



## Image of the Month

## Hemorrhage from metastasis of a 5-mm renal cell carcinoma lesion to the gallbladder detected by contrast-enhanced endoscopic ultrasonography

Mamoru Takenaka<sup>a,b,\*</sup>, Yoshihiro Okabe<sup>b,c</sup>, Masatoshi Kudo<sup>a</sup>

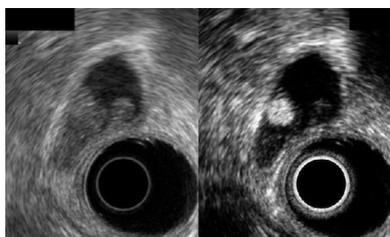
<sup>a</sup> Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, Osaka-Sayama, Japan

<sup>b</sup> Department of Gastroenterology, Kobe University Faculty of Medicine, Hyogo, Japan

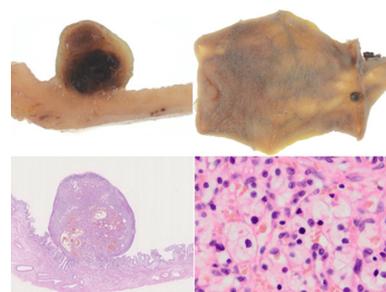
<sup>c</sup> Department of Gastroenterology, Kakogawa Central City Hospital, Hyogo, Japan



A 70-year-old man with a history of right nephrectomy for clear cell renal cell carcinoma (RCC) presented with obstructive cholangitis and low-grade renal failure. Abdominal plain computed tomography (without enhancement because of renal failure) showed a swollen gallbladder filled with high-density materials. Therefore, endoscopic retrograde cholangiopancreatography was performed. The cholangiogram and intraductal ultrasound showed defects in the common bile duct. After curettage with balloon catheter, coagulated blood was discharged from the papilla of Vater. Endoscopic ultrasound (EUS) showed high- and low-echo density materials in the gallbladder; contrast-enhanced EUS (CE-EUS) was performed with Sonazoid<sup>®</sup> (Daiichi-Sankyo, Tokyo, Japan) [1]. After injecting the contrast agent (15  $\mu$ L/kg body weight), a 5-mm hyper-vascular lesion was observed in the gallbladder. This lesion could not be detected by B-mode EUS (Fig. 1). This lesion was judged as the bleeding source and laparoscopic cholecystectomy was performed. Surgical pathology revealed metastasis of the clear cell RCC (5 mm lesion) to the gallbladder (Fig. 2).



**Fig. 1.** Contrast-enhanced endoscopic ultrasound (CE-EUS) showing a 5-mm hyper-vascular lesion in the gallbladder that could not be detected by B-mode EUS.



**Fig. 2.** Surgical pathology following laparoscopic cholecystectomy revealed metastasis of a 5-mm clear cell renal cell carcinoma lesion to the gallbladder.

RCC metastasis to the gallbladder has not been reported frequently; to our knowledge, this is the first report of RCC metastasis to the gallbladder causing hemorrhage and cholangitis. Moreover, this is the first report describing the use of CE-EUS for detecting metastasis of a 5-mm RCC lesion to the gallbladder.

### Conflict of interest

None declared.

### Reference

- [1] Kamata K, Takenaka M, Kitano M, Omoto S, Miyata T, Minaga K, et al. Contrast-enhanced harmonic endoscopic ultrasonography for differential diagnosis of localized gallbladder lesions. *Dig Endosc* 2018;30(1):98–106.

\* Corresponding author at: Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, 377-2 Ohno-Higashi, Osaka-Sayama, 589-8511, Japan.

E-mail address: [mamoxyo45@gmail.com](mailto:mamoxyo45@gmail.com) (M. Takenaka).