



5.1.4. JUKSTAGLOMERÜLER HÜCRE TÜMÖRÜ

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5.1.4.1. Tanım

- Renin salgılayan jukstaglomerüler hücre farklılaşması gösteren, çoğunlukla benign biyolojik davranışlı, reninoma olarak da bilinen nadir bir renal neoplazidir.

5.1.4.2. Köken/Patogenez

- Jukstaglomerüler kompleksin bir bileşeni ve özelleşmiş bir düz kas hücresi olan renin salgılayan jukstaglomerüler hücre kökeni.
- Artmış renin salgısı → renin-anjiyotensin-aldosteron aksının aşırı aktivasyonu → hipertansiyon ve hipokalemi.

5.1.4.3. Klinik

5.1.4.3.1. Epidemiyoloji

- Çok ender (Literatürde ~250 vaka).
- Genç kadın (K:E=2).
- 6-76 yaş (ortanca 25) (1).

5.1.4.3.2. Semptom ve İşaretler

- Hipertansiyon (tedaviye dirençli ve bazen malign hipertansiyon), hipokalemi, hiperaldosteronizm (1).

5.1.4.3.3. Radyoloji

- Solid-kistik, soliter, unilateral, düzgün sınırlı kitle.
- MRI: T1 izointens/hafif hipointens, T2 izointens/hafif hiperintens; diffüzyonda düşük ADC değeri ve kortikomedüller fazda <200% artış (2,3).

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