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Laparoscopic Surgery of Primary Renal Lymphoma

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Case report: A man 53 year's old visited in our clinic because of the left flank pain and the history of ESWL of the left kidney stone from 3years ago. sonography from 3years ago reported a 15mm stone in the left kidney and a 17mm cyst in the same one. In new lab tests, complete blood count (CBC) was normal, and urine analysis reported hematuria(10-12/hpf). Recent sonography reported a 8mm stone in the left kidney and a 75x67mm cyst with internal echo. CT was done for him that reported a 80x75x73mm isodense and no calcificated mass on the antro medial surface of the left kidney. The mass was enhanced and had necrotic centers. Also CT reported a 10mm stone in middle calice of the left kidney. The patient was underwent the laparoscopic radical nephrectomy on the left side and at the time of operation, sever adhesion of the tumor especially was seen at the hillus of spleen and near the pancrease. Despite of we didn't notice the injury to the pancrease, the patient with pancreatic fistula returned 1week later that it responded to conservative therapy and abscess drantage. Pathology response reported Lymphoma. Bone marrow biopsy was done for him that reported normal.

Conclusion: Primary lymphoma of the kidney is rare. Diagnosis of primary lymphoma of the kidney from kidney tumors is more difficult. It seems that tumor adhesion to around in kidney lymphoma is more, and the surgery of it needs more attention. Laparoscopic surgery in kidney lymphoma is more difficult from the surgery Adeno carcinoma of kidney. At the time of laparoscopic surgery we must relieve the sever tumor adhesions from around carefully. Despite of no sight of injury to the around organs for example pancrease at the time of laparoscopic surgery, it might injury. It is recommended that the drane is kept so longer that if this organ injured, discharges are exited. Aften injury to the pancrease responses to the conservative therapy and drantage.