

Case Report
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The Luck of a Traumatic Accident

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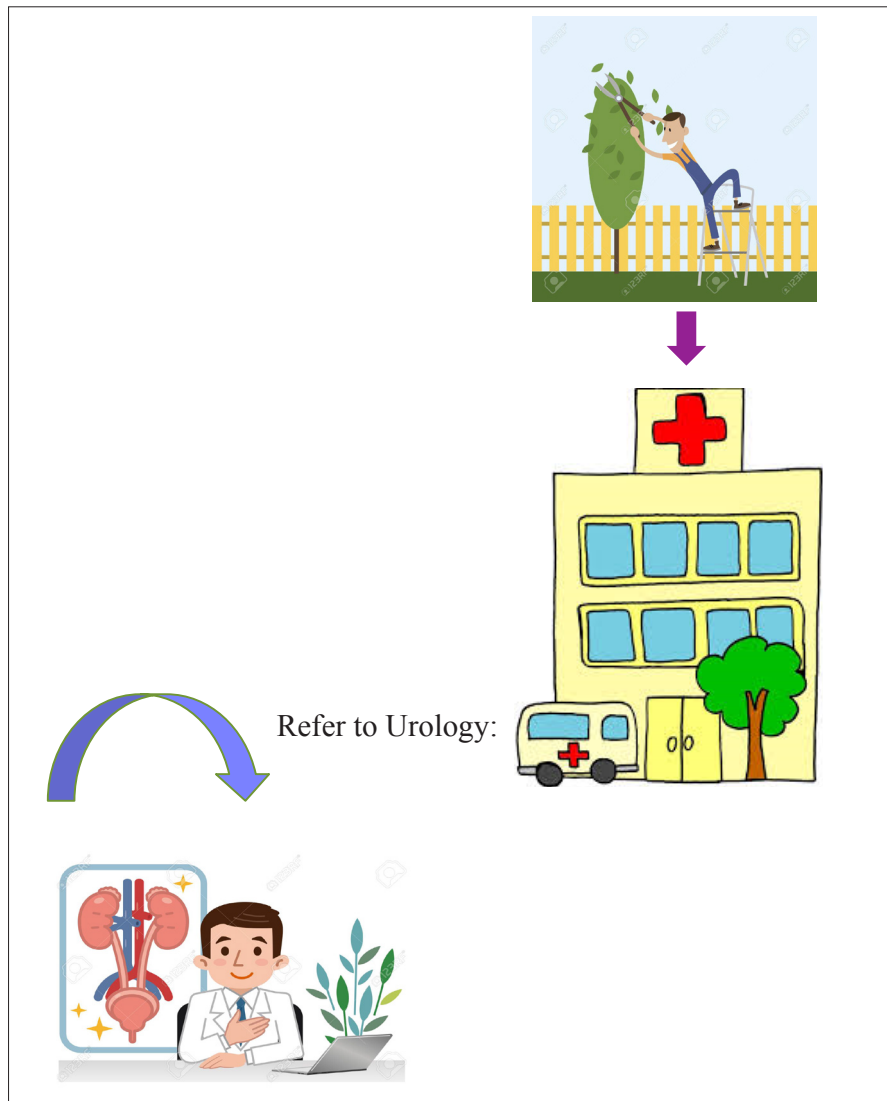
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Case Description

6-year-old, transferred for 112 due to trauma to the right side after nailing a 5-8cm rusty garden bar while pruning.

Physical Exploration

Hemodynamically stable. Chest: normal PCA. Superficial 8th rib anterior thorax wound. Abdomen: circular puncture wound on the lower right side, diameter <0.5cm, depth > 3cm.



Supplementary Tests

Abdominal CT: Right lateral abdominal wall wound with intramuscular path without intra-abdominal involvement. Necrotic center right renal excretory mass (5.6 x 6.8 x 4.5cm) without separation plane with posterior wall in intercostal space D11-D12 or with hepatic segment VI. Suggestive findings renal carcinoma. (Image 1)



Chest CT: Small blast focus 10^o rib arch right.

Bone scintigraphy: linear deposit of moderate intensity in the 10th right costal arch, compatible with metastatic disease. (Image 2)



Abdominal MRI: Right middle-lower third renal tumor, diameter 6.9cm, suggests clear cell tumor. (Image 3)



Evolution

Four months after the trauma, laparoscopic right radical nephrectomy. Pathological anatomy: Clear cell renal cancer. Infiltrate in renal capsule. T1b Nx M1. Subsequently referred to Nephrology for worsening renal function (creatinine: 1.62mg / dl, GFR 50) and HTN.

Diagnostics

Incised-penetrating wound on the side right
Clear cell kidney cancer
Stage 3A chronic kidney disease

Treatment

1. Antibiotherapy. Wound drainage. Administered vaccine + anti-tetanus IG.
2. Progressive mobilization. Local healing and removal of surgical staples Nephrology consultation
3. Hypo-sodium diet. Water intake > 5 L / day. Avoid NSAIDs

Conclusions

Due to rib trauma, the patient was diagnosed with a clear cell renal tumor with bone metastases. In 50% of cases, they are diagnosed fortuitously by carrying out complementary tests for other reasons.

Reference:

Observational, descriptive, retrospective study by reviewing the clinical history through the SaCyL Medora® program

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