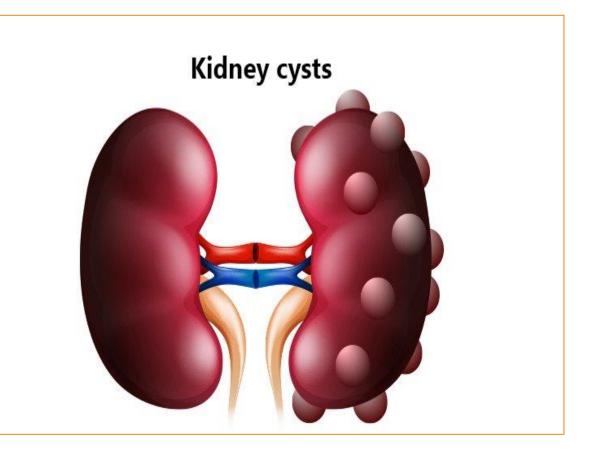


## CYSTIC DISEASES of THE KIDNEY

Dr. Nisreen Abu Shahin

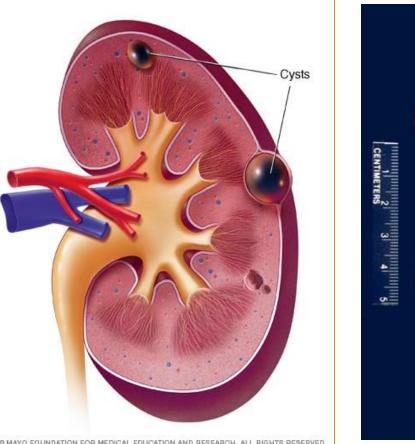


### **Types of cysts**

- **1-Simple Cysts**
- **2-Dialysis-associated acquired cysts**
- **3-Autosomal Dominant (Adult) Polycystic Kidney** Disease
- 4-Autosomal Recessive (Childhood) Polycystic Kidney Disease
- **5-Medullary Cystic Disease**

## 1- Simple Renal Cysts

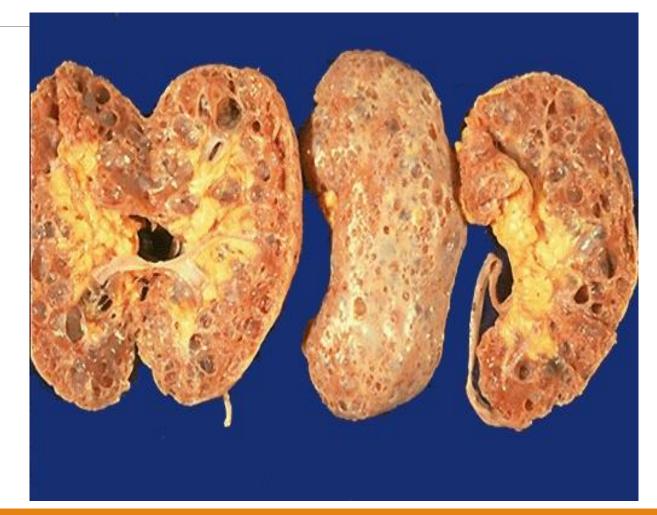
- Multiple or single
- 1-5 cm in diameter
- filled with clear fluid.
- confined to the cortex.
- no clinical significance.
- Usually discovered incidentally or because of hemorrhage and pain
- Importance: to differentiate from kidney tumors





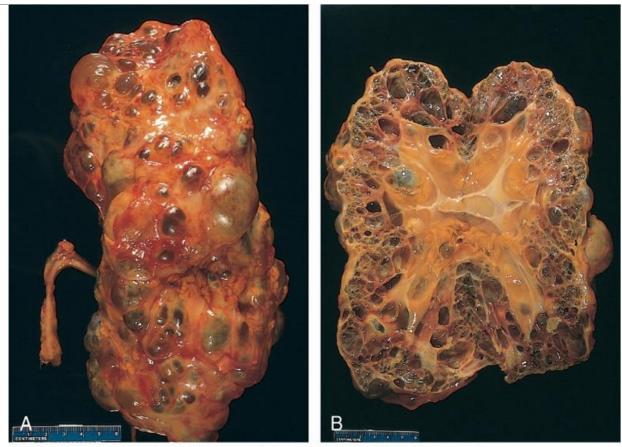
## 2- Cysts Associated With Chronic Dialysis

patients with renal failure who have prolonged dialysis\*. both cortex and medulla Complications: hematuria; pain Increased risk of renal carcinomas (100 times greater than in the general population)\*\*

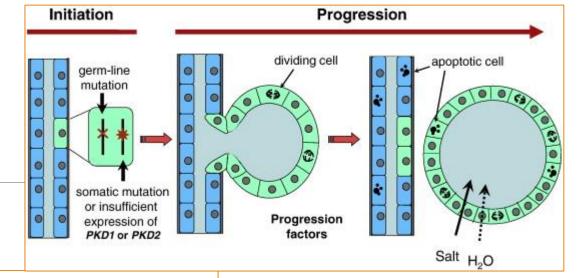


# 3- Autosomal Dominant (Adult) Polycystic Kidney Disease

- **Omultiple bilateral cysts**
- **Deventually destroy the renal** parenchyma.
- Incidence (1: 500-2000) persons
- **10% of chronic renal failure.**
- □inheritance of one of 2 autosomal dominant genes:
- (1)- **PKD1:** 85-90% (encodes
- polycystin-1) (2)- PKD2 :10-15% (encodes polycystin- 2).



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### (Adult) Polycystic Kidney Disease

**<u>Clinical presentation</u>**:

#### asymptomatic until the 4<sup>th</sup> decade

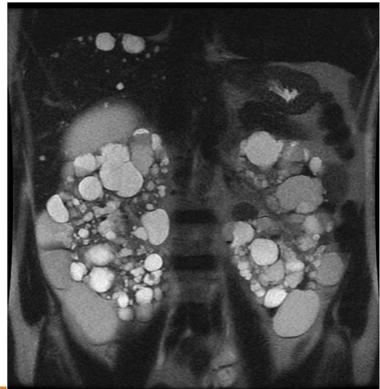
Symptoms: *flank pain*, heavy dragging sensation, abdominal mass, hemorrhage, obstruction, *Intermittent gross hematuria* 

#### **Complications**

- 1- hypertension (75%)\*
- 2- urinary infection

3- vascular aneurysms of circle of Willis\* (10% -30%)→ (subarachnoid hemorrhage ).

4- renal failure at age 50

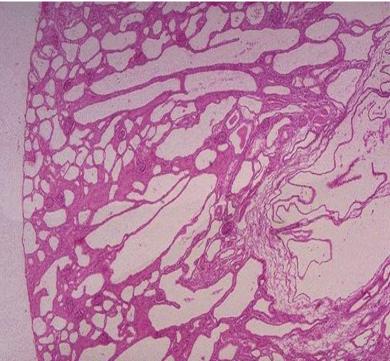


Coronal T2-weighted image shows symmetric enlargement of the kidneys, which contain multiple cysts with variable size

### 4-Autosomal Recessive (Childhood) Polycystic Kidney Disease

- autosomal recessive
- **1:20,000** live births.
- Types: perinatal, neonatal, infantile, and juvenile.
- Presents early in life
- Associated with <u>liver</u> cysts
- Mutations in <u>PKHD1</u> gene coding for <u>fibrocystin</u>.
- Fibrocystin may be involved in the function of cilia in tubular epithelial cells .





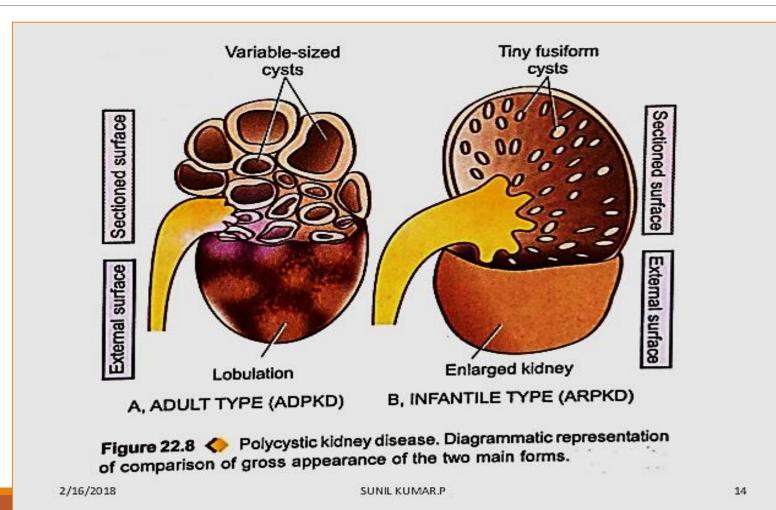
# Normal vs childhood polycystic kidneys

#### NORMAL TERM INFANT KIDNEYS

#### **CHILDHOOD POLYCYSTIC KIDNEYS**



# Adult vs childhood polycystic kidney disease



### 5- Medullary Cystic Disease

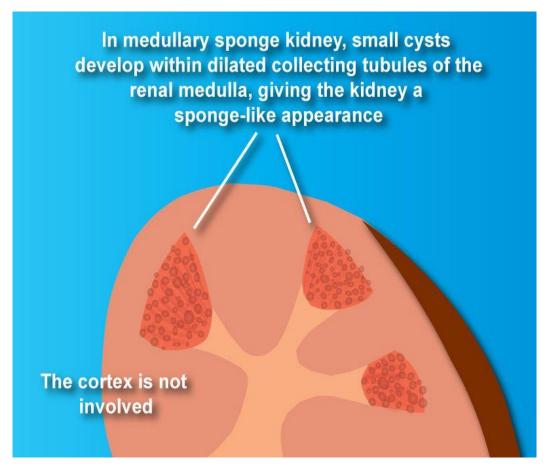
### 2 major types:

#### 1-Medullary sponge kidney

common and nonthreatening condition.

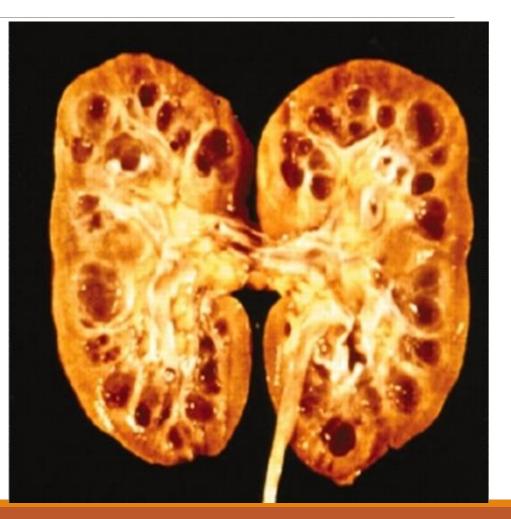
Rare, developmental abnormality characterized by ectatic (dilatory) or cystic malformations in the medullary collecting ducts of the kidney resulting in medullary cysts.

Most patients are asymptomatic and the condition may be diagnosed based on incidental findings following radiologic investigation for other reasons.



## 2-Nephronophthisis-medullary cystic disease complex

- almost always associated with renal dysfunction.
- >- usually begins in childhood.
- Cysts are at cortico-medullary junction
- More than 9 gene mutations are described
- All share in common renal histologic triad of tubular basement membrane disintegration, tubular atrophy with cyst development, and interstitial cell infiltration with fibrosis



Nephronophthisis-medullary cystic disease complex (medullary- uremic type)

- <u>Clinical features:</u>
- $\circ$  polyuria and polydipsia ( $\downarrow$ tubular function).
- o renal failure over 5-10-year

 A positive family history and unexplained chronic renal failure in young patients should lead to suspicion of medullary cystic disease.

