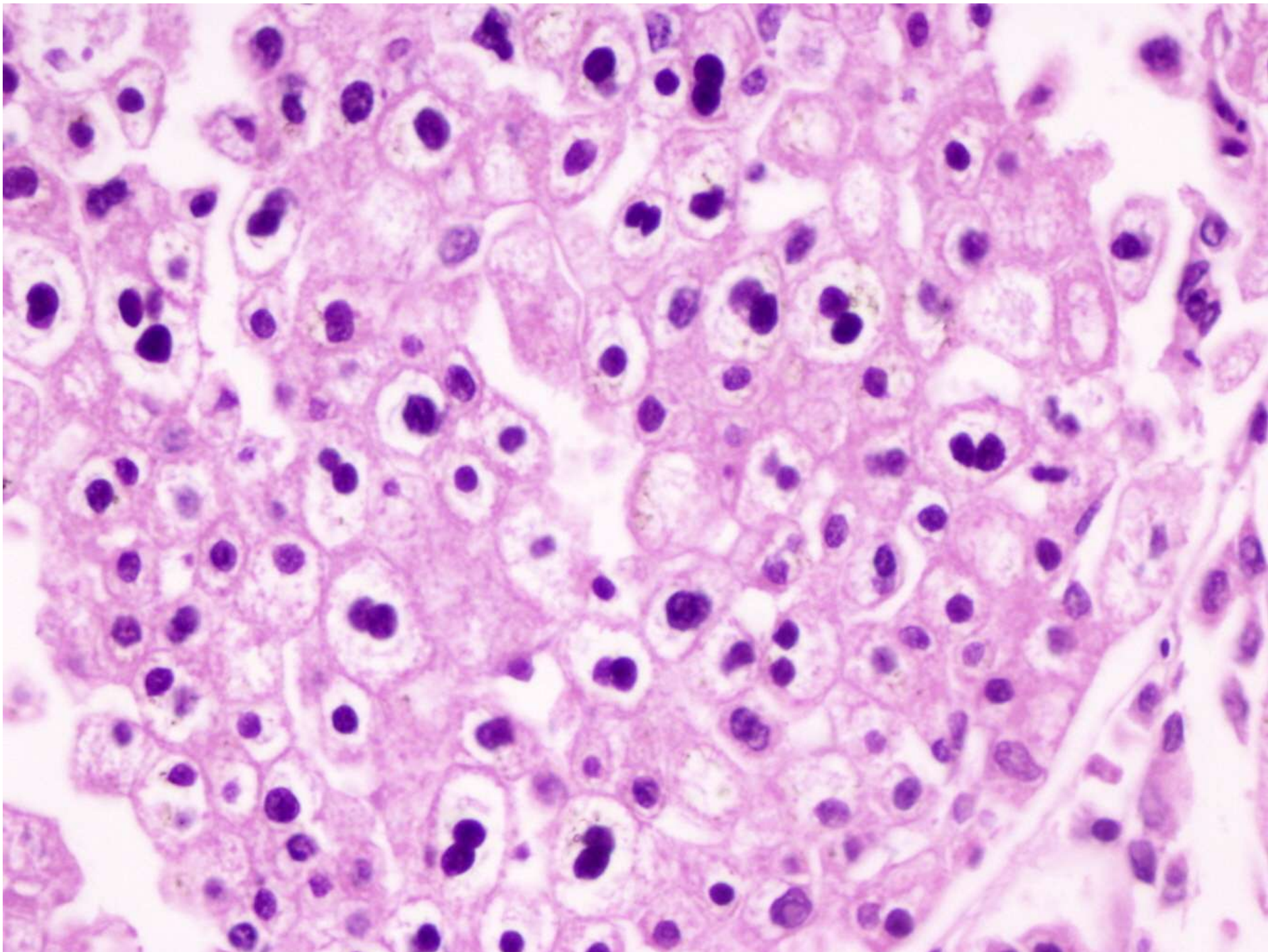
GLÁNDULA SUPRARRENAL DE 14 GRAMOS DE PESO Y 5X2X1 CM. DE DIÁMETRO MÁXIMO.

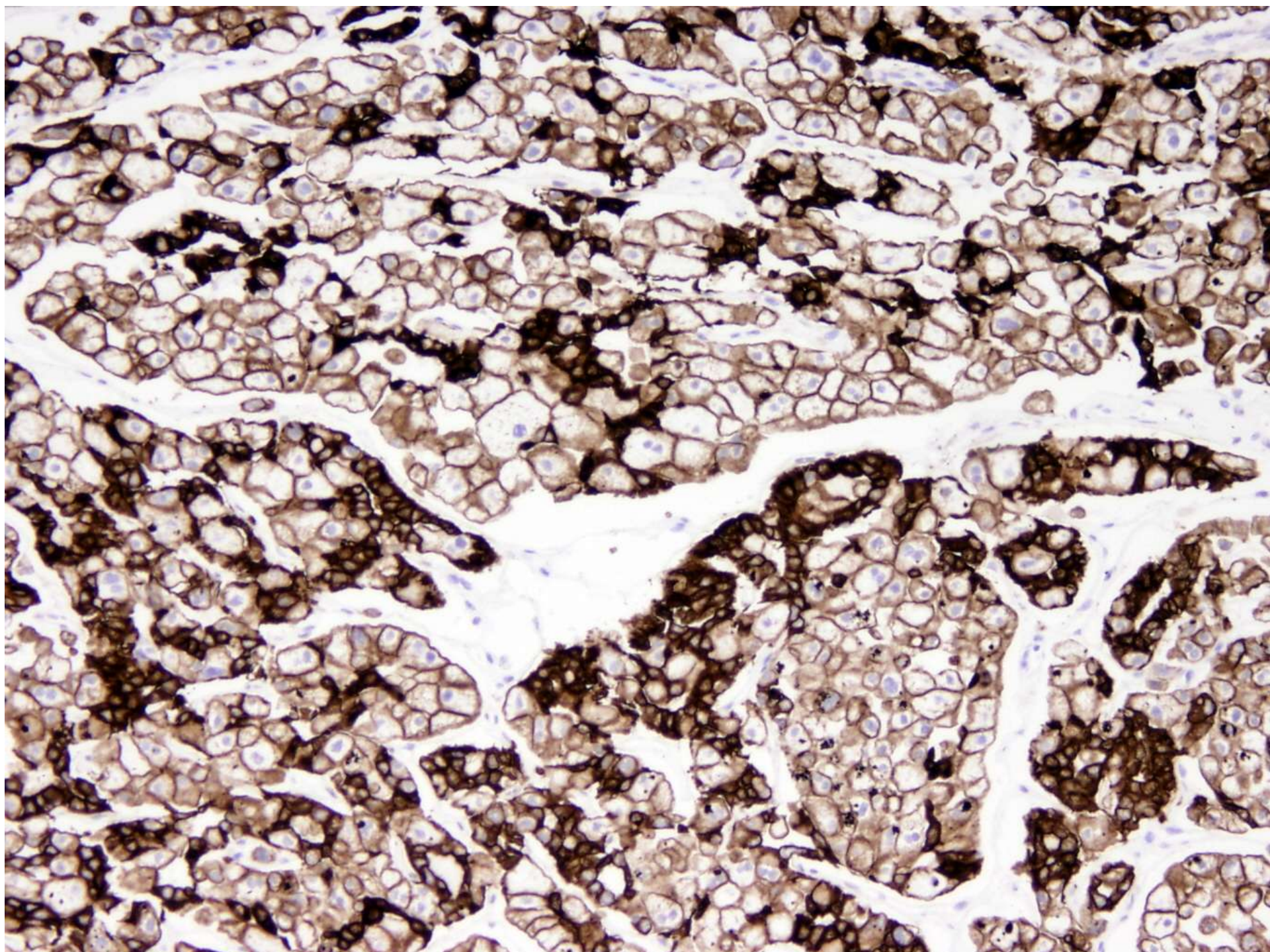
NEFRECTOMÍA DERECHA DE SIMILARES CARACTERÍSTICAS MACROSCÓPICAS A LA ANTERIOR Y DE LA QUE SE INCLUYEN MÚLTIPLES BLOQUES DE PARAFINA

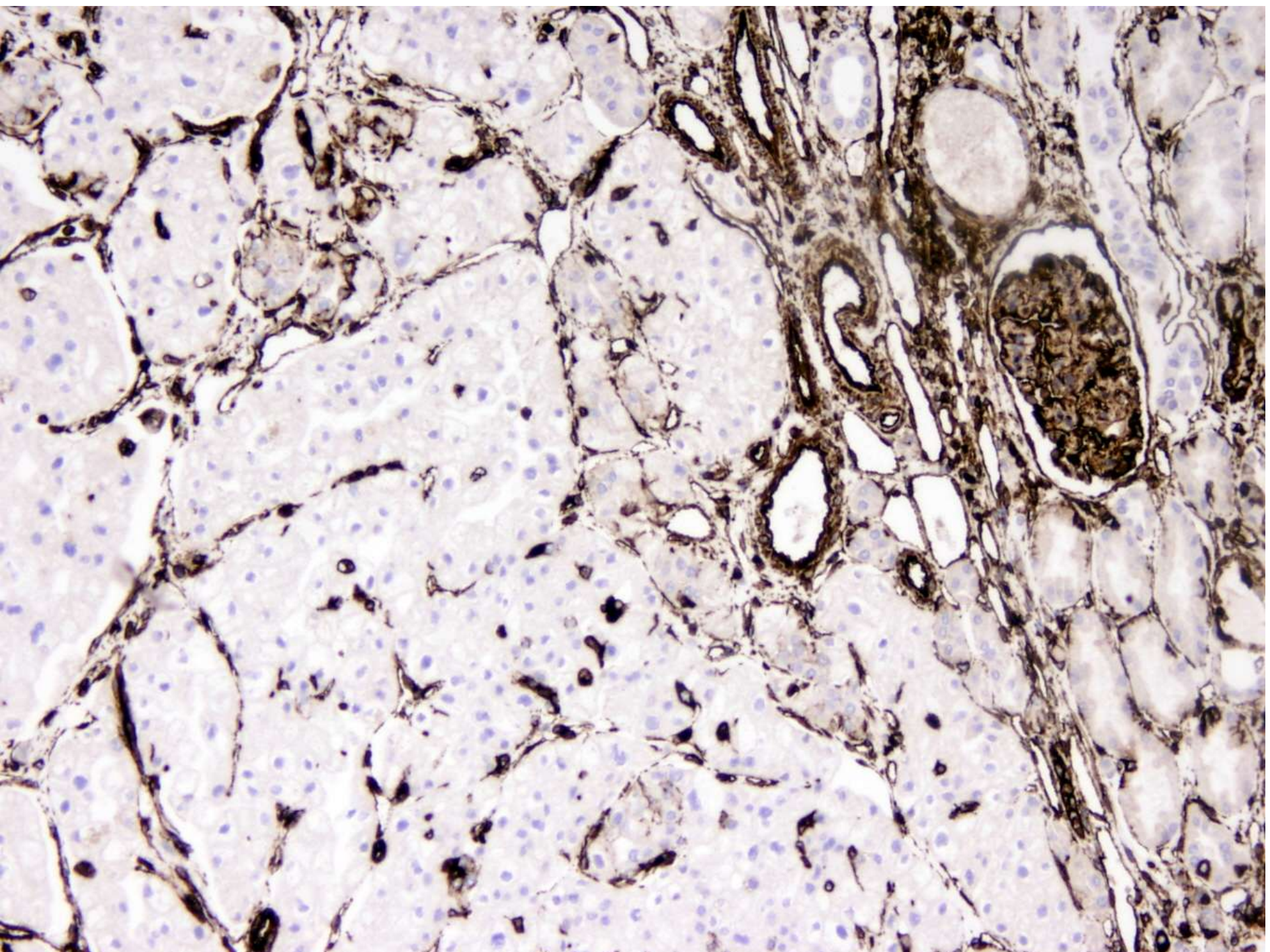


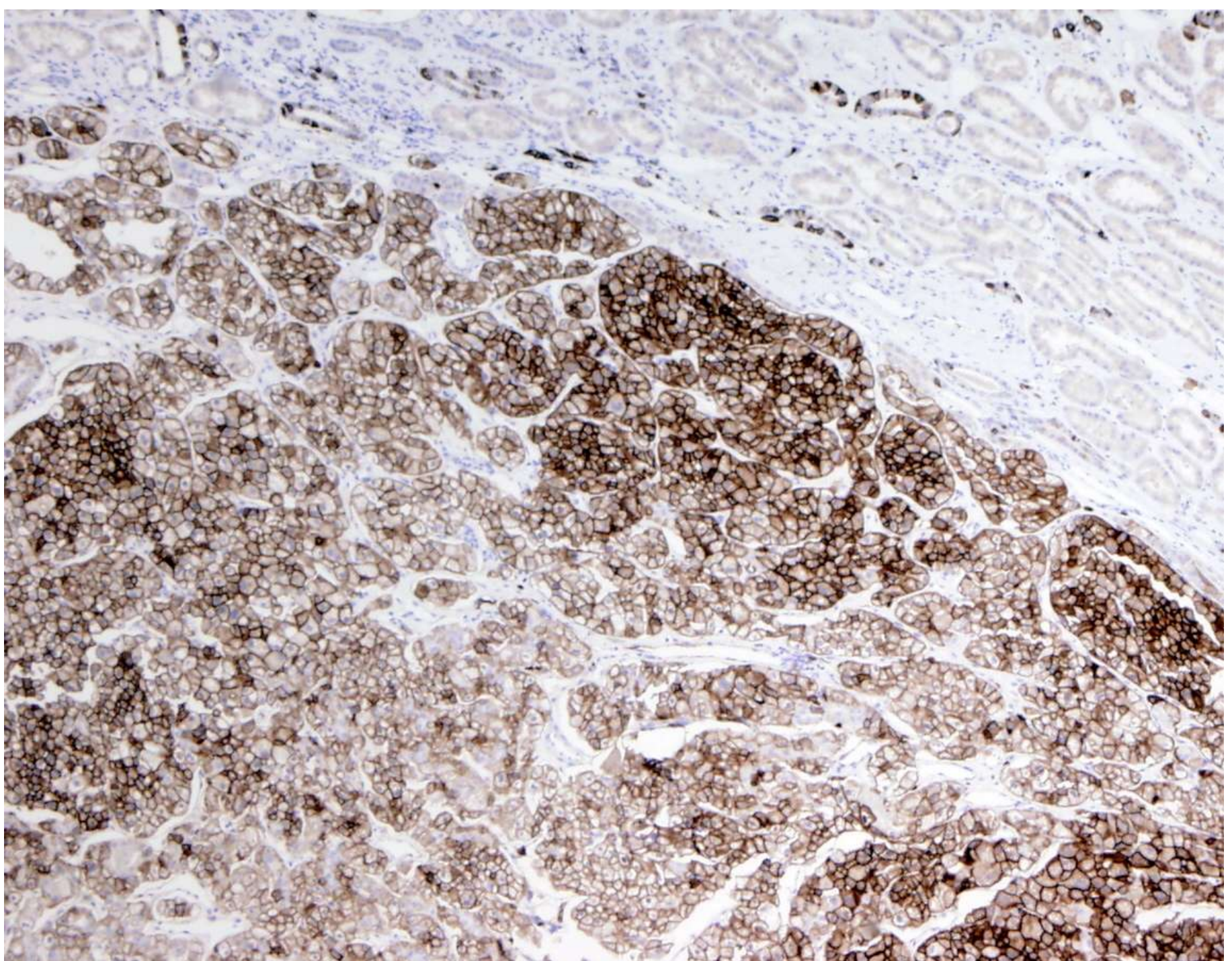


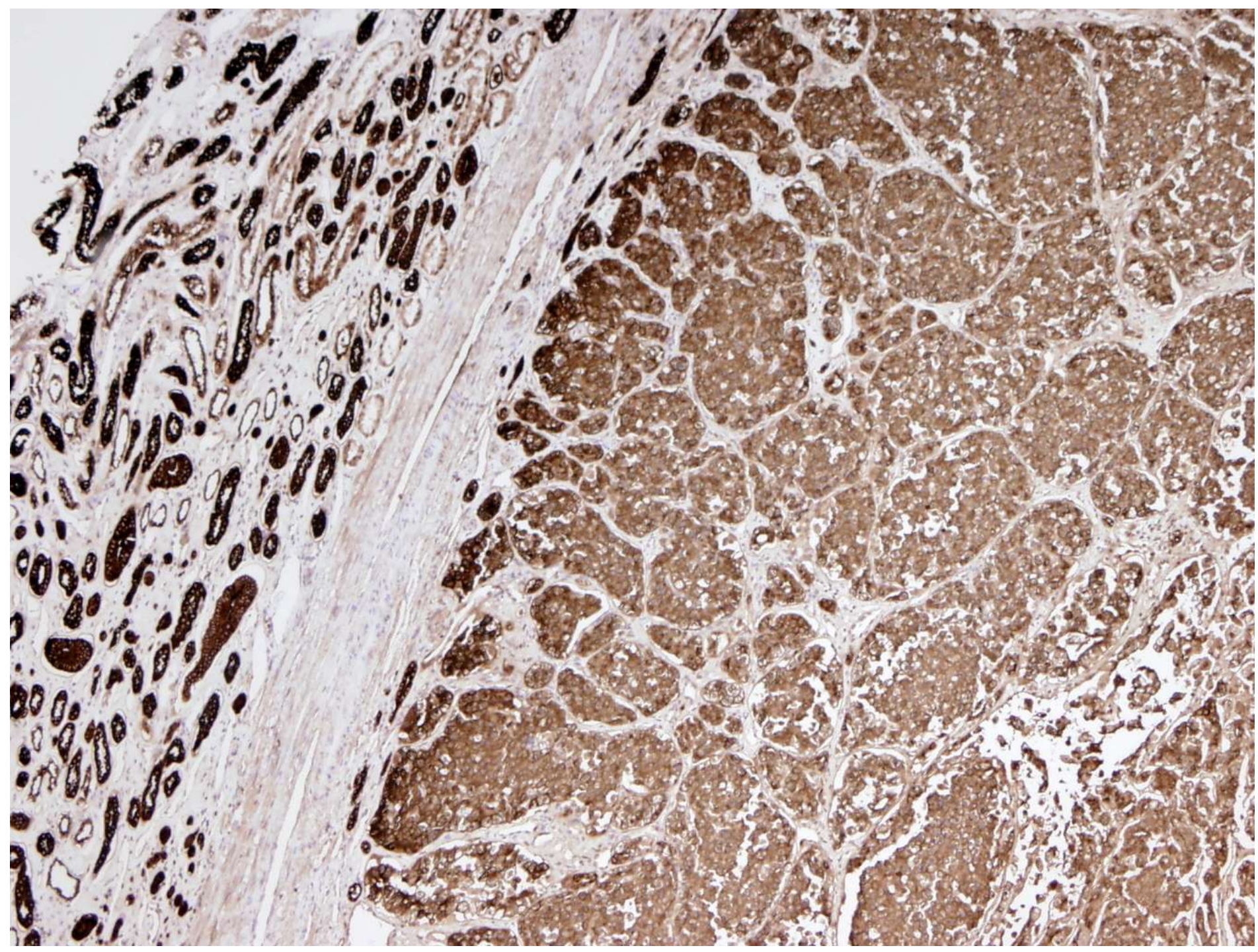


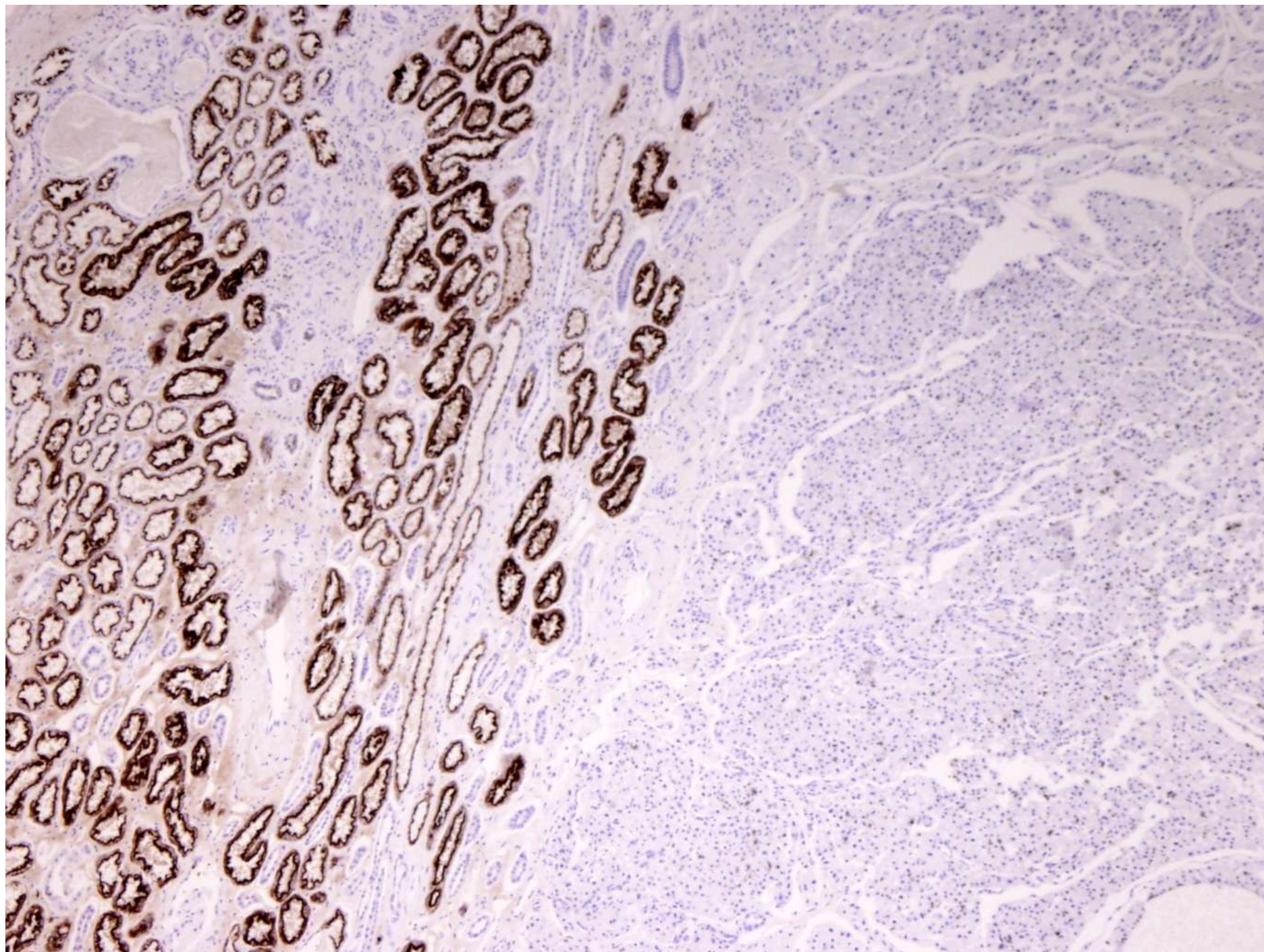


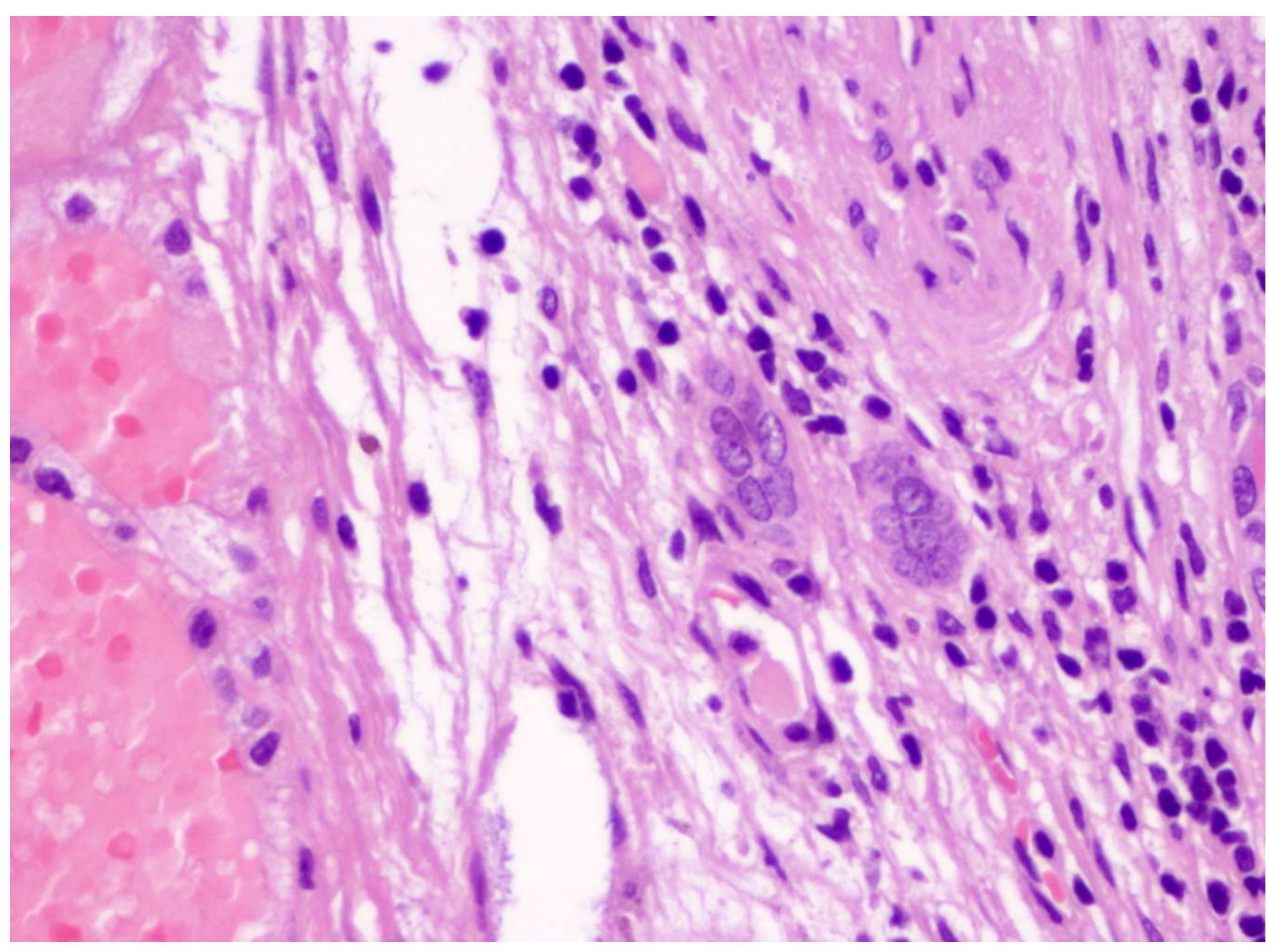












DIAGNÓSTICO ANATOMOPATOLÓGICO:

RIÑÓN IZQUIERDO DE DONANTE:

**Carcinoma cromóforo de células renales (T1),
grado citológico 2^b**

Nefroangioesclerosis de intensidad moderada.

Órgano no apto para trasplante renal.

b) Paner GP, Amin MB, Alvarado-Cabrero I, Young AN, Stricker HJ, Moch H, Lyles RH. A novel tumor grading scheme for chromophobe renal cell carcinoma: prognostic utility and comparison with Fuhrman nuclear grade. *Am J Surg Pathol.* 2010 Sep;34(9):1233-40.

ALGUNAS REFERENCIAS DE LA LITERATURA SOBRE DOBLES NEOPLASIAS DE RIÑÓN:

Kavoussi LR, Torrence RJ, Catalona WJ. Renal oncocytoma with synchronous contralateral renal cell carcinoma. *J Urol*. 1985 Dec;134(6):1193-6.

Val-Bernal JF, González-Vela C, Gómez J, Acebo E. Unilateral simultaneous renal cell carcinoma and oncocytoma. *Am J Surg Pathol*. 1998 Feb;22(2):271-2.

Bragagnolo J, Damiani H, Ferrer J, Sánchez Mazzaferri F, Yunes J. [Renal cell carcinoma associated with renal angiomyolipoma and renal cortical adenoma]. *Arch Esp Urol*. 2000 Mar;53(2):164-7. Review. Spanish.

Anastasiadis AG, Ebert T, Gerharz CD, Ackermann R. Simultaneous diagnosis of a metanephric adenoma and a clear cell carcinoma of the contralateral kidney. *Eur Urol*. 2001 Feb;39(2):236-9.

Sulya B, Schaffer P, Szentirmai Z, Meichelbeck K, Sajthy M, Merksz M, Kiss A. Simultaneous renal tumors with distinct histological types in a 12-year-old girl. *Eur J Pediatr Surg*. 2010 Nov;20(6):417-8.

Transplantation

Número: Volume 72(3), 15 August 2001, pp 540-542

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Abstract

Organ transplantation from cadaveric donors has a risk of cancer transmission. However, some reports indicate that kidneys bearing small carcinomas can be safely transplanted, as can other organs harvested from the same donor. We report herein the case of two allograft recipients (left kidney and heart with no evidence of tumor) who developed a renal carcinoma soon after transplantation. The initial tumor of the donor was a 17-mm tubulopapillary adenoma found on the right kidney, which was not transplanted. The left kidney recipient rejected all residual tumoral cells after graft removal and immunosuppression discontinuation. The heart recipient died 7 months after transplantation from metastasis of a renal carcinoma. This strongly suggests that circulating carcinoma cells were present at the time of organ retrieval and that they were not cleared by in situ perfusion. In contrast with the literature data, this report indicates that patients with small renal tubulopapillary tumors should not be considered for organ donation.

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Prog Transplant. 2003 Jun;13(2):94-6.

Renal cortical adenoma incidentally found during living donor nephrectomy.

Jones JR, Woodside KJ, Early MG, Guqliuzza KK, Daller JA.

Division of Transplantation, Department of Surgery, The University of Texas Medical Branch, Galveston, Tex, USA.

Abstract

We report a living related kidney donor incidentally found to have a renal cortical adenoma at nephrectomy. The patient is a 53-year-old man accepted for living related kidney donation. Predonation workup revealed a solitary left renal artery and, on the right kidney, a main artery with a small accessory artery in the upper pole. No other abnormalities were found in the medical history, physical examination, or laboratory and radiological studies. A left laparoscopic nephrectomy was planned. However, during dissection of the upper pole, a 5-mm mass was noted. The nephrectomy was completed, and the organ was preserved in cold University of Wisconsin solution. Permanent section histology showed that the lesion was mostly likely a renal cortical adenoma. As the risk of malignant transformation with immunosuppression could not be adequately determined, the kidney was not transplanted into the recipient. The donor elected not to have the kidney replaced, and the organ was discarded.

PMID: 12841514 [PubMed - indexed for MEDLINE]

+ Publication Types, MeSH Terms

+ LinkOut - more resources

¿EXISTE POR TANTO EL ÁNGEL DE LA GUARDA DE LOS RECEPTORES DEL TRASPLANTE RENAL?

- El carcinoma cromóforo solo supone el 5% de los tumores epiteliales renales excindidos quirúrgicamente (OMS, 2004).
- La coexistencia de adenomas renales con carcinomas homo- o contralaterales es rara, sobre todo cromóforos.
- Los accidentes quirúrgicos que obligan a descartar un riñón igualmente son poco frecuentes.
- Luego, cualquiera diría que en el caso de los receptores de un trasplante renal el ángel de la guarda existe, más aún si se considera que:

**EL PACIENTE ESTÁ INVOLUCRADO; LOS
PATÓLOGOS SOLAMENTE IMPLICADOS**

