Sir,

Recently Endreny et al. [1] advised that there is little utility in screening chronic renal failure patients on hemodialysis treatment with ultrasound in order to detect solid lesions associated with acquired renal cystic disease (ARCD) as soon as possible. After studying 29 patients on a long-term dialysis treatment (more than 7 years), 27 carriers of ARCD were detected without finding any solid lesion. It is also mentioned that the authors have not seen any case with metastatic renal cell carcinoma in 800 dialysis patients during a 15-year follow-up.

Our experience has not been so fortunate. In the last 5 years of dialysis in our center involving 300 patients/year approximately, we have seen 4 symptomatic patients with renal cell carcinoma associated with ARCD, one of them died because of metastatic disease [2].

For this reason, in a similar prospective study, we performed renal ultrasound of all patients who had been on chronic hemodialysis in our center for 5 or more years. Forty-three asymptomatic patients (26 male, 17 female) with a mean age of 53 years (range 17–78 years) who had been on dialysis for a mean of 114 months (range 60–216 months) were studied. Naturally, autosomal dominant polycystic kidney disease and anephric patients were excluded.

ARCD was demonstrated in 86% of cases (96% in males and 76% females). Solid associated lesions, sizes 3 and 3.2 cm, were detected in 2 patients. Computerized tomography confirmed the ARCD and renal tumors, so nephrectomy was performed. Histopathology study showed ARCD and the solid lesions corresponding to adenocarcinomas with kidney capsule infiltration.

There is no doubt about the high incidence of tumors associated with ARCD, although the potential malignancy of these lesions is debatable. The 2 cases of silent adenocarcinoma found in our study make us, like other authors, believe that the screening of this high-risk population is justified with such an innocuous and relatively cheap test as ultrasound is.

References


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