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Overdoing in community medicine: a case report coping with a renal incidentalomas

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Case presentation: A 71 years-old lady with a 4 years history of NIDDM discovered on routine lab tests and a well-balanced hypothyroidism. No other findings on history, anamnesis or physical examination. Laboratory exam was normal except for HbA1c and glucose values. After 2 years of balanced diabetes using oral medications only, her HbA1c starts to rise. She was put on insulin, but remained unbalanced. Upon her request, she was referred to an endocrinologist who suggested performing an abdominal CT to rule out pancreatic involvement that might explain the new-onset treatment-resistant diabetes. Her abdominal CT showed no pancreatic or other abdominal organs pathologies, apart from a 1.5mm non homogenous, irregular solid process on the cortex of the right kidney.
Discussion: The workup of renal incidentalomas is challenging, especially for the non-cystic middle-sized tumors. The differential diagnosis of such tumors ranges from benign (e.g. angiomyolipoma) to malignant (renal cell carcinoma) tumors. The guidelines are not straight forward due to the lack of high quality evidence. The treatment approaches ranges from a partial nephrectomy to follow-up policy. It has been estimated that over half of those aged above 50 have at least one process on one of their kidneys, and that 30% of kidney tumors smaller than 3 cm are benign.
Conclusion: While data from Australia and US of the past 45 years show steady increased incidence of renal tumors, there are no changes in mortality from those tumors - suggesting a pendulum tilt toward overdiagnosis, which in turn might lead to overtreatment.