

## Picture Story

# Primary renal non-Hodgkin lymphoma in a child

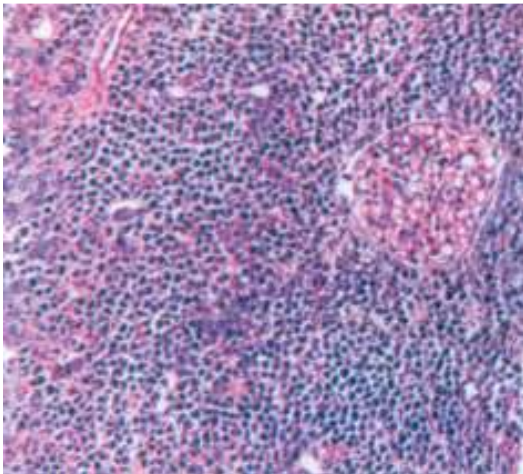
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(Key words: non-Hodgkin lymphoma; paediatric malignancy; renomegaly; acute kidney injury)

## Case report

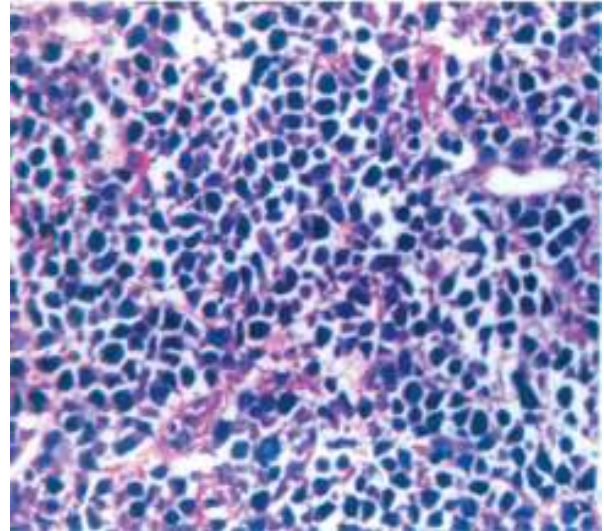
A six year old boy presented with intermittent fever for 2 months along with puffiness of face and oliguria for 4 days. On examination, he had pallor, hypertension and bilateral renomegaly. Blood urea was 64 mg/dl, serum creatinine 1.83 mg/dl, and uric acid 6.8 mg/dl. Urinalysis revealed +1 protein but no active sediments. Ultrasound abdomen revealed bilateral enlarged (13 × 6.8 and 12.6 × 7.2 cm) and echogenic kidneys. Chest x-ray was normal. Percutaneous renal biopsy showed a core of renal tissue infiltrated by a tumour comprising cells arranged in sheets with increased mitotic activity (Figures 1 & 2).



**Figure 1: Biopsy findings in low power showing renal tissue comprising cells arranged in sheets.**

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**Figure 2: Biopsy findings in high power showing individual cells with hyperchromic round nuclei and scanty cytoplasm with increased mitotic activity.**

## Discussion

Primary renal lymphoma is a very rare entity and is often reported to show clinically aggressive characteristics. It should be considered in the differential diagnosis of unusual renomegaly in paediatric patients<sup>1</sup>.

## References

1. Hayakawa A, Shimotake N et al. Primary paediatric stage III renal diffuse large B-cell lymphoma. *American Journal of Case Reports* 2013; **14**: 34–7.  
<http://dx.doi.org/10.12659/AJCR.883775>