

## Imaging hallmark of Xp11.2 translocation renal cell carcinoma

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We read with great interest the recent case report on Xp 11.2 translocation renal cell carcinoma (RCC) by Taşkınlar and colleagues.<sup>1</sup> The authors have highlighted a very interesting case of complicated renal Bosniak IV cyst which turned out to be Xp11.2 translocation RCC. We wish to supplement few important computed tomographic (CT) imaging features which can predict this morphological subtype of RCC.

The World Health Organization has classified RCC associated with Xp11.2 translocation and TFE3 gene fusion (Xp11RCC) as a separate entity.<sup>2</sup> Both Xp11.2 translocation RCC and papillary RCC are hypovascular tumours and can be solid, mixed solid and cystic, and predominantly cystic. Recently, Woo and colleagues,<sup>3</sup> in their 19 histopathologically cases of Xp11 RCC, found pointers for differentiating Xp11 RCC from papillary RCC: presentation in children and young adults, female gender, larger tumour size, cystic and

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necrotic changes, calcification, high-attenuating areas than the renal cortex on non-contrast scans, aggressive behaviour of lymph node, and distant metastasis.

We hope that supplementing these imaging features will help urologists and their fellow radiologists and pathologists (appropriate immunohistochemical staining) in making preoperative diagnosis of this rare renal tumour.

**Competing interests:** The authors all declare no competing financial or personal interests.

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