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Clinical Image

CT-Guided Marking of A Small Abdominal Wall Metastasis of Chromophobe Renal Cell Carcinoma

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2. Key words

Renal cell carcinoma; Metastasis; CT-guided marking; Minimally invasive

1. Abstract

We describe a female patient in whom CT-guided hook wire marking enabled an easy and minimally invasive removal of a small abdominal wall metastasis of chromophobe renal cell carcinoma despite obesity and scars after repeat laparotomies.

A 50-year old female presented with a small abdominal wall metastasis **(Figure 1A)** after a history of four laparotomies and local radiotherapy for abdominal recurrences of a left-sided chromophobe renal cell carcinoma during a period of narrowly seven years after initial nephrectomy. Because of the small size of the metastasis, obesity and scars after repeat laparotomies the access to the lesion was considered difficult. Therefore, a computed tomography (CT)-guided hook wire marking was requested **(Figure 1B)**. After marking, the subcutaneous fat surrounding the wire was excised via a small incision and the abdominal wall was transected. After opening the peritoneum the lesion was palpated at the tip of the wire and removed completely together with the covering tissue (Figure 2). The abdominal wall defect was closed with a small partially absorbable mesh and the skin incision with an intra-cutaneous suture. No recurrence was seen in a CT scan four months later. Image-guided marking is a routine technique in breast cancer treatment [1] but it is rarely used in urologic surgery [2]. In selected cases it may be a simple and safe way to locate metastases and to remove them rapidly with minimal tissue damage.

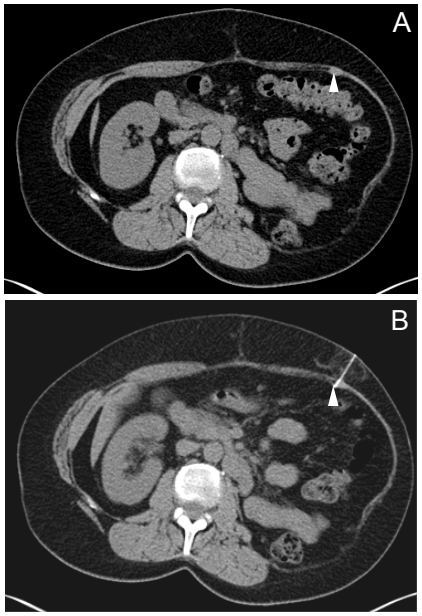

Figure 1: Native CT scans showing the small abdominal wall metastasis (arrowheads) before (A) and after CT-guided marking (B).

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