

## A 39-YEAR-OLD GENTLEMAN WITH HEADACHE, VISUAL BLURRING AND A RENAL MASS

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### CLINICAL HISTORY

A 39-year-old gentleman presented a single episode of hematuria and right flank pain of 1-month duration. Ultrasonography (USG) and CT of abdomen revealed a  $7 \times 5 \times 5$  cm right renal mass suggestive of renal cell carcinoma (RCC). While being investigated, he developed worsening headache and visual blurring. Positron emission tomography (PET) scan, CT (Figure 1A,B) and post contrast MRI revealed a hyperintense lesion in the right cerebellar hemisphere pushing the vermis to left and anteriorly (Figure 1C,D). In view of raised intracranial pressure, he underwent gross total excision of the cerebellar lesion prior to nephrectomy.

### MICROSCOPIC PATHOLOGY

Microscopic evaluation revealed a tumor in nests and sheets with large round to oval cells with voluminous cytoplasm and well-defined borders. The nuclei were round with fine chromatin, conspicuous nucleoli and wrinkled, prominent membrane giving the characteristic “rasinoid” appearance. Perinuclear halos with a translucent zone around the nuclei were appreciated in many cells (Figure 1E–G). Mitotic figures were rare. Hale’s colloidal iron stain revealed coarse bluish granules within the cytoplasm of tumor cells (Figure 1H). There was no evidence of necrosis, sarcomatoid change or rhabdoid differentiation. The tumor cells revealed membranous positivity for CK7, CD117 and nuclear positivity for PAX8 (Figure 1I–K). The native cerebellar tissue did not reveal any significant changes. **What is your diagnosis?**

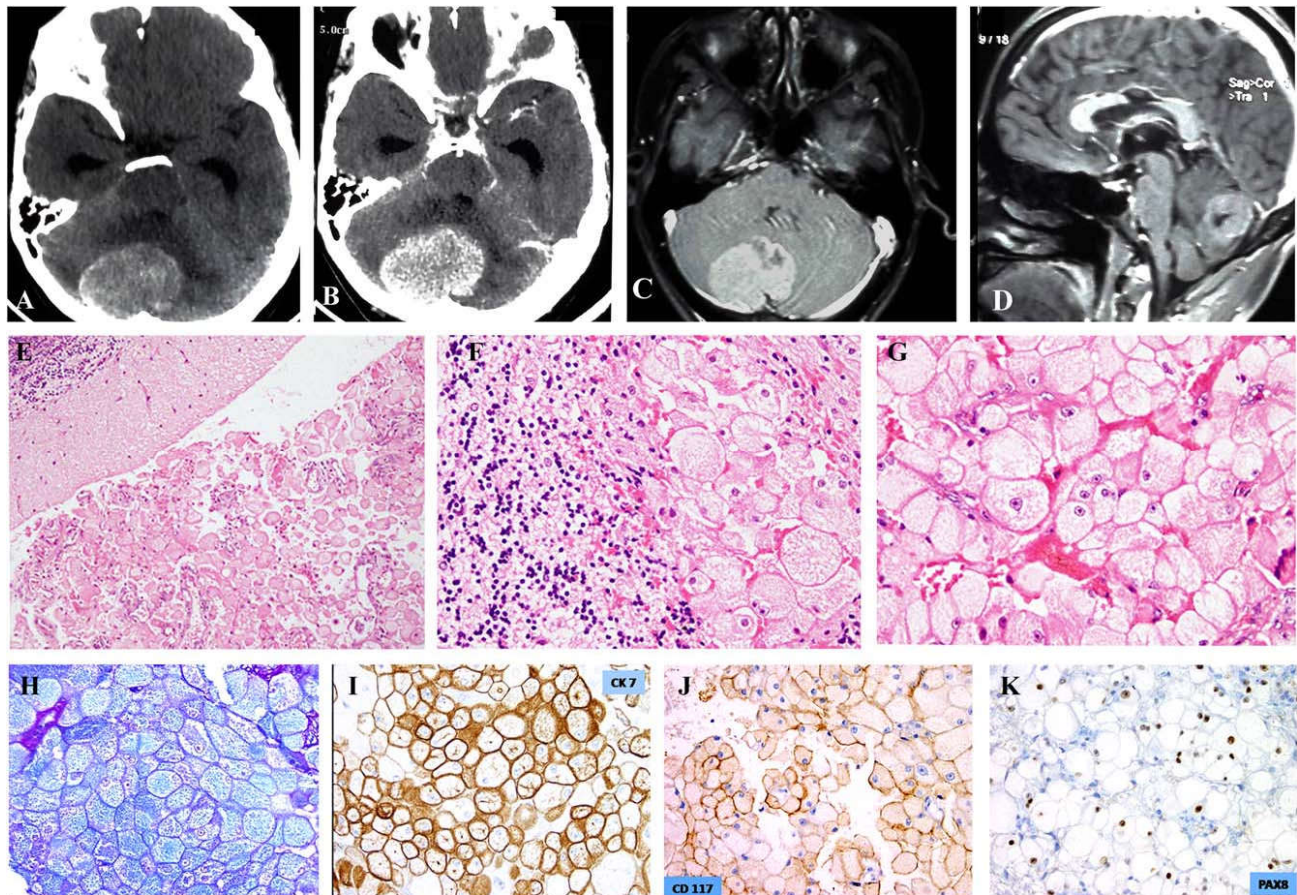


Figure 1.