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Renal cysts in adults: an approach in primary health care

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Background and Aim: The renal cortical cysts correspond to a heterogeneous group with different clinical and imaging features. It is intended to carry out a decision algorithm in to be an approach to the level of primary health care.

Method: A literature search of articles published in Pubmed, National Clearinghouse, Canadian Medical Association, Cochrane using the MeSH terms: 'Kidney cystic'.

Results: The Bosniak classification is a widely used tool for diagnostic guidance and therapy of cystic renal lesions. The Bosniak criteria are based on Computed Tomography (CT), Ultrasound being considered adjuvant. Cysts kidney Type I represent lesions with benign features, with nearly 100% probability of being simple cysts. They are the most frequent and its diagnosis are usually accidental. Cysts Type II are more complex and may have septa and calcifications but they are benign yet. Like the previous, doesn't require surveillance. Cysts Type IIF correspond to a group similar to previous injuries, however with discrepancy between ultrasound and CT. They are of questionable benign, having an approximate risk of malignancy of 5%, so they need surveillance. The monitoring time interval in an initial phase is not consensus, but most studies suggest repeat CT at 6 and 12 months, followed by an annual assessment for 5 years. Cysts Type III group the malignancy of suspicious lesions in the surgical approach should be considered and should be referred to the urology service. Cysts Type IV are neoplastic lesions with significantly increased risk of malignancy requiring surgical exploration, and should also be referred to the urology service.

Conclusions: The Family Doctor in the course of an investigation for another purpose is often faced with the presence of kidney cysts accidentally. The detected renal cysts have variable significance and may be oriented according to Bosniak classification. The size alone is not referencing criteria.