Unusual Presentation of Hypernephroma

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The diagnosis of hypernephroma may be very difficult because its presenting signs and symptoms are apt to be so variable. In the case described below a cholecystographic examination led to the eventual diagnosis. The circumstances were so unusual that it is felt that the case is worthy of publication.

CASE REPORT

A West Indian woman aged 46 was admitted to hospital complaining of colicky pain in the right hypochondrium that had gradually worsened during the previous 24 hours. She gave a history of several similar attacks during the last six months and had lost some weight during that period. She had been admitted to another hospital for observation four months before her present admission, but nothing abnormal had been found and she was discharged one day later.

On examination she looked well. Her blood pressure was 195/145. A mass was palpable in the right hypochondrium, and this was thought to be an enlarged liver. She had some tenderness in this region and a positive Murphy sign. No other abnormality was found on clinical examination, and a presumptive diagnosis of acute cholecystitis was made.

Cholecystography was performed the next day. No gall bladder shadow was found in routine 12-hour prone and supine radiographs of the gall bladder area. However, a radiograph of the whole abdomen showed a gall bladder containing many stones lying in the left upper quadrant of the abdomen (Fig. 1). Since there was no

FIG. 1.—Cholecystogram. Gall bladder is shown full of stones lying in the left upper quadrant of the abdomen.

evidence of transposition of other viscera and a soft-tissue shadow was seen on the right side, it was thought that the gall bladder was displaced by a large liver.

A barium-meal examination (Dr. P. Jacobs) showed displacement of the stomach, duodenum, and jejunum anteriorly and to the left (Fig. 2).

A laparotomy was performed four days after admission (Mr. B. Kubaiz). A very extensive retroperitoneal mass was seen to be displacing the liver, gall bladder, and gastrointestinal tract anteriorly

and to the left. The gall bladder was palpated and found to contain many stones. The inferior vena cava and right renal vein were exposed and the mass was seen to involve almost the entire right kidney, invading the liver, and not only extending into the left renal

FIG. 2.—Barium meal and follow-through examination; shows stomach, duodenum, and small intestine displaced to the left.

vein and inferior vena cava but also extending behind the inferior vena cava and to the left. The para-aortic glands were extensively involved. The mass was a hypernephroma and clearly inoperable.

COMMENT

So far as I am aware no previous case has been reported of a gall bladder being displaced to the left upper quadrant by a right-sided abdominal mass. In this respect this case is thought to be unique. A left-sided gall bladder without situs inversus is extremely rare. Indeed, a review of the world literature by Bleich, Hamblin, and Martin (1951) revealed only 11 cases, of which three were diagnosed radiologically. They diagnosed an additional case on cholecystography. The present case also shows the importance, as stressed by Etter (1953), of obtaining radiographs of the whole abdomen when no gall bladder shadow is seen on the right during cholecystography.

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