Kidney, Nephrectomy, Non-Tumor

(5.3 Kidney_Non_Tumor); Created October 21st, 2019, by Craig Zuppan, MD

SAMPLE DICTATION

(Labeled: ___, ___; ___) Received ___ is a ____ gram, ___ x ___ x ___ cm kidney with a ___ cm length of attached ureter. (Indicate if there is surrounding fat with Gerota's fascia).

Major pathologic finding(s):
The kidney shows [describe the abnormality for which the kidney was removed-see below]. If the kidney no longer has a reniform shape, indicate that here. Describe the cut surface.

Other findings:
Describe any additional findings here [capsular scarring, infarction, thickness of the cortex, any dilation of the renal pelvis, renal calyces, or ureter, stones].
Status of renal artery and vein [clot, or anything else in the renal pelvis or ureter]. Hilar lymph nodes? The associated adrenal gland (is/is not) included.

Specimen Handling: (RS, ___ caps) Block key.

SUGGESTED SAMPLING

1,2: Normal cortex and adjacent medulla
3,4: Renal pelvis, ureter, vascular margins
5: Hilar vessels, if any question of abnormality such as thrombus

STAGING CRITERIA (AJCC 8TH EDITION)

- Not applicable

ADDITIONAL CONSIDERATIONS

- The reasons may be varied for removal of a kidney without tumor.
- If it is a ***transplanted kidney***, it may be removed because of an acute exacerbation of chronic rejection, in which case you should document the extent of hemorrhage and/or necrosis (preferably also with a photograph), include at least 3-4 sections of cortex, and evaluate the artery and vein (which will often be cut very short) for luminal thrombus. In many of these, the renal pelvis may not be included.
- Kidneys with congenital ***cystic disease***, and/or ***chronic pyelonephritis*** may also be removed. Document the nature of the abnormality photographically, describe and section to demonstrate the abnormality as best you can.
- One relatively common abnormality in children is a ***duplicated ureter***. Often there is marked reflux through one ureter, which results in segmental hydronephrosis and recurrent pyelonephritis. Document this in words and in sections.
- If cystic, describe the nature of the cysts: are they focal? Diffuse, confluent, round, etc? Infantile polycystic kidney disease is characterized by radial or cylindrical cysts, not round, which are perpendicular to the cortex and represent dilated collecting ducts.