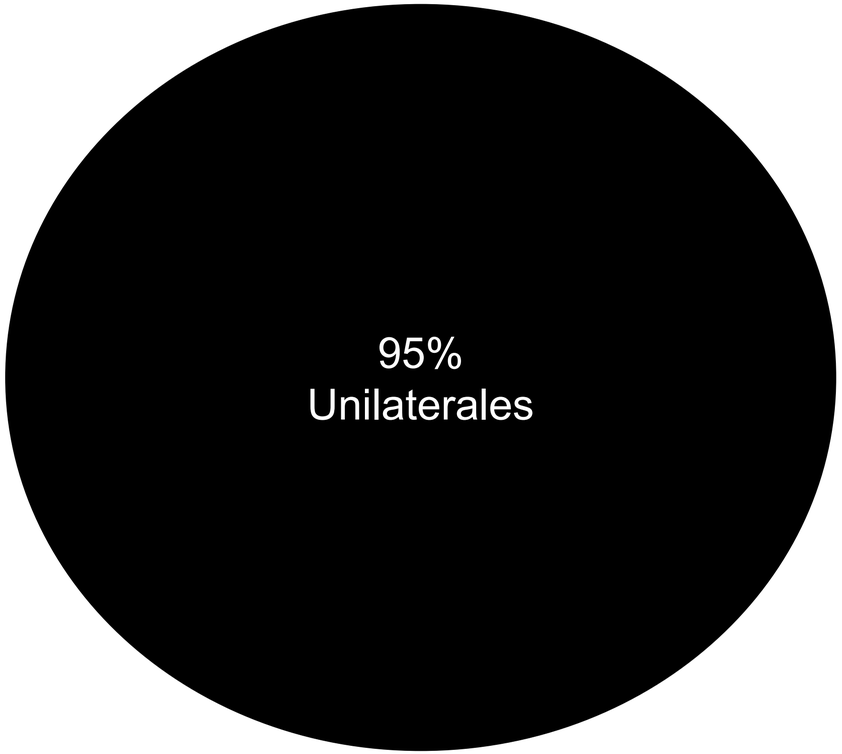
SCU Sociedad Canaria de Urología

Hospital Universitario de Gran Canaria Dr. Negrín
@PJimenezMarrero
Pablo Jiménez Marrero
Sep 2023

ABORDAJE DIAGNÓSTICO DEL CARCINOMA DE CÉLULAS RENALES BILATERAL



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1-5 %
Bilaterales

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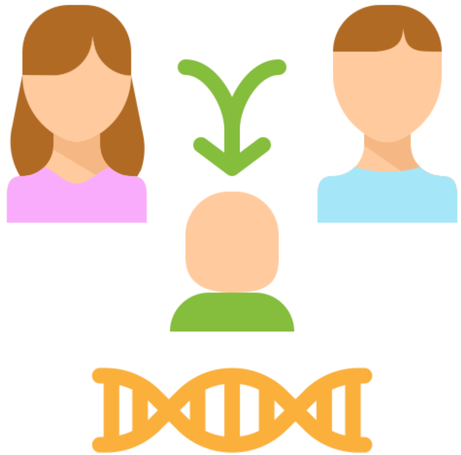

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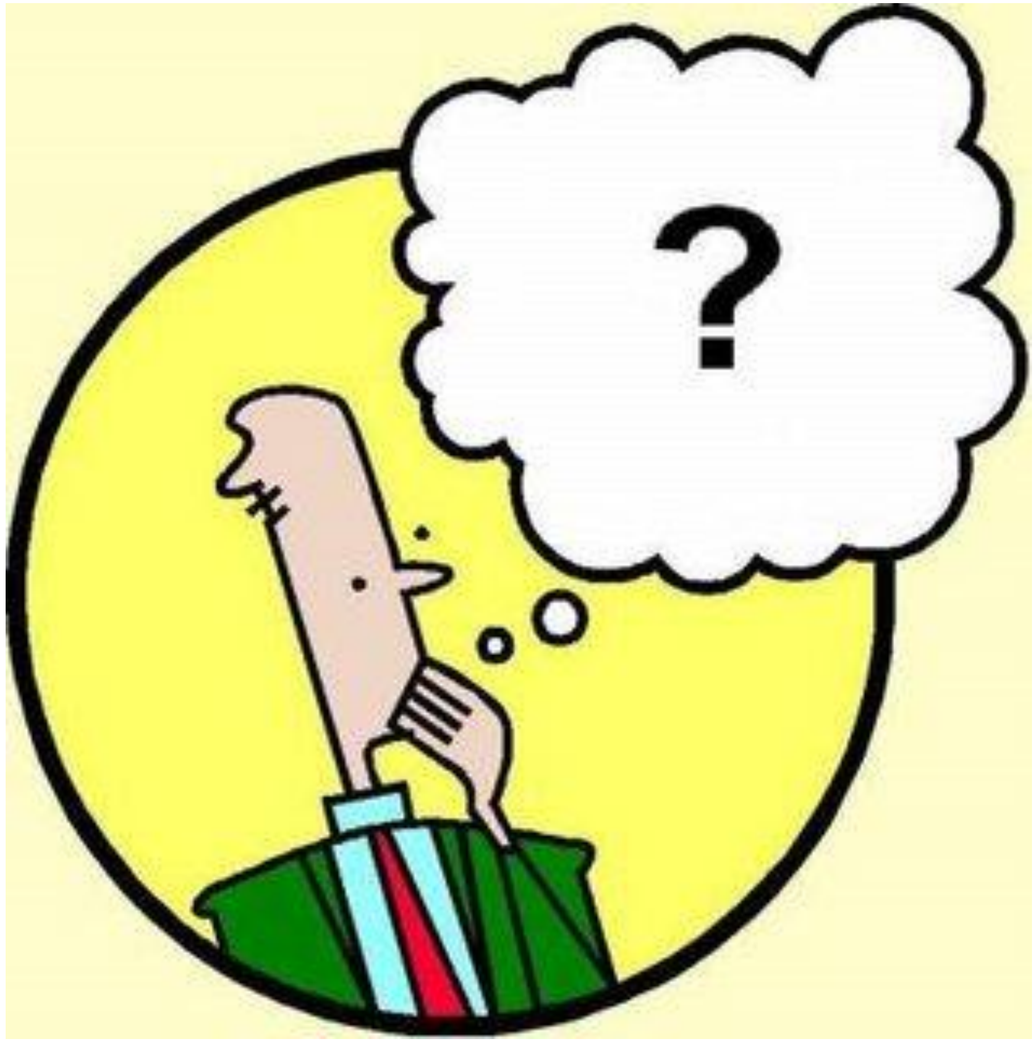

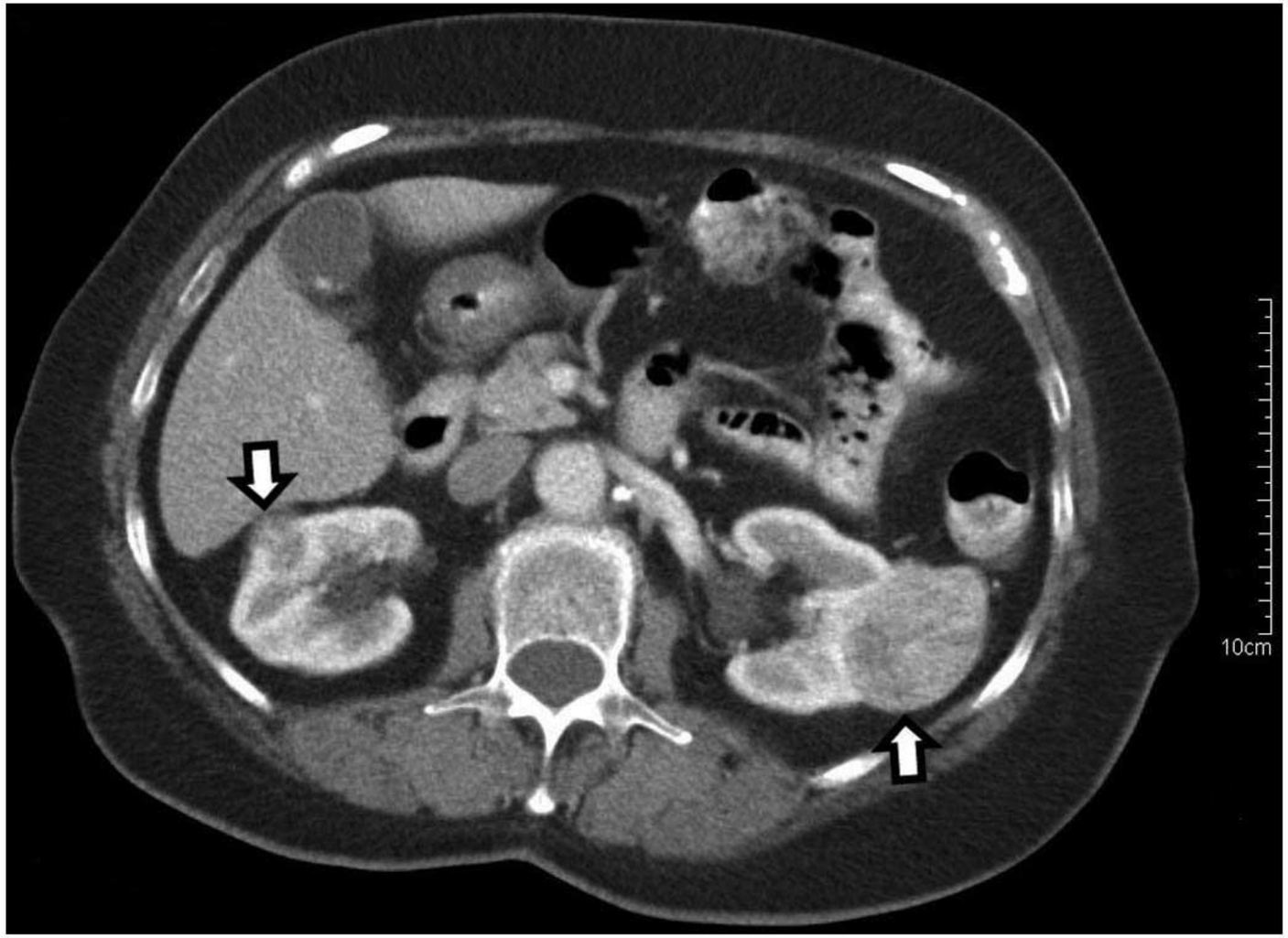

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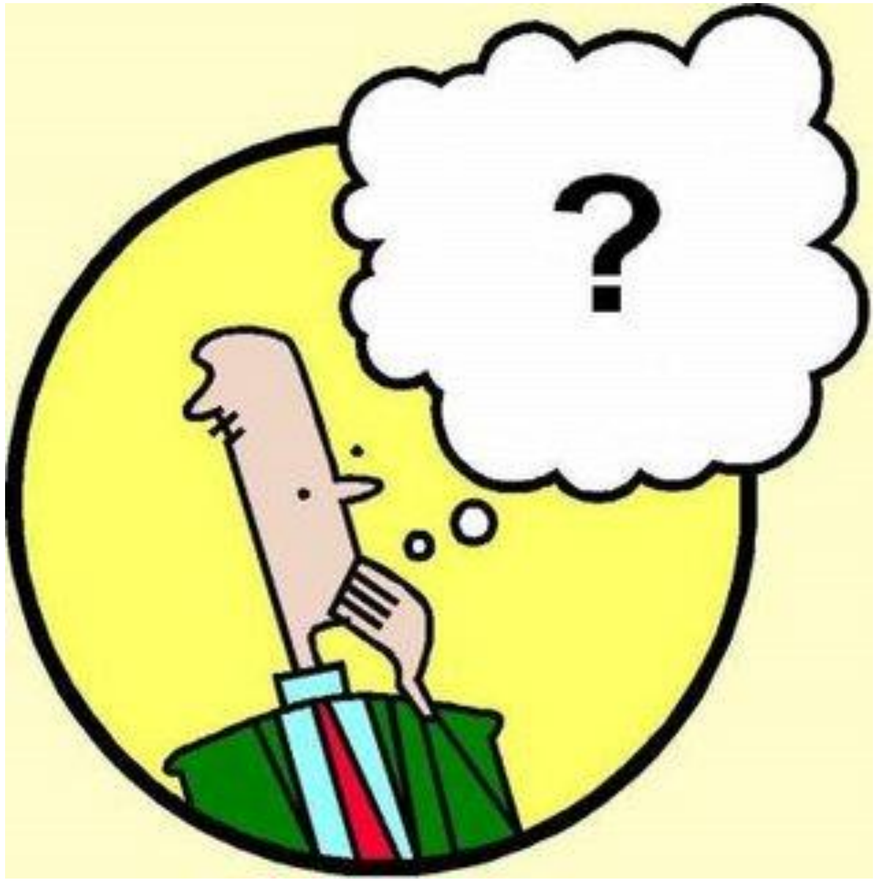

- **Historia Familiar. Estudio Genético**
- Riesgo Oncológico
- Preservación Nefronal
- Precisión Diagnóstica
- Diseño terapéutico
- Estrategias Diagnósticas intraoperatorias

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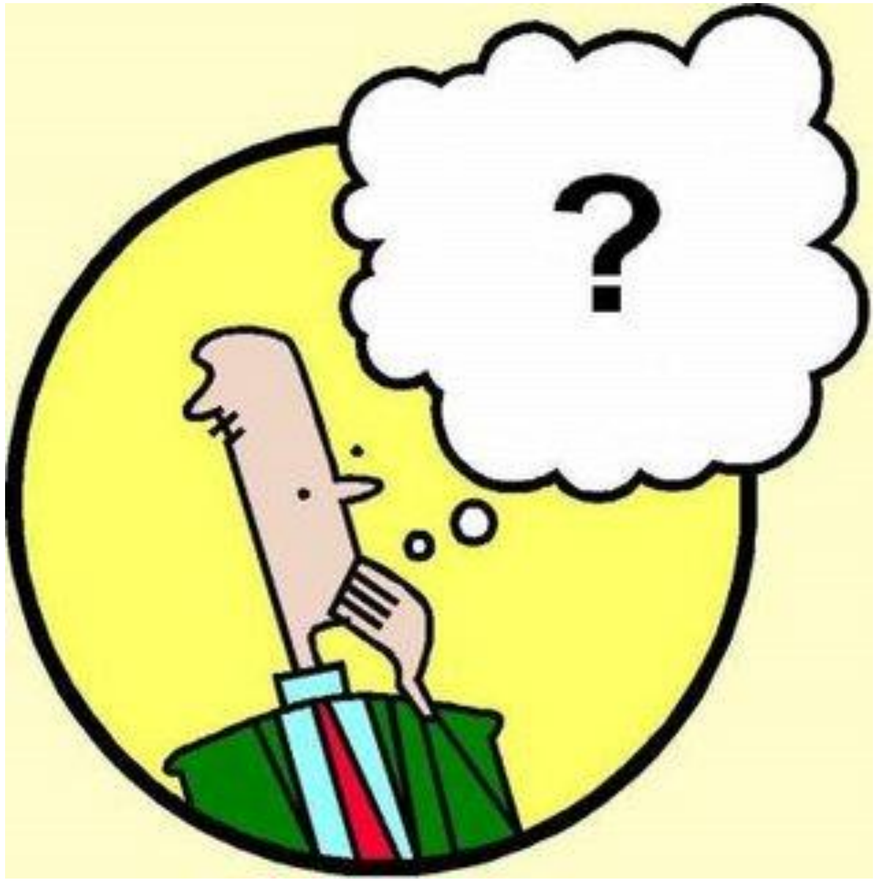

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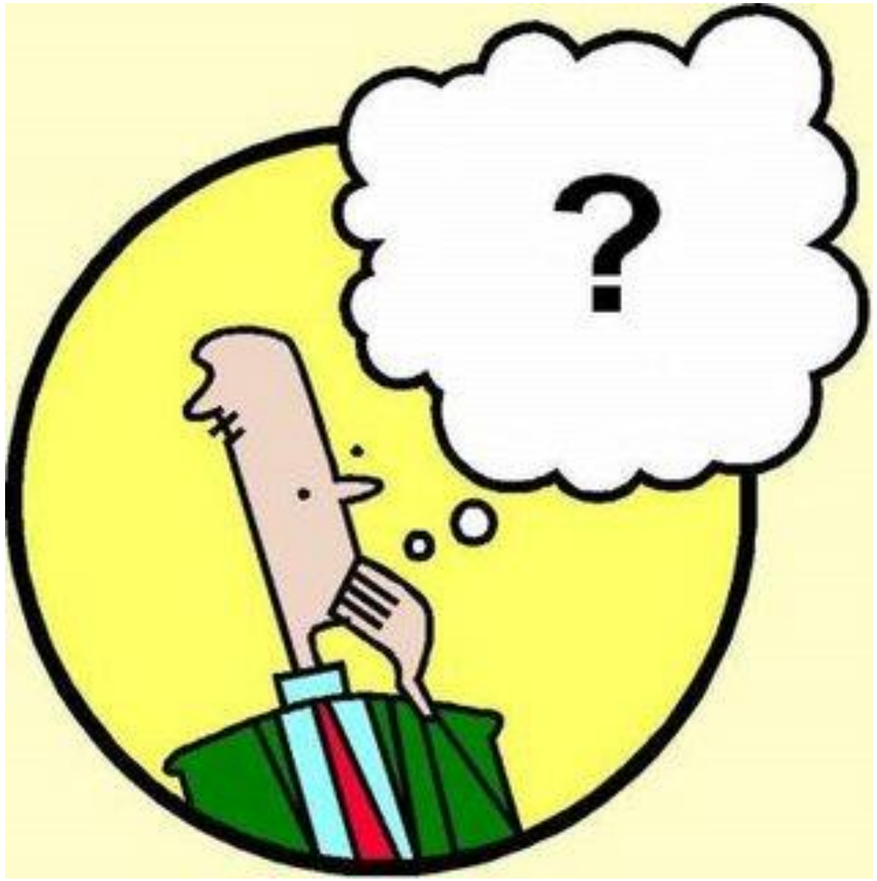

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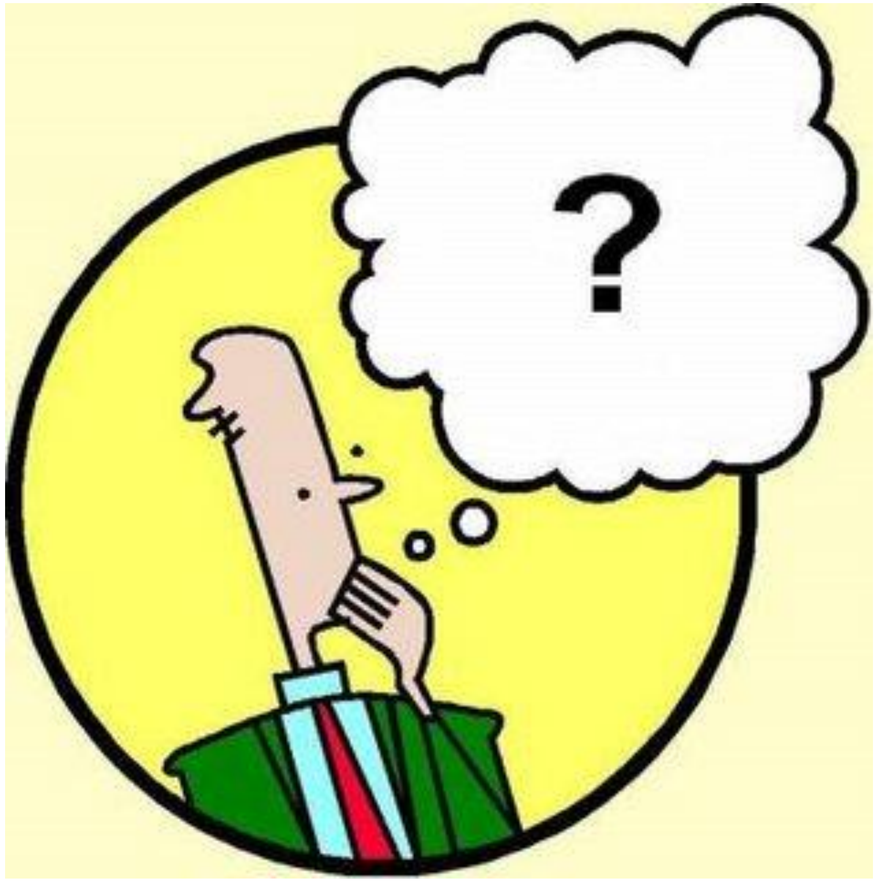

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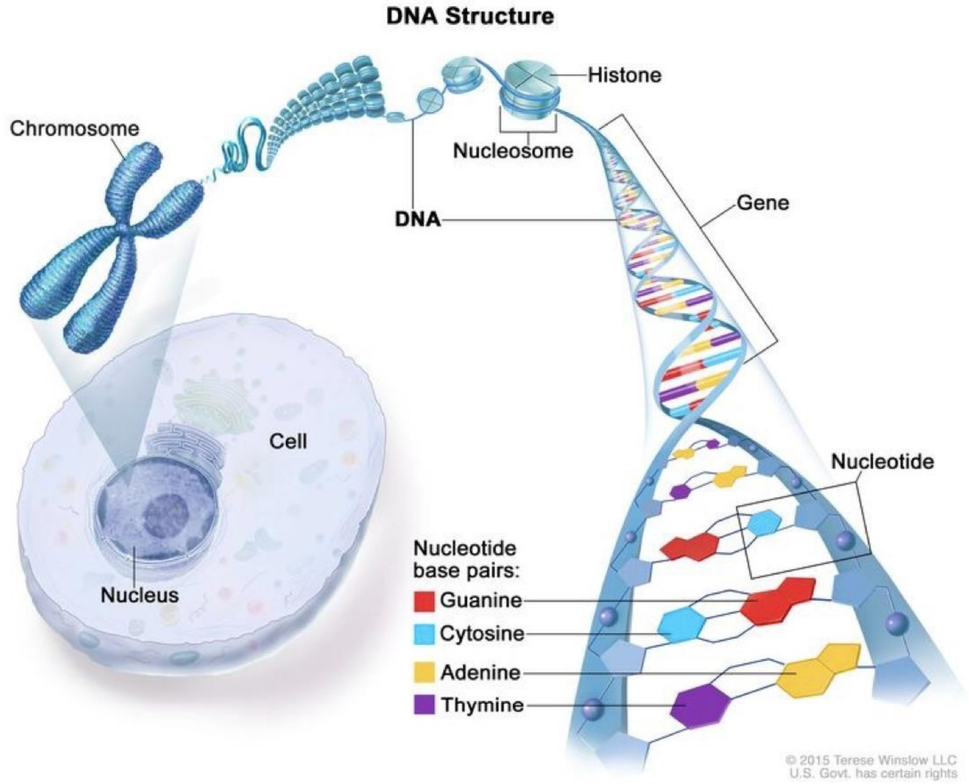
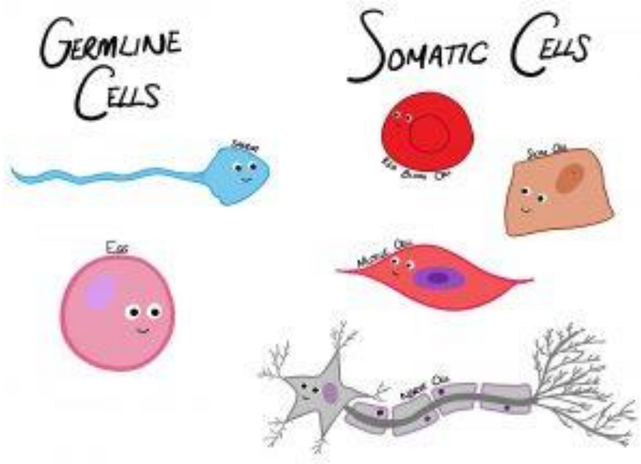
CONSIDERACIONES GENÉTICAS



- **1-5 %** RCC **Bilateral** (Predisposición Genetica)
- **5-8%** RCC **Hereditarios** (INFRAESTIMADO)
- **38 %** M1+ Mutación Linea Germinal



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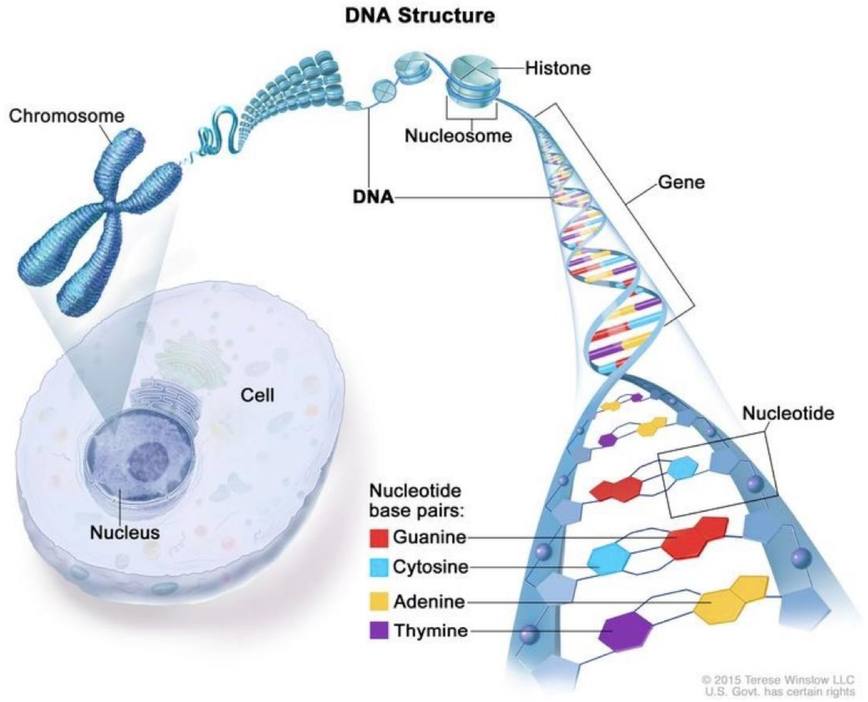

CONSIDERACIONES GENÉTICAS

- **Abordaje Multidisciplinar.**
- **Comité Genético.**
- **Ausencia de Manifestaciones clínicas o Historia familiar NO excluye una causa genética**

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- **Edad Media: 37 años**
- **<46 años (70% RCC-Hereditarios)**
- **Histologías Caracteristicas !!!**

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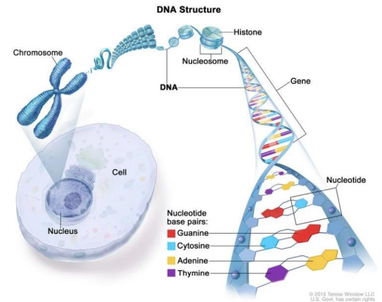

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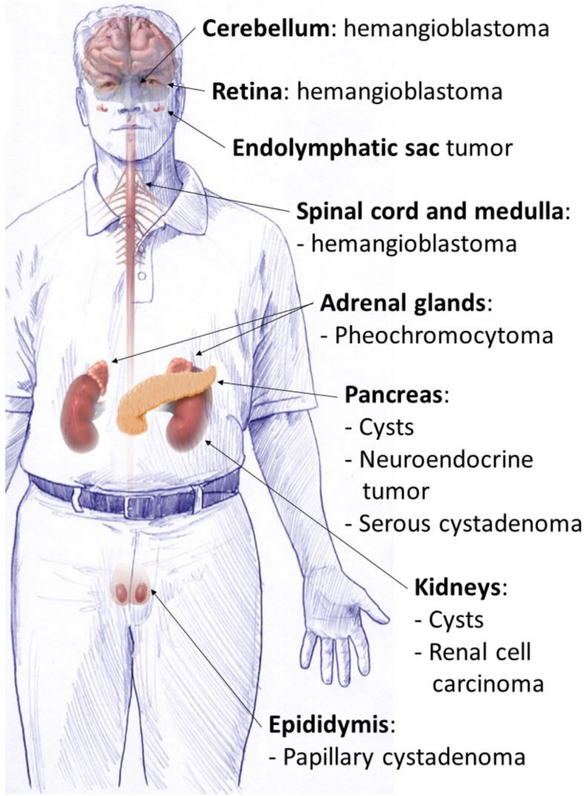
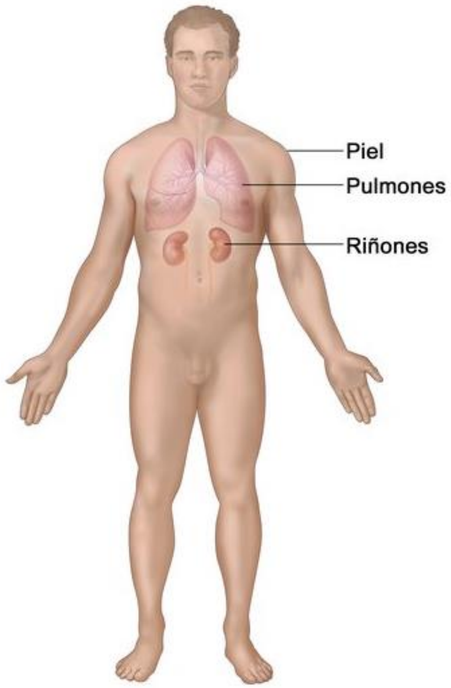
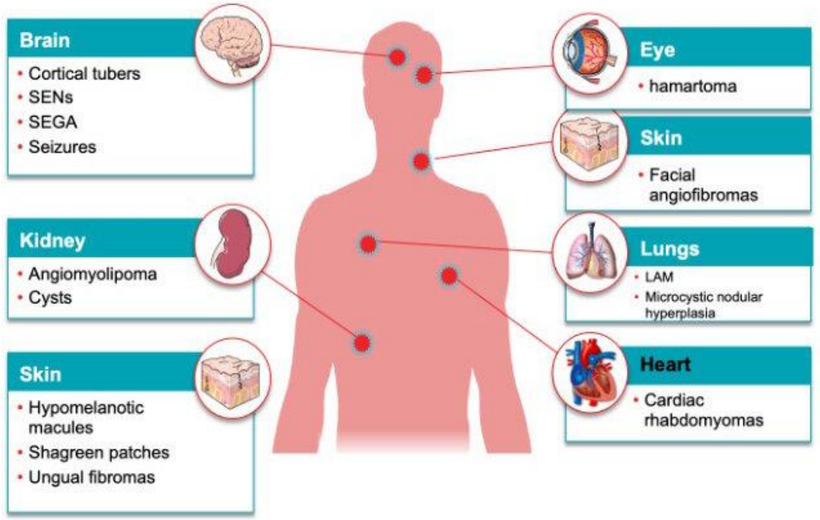
Von Hippel Lindau



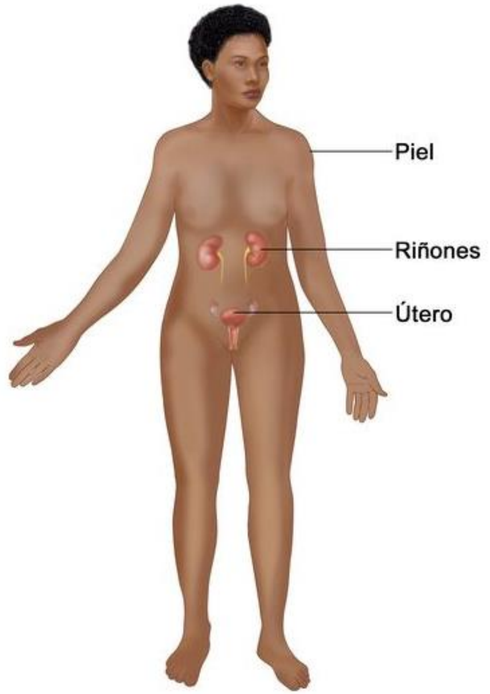
Birt Hogg Dubé



Esclerosis Tuberosa



Deficit Fumarato Hidratasa (Leiomiomatosis Hereditaria)



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Hereditary papillary renal carcinoma (HPRC)/*MET* gene	Papillary	• Autosomal dominant • Multifocal, bilateral renal cell tumors	• Nephrology
Birt-Hogg-Dubé syndrome (BHDS)/*FLCN* gene[1,2]	Chromophobe, hybrid oncocytic tumors, clear cell, oncocytomas, angiomyolipomas, papillary RCC	• Autosomal dominant • Cutaneous fibrofolliculoma or trichodiscoma, pulmonary cysts, and spontaneous pneumothorax	• Pulmonology • Dermatology
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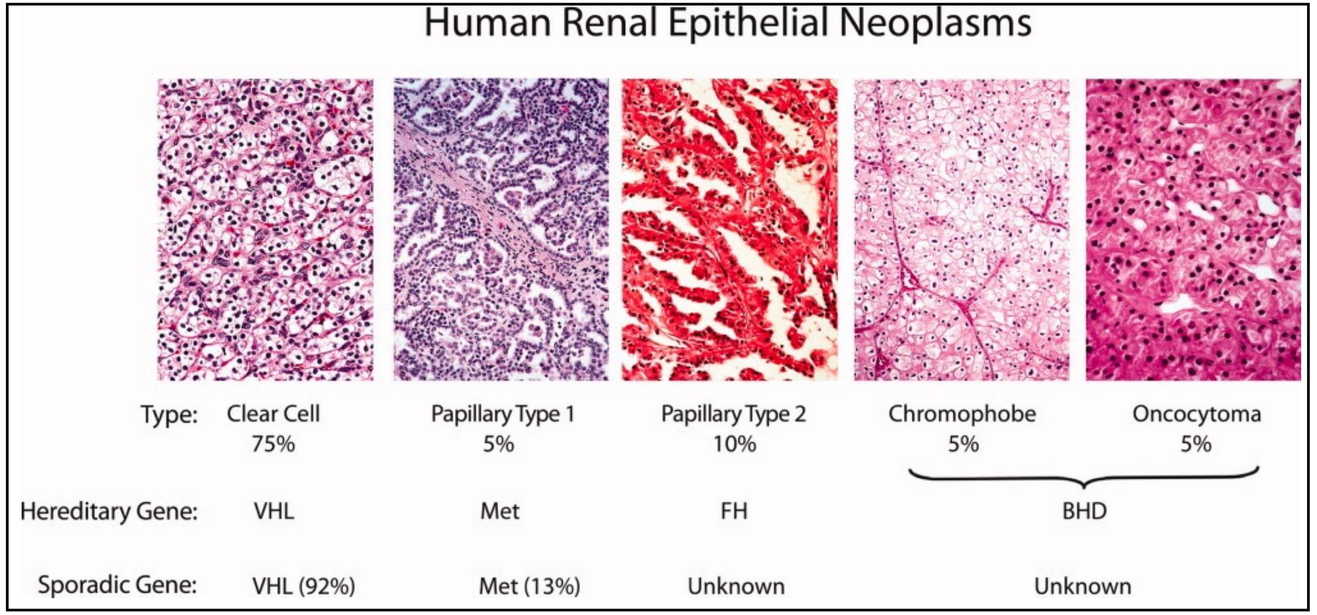

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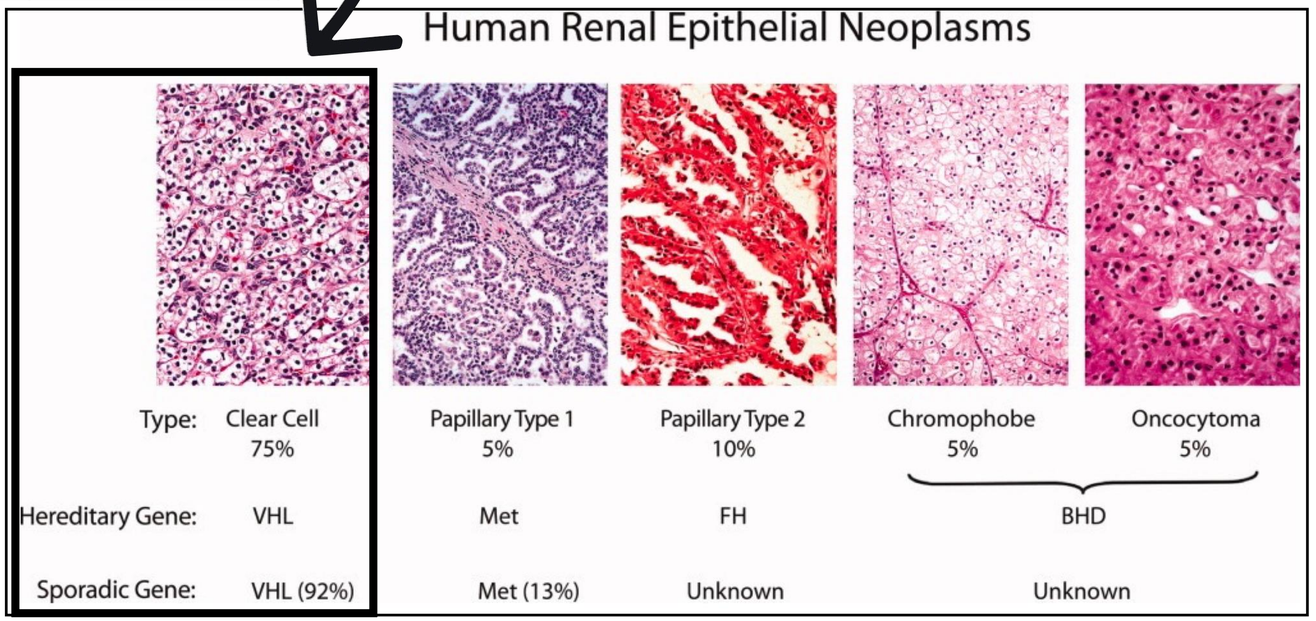

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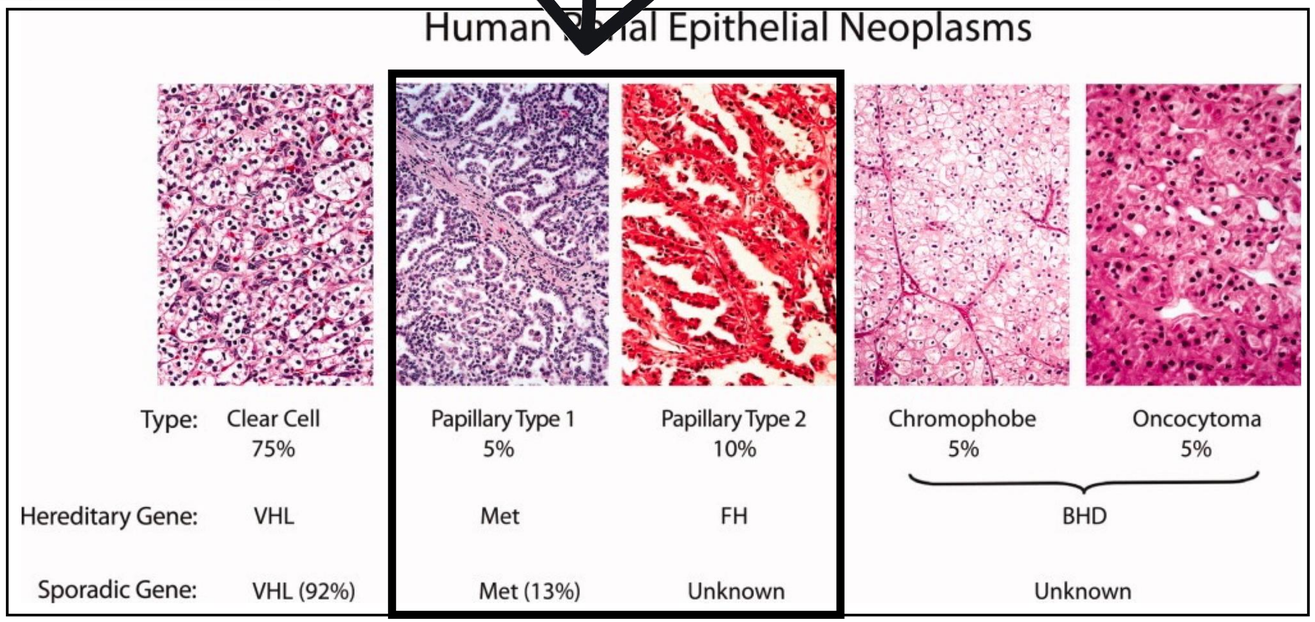

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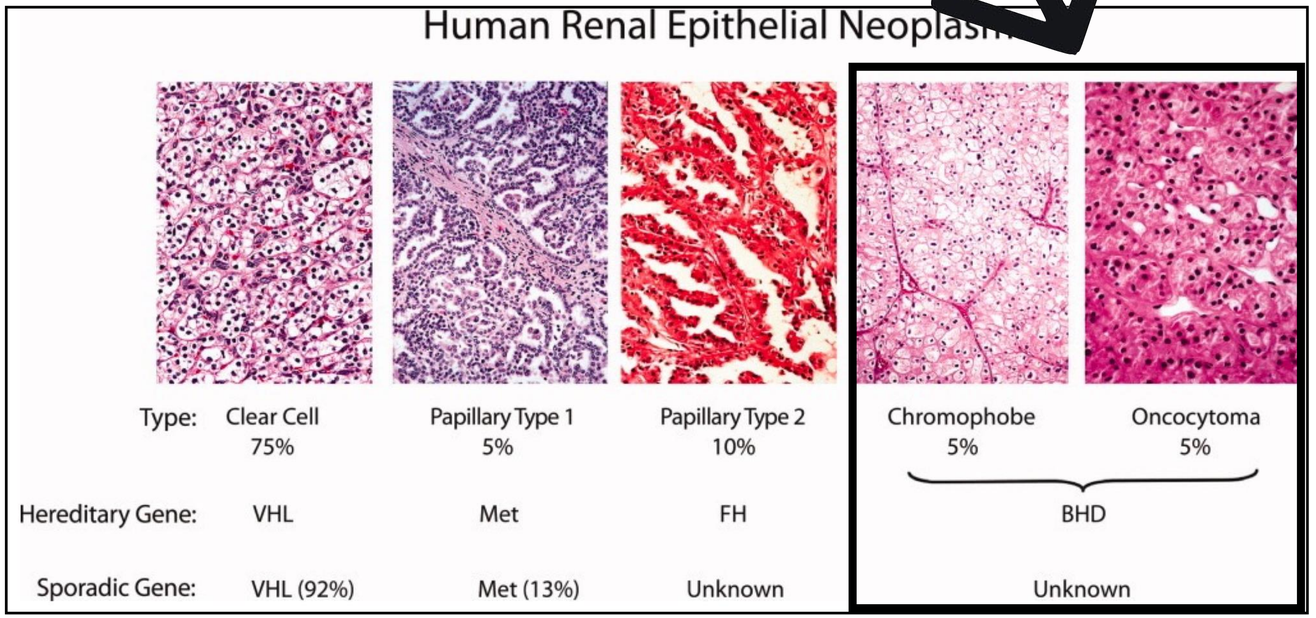

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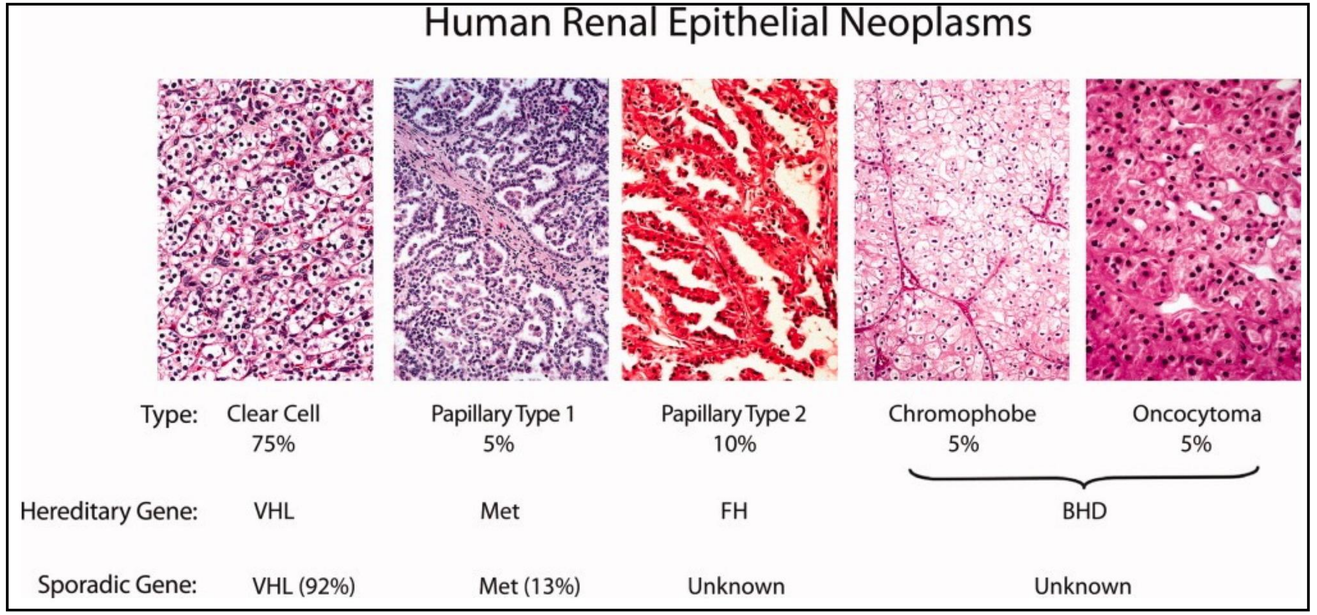

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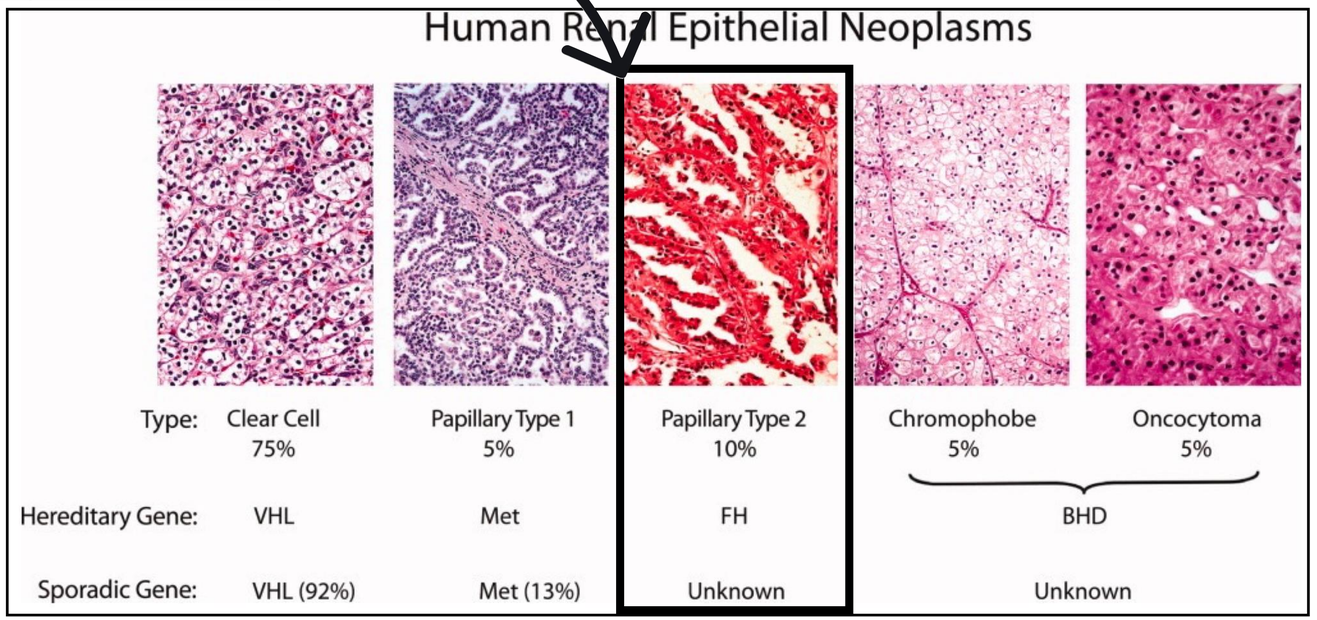

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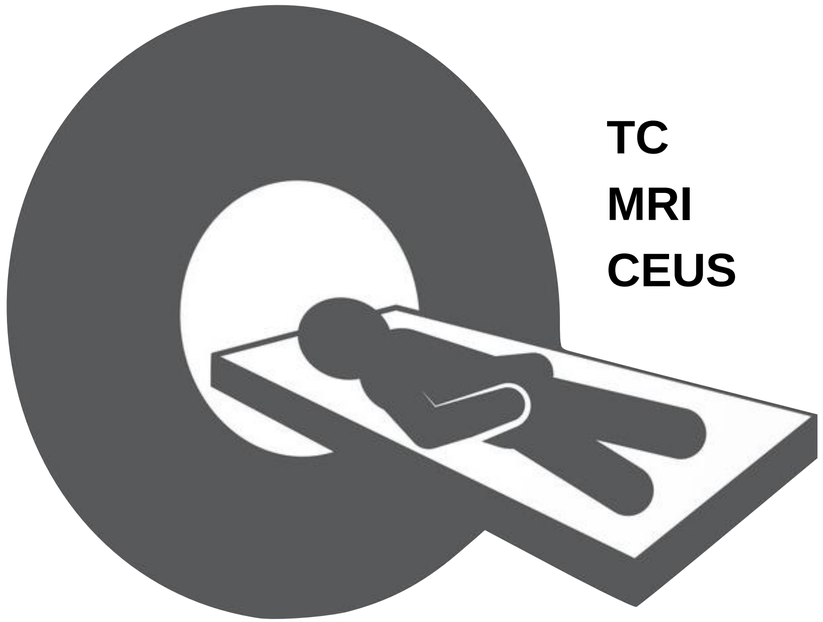
NCCN Guidelines Version 1.2024
Hereditary Renal Cell Carcinoma

CRITERIA FOR FURTHER GENETIC RISK EVALUATION FOR HEREDITARY RCC SYNDROMES[a]

1. An individual with a close blood relative[b] with a known pathogenic/likely pathogenic variant in a cancer susceptibility gene
2. An individual with RCC with any of the following criteria:
▸ Diagnosed at age ≤46 y[c] ▸ Bilateral or multifocal tumors ▸ ≥1 first- or second-degree relative[b] with RCC
3. An individual whose tumors have the following histologic characteristics:
▸ Multifocal papillary histology ▸ HLRCC-associated RCC, RCC with fumarate hydratase (FH) deficiency or other histologic features associated with HLRCC ▸ Birt-Hogg-Dubé syndrome (BHDS)-related histology (multiple chromophobe, oncocytoma, or oncocytic hybrid) ▸ Angiomyolipomas of the kidney and one additional tuberous sclerosis complex (TSC) criterion in the same person (Table 1) ▸ Succinate dehydrogenase (SDH)-deficient RCC histology[d]
4. An unaffected individual[e,f] with any of the following criteria:
▸ ≥2 first- or second-degree relatives[b] with RCC (on the same side of the family) ▸ Any first-degree relative who meets the criteria in boxes 2 or 3 who is unable or unwilling to genetically test

Evaluación Diagnóstica

Técnicas de imagen en el diagnóstico de la mas renal



TC

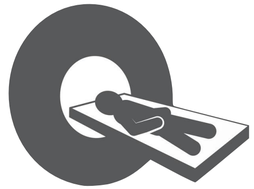
MRI

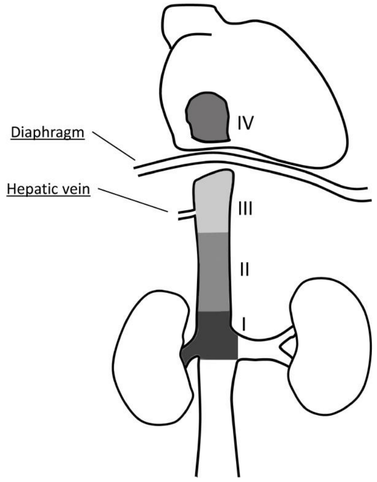
CEUS

TC multifásico

S: >90% (81-94%)
E: >85% (51-90%)

MRI

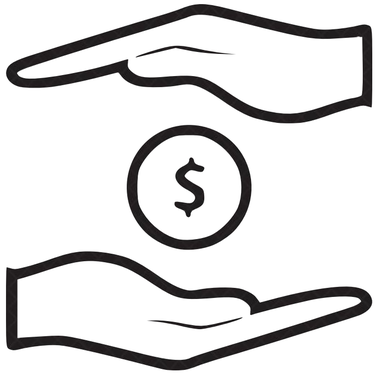




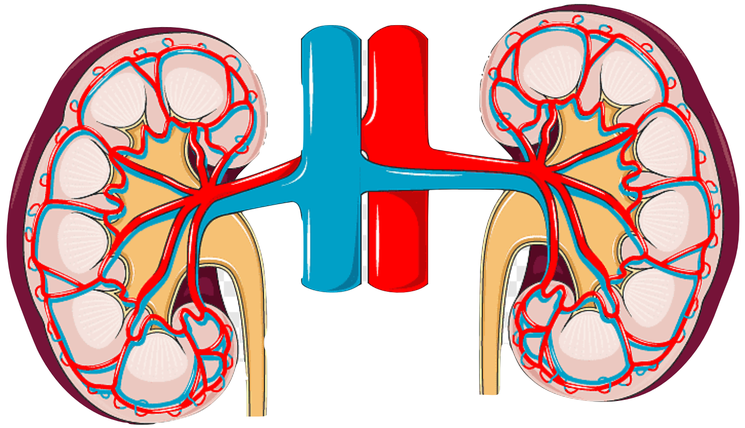
Útil para el [diagnóstico y el estadiaje completo.](#) GOLD STANDARD — Rápido

caracterizar el subtipo histológico,así como las características intrínsecas del tumor y el compromiso vascular, lo que tiene implicaciones pronósticas quirúrgicas..

Rápido



Barato



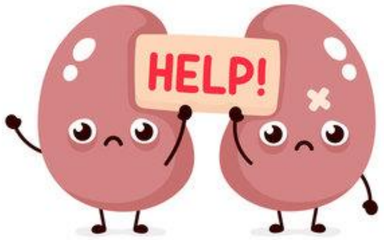
Estadiaje Local: T y N
Estadiaje Distancia
Compromiso Venoso
Fx Riñón Contralateral

Vogel C, Ziegelmüller B, Ljungberg B, Bensalah K, Bex A, Canfield S, Giles RH, Hora M, Kuczyk MA, Merseburger AS, Powles T, Albiges L, Stewart F, Volpe A, Graser A, Schlemmer M, Yuan C, Lam T, Staehler M. Imaging in Suspected Renal-Cell Carcinoma: System

TC multifásico

Útil para el [diagnóstico y el estadiaje completo.](#) GOLD STANDARD — Rápido

caracterizar el subtipo histológico,así como las características intrínsecas del tumor y el compromiso vascular, lo que tiene implicaciones pronósticas quirúrgicas..

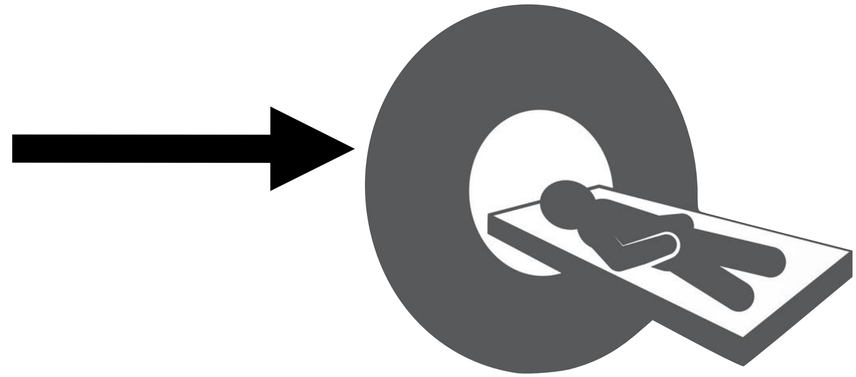


Insuficiencia renal

Alergia Contrastes

Pediatrica / Embarazo

MRI



Vogel C, Ziegelmüller B, Ljungberg B, Bensalah K, Bex A, Canfield S, Giles RH, Hora M, Kuczyk MA, Merseburger AS, Powles T, Albiges L, Stewart F, Volpe A, Graser A, Schlemmer M, Yuan C, Lam T, Staehler M. Imaging in Suspected Renal-Cell Carcinoma: System

TC multifásico

THE GOLD STANDARD

Masa Renal Indeterminada TC/RM
Quiste Complejo (Bosniak II-F- III)

CEUS

SENSIBILIDAD Y ESPECIFICIDAD
Comparable Con TC y RM

available at www.sciencedirect.com
journal homepage: euoncology.europeanurology.com

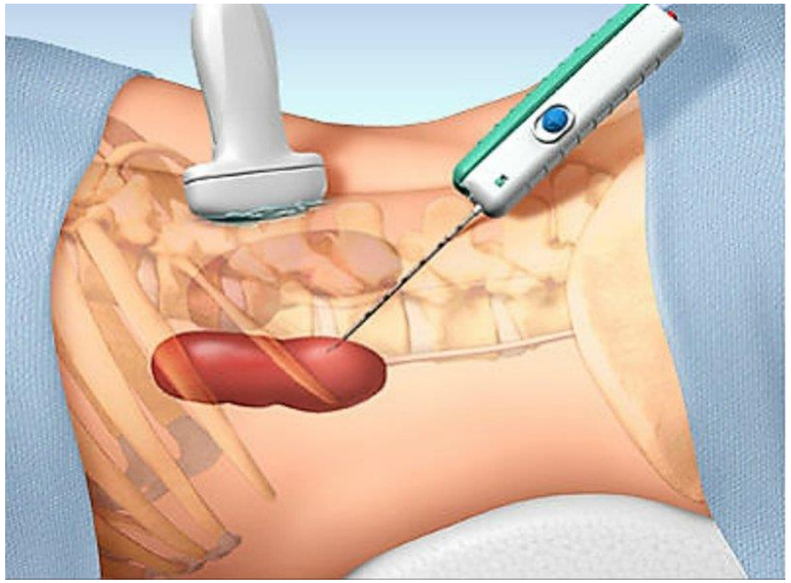
European Association of Urology

Comparison of the Diagnostic Performance of Contrast-enhanced Ultrasound with That of Contrast-enhanced Computed Tomography and Contrast-enhanced Magnetic Resonance Imaging in the Evaluation of Renal Masses: A Systematic Review and Meta-analysis

Marc A. Furrer [1,], Samuel C.J. Spycher [1], Sophia M. Büttiker [1], Tobias Gross, Piet Bosshard,*

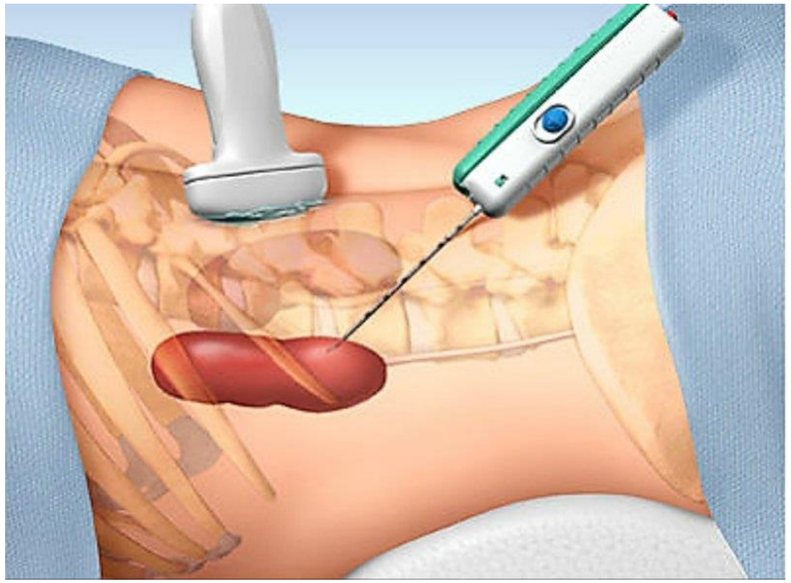
Furrer MA, Spycher SCJ, Büttiker SM, Gross T, Bosshard P, Thalmann GN, Schneider MP, Roth B. Comparison of the Diagnostic Performance of Contrast-enhanced Ultrasound with That of Contrast-enhanced Computed Tomography and Contrast-enhanced Magnetic Re

Biopsia



TRUCUT x2-3
S y E Malignidad > 99%
Precisión Histologica > 90%
Precisión Grado 62% (High - Low 85 %)

Biopsia

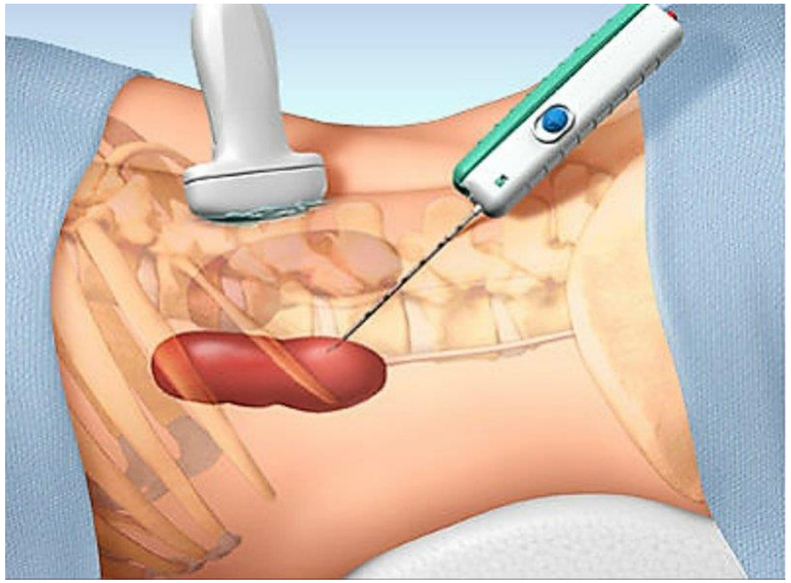


TC RM CEUS Indeterminada

Vigilancia Activa
Previo Tratamiento Focal
M+

TRUCUT x2-3
S y E Malignidad > 99%
Precisión Histologica > 90%
Precisión Grado 62% (High - Low 85 %)

Biopsia



TC RM CEUS Indeterminada

Vigilancia Activa
Previo Tratamiento Focal
M+

Vigilancia Expectante (comórbidos y frágiles)

Diagnóstico Radiologico —> Tratamiento radical (alta precisión pruebas imagen)

Masas quísticas (menor rendimiento y precisión diagnóstica. excepto si áreas con patrón sólido: **quistes Bosniak IV)**

TRUCUT x2-3
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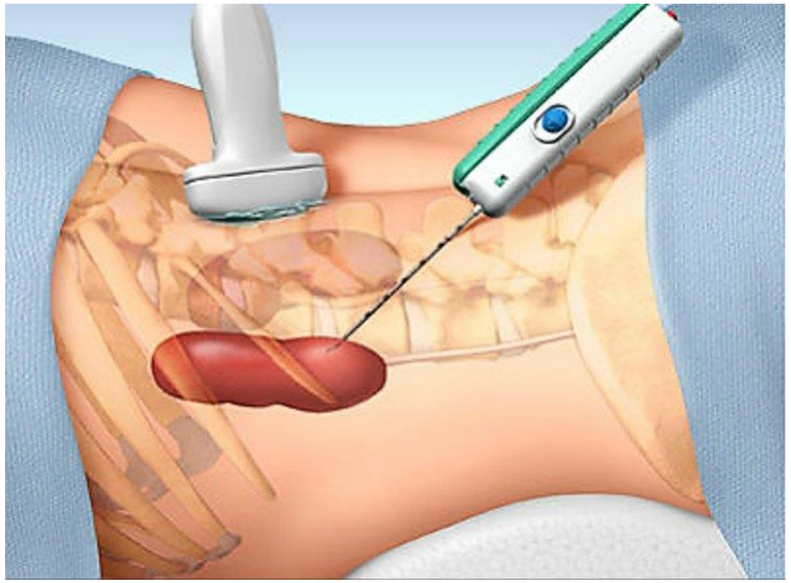
Precisión Histologica > 90%
Precisión Grado 62% (High - Low 85 %)

Biopsia



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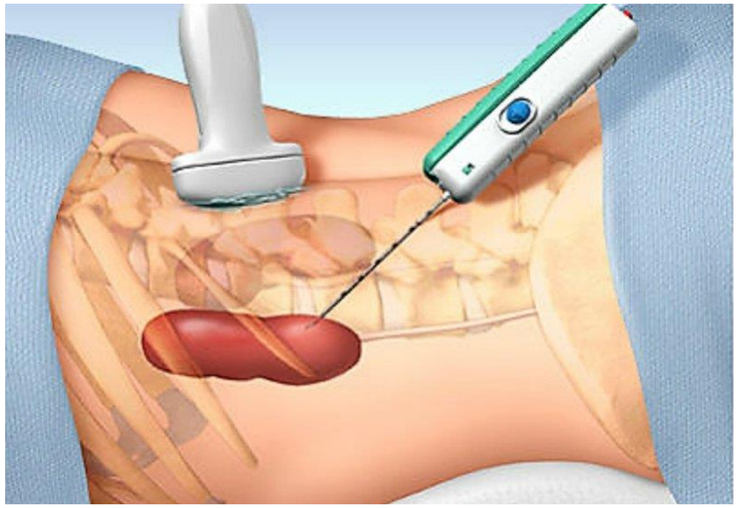
TRUCUT x2-3
S y E Malignidad > 99%
Precisión Histologica > 90%
Precisión Grado 62% (High - Low 85 %)

SEGURIDAD
Baja tasa de complicaciones

Biopsia



Current Urology Reports (2021) 22:46
https://doi.org/10.1007/s11934-021-01064-8

KIDNEY DISEASES (G CIANCIO, SECTION EDITOR)

Check for updates

Renal Tumor Biopsy: Rationale to Avoid Surgery in Small Renal Masses

B.S. Amaral[1,2] · P. Macek[1] · A. Arora[1,3] · C.L. Pazeto[1] · A.S. Zugail[1,4] · A. Mombet[1] · A. Fregeville[5] · M. Lefevre[6] ·

28% BENIGNO !!

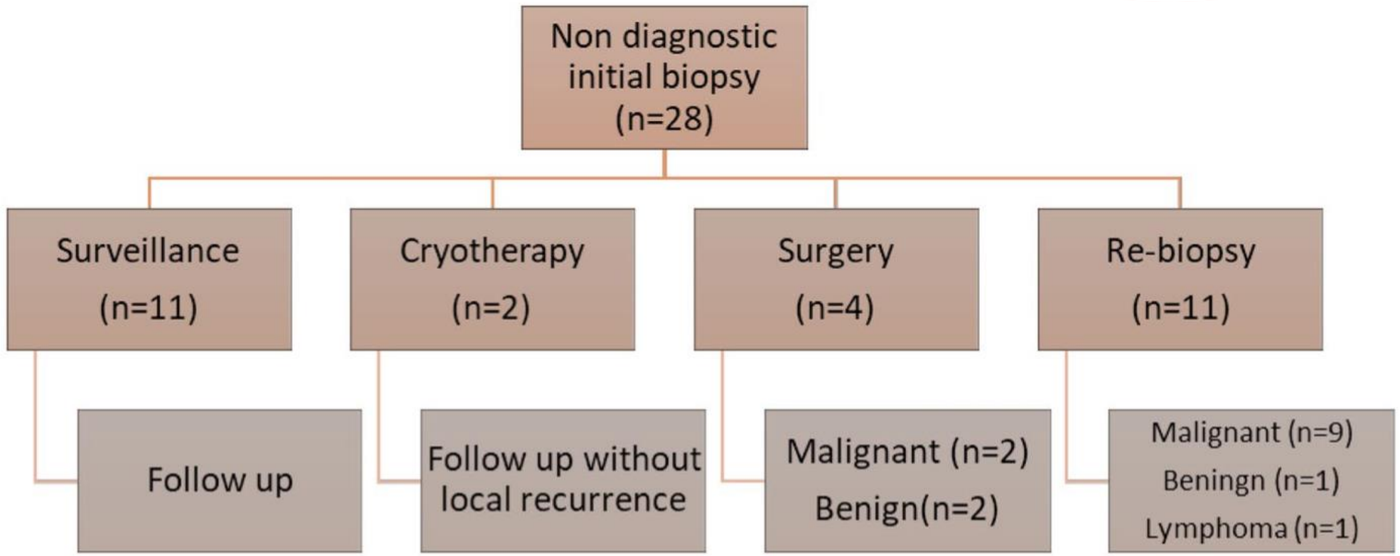


Table 2 Histopathology of 165 diagnostic biopsies of small renal masses

Benign masses ($n=50$)		Malignant masses ($n=115$)	
Type	n (%)	Type	n (%)
Oncocytoma	37 (74)	Clear cell RCC	67 (58.2)
Angiomyolipoma	11 (22)	ISUP 1	3 (4.4)
Other	2 (4)	ISUP 2	55 (82)
		ISUP 3	4 (5.9)
		ISUP 4	-
		Not specified	5 (7.4)
		Papillary RCC	29 (25.2)
		Type 1	19 (65.5)
		Type 2	9 (31)
		Not specified	1
		Chromophobe RCC	14 (12.1)
		RCC (unspecified subtype)	1
		Metastasis from another primary	2
		Urothelial carcinoma	1
		Lymphoma	1

- Bilaterales o Jóvenes —> **RCC - Hereditario** ??
- 5 Sindromes:
  - Von Hippel Lindau // Birt Hogg Dubé //. Esclerosis Tuberosa
  - Deficit Fumarato Hidratasa(Leiomiomatosis Hereditaria)
- **Histologías:** Papilar multiple, Cromofobo multiple-oncocitomas, AML, etc
- TAC —> **CEUS**
- **Biopsia**

TC RM CEUS Indeterminada

Vigilancia Activa
Previo Tratamiento Focal
M+

Vigilancia Expectante (comórbidos y frágiles)

Diagnóstico Radiologico —> Tratamiento radical (alta precisión pruebas imagen)

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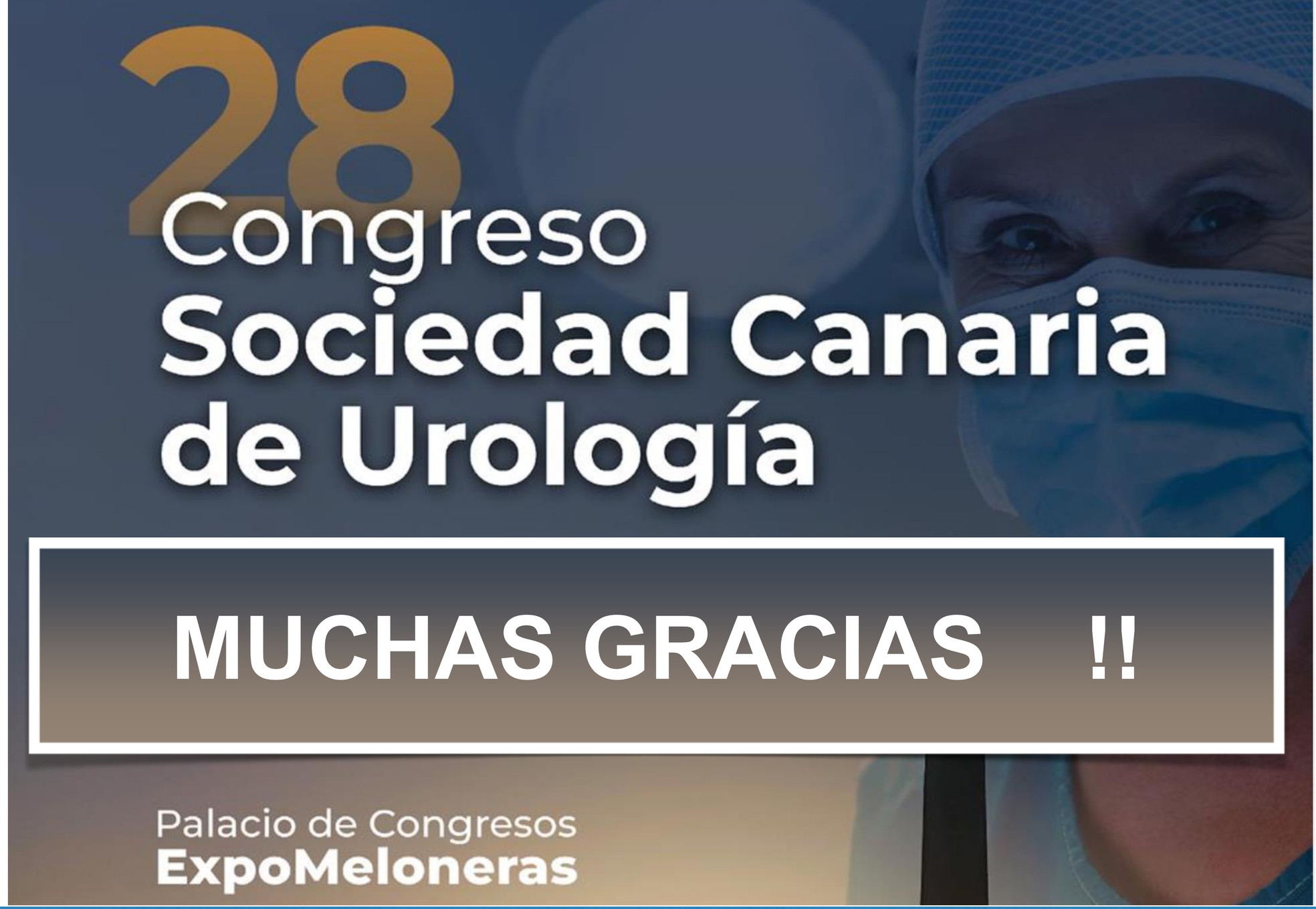
28
Congreso
Sociedad Canaria
de Urología
MUCHAS GRACIAS !!
Palacio de Congresos
ExpoMeloneras