

METASTATIC GRANULOSA CELL TUMOR OF THE SPLEEN: CASE REPORT

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Granulosa cell tumor is a rare and uncommon stromal cell tumor of the ovary, considered to be of low grade malignancy with an indolent clinical course. The 10-year survival is higher than 90%. These tumors are known to manifest metastatic disease years after treatment of the primary tumor. A 64-year-old female with left upper quadrant abdominal pain underwent magnetic resonance, which revealed a tumorous process of the spleen. Splenectomy was performed and the material was referred for histopathologic analysis. Pathologic examination revealed a tumor measuring up to 8 cm, with relatively sharp demarcation. The tumor was grey to brown in color, with necrotic areas and hemorrhage. Microscopically, it was composed of solid sheets, nests and papillary formations lined with atypical cells. Anastomatic vascular-like spaces were also found, lined with relatively uniform atypical cells. Mitotic rate was high (20 mitosis/10HPF). The tumor occupied almost the entire spleen. Extensive histochemical (PAS, Giemsa, Gomori) and immunohistochemical analyses (vimentin, CD31, CD34, FVIII, CD68, CK7, CK20, CD3, CD20, CD30, bcl-6, Ki-67, HMB-45) were done. Tumor cells showed positive reaction to vimentin and proliferative activity defined with Ki-67 was up to 40%. Metastatic tumor was suspected. Retrospective history data revealed a granulosa cell tumor of the ovary 15 years before. Immunohistochemical analysis with inhibin and calretinin was positive. It was diagnosed as a granulosa cell tumor metastatic to the spleen. Metastases of granulosa cell tumor are extremely rare; they are usually local recurrences or foci of peritoneal spread and occur in 25%-30% of cases. To our knowledge, this is the fourth case of a metastatic granulosa cell tumor in the spleen described in the English literature.

BILATERAL SYNCHRONOUS BENIGN AND MALIGNANT KIDNEY TUMORS: CASE REPORT

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Angiomyolipomas are renal mesenchymal neoplasms with a variable mixture of fat, muscle and blood vessels, accounting for less than 1% of all kidney tumors. They are very common in tuberous sclerosis, while renal cell carcinomas are most common accounting for 85% of all kidney tumors with several different macroscopic and microscopic appearances. We present a case of bilateral renal cell carcinomas associated with angiomyolipoma and renomedullary interstitial cell tumor. A 63-year-old woman presented with bilateral kidney tumors detected incidentally on routine CT scan with no prior symptoms. Bilateral partial nephrectomy was done and biopsy specimens were referred for histopathology. Histopathologic analysis revealed a chromophobe renal cell carcinoma in the specimen marked as left kidney tumor. In the specimen marked as right kidney tumor, clear-cell renal cell carcinoma and a small angiomyolipoma were detected, while a small renomedullary interstitial cell tumor was found in the third specimen marked as right-sided resection surface. Synchronous occurrence of benign and malignant kidney tumors is very rare. There are only few studies of the association of angiomyolipoma and adult renal-cell neoplasia. In patients with or without tuberous sclerosis, conventional clear-cell carcinoma accounted for approximately two-thirds, while oncocytoma accounted for 8%-25% of the tumors described. Papillary neoplasia, chromophobe, and collecting-duct renal-cell carcinoma were only found in sporadic cases, which also holds for angiomyolipoma, which was almost always an incidental finding.