



Clear Cell Renal Cell Carcinoma, with Lung Metastases - Clinical Case

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Background and importance: Renal carcinoma is among the ten most common types of cancer in the Western world and has a tendency to increase. Renal Cell Carcinoma (RCC) is the seventh most common type of cancer in the West, with an incidence of 70%-90% of published cases. It comprises approximately 1%-3% of all visceral neoplasms and is the most lethal neoplasm of the urinary tract (1,2). The main risk factors for the development of CRC are not hereditary and include age, hypertension, obesity, diabetes and smoking (3). Clear Cell RCC (ccRCC) is the most common type of RCC. In most cases, the diagnosis arises through sporadic examination and represents approximately 70-75% of diagnosed cases. The incidence is higher in men, representing approximately two-thirds of cases, and in those over 50 years of age (1,2). Its name is based on the presence of glycogen and lipids in cancer cells, which gives these cells a white appearance and allows their histological identification (2). Generally, patients with ccRCC are asymptomatic in the initial stages, with occasional complaints of a mass in the lower part of the abdomen and back, lower back pain, and hematuria as the condition progresses.

In more advanced stages of ccRCC, the presence of lung (LM), liver (LM), or bone (BM) metastases is among the most frequently reported (1,2). Medical imaging examinations are used to determine the diagnosis, prognosis, staging, and selection of the best therapeutic option (1,2). Your treatment includes:

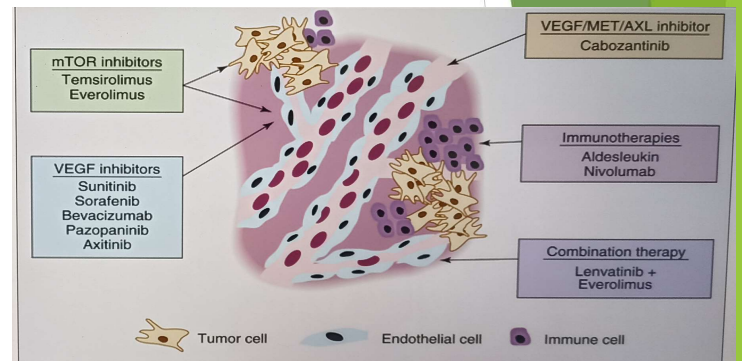
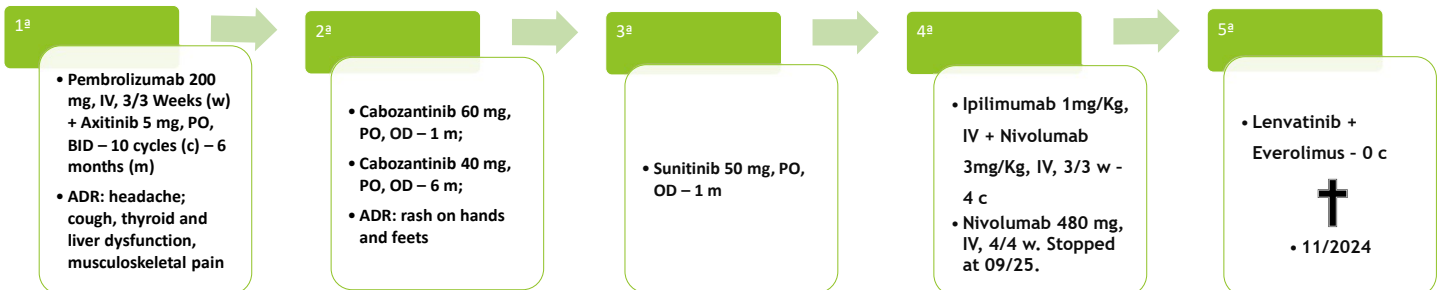


Fig.1 [https://bookshelf.health.elsevier.com/reader/books/9780323568166/epubcfi/6/268%3Bvnd.vst.idref%3Ddid_chp00079/1/4/2/36/2\[50145\]](https://bookshelf.health.elsevier.com/reader/books/9780323568166/epubcfi/6/268%3Bvnd.vst.idref%3Ddid_chp00079/1/4/2/36/2[50145])

Aim and objectives: This study aims to describe and analyze a clinical case of Clear Cell Renal Cell Carcinoma (ccRCC) with lung metastases (LM), without nephrectomy, in a woman aged 44 years old (YO).

Material and methods: These clinical case method was observational and Retrospective. The data was obtained from SClinic®, GHAF® and CliniData®. Clinical case: woman, 44 YO, doesn't drink or smoke, normotensive. Father has prostate adenocarcinoma. A progressive cough, associated with recurrent fatigue, led her to visit the Emergency Department. Computed Tomography (CT), identified the presence of a neoplastic-looking mass in the right kidney, measuring 9 x 8 cm, hypervascular and heterogeneous and LM were observed. Abdomen was soft and depressed, with a palpable mass in the right flank. Laboratory tests did not present any relevant alterations. The diagnosis was ccRCC, confirmed by biopsy, with multiple intermediate-risk LM and the patient remained unchanged at a cognitive and physical level. The treatment started at march 2023 and the patient has completed 4 lines:



Throughout the treatment of ccRCC, it was necessary to introduce other medications following the appearance of adverse drug reactions to the treatments performed and the disease itself, like iron, PPI, analgesic, opioid analgesic, antiemetic, cough suppressant, antiarrhythmic and diuretics drugs.

Results: Given the severity and advanced initial staging, despite pharmacological investment, the disease progressed and brain metastases appeared which affected the patient's autonomy. The patient was unable to start the fifth line of treatment, as she died in the meantime.

Conclusion and relevance: As this is a patient with less than 50 YO, without associated risk factors for disease progression, it is considered a unique clinical case, that can contribute for this disease study.

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