



The “central stellate scar” sign in renal oncocytoma

Dario Giambelluca¹ · Silvia Pellegrino¹ · Massimo Midiri¹ · Giuseppe Salvaggio¹

Published online: 29 January 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

The “central stellate scar” sign is a characteristic radiological finding of renal oncocytoma described in cross-sectional images [1]. It refers to a central zone of fibrous connective tissue, with the bands of fibrosis radiating toward the periphery of the lesion, resembling a star (Fig. 1) [2].

Renal oncocytoma is a benign renal tumor, representing approximately 3–7% of all renal neoplasms [3]. It usually remains asymptomatic, so that its diagnosis is incidental on abdominal imaging. Possible symptoms of a renal oncocytoma include flank pain and hematuria, secondary to cystic change and hemorrhage [1].

Although the central stellate scar is a “classic” description for the sonographic, CT (Fig. 2) and MR imaging appearance of oncocytoma, it is reportedly seen in up to 33% of cases, especially in lesions larger than 2.5 cm in diameter [3]. Thus, its absence does not exclude the diagnosis of oncocytoma [3, 4]. Furthermore, this sign is not pathognomonic. A stellate fibrous core cannot be differentiated on imaging from the central necrosis commonly found in renal cell carcinoma [5]. Pathologic confirmation in a specimen obtained at percutaneous biopsy of renal oncocytoma is often necessary, because a confident preoperative distinction from renal cell carcinoma is not possible [5].



Fig. 1 Earth’s star. Public domain image (<https://pixabay.com/it/paesaggio-nebbia-stato-d-animo-2090495/>). Accessed 21/12/2018



Fig. 2 Renal oncocytoma in a 40-year-old man. Axial contrast-enhanced CT image on cortico-medullary phase shows a round, sharply circumscribed, renal lesion (arrow), partially exophytic from the interpolar aspect of the right kidney. The mass is less attenuating than the renal parenchyma, and enhances homogeneously, except for a stellate central area of low density, the “central stellate scar”

✉ Giuseppe Salvaggio
p.salvaggio@libero.it

¹ Section of Radiological Sciences, Di.Bi.Med., University of Palermo, Via del Vespro 127, 90127 Palermo, Italy

Funding No funding was received for this study.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interests.

Informed consent Statement of informed consent was not applicable since the manuscript does not contain any patient data.

Research involving human participants and/or animals This article does not contain any studies with human participants or animals performed by any of the authors.

References

1. Ishigami K, Jones AR, Dahmouh L, et al. (2015) Imaging spectrum of renal oncocytomas: a pictorial review with pathologic correlation. *Insights Imaging* 6(1):53–64. <https://doi.org/10.1007/s13244-014-0373-x>
2. Rosenkrantz AB, Hindman N, Fitzgerald EF, et al. (2010) MRI features of renal oncocytoma and chromophobe renal cell carcinoma. *AJR Am J Roentgenol* 195(6):W421–7. <https://doi.org/10.2214/AJR.10.4718>
3. Woo S, Cho JY, Kim SH, et al. (2013) Segmental enhancement inversion of small renal oncocytoma: differences in prevalence according to tumor size. *AJR Am J Roentgenol* 200(5):1054–9. <https://doi.org/10.2214/AJR.12.9300>
4. Prasad SR, Surabhi VR, Menias CO, et al. (2008) Benign renal neoplasms in adults: cross-sectional imaging findings. *AJR Am J Roentgenol* 190(1):158–64. <https://doi.org/10.2214/AJR.07.2724>
5. Galia M, Albano D, Bruno A, et al. (2017) Imaging features of solid renal masses. *Br J Radiol* 90(1077):20170077. <https://doi.org/10.1259/bjr.20170077>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.