[71] Xanthogranulomatous pyelonephritis (XGP): A case report
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Objective: To report on a case of xanthogranulomatous pyelonephritis (XGP) diagnosed as renal cell carcinoma (RCC) based on clinical and radiological findings. XGP is an uncommon form of chronic pyelonephritis. It is an inflammatory condition in which the renal parenchyma is invaded and replaced by granulomatous tissue containing lipid-laden macrophages, also known as xanthoma cells. The aetiology is not well understood; however, most patients have underlying chronic inflammatory conditions such as recurrent urinary tract infections (UTIs), obstructive uropathies or renal calculi. The presenting symptoms are not specific, and its radiological findings closely resemble other pathological entities. Thus, a preoperative diagnosis is often difficult.

Methods: This is a case of a 61-year-old woman who was referred to the Urology clinic at King Abdulaziz University Hospital from a polyclinic with ultrasound (US) showing a mass in her right kidney. The patient only complained of vague abdominal pain, and on physical examination, she had mild tenderness in the right side of the abdomen. Laboratory results were normal.

Results: The US of the kidney showed a large, complicated cystic mass, and a contrast-enhanced computed tomography scan showed a large exophytic cystic lesion (Bosniak III) in the characteristic claw sign. The management plan was to proceed with a radical nephrectomy.

Conclusion: XGP should be given due consideration in the differential diagnosis of type III renal cystic disease. A preoperative diagnosis cannot always be made due to its nonspecific clinical presentation and radiological findings.

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[72] Phaeochromocytoma of the bladder: Report of a case and review of the literature
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Objective: To report on a case of phaeochromocytoma of the bladder and discuss general management principles of bladder phaeochromocytoma and the importance of long-term follow-up. Phaeochromocytomas are chromaffin cell tumours that are derived from neuroectodermal tissue of the adrenal gland and sympathetic paraganglia. These tumours can arise anywhere in the body from the skull (glomus and carotid bodies) to the bladder and prostatic glands. Phaeochromocytomas of the urinary bladder are rare tumours, accounting for ~1% of extra-adrenal phaeochromocytomas and 0.06% of bladder tumours.

Methods: A 13-year-old patient presented with paroxysmal symptoms consisting of headaches, palpitations, tinnitus and excessive sweating after each micturition and haematuria. Complementary investigations: ultrasonography, intravenous urography, and magnetic resonance imaging, suggested a circumscribed tumour with a 3 cm long axis in the bladder dome, and the diagnosis of bladder phaeochromocytoma was fixed after an endoscopic biopsy. Partial cystectomy was performed.

Results: The postoperative course was uneventful, and the subsequent outcome was favourable with resolution of all symptoms with a follow-up of 10 years. Histological examination of the operative specimen confirmed the diagnosis of bladder phaeochromocytoma.

Conclusion: Bladder phaeochromocytoma is a rare tumour. Treatment of this lesion requires the same preparation as for any other site of phaeochromocytoma. Partial cystectomy ensures radical and effective treatment. Long-term surveillance is necessary, as recurrences or metastases have been described 20 and 40 years after treatment.

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[73] Outcomes of patients with advanced clear-cell renal cell carcinoma treated by sunitinib as first-line therapy: A prospective observational study in real-world practice of the Academic Hospital of Oran, Algeria
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Objective: To investigate the effectiveness of sunitinib as first-line therapy in real-world practice in terms of progression-free survival (PFS), objective response rate (ORR), and overall survival (OS), and to evaluate the safety profile for advanced or metastatic clear-cell renal cell carcinoma (ccRCC). There is lack of published Algerian prospective data in advanced RCC.