

# World Journal of *Clinical Cases*

Thrice Monthly Volume 13 Number 5 February 16, 2025



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Thrice Monthly Volume 13 Number 5 February 16, 2025

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**RESPONSIBLE EDITORS FOR THIS ISSUE**

Production Editor: Wen-Bo Wang; Production Department Director: Xiang Li; Cover Editor: Jin-Lei Wang.

**NAME OF JOURNAL**

*World Journal of Clinical Cases*

**ISSN**

ISSN 2307-8960 (online)

**LAUNCH DATE**

April 16, 2013

**FREQUENCY**

Thrice Monthly

**EDITORS-IN-CHIEF**

Bao-Gan Peng, Salim Surani, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati

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**PUBLICATION DATE**

February 16, 2025

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## Rethinking the diagnosis and treatment of renal anastomotic hemangioma after partial nephrectomy

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**Specialty type:** Medicine, research and experimental

**Provenance and peer review:** Invited article; Externally peer reviewed.

**Peer-review model:** Single blind

**Peer-review report's classification**

**Scientific Quality:** Grade B, Grade C

**Novelty:** Grade A, Grade B

**Creativity or Innovation:** Grade B, Grade B

**Scientific Significance:** Grade B, Grade B

**P-Reviewer:** Brimo Alsaman MZ; Gadour E

**Received:** June 17, 2024

**Revised:** October 14, 2024

**Accepted:** November 4, 2024

**Published online:** February 16, 2025

**Processing time:** 152 Days and 13.3 Hours



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### Abstract

Renal anastomotic hemangioma (AH) is a rare, benign vascular tumor with unique histopathological features, a disease that is clinically rare, and existing clinical cases offer different treatment options. As reported in the text, this is a very unusual case of renal AH with AH secondary to residual renal tissue after renal clear cell carcinoma, describing a rare renal AH and a history of renal clear cell carcinoma, including ultrasound, computed tomography and magnetic resonance imaging. However, the available imaging data and the literature do not provide an effective basis for the diagnosis of the disease, raising the lack of understanding and misdiagnosis, where the patient eventually underwent nephrectomy, but the author is not the most appropriate surgical treatment. The postoperative pathological results of the patient are benign lesions, and it is undeniable that nephrectomy is suspected to be overtreated. By reading the literature, we provide different insights into the treatment of the patient, and we hope that this paper can provide some help for the future clinical diagnosis and treatment.

**Key Words:** Anastomotic hemangioma; Renal; Ultrasound; Computed tomography; Case report

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**Core Tip:** As a rare benign disease, renal anastomotic hemangioma has a small number of cases and a difficult diagnosis. Clinicians should be fully aware of the bed features and imaging characteristics of anastomotic hemangioma to facilitate accurate diagnosis and differentiation of diseases and avoid overtreatment.

**Citation:** Guo YP, Pokhrel G, Wang YY, Wen Q, Hang G, Chen B. Rethinking the diagnosis and treatment of renal anastomotic hemangioma after partial nephrectomy. *World J Clin Cases* 2025; 13(5): 98081

**URL:** <https://www.wjgnet.com/2307-8960/full/v13/i5/98081.htm>

**DOI:** <https://dx.doi.org/10.12998/wjcc.v13.i5.98081>

## TO THE EDITOR

The present article reports a rare case of renal anastomotic hemangioma (AH) following partial nephrectomy for renal cell carcinoma. This case underscores key challenges in the diagnosis and management of renal AH that warrant further discussion and reflection[1,2]. One significant challenge in diagnosing renal AH is the limited imaging data available due to its rarity, resulting in insufficient characterization of its imaging features. The variability in clinical presentations, such as hematuria and low back pain, coupled with atypical imaging findings[3,4], increases the risk of misdiagnosis[5]. While previous reports have focused on contrast-enhanced computed tomography (CT) findings, this article presents the novel use of contrast-enhanced ultrasound and contrast-enhanced magnetic resonance imaging, demonstrating their crucial roles in diagnosing renal AH[6-9]. However, combining imaging techniques with biopsy and cytology can enhance diagnostic accuracy and inform optimal treatment strategies.

The article also raises an important concern regarding treatment decisions. The patient chose nephrectomy due to concerns about cancer recurrence, despite imaging indicating a small mass near the previous surgery site. This emphasizes the need for strategies that preserve renal function while addressing patient concerns[10]. Alternatives such as embolic intervention, partial nephrectomy, or segmental nephrectomy should be discussed and considered to preserve maximum renal function. Preventing renal AH during and after surgery is another critical aspect. Meticulous preoperative examinations, including renal CT, CT urography and CT angiography, can determine the tumor location and presence of any vascular anomalies. During tumor resection, careful repair of the collective system avoiding unnecessary parenchyma damage is essential to prevent postoperative complications like pseudoaneurysms. Ensuring complete removal of the tumor capsule during surgery can also reduce recurrence risks.

Renal AH, despite being a benign vascular tumor, presents substantial diagnostic challenges due to its rarity and atypical presentations. Clinicians must be vigilant and well-versed in the clinical and imaging characteristics of AH to avoid misdiagnosis and overtreatment. Individualized treatment plans should be developed based on the lesion's size, location, and the patient's overall health. Moreover, healthcare professionals should provide evidence-based advice to patients considering nephrectomy to preserve renal function and improve quality of life. In conclusion, this case study underscores the importance of a detailed approach to diagnosing and managing renal AH. It highlights the value of integrating advanced imaging techniques with clinical judgment and patient-centered care. Further clinical discussion and research can enhance our understanding and treatment of this rare condition, ultimately improving patient outcomes.

## FOOTNOTES

**Author contributions:** Guo YP and Pokhrel G drafted this manuscript, they are contributed equally to this manuscript; Guo YP and Wang YY generated the study concept and designed the study; Wen Q and Hang G performed the research; Chen B revised the manuscript. All authors read and approved the final manuscript.

**Conflict-of-interest statement:** All the authors report no relevant conflicts of interest for this article.

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**S-Editor:** Wei YF

**L-Editor:** A

**P-Editor:** Zhao YQ

## REFERENCES

- 1 **Chen J**, Cai DM. Renal anastomosing hemangioma following partial nephrectomy for renal cell carcinoma: A case report. *World J Clin Cases* 2024; **12**: 4010-4015 [PMID: [38994314](#) DOI: [10.12998/wjcc.v12.i19.4010](#)]
- 2 **Shanbhogue K**, Khandelwal A, Hajdu C, Cao W, Surabhi VR, Prasad SR. Anastomosing hemangioma: a current update on clinical, pathological and imaging features. *Abdom Radiol (NY)* 2022; **47**: 2335-2346 [PMID: [35678844](#) DOI: [10.1007/s00261-022-03559-5](#)]
- 3 **Montgomery E**, Epstein JI. Anastomosing hemangioma of the genitourinary tract: a lesion mimicking angiosarcoma. *Am J Surg Pathol* 2009; **33**: 1364-1369 [PMID: [19606014](#) DOI: [10.1097/PAS.0b013e3181ad30a7](#)]
- 4 **Kryvenko ON**, Gupta NS, Meier FA, Lee MW, Epstein JI. Anastomosing hemangioma of the genitourinary system: eight cases in the kidney and ovary with immunohistochemical and ultrastructural analysis. *Am J Clin Pathol* 2011; **136**: 450-457 [PMID: [21846922](#) DOI: [10.1309/AJCPJPW34QCQYTMT](#)]
- 5 **Merritt B**, Behr S, Umetsu SE, Roberts J, Kolli KP. Anastomosing hemangioma of liver. *J Radiol Case Rep* 2019; **13**: 32-39 [PMID: [31558961](#) DOI: [10.3941/jrcr.v13i6.3644](#)]
- 6 **Tao LL**, Dai Y, Yin W, Chen J. A case report of a renal anastomosing hemangioma and a literature review: an unusual variant histologically mimicking angiosarcoma. *Diagn Pathol* 2014; **9**: 159 [PMID: [25102914](#) DOI: [10.1186/s13000-014-0159-y](#)]
- 7 **Katabathina VS**, Vikram R, Nagar AM, Tamboli P, Menias CO, Prasad SR. Mesenchymal neoplasms of the kidney in adults: imaging spectrum with radiologic-pathologic correlation. *Radiographics* 2010; **30**: 1525-1540 [PMID: [21071373](#) DOI: [10.1148/rg.306105517](#)]
- 8 **Xu Y**, Li H, Wang C, Zhang M, Wang Q, Xie Y, Shao X, Tian L, Yuan Y, Yan W, Feng T, Li F, Ni Z, Mou S. Improving Prognostic and Chronicity Evaluation of Chronic Kidney Disease with Contrast-Enhanced Ultrasound Index-Derived Peak Intensity. *Ultrasound Med Biol* 2020; **46**: 2945-2955 [PMID: [32782087](#) DOI: [10.1016/j.ultrasmedbio.2020.06.020](#)]
- 9 **Patel SR**, Abimbola O, Bhamber T, Weida C, Roy O. Incidental finding of bilateral renal and adrenal anastomosing hemangiomas: A rare case report. *Urol Case Rep* 2019; **27**: 100912 [PMID: [31687349](#) DOI: [10.1016/j.eucr.2019.100912](#)]
- 10 **Wilson SR**, Greenbaum LD, Goldberg BB. Contrast-enhanced ultrasound: what is the evidence and what are the obstacles? *AJR Am J Roentgenol* 2009; **193**: 55-60 [PMID: [19542395](#) DOI: [10.2214/AJR.09.2553](#)]



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