## 22<sup>nd</sup> Global Annual Oncologists Meeting

May 24-25, 2018 Osaka, Japan

## Fever gone malignant: A case report of squamous cell carcinoma of the renal pelvis initially presenting as renal abscess

Christer Mari F Taclobos, Jeanette Umali and Gregorio Galve Corazon Locsin Montelibano Memorial Regional Hospital, Philippines

The fact that the urothelium normally does not have squamous cells renders the pathogenesis of squamous cell carcinoma of L the renal pelvis interesting. We report a 69 year old male who initially presented with persistent fever even with antimicrobial therapy. Patient is known to have nephrolithiasis since three years prior to admission and would experience occasional right flank pain, not compliant to medications prescribed and was lost to follow up. Patient experienced on and off undocumented fever for three weeks. Consult was done wherein ultrasound and computed tomography with contrast of the whole abdomen were requested which pointed to a non-obstructing nephrolithiasis associated with an intra-renal abscess communicating to an abscess of the right hepatic lobe. Nephrectomy was advised however patient was initially undecided thus nephrostomy was done. There was persistence of fever with note of anorexia, abdominal enlargement and generalized body weakness thus patient was readmitted in this institution for further medical and surgical management. Patient had slightly pale conjunctiva. Abdominal examination revealed a nephrostomy tube inserted in the right kidney. Bowel sounds are normoactive with direct tenderness at the right upper quadrant area. A smooth, tender, non-erythematous mass is palpated at the right upper quadrant. There is note of right costovertebral tenderness. Patient was admitted as a case of: (1) Sepsis secondary to right renal abscess and right hepatic lobe abscess and (2) right nephrolithiasis. Patient was immediately referred to the department of general surgery for evaluation and co-management due to intractable leukocytosis associated with persistent fever. Notable were persistent leukocytosis, hypercalcemia and thrombocytosis on laboratory tests. Nephrectomy was done and histopathology report showed squamous cell carcinoma of the right kidney. Squamous renal cell carcinoma is a rare neoplasm which is always associated with long standing renal stone and is always intensive at the time of diagnosis. Aside from renal calculi, infections such as chronic UTI, renal TB, schistosomiasis, vitamin A deficiency, percutaneous nephrostomy and immunosuppression can cause this entity but the main risk factor almost constant in all reported cases of squamous cell carcinoma of the renal pelvis is a history of long standing nephrolithiasis.

cmtaclobos@gmail.com