



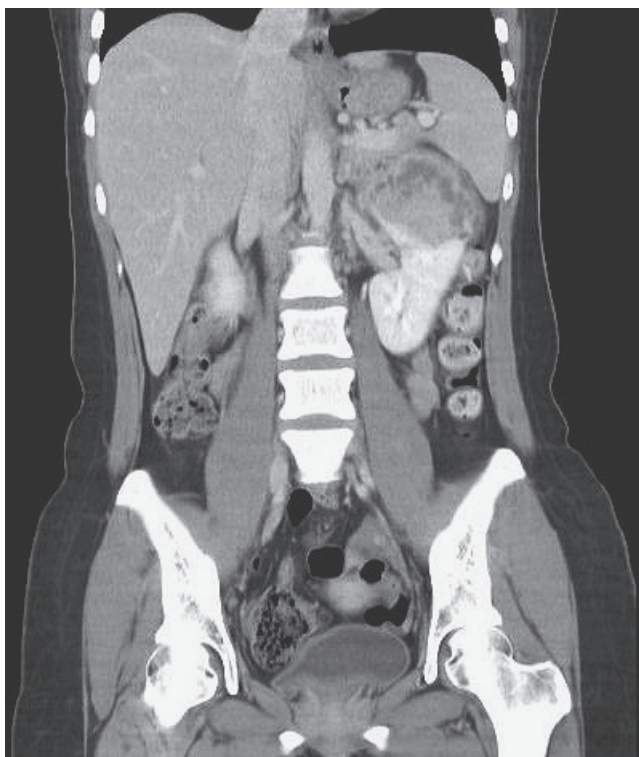
Wicked Benign Tumor in a Young Woman

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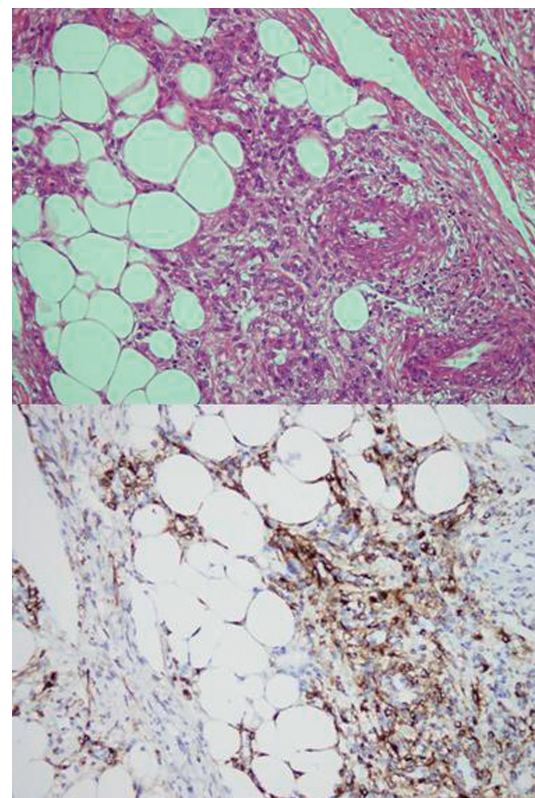
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Picture 1.



Picture 2.

A 23-year-old previously healthy woman presented with a 3-day fever and abdominal fullness. On examination, she appeared acutely ill, but well nourished. There was no abdominal tenderness, abdominal mass, lymphadenopathy, skin lesions, or remarkable costovertebral knocking pain. Blood tests showed white blood cell count 10,920/mm³ and C-reactive protein 19 mg/dL. Urinalysis revealed pyuria. An abdominal computed tomography revealed a 6.3×7.2×9.3 cm heterogeneously enhancing mass with an irregular contour arising from the upper pole of left kidney (Picture 1) and enlargement of paraaortic lymph nodes. Owing to suspicious malignancy, after precluding distant metastasis, she under-

went laparoscopic radical nephrectomy with regional lymph node dissection. The pathology report disclosed left renal angiomyolipoma with silent mitotic activity, and reactive lymph nodes. Immunohistochemical stain showed reactivity to HMB-45 (Picture 2). Her symptoms were relieved after operation and she was discharged uneventfully.

Angiomyolipoma (AML) is a complex mesenchymal tumor which belongs to the PEComa family and shows immunoreactivity for HMB-45. It is histologically composed of variable thick-walled blood vessels, adipose tissue, and smooth muscle-like cells. Females are more frequently af-

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ected. The outcome of classic AML is favorable, while a rare malignant variant of AML, epithelioid AML, which radiologically mimic renal cell carcinoma has recently been described (1). There are no clearly defined criteria for distinguishing benign from malignant AML, but a high mitotic index and tumor size are helpful (2). The management of classic AML include observation, embolization, and partial or radical nephrectomy, as determined according to tumor size, radiological features, and histological appearance. In the case of epithelioid AML, resection alone may not be curative, and adjuvant chemotherapy or target therapy may need to be considered.

The authors state that they have no Conflict of Interest (COI).

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