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Malignant rhabdoid tumor of the kidney: A rare case

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Childhood kidney cancers account for about 7% of all childhood cancers. Wilms tumor is the most common type of childhood kidney tumor. Rarely seen among kidney tumors, rhabdoid tumors with poor clinical course due to high metastatic risk should be kept in mind in the differential diagnosis. A 2.5-year-old male patient with no previously known disease was brought to the hospital with hematuria, weakness, abdominal pain, weight loss. In the physical examination, the patient was with a pale appearance and palpated a hard mass that was clearly indistinguishable in the right upper and middle quadrants of the abdomen. In the USG, the lesion was found to be a 98×73 mm mass in the left kidney and in the subcapsular area of the liver, lesions consistent with metastasis, in an iso-hypoechoic heterogeneous lesion were seen. Thorax CT showed multiple metastases in both lungs, the largest being 2 cm in diameter. Brain metastasis was not seen. The mass was removed with left nephroureterectomy, histopathologic examination was reported as Malignant rhabdoid tumor. Chemotherapy was started in the post-operative early period. However, under treatment the lung metastases were progressed. The patient died in the second month of treatment. Rhabdoid tumor is the most aggressive tumor of childhood. Abdominal mass, fever and hematuria are the most common clinical findings. Malignant rhabdoid tumor is a rapidly progressive tumor, with most deaths occurring within 12 months of presentation. The most common sites of metastasis at presentation are the lungs, abdominal lymph nodes, liver, brain and bone. Rhabdoid tumors are associated with SMARCB1 gene mutation. In this case it has been presented in order to draw attention to the necessity of caution in aggressive course of the renal rhabdoid tumor and in remembrance of the common Wilms tumor in the differential diagnosis.

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