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IgA 신병증과 동반된 유두성 신세포암종

한양대학교 의과대학 병리학교실

민경환 · 박문향

IgA Nephropathy Incidentally Associated with Small Papillary Renal Cell Carcinoma

Min Kyueng-Whan, Park Moon Hyang

Department of Pathology College of Medicine, Hanyang University

A case of IgA nephropathy associated with papillary renal cell carcinoma is reported. A 61- year- old male was admitted because of microsopic hematuria and proteinuria incidental for test as a kidney donor. A diagnosis of papillary renal cell carcinoma was incidentally made by renal biopsy. Light, immunofluorescent and electron microscopic examinations of needle biopsied renal tissue demonstrated characteristic features of mesangial proliferative glomerulonephritis, IgA nephropathy, grade III by Lee et al. After diagnosis as IgA nephropathy associated with papillary renal cell carcinoma in renal biopsy specimen, a computed tomography revealed an exophytic nodular lesion less than 2 cm in size. Vascularity of this lesion was impossible to evaluate due to post- biopsy hematoma. Left partial nephrectomy was performed. An ill defined firm mass, 1 cm in diameter is noted in cortical portion of lower pole of left kidney. Microscopically, the tumor tissue revealed papillary renal cell carcinoma, type II and stage. The proteinuria and hematuria were not disappeared 5 months after removal of the tumor. It is possible that IgA nephropathy may occur as a paraneoplastic disease, but in this patient its association with papillary renal cell carcinoma may have been coincidental.

Key Words : IgA 신병증, 유두성 신세포암종
IgA nephropathy, Papillary renal cell carcinoma