

OBSTRUCTIVE PNEUMONITIS MIMICKING AN ENDOBRONCHIAL TUMOR AS A CLINICAL PRESENTATION OF METASTATIC RENAL CELL CARCINOMA 7 YEARS AFTER RADICAL NEPHRECTOMY --- REPORT OF A CASE

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BACKGROUND/AIMS: Renal cell carcinoma is a primary malignancy of the kidney. The most common sites of metastasis involve the lung and bone. However, metastases may develop years or decades after removal of the primary tumor. We report a patient of metastatic renal cell carcinoma to the lung presenting with a fever and an obstructive pneumonitis of right middle lobe (RML) and right lower lobe (RLL) mimicking an endobronchial tumor, 7 years after left radical nephrectomy.

CASE REPORT: A 66-year-old man was admitted because of fever and chills for two days, before admission. He had a history of left renal cell carcinoma and underwent left radical nephrectomy at our hospital 7 years previously. Chest X-ray films showed collapse of RML and RLL. Chest computed tomography (CT) disclosed an endobronchial tumor in the truncus intermedius. Bronchoscopy demonstrated an endobronchial tumor in the truncus intermedius about 1.5 cm distal to the carina. Bronchial brushing cytology revealed malignant cells. Abdominal CT showed no evidence of local recurrence of the tumor. The patient underwent bilobectomy (RML and RLL). Pathologic studies of the surgical specimen showed a metastatic renal cell carcinoma mainly from RLL and focally from RML with endobronchial extension.

CONCLUSION: Pulmonary metastasis of renal cell carcinoma may mimic an endobronchial tumor as a result of endobronchial extension. Metastasis of renal cell carcinoma may develop even 7 years after removal of the primary tumor without evidence of local recurrence.

Key words: Renal cell carcinoma, Endobronchial tumor, Pulmonary metastasis