

Article

Chromophobe variant of renal cell carcinoma masquarding as renal oncocytoma on cytology

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Abstract

Chromophobe renal cell carcinoma (ChRCC) is a unique variant of renal cell carcinoma (RCC). Thoenes et al in 1985 described it for the first time and it constitutes about 2-5% of RCCs. It is composed of an admixture of two types of tumor cells. One type of cell is large having pale cytoplasm and other is smaller having granular eosinophilic cytoplasm. It is frequently unrecognized tumor and may be misdiagnosed as renal oncocytoma on

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cytology. It is important to distinguish these two entities for the suitable surgical management. We report a case of ChrCC diagnosed on imprint cytology in a 78 year old male patient who has undergone right nephrectomy.

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... [5] ChrCC is much less common (about 5%) as compared to clear cell RCC. [6, 7] ChrCC is unique in having distinct morphological, histological, cytogenetic and ultrastructural properties. [6,8] On

imprint cytology, ChrCC show highly cellular smears with distinct cell borders and finely granular to transparent cytoplasm. ...

... [6,7] ChrCC is unique in having distinct morphological, histological, cytogenic and ultrastructural properties. [6, 8] On imprint cytology, ChrCC show highly cellular smears with distinct cell borders and finely granular to transparent cytoplasm. The key feature which helps in diagnosis is the presence of distinct perinuclear halo and slight irregular to wrinkled nuclei. ...

... The cells have uniform nuclei, homogenous granular cytoplasm without reticulated clearing or vacuolization and without having well defined cell borders as compared to ChrCC. [6] [7][8] Special staining by Hale's colloidal iron helps to distinguish the two by being strongly positive in ChrCC and negative in oncocytoma. [6] Immunohistochemistry by vimentin and cytokeratin helps in differentiation between ChrCC and oncytoma. ...

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April 2011 · Journal of Cytology

Wonae Lee

Chromophobe renal cell carcinoma (ChRCC) is a unique entity of renal cell carcinoma and has a low malignant potential. A correct cytological diagnosis can help to decide the suitable management and operation. I present here a case with an imprint cytology of ChRCC focusing on the correlation with the histological and ultrastructural features. A 69-year-old male underwent partial nephrectomy and ... [\[Show full abstract\]](#)

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