

## Rare Abdominal Cutaneous Presentation of Clear Cell Renal Cell Carcinoma: A Case Report



Elana R. Osen and Anne Y. Warren

Cutaneous metastasis from renal cell carcinoma is rare, typically involves the head and neck, and occurs in late stage disease, usually in the context of previously diagnosed and treated primary tumour, and after lymphatic spread.

This patients' initial presentation of clear cell renal cell carcinoma was a cutaneous lesion to the ipsilateral abdominal wall. The primary renal tumour was subsequently demonstrated on CT; this also showed no apparent lymph node involvement despite cutaneous metastatic disease. The patient underwent radical laparoscopic nephrectomy and biological therapy, but disease progression continued, and he passed away within 6 months of diagnosis. UROLOGY 127: e8–e9, 2019. © 2019 Elsevier Inc.

A 69-year-old man presented with an enlarging lump in his left iliac fossa (Fig. 1). Examination revealed a friable, well-demarcated, red-purple lesion with minimal surrounding erythema. An elliptical wedge excision was performed.

Histology revealed “a fairly circumscribed malignant tumour nodule...replacing the entire dermis and extend [ing] to the subcutaneous tissue.” Immunohistochemical staining was consistent with metastasis from a “high grade... clear cell renal cell primary” (Fig. 2).

CT showed a 7.7 cm solid left kidney mass (Fig. 3). There were no radiologically apparent lymph nodes; further subcutaneous nodules were seen.

The patient underwent left laparoscopic radical nephrectomy. Histology showed extensively necrotic malignant tumour. Remaining viable tumour had a WHO/ISUP grade 4 appearance, extensive rhabdoid and sarcomatoid high grade morphology (normally associated with aggressive behaviour), with an immunoprofile compatible with clear cell renal cell carcinoma. There was vascular and widespread perinephric fat invasion and hilar lymph node metastasis. Surgical margins were clear. Disease

classification was Stage IV T3aN1M1, Leibovich score 10/11.<sup>1</sup> Postoperative CT demonstrated new thoracic and left suprarenal adenopathy. Sunitinib biological therapy was commenced. Prior to participating in a Phase 1 trial of entrectinib, the patient passed away.

The location and early onset of extranodal cutaneous metastasis,<sup>2,4</sup> and unusual disease progression,<sup>3,5</sup> make this a rare and educational presentation of renal cell carcinoma.

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**Figure 1.** Photograph of left iliac fossa lesion taken by the patient on the day of excision.

**Declaration of conflicting interests:** The authors declare that there is no conflict of interest.

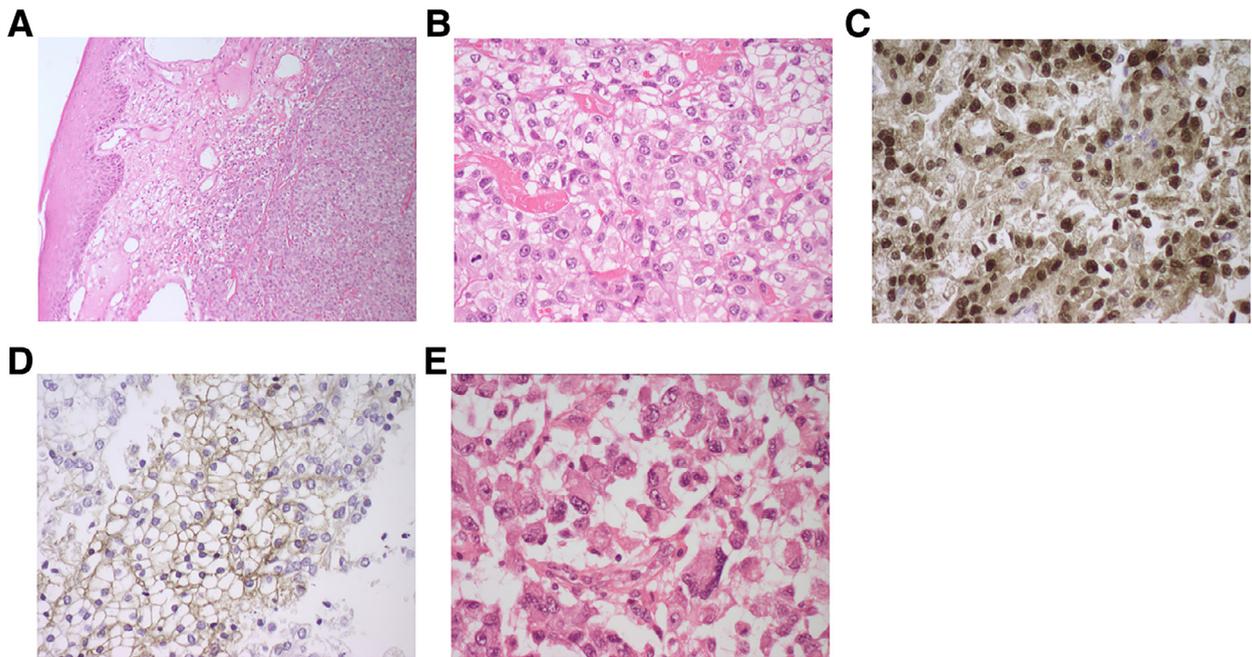
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From the Department of Urology, Bedford Hospital NHS Trust, Bedford, United Kingdom; and the Department of Histopathology, Cambridge University Hospitals NHS Foundation Trust, Cambridge Biomedical Campus, Cambridge, United Kingdom

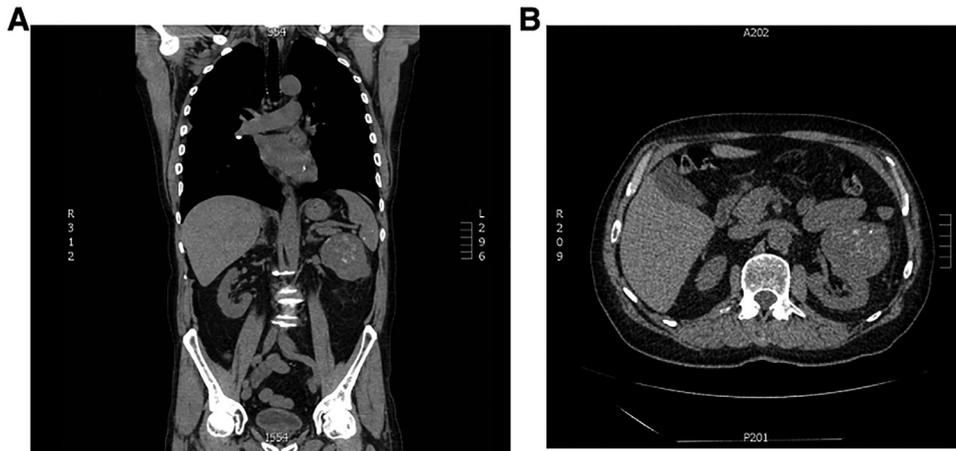
Address correspondence to: Elana Osen, Broomfield Hospital, Mid Essex Hospitals Trust, Court Road, Chelmsford, Essex CM1 7ET, United Kingdom.

E-mail: [elana.osen@doctors.org.uk](mailto:elana.osen@doctors.org.uk)

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**Figure 2.** Histopathological examination of left iliac fossa lesion (A-D) and nephrectomy specimen (E). (A) Low power H&E stain. (B) High power H&E stain. (C) PAX8 IHC stain. (D) CA-IX IHC stain. (E) Nephrectomy specimen, high power H&E stain.



**Figure 3.** Primary RCC seen on coronal (A) and axial (B) CT.

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