Is it Worth it?

The diagnosis of renal cell cancer (RCC) has been increasing, while the deaths from RCC have remained stable since 1975. One explanation for this trend is the overdiagnosis of cancers that are not clinically significant. It has been estimated that 23% of patients will have a renal incidentaloma on CT scanning. Despite the large number of incidentally found renal cancers, it is not clear whether the benefits of pursuing incidental findings outweigh the potential harms of invasive testing. In fact, the United States Preventive Services Task Force does not recommend screening for RCC due to a paucity of evidence that such screening would be beneficial.

Mr. P is a 66 year-old-man with a history of coronary artery disease (CAD), remote abdominal surgeries, and an incidentally discovered right renal mass on CT imaging. This mass was monitored for several years and ultimately it was decided to pursue invasive testing, which led to a non-diagnostic partial nephrectomy. Two years later, the mass continued to increase in size and the decision was made to proceed with radical nephrectomy.

He unfortunately had multiple life threatening complications from his procedure. First, his small bowel was injured while the kidney was being dissected away. Then, the inferior vena cava was torn during the final stages of his nephrectomy. This led to massive hemorrhage. Mr. P was stabilized but was too coagulopathic to continue his surgery. His abdomen was packed and the incision left open. After resuscitation, he was returned to the OR the next day for open exploratory laparotomy to repair his small bowel. A prolonged hospitalization followed with complications including renal failure for which he remains on dialysis, multiple episodes of septic shock, gluteal pressure ulcers, severe muscle atrophy, and a deep venous thrombosis. He subsequently required a prolonged rehabilitation stay. Pathology from his nephrectomy demonstrated RCC.

Mr. P had a very unfortunate course, but his case highlights difficult questions: What do we do about renal incidentalomas? Would his renal mass have become clinically significant without intervention? It has been suggested that the 10-year risk of death from a renal incidentaloma is 0.05%. With incidental findings, the physician is left with two options: watchful waiting or pursuit of further testing – each with its own unique risks and benefits. We are reminded often that medicine is not solely a science but also an art.

This case illustrates the need to always remember our first obligation: to do no harm. We must be attentive to potential downsides of our interventions and how these compare to the potential benefits. Mr. P's life was irreversibly changed from this experience. He continues on dialysis, suffers from chronic intermittent infections from his gluteal pressure wound, and is on anticoagulation therapy. After all of this, Mr. P is still haunted by the possibility of having persistent kidney cancer. This case is an extreme yet eye opening example of the uncertainty regarding incidentally found masses. It is unclear whether this renal mass would have metastasized or become clinically relevant in Mr. P's lifetime. What is clear is the intervention
and subsequent complications following this incidental finding have absolutely created more pain and suffering for Mr. P. This illustrates the need for further research into which incidentalomas can be watched and which need to be treated. By distinguishing between low and high risk incidentalomas we may be able to better serve our patients and avoid avoidable harms.

