Letters to the Editor

Not all Bosniak category IV cysts are malignant: foreign body granuloma mimicking renal cell carcinoma

Dear Editor,

A 62-year-old male patient presented with a five-year history of increased abdominal volume, without pain, discomfort, fever, weight loss, or any complaints related to the urinary or gastrointestinal tract. He reported no history of trauma or surgery. Multidetector computed tomography revealed a voluminous cyst in the left kidney (Figures 1A, 1B, and 1C). The cyst contained parietal calcifications and a solid component, showing contrast enhancement (Bosniak category IV), accompanied by atypical enlargement of the retroperitoneal lymph nodes and bilateral simple renal cysts. The patient underwent total nephrectomy, and the histopathological analysis of the excised kidney revealed a granulomatous foreign body reaction in the form of an inflammatory process, chronic pyelonephritis with glomerular hyalinization, and the absence of malignancy (Figure 1D).

Renal cysts are the most common findings in day-to-day radiology practice, and their diagnosis by imaging methods is simple and accurate. However, complex cysts and cysts with solid components require further characterization for the evaluation of the differential diagnoses and for treatment planning(1–3). In 1986, Bosniak(4) developed a classification system, based on computed tomography imaging criteria, that allows the analysis of aspects related to the contour and content of the renal cyst, the presence of septations or calcifications, and the degree of enhancement after intravenous administration of contrast media, ranking them in ascending order by the likelihood of malignancy(1,2,4): category I (simple cyst); category II (minimally complicated cyst); category IIF (minimally complicated cyst, requiring follow-up); category III (cyst of undetermined nature, requiring excision); and category IV (cystic neoplasm, requiring excision).

Lesions classified as Bosniak category IV are cystic neoplasms with solid components that show contrast enhancement, adjacent to the lesion wall or accompanied by thickened or nodular septa, and can also present wall thickening. They are considered renal cell carcinomas (RCCs) until proven otherwise(1,5).

A foreign body granuloma is uncommon and is indistinguishable...
Dear Editor,

A 42-year-old female patient who had undergone Hartmann’s procedure for the treatment of colorectal carcinoma 7 months prior presented for preoperative evaluation before closure of the colostomy. She reported no clinical symptoms or comorbidities and stated that she had never received chemoradiotherapy. She was given a barium enema (Figure 1), after which there was opacification of the ureter and left renal collecting system, consistent with ureterocolic fistula. Although the fistulous tract was difficult to characterize, it appeared to be connecting the distal stump to the middle third of the left ureter. There was also late opacification of the bladder. Careful

Figure 1. X-rays obtained after barium enema. A: Lateral view showing initial opacification of the rectum, remaining distal colon, ureter, and left renal collecting system. B: Lateral view showing late opacification of the bladder. C: Posteroanterior view showing late opacification of the bladder.

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