Papillary RCC and oncocytoma: Longer follow-up reported

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Dear Editor, We read with great interest the recent case report by Özer and colleagues,[1] in which the very rare occurrence of a concomitant papillary renal cell carcinoma and oncocytoma is described. The article highlights the fact that oncocytomas arise from intercalated cells of the collecting ducts and that papillary carcinomas have a different cellular origin; thus the finding of these two separate tumours within a single kidney is exceptionally rare and this is the fourth case described in the literature.

Reliable radiological confirmation of oncocytomas remains difficult, as tomography is frequently unable to distinguish between malignant renal lesions and "benign" oncocytomas,[2] and the definitive diagnosis is usually based on final pathological analysis. However, Cornelis and colleagues[3] have explored the possibility that absence of central area signal inversion or the presence of a signal drop on chemical shift MRI may assist in ruling out oncocytomas.

We published a case of concomitant oncocytoma and papillary renal cell carcinoma in 2011[4] in a 73-year-old female who presented with hypercalcaemia and was successfully treated with a left partial nephrectomy. The incidental finding of hypercalcaemia may not have been due to a paraneoplastic syndrome as the patient underwent excision of a parathyroid adenoma later in 2011.

We had originally operated on this case in 2009 and in light of the recent case described we have reexamined our patient's postoperative surveillance. We now have 5 years of follow-up with no recurrence detected (of her left renal tumour) between 2009 and 2014, with the last upper tract ultrasound performed in May 2014 – 54 months following her partial nephrectomy. The patient's serum creatinine is normal. Therefore, although Özer and colleagues[1] claim to have the longest follow-up at 18 months following concomitant oncocytoma and papillary cell carcinoma treated with radical nephrectomy, we have a similar case that remains tumour-free, based on radiological grounds, almost 5 years following partial nephrectomy.

Competing interests: The authors declare no competing financial or personal interests.

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Author response: Papillary RCC and oncocytoma: Longer follow-up reported

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Dear Editor, The clinical significance of papillary renal cell carcinoma (RCC) within renal oncocytoma remains unclear. The tumour volume, tumour subtype and presence of recurrence or metastasis during the follow-up period may be helpful to understand the natural history and the clinical significance of these tumours. Therefore, the current tumour free follow-up period of the case reported by Floyd et al contributes to the literature. However, there is a possibility that their case may be accepted as a papillary adenoma within a renal oncocytoma because of the small diameters of tumour (1.5 mm).[1] Papillary adenomas and papillary RCC are histologically and cytogenetically identical, and are currently seperated based on size. Tumours ≤5 mm in maximum dimension are believed to have a limited growth potential and are designated as adenomas.[2, 3] Thus, our case stil can be accepted as with the longest tumour free follow-up period concerning papillary RCC within renal oncocytoma with the largest papillary RCC diameter (15 mm).[4]

Competing interests: The authors declare no competing financial or personal interests.

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