MEGA RENAL CYSTS

It was interesting to read about "Mega Renal Cysts" with subsequent healthy comments and queries. To start with, the introduction of the disease was insufficient. Mega Renal Cystic Disease is defined when renal cysts are more than 15 cm in diameter or contained more than 1500 ml of fluid[1]. In adults, mega renal cysts constitute 5.47% of the total renal cysts, with male to female ratio of 1.4:1 and in children the prevalence is less than 2%[2].

Essential tests required are ultrasonography and IVU. CT scan is indicated only in complex cysts and MRI. Nuclear medicine and renal angiography are still considered as optional tools[3]. These tests are required to differentiate benign from complex cysts. More than 40% of the complex cysts turn out to be malignant and surgery is required[4]. Bosniak classification of renal cystic masses is a useful management tool. For moderately complicated cysts (Bosniak category III lesion), MRI and angiography is needed[5]. Mega renal cysts are usually associated with renal cell carcinoma[6].

Laparoscopy is a good management tool but it is applied in Bosniak category I and II only, otherwise open surgery is indicated[7,8]. Coming back to the case report:

- Normal looking posterior half of the kidney without normal drainage system is difficult to explain.
- Surgical intervention without renal ultrasonography or IVU when kidney is not visible on U/S in a teaching unit is really questionable?
- Sometime huge patient load in our general departments compel us to do shortcuts like the present situation.
- Here the role of specialities come in. By referring the patients to their respective specialities (bones going to orthopaedics and heart to cardiology), the load on general departments can be divided and thus the quality of work can be improved.

In the end, I appreciate the efforts of the authors to bring out this rare case and compel even the obtuse like me to go to internet to collect some latest and useful information on the subject.

SAFDAR H. SIAL
Punjab Medical College
Faisalabad

REFERENCES

1. Brow JA, Segura JW & Blute ML. A giant left renal cyst presenting as obesity. A unique presentation. Arch Esp Urol., 1998: 51; 105–7.
2. Mrshidi MM, Suwan ZA. Simple renal cysts. Arch Esp Urol., 1997: 50; 928–31.
3. Thomsen HS, Levine E, Meilstrup JW, Van Slyke MA, Edgar KA, Barth JC, Hartman DS: Renal cystic diseases. Eur Radiol., 1997: 7; 1267–75.
4. Cloix P, Martin X, Pangaud C, Marechal JM, Bouvier R & Dubernard JM. Surgical management of complex renal cyst: A series of 32 cases. J. Urol., 1996: 156; 28–30.
5. Matsura H, Hayashi N, Arima K, Yanagawa M, Kawamura J & Takeda H. Evaluation of renal cystic masses on ultrasonography and CT, usefulness of MRI and angiography-Category III by bosniak report of 5 cases. Nippon Hinyokika Gakki Zasski., 1997: 88; 826–9.
6. Ulker V, Ozyurt C & Gursan A: Renal cell carcinoma in a giant renal cyst. A case report and review of literature. Int Urol Nephrol., 1996: 28; 14104.
7. Denis E, Nicolas F, Ben Rais N, Cloix P, Dawahra M, Marechal JM & Gelet A: laparoscopic surgical treatment of simple cysts of the kidney. Prog Urol., 1998: 8; 195–200.
8. Santiago L, Yamaguchi R, Kaswick J & Bellman GC. Laparoscopic management of indeterminate renal cyst. Urology, 1998: 52; 379–83.