

Clear Cell Carcinoma Spreading Solitarily to Bone in a Developing Community

Wilson I B Onuigbo*

Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria

***Corresponding Author:** Wilson I B Onuigbo, Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria.

Received: October 11, 2017; **Published:** November 20, 2017

Abstract

The clear cell carcinoma is associated traditionally with renal origin. Published cases have come from different parts of the world. Therefore, the present paper from Nigeria is deemed to be worthy of documentation. Curiously only males were involved.

Keywords: Carcinoma; Clear Cell; Renal Cell; Bone Metastases; Nigeria

Introduction

Solitary bone metastasis is typical of renal origin. Reports have come from different parts of the world including USA [1], France [2], and Germany [3]. A joint work was from New Zealand and Canada [4]. These were all solitary in bone. Therefore, this paper draws attention to such spread in Nigeria. This became possible because of the Birmingham (UK) group which spotlighted the role of the histopathology data pool in epidemiological analysis [5].

In other words, the requisite histopathology data pool came into existence after it was established by the Government of the Eastern Region of Nigeria at Enugu. This was for service to the ethnic group called the Ibos or Igbos [6].

Investigation

From 1970, I became the pioneer pathologist. I insisted on the biopsy specimens being forwarded in formol-saline with the necessary epidemiological data such as age, sex and complaints. Moreover, since I had kept personal copies, manual retrieval was relatively easy. Incidentally, follow up was not mandatory. Therefore, the present work consists substantially of the tabulation of 5 cases which had met the occurrence of clear cell carcinoma as well as solitary bone colonization.

Results

The subjoined table shows the epidemiologic picture. All were males.

No	Initials	Age	Origin	Metastatic site
1	NJ	50	Prostate	Iliac crest
2	US	45	Unknown	Clavicle
3	ED	35	Kidney	Hip
4	OD	70	Prostate	Femur
5	CA	27	Unknown	Tibia

Table 1: Epidemiologic elements.

Discussion

In the old report from the UK, the 61-year-old woman's clear cell carcinoma arose from the kidney and spread to the jaw [7]. The present series shows the diversity of such solitary sites.

Only case Number 3 arose clearly from the kidney. Indeed, the patient had undergone nephrectomy 6 months before her fall and fracture. Thus, she was the only patient who was followed up.

Incidentally, in this community, prostatic carcinomas are not known for the clear cell picture. Surprisingly, the local pattern tends to be peculiarly "microacinar". In this context, be it noted that, in his classical text, Winston Evans [8] figured this type as an "area characterized by small malignant acini".

Substantially, the present Case Reports are exclusive in being but those of an epidemiological series of bone. Thus, references may be made to my previous publications on the jaw [9], skull [10], long bones [11], endometrial ossification [12], solitary plasmacytoma [13], and even forensic case of malunited fracture [14].

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Volume 8 Issue 3 November 2017

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