Orbital Secondary Lesion from Renal Cell Carcinoma

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Abstract

The most common sites of metastasis of renal cell carcinoma are lungs, locoregional lymph nodes, bone and liver. Renal cell carcinoma rarely metastasizes in head and neck sites. We have reported a case of a patient of 47-year-old man who presented with unilateral blepharoptosis and blurred vision due to metastatic renal cell carcinoma to the orbit. The imaging techniques used have been fundamental for the diagnosis, staging and of the choice of the cytological sampling site.

Keywords
Blepharoptosis; Kidney cancer; Orbital magnetic resonance imaging; Ptosis; Renal cell carcinoma

Short Communication

Kidney cancer constitutes the 2-3% of all malignant tumors in adults and the third most frequent cancer of the urinary tract [1-3]. Male-Female ratio is about two to one (M/F: 2:1), and the mean age at diagnosis is in the early 60 years [2,4].

From 25 to 33% of patients with renal cell carcinoma (RCC) present metastasis at first diagnosis [5]; the most common localizations of metastatic sites are lungs (75%), regional lymph nodes (65%), bone and liver (both 40%). Cases with metastatic localization in the head and neck region are 15% [6].

From 1% to 13% of orbital tumors is metastasis [7]. Studies conducted in different countries demonstrate as from 3% to 10% of the orbital metastasis (OM) derived from the kidney [8-11].

We have presented a case of a 47-year-old patient with unilateral left blepharoptosis and blurred vision, due to an OM from RCC [12].

Orbital metastasis, generally, comes as orbital mass, exophthalmos, lid edema, ptosis, diplopia and/or cranial nerve paralysis [13].

In this case, symptoms such as blurred vision and unilateral ptosis hid a systemic malignancy. MRI and CT are very importance for the diagnosis, the staging of the disease and for the choice of the site where you can make the cytological or histological specimen. In our case the cytology confirmed the diagnosis of renal cell carcinoma [12].

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Figure 2: Computed tomography: Coronal scan during venous phase of the abdomen (A) and volume rendering reconstruction (B), show expansive lesion, partially exophytic, situated in the upper pole of the kidney with intralesional necrosis.

References


