**Urotheliectomy**

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**Introduction**

Renal carcinoma ofthe Bellini (CRDC) is a very rare histologicalvariantof renal tumor, it was first described in 1949 and recognized withits own identity in 1986. It is and aggressive form of renal neoplasia that accounts for 1% of malignant epithelial lesions of the kidney.1

**Casepresentation**

76-year-old malepatient, with a historyofbeingfunctionalmonorenalduetohydronephrosisofunclear cause, withchronic renal failure (usual creatininebetween 1.5 - 1.7 mg/dl), with a clinical diagnosis ofUpperurinarytract carcinoma in October 2020 performedbyureterorenoscopy, butwithoutbiopsy in another center, and a historyofurinarytractinfectionsduetomultiresistantgerms.

He entersonguard (in themiddleoftherequestof covid19) presenting hematuria withthepresenceofclotsassociatedwithintermittentdysuria and leftlow back pain, subsequentlyevolvingwithasthenia, hyporexia and decreaseddiureticrhythm. Presentingdeteriorationof renal function (Urea 192 mg/dI, creatinine 6.98 mg/dl) withhyponatremia (120 mEq/I) and elevated LDH and CPK (235 and 224 U/l respectively). Inflammatoryurinarysediment. Swabfor SARS-CoV2 negative. Computed axial tomography (CT) wasperformed. (Figure 1-2)

Emergency hemodialysis performed after correctionofhyponatremia.

Giventhepossibility of a urothelium tumor in left renal pelvis, withgross hematuria, with a non-functioning contralateral kidney (patientondialysis) and multipleurinary tract infectionsbymultidrug-resistantgerms, itwasdecided in a hospital athenaeumtoperformuroteliectomy.

Thesurgicalpiece shows theatrophic and uronephroticrightkidney, thebladderwithchronicinflammation and theleftkidneywith a large Bellini tumor. (Figures 3-4-5-6-7)

Thepatientevolved*anephros*, performingtriweeklydialysis, had a post-surgical control tomography at 3 monthswithoutevidenceof local ordistantrelapses (Figure 8-9).

Thepatient died 7 months after surgery withoutevidenceof recurrence, and without systemic treatment, after suffering a Bleeding vascular brainaccident.

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**Figure: 1 Figure: 2**

Atrophic right kidney, Dilated left Kidney with heterogeneous pelvic content (Without contrast).



**Figura 3:** Urotheliectomy



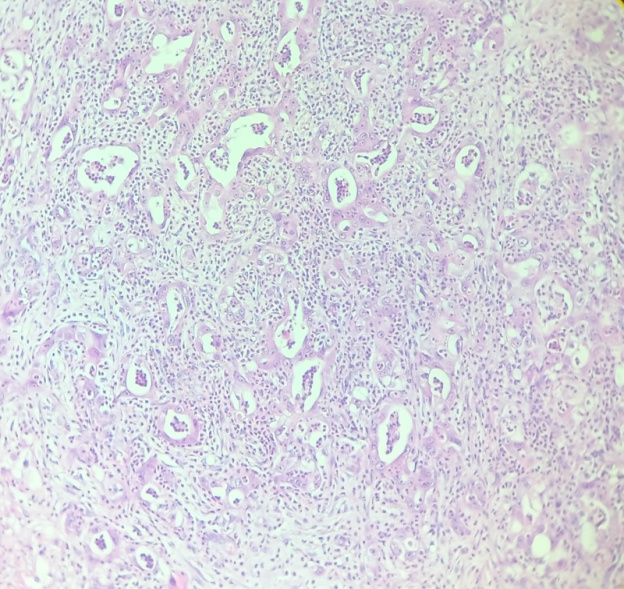
**Figure 4:** Bladder and prostate with conic infection.



**Figure 5:** Right anthropicuronephrotic kidney



**Figure 6:** Left Kidney Bellinitumor

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**Figure 7:** Microscopic aspect of Bellini tumor

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**Figure: 8 Figure: 9**

After 3 months of urotheliectomy no evidence of disease.

**Discussion**

Bellini tumorsusuallymimicupperurotheliumtumors4see Figures 3 and 6, so they are usually a diagnosticchallenge.

Renal carcinoma of Bellini collectingductstreatedby surgery systemictherapy or both; theyhadanaveragesurvival time of 11 months and only 1 patientsurvived more than 5 years after diagnosis; 5something similar toourpatientwhomanagedtoachieve a shortersurvivalof 7 months after uroteliectomy, whichdiesfrom other cause without recurrence.

Thebesttreatmentavailabletodayisbasedonsurgicalresectionwheneverpossible, usuallyaccompaniedbysystemicchemotherapywiththesameregimen as urotheliumtumors in cases ofdistantdisease. However, in most cases, the prognosis isusuallyinfamousdespitethetreatment instituted,6 so weagreeonthesurgical performance and subsequentfollow-up ofthe case presented in ourstudy, performinguroteliectomy.

Authorsofthisstudyreportanother case of uroteliectomy in 2014, whereitisdemonstrated once againthaturotelietomy7is a usefulresource in thistypeofpatientor in multicenterurotheliumtumors. 8

**Conclusions**

Urothelietomyis a recentlydescribedtherapeuticresource, rarelyused and withfewpublications.

Ifweassumed that thelesionwas a Bellini tumor, wewouldhave done thesamewaysinceleavingthepatientondialysis and withrepeatedinfectionscould lead tobladderempyemaorrepeatedurosepsis.

**Conflicts de interest**

Theauthors declare thattheyhave no competinginterests.

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