

Abstract

Renal cell carcinomas (RCCs), which originate within the renal cortex, are responsible for 80% to 85% of all primary renal neoplasms (1). Renal cell carcinoma rarely presented with pleural effusion as its initial presentation (2). Pulmonary tuberculosis (TB) very rarely coexists with renal cell carcinoma.

We report a case of a 68 years old male, presented with massive pleural effusion and highly positive mantoux test, initially managed as smear negative tuberculosis, eventually diagnosed as renal cell carcinoma with lung metastasis. The justification of this case report is, this initial presentation of renal cell carcinoma with positive manteaux test is not reported yet as by my knowledge.

RCC can be presented in many ways, and the classical presentation of hematuria, loin pain and abdominal mass only account for 10% of patients. Renal tuberculosis can be mimic as RCC but the association of RCC with pulmonary tuberculosis is rare. In a TB patient, the pleural effusion may not always due to TB per se, it can be associated with some other underlying conditions such as malignancy.