Incidental lesions following bilateral nephrectomy of adult polycystic kidneys

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Background: Is there an association between incidental renal neoplasm and autosomal dominant polycystic kidney disease (ADPKD) in end stage renal failure (ESRF) population?

Methods: Retrospective analysis from a prospective maintained database of the consecutive native nephrectomies in ADPKD patients. Surgery was performed at our institution via midline laparotomy, prior or after kidney transplant in the period between 2012 and 2016

Results
Male = 10/21 (48%)
Previous kidney transplant = 9/21 (43%)
Median age = 54.5 years (36-68)
Median hospital stay = 9 days (6-20)
Indication for surgery: space (62%), recurrent cyst infection (38%), pain/discomfort (24%), haematuria (19%) and weight loss (5%).
PRA changes: 1/21 (p<0.01)
Median follow-up: 14 months (2-36). All patients alive
Histology: 4 incidental lesions (19%) : 3 papillary adenomas (14%) and 1 pT1a papillary renal cell carcinoma (5%).

Conclusions: Data for the risk of renal cancer incidence and cystic lesions progression in patients with **ADPKD** are scarce and uncertain. In our experience, bilateral nephrectomy for patients with ESRF is safe and effective. It is also associated with an overall rate of **19% of incidental neoplasms**, which assumes high importance in the context of immunosuppressed and transplanted patients.