

## **PS1.218**

### **Great chest pain**

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**Background & Aim:** 55 years-old male, smoker, with arterial hypertension and obstructive sleep apnea, who comes to our primary care office because he had in his left chest, pleuritic pain for 4 days with white sputum that did not get better with paracetamol not even with metamizol. 3 days after, he came because he had more pain even with tramadol. He looks bad, sweaty and with dyspnea. He had also hypertensive crisis so we referred the patient to the hospital emergency.

#### **Method:**

Exploration: TA 172/95. Rest of the examination was normal. EKG: normal. ANALITYC: low kidney failure (Cr 1.52). Chest Rx. Alveolar infiltrate with predominance in lungs bases. TC: heterogeneous solid mass in the roght kidney (8x7cm) with multiple secondary deposits in lung and adrenal gland.

Surgery: right kidney and adrenal gland removed.

**Results:** Papillary renal carcinoma tipe II with bilateral adrenal glands and bilateral lungs deposits (T3aNxM1).

**Conclusions:** Male with cardiovasc risk factors, who came because bad control chest pain and hypertension crisis so we removed to emergency to rule out aortic syndrome, with a final diagnosis of renal carcinoma with lung and adrenal metastases.