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Clinical Nephrology

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A case of patient with recurred IgG3 related renal pelvic mass mimicking TCC

Youn Joo Jung*, Hae Won Kim¹, Beom Kim¹, Dong-Young Lee¹

¹Nephrology, VHS Medical Center, Seoul, Korea, Republic Of

Background: The IgG4 related disease is a systemic fibrous inflammatory condition with various clinical presentations like tumorous mass, infiltration or fibrotic lesion that can involve any organs. Initial approach to IgG4 related disease is medical treatment. However, sometimes it is misdiagnosed as cancer and gets surgically removed.

Methods: We herein report a rare case of tumor like IgG4 related disease of renal pelvis that recurred after surgical removal in the contra-lateral renal pelvis.

Results: A 66-year-old man with medical history of hypertension, diabetes mellitus nephropathy visited our outpatient clinic because of right renal mass that was accidentally found after taking chest computed tomography (CT) scan. He had a left nephrectomy 8 years ago in another hospital, because of IgG4 related disease that mimicked renal tumor. The patient's chest CT scan showed a soft tissue mass (3.0cmx1.5cm) located in right upper calyx with radiologic impression of transitional cell carcinoma (TCC). Further evaluation with Magnetic resonance image (MRI) was done and showed a different result suggesting strong possibility of a benign mass. In order to confirm the character of the mass, we chose to look into the possibility of recurrence of IgG4 related disease before moving onto more invasive procedure required for histological confirmation. The blood test for serum IgG4 level was done and results showed very high serum IgG4 of 6.290g/L (reference range: 0.039~0.864g/L). The test results strongly suggested the recurrence of pelvic mass mimicking IgG4 related disease. We started the immunosuppressive therapy with prednisolone 40mg/day for 1 month and then changed the regimen of prednisolone to 10mg/day plus azathioprine 100mg/day. After 3 months of therapy the serum IgG4 level decreased from 6.290g/L to 1.637g/L and follow up CT scan showed decrease in size of renal mass from 3.0x1.5cm to 2.0x0.8cm.

Conclusion: We experienced a very rare case of recurred IgG4 related disease with presentation of renal pelvis tumor. From this experience we suggest that recurrence of IgG4 related tumor should be included as a clinical possibility in a patient with history of IgG4 related tumor. This careful approach may allow you to avoid unnecessary invasive procedure with simple blood tests.

Keywords: IgG4 related disease, Immunosuppressive therapy, Renal pelvic mass