

XIX. Diseases of the Urinary System



Urothelial carcinoma of renal pelvis

Carcinoma

Kidney Renal pelvis:

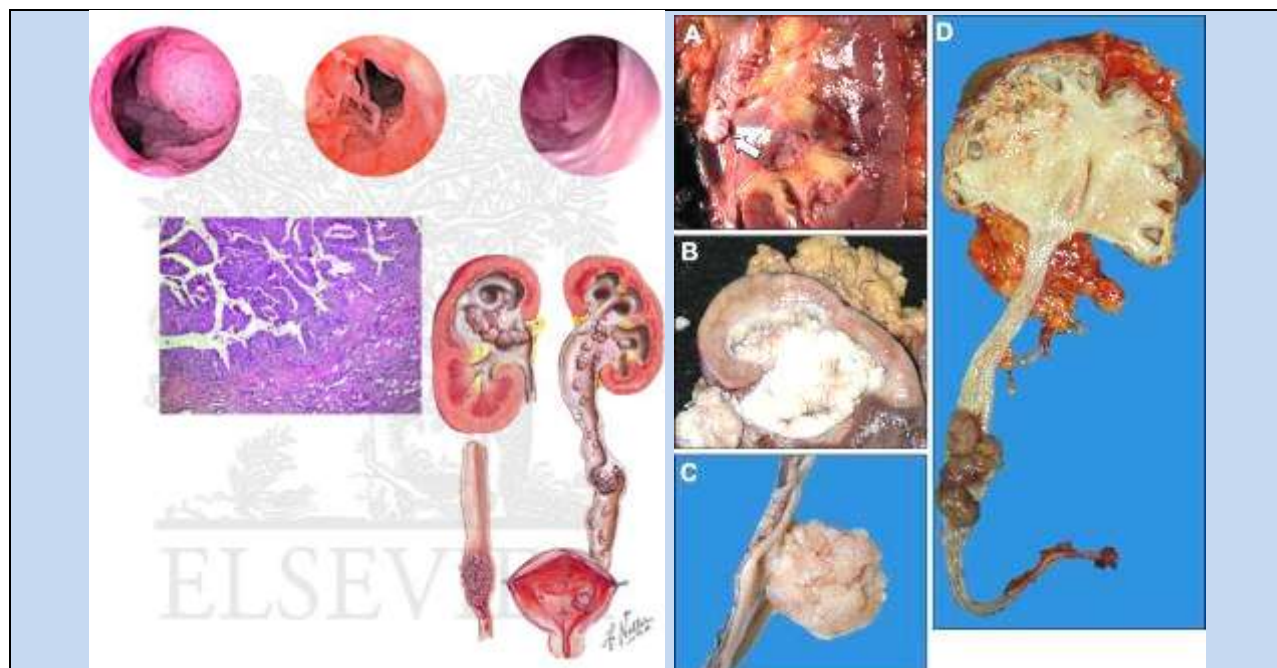
- Shows the gross picture of hydronephrosis
- Has thickened walls (indurated)
- Is whitish-grey in colour
- With leucoplakic patches
- Shows a tumour

The tumour:

- Is in the renal pelvis and upper part of ureter
- Moderate in size
- Infiltrating the wall (malignancy)
- Is slightly raised
- Has got granular ulcerating edges
- Whitish-greyish in colour
- Rather firm in consistence

N.B.:

- Tumours of the renal pelvis may be small and give a false benign appearance; but, they soon infiltrate the calyces and possibly the renal vein.
- Predisposing factors are leucoplakia and long-continued mechanical or inflammatory irritation.
- Spread is by direct continuity, peri-neural lymphatics, blood stream and implantation.
- Clinically, there are haematuria (early) and pain with hydronephrosis (late).



Carcinoma (ureter)

Ureter:	<ul style="list-style-type: none"> Shows a tumour
	<p>The tumour:</p> <ul style="list-style-type: none"> At the lower end of the ureter Infiltrating the wall (malignancy) Has produced dilatation above it. Greyish-white in colour Firm in consistence
N.B.:	
<ul style="list-style-type: none"> In case of carcinoma of the ureter there may occur : <ol style="list-style-type: none"> Implantation into the urinary bladder. Secondaries in distant organs. 	
Carcinoma	
Kidney:	Is hydronephrotic
Ureter:	<ul style="list-style-type: none"> Shows hydroureter Is infiltrated by a tumour
	<p>The tumour:</p> <ul style="list-style-type: none"> At the lower half of ureter Single Massive Irregular Pale or opaque greyish-white With foci of : <ul style="list-style-type: none"> Haemorrhage (red) Necrosis (dirty pale yellow) Infiltrating the wall (malignancy) Firm in most parts
	<p>Urinary bladder:</p> <ul style="list-style-type: none"> Is encroached upon by the tumour (at ureteric junction)

N.B.:

Common complications of carcinoma of ureter:

1. Obstruction and hydronephrosis.
2. Infection and pyonephrosis.
3. Ulceration and haemorrhage.
4. Invasion and extension. -

Leucoplakia IV- 2.321

Kidney:	• Shows plaques			
	Plaques	• Appear as mucosal thickenings		
		• Evidence of fibrosis (pearly white)		
	Renal pelvis:	• Shows similar plaques		

N.B.:

- This condition is usually associated with **chronic irritation and it begins** (or/and is accompanied) by hyperkeratosis.
- Leucoplakia begins with hypertrophic changes in the epithelium followed by atrophy and shrinkage.
- The exact cause is not definite in most cases but chronic inflammation and prolonged irritation or/and deficiency of vitamin A or/and presence of developmental misplaced embryonic cells are offered as factors.
- The wrinkled leucoplakic mucosa is supposed to be a possible precursor to non-papillary carcinoma; **a patch of leucoplakia may be the stationary point of an epidermoid carcinoma.**
- **Tumours of the ureter (and renal pelvis):**
 1. Papilloma.
 2. Angioma.
 3. Malignant papilloma.
 4. Non-papillary carcinoma.

