

- 1 -

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62

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* 2002 , 가

1cm 3cm

(Fig. 2A).

T1

T2

(Fig. 2B)

(Fig. 2C)

가 1.95ng/dl

가

가 가

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(Fig. 1A),

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가 가

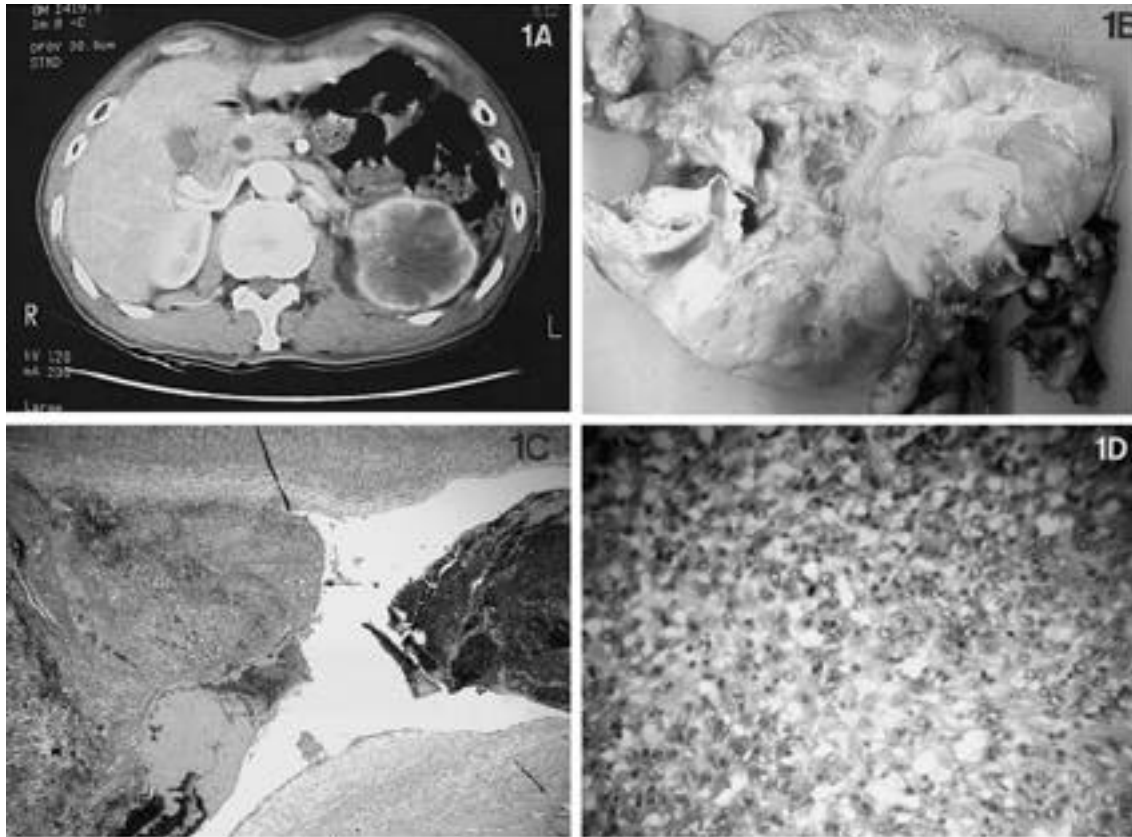


Fig. 1. Transitional Cell Carcinoma involving left kidney

- A.** Computed axial tomography shows the greatly enlarged and deformed left kidney, measuring about 12 × 10cm
- B.** Excised left kidney, 12 × 9 × 5cm, shows an ill-defined, partially cystic mass, 10 × 7cm, in the upper pole. The renal capsule is invaded by the mass. The renal calyces and pelvis are obliterated by the mass.
- C.** Photomicrograph shows invasive transitional cell carcinoma in renal pelvis. The tumor cells invade renal parenchyme and ureter (H&E, × 40).
- D.** High-power view shows high grade(grade 3 by WHO) invasive transitional cell carcinoma with multiple mitosis, atypia and pleomorphism (H&E, × 400).

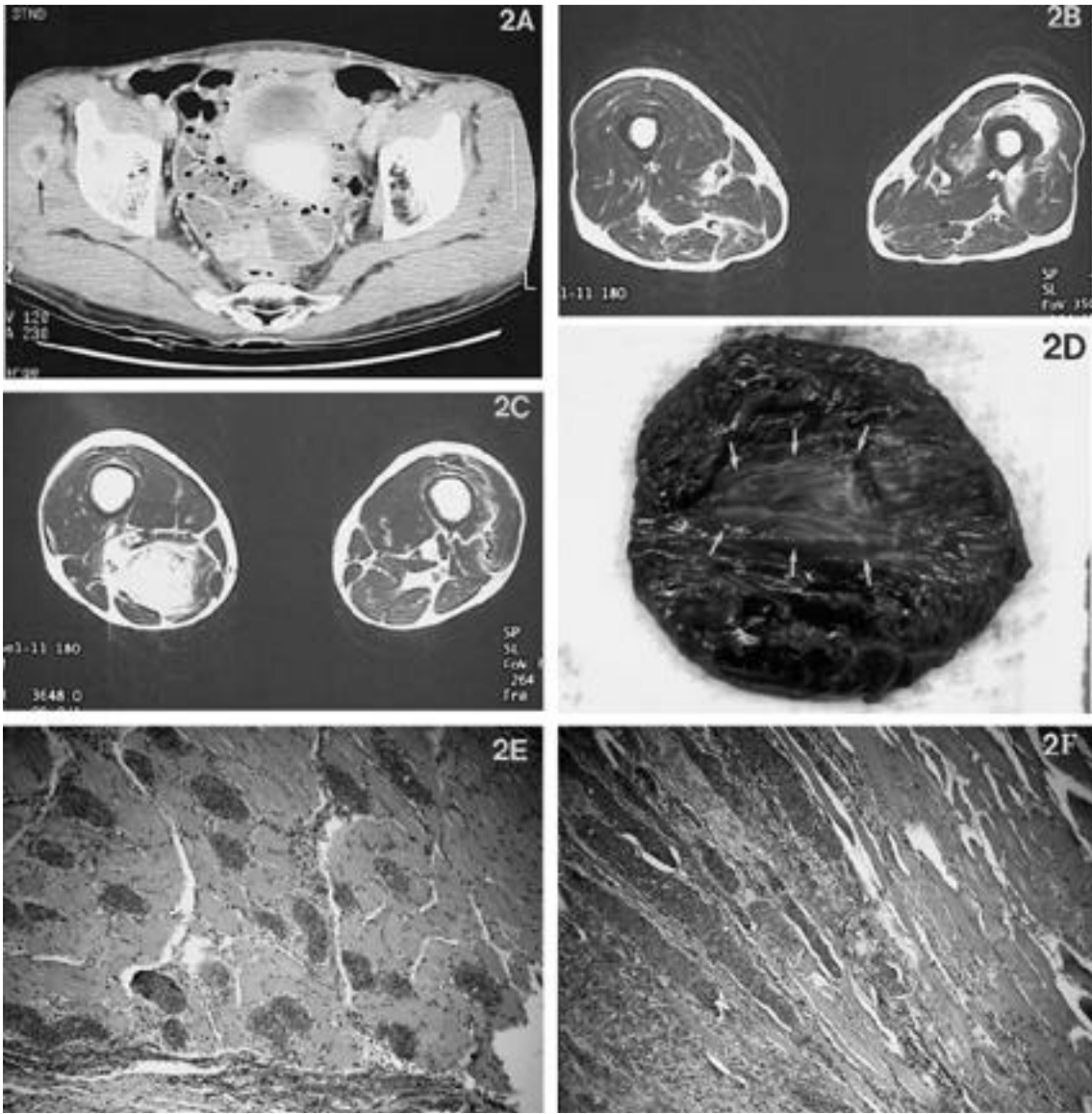


Fig. 2. Skeletal Muscle Metastasis

- A.** Computed axial tomography shows a mass in the left gluteus minimus, showing low density in core and high density in periphery.
- B.** T2 weighted MR axial image shows a relatively ill-defined, high signal intensity mass in the left vastus intermedius. The mass somewhat spreads to surrounding soft tissues.
- C.** T2 weighted MR axial image shows a ill-defined , high signal intensity mass in the right hamstrings.
- D.** A tumor mass in deltoid muscle. The mass shows rough brown external surfaces streaked with thin gray strands. The boundary is ill-defined and intermingled with surrounding normal tissue.
- E.** Photomicrograph shows multiple tumor cell clusters scattered in skeletal muscle(H&E, × 40).
- F.** Photomicrograph shows tumor cell columns between skeletal muscle fibers(H&E, × 40).

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1/2

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2cm

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(Fig. 1B)

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가 800

(Fig. 1C-D).

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2x2x4cm

4,8), ,

(Fig. 2D),

6x5x5cm

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1),

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, 가

(Fig. 2E-F).

4,8), ,

4,8)

1,2,6), Namba 5)

gemcitabine cisplatin

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7).

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4

3).

4cm

3).

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**Multifocal Skeletal Muscle Metastasis from Kidney Cancer
(Transitional Cell Carcinoma)
- A Case Report -**

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Although direct skeletal muscle invasion by carcinoma is well recognized, distant metastasis to skeletal muscle is uncommon. Furthermore, multifocal skeletal muscle metastasis is a very exceptional event. Some factors such as variable intra-muscular blood flow, mechanical factors including turbulent blood flow and muscle contraction, intra-muscular acidic condition, lactic acid, protease inhibitors in the extra-cellular matrix were proposed as causes of the rarity of distant metastasis to skeletal muscle. We report here a case of a 67 year old male who had multifocal skeletal muscle metastasis from the transitional cell carcinoma of left kidney.

Key Words : Skeletal muscle metastasis, Kidney cancer, Transitional cell carcinoma, Metastatic cancer

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