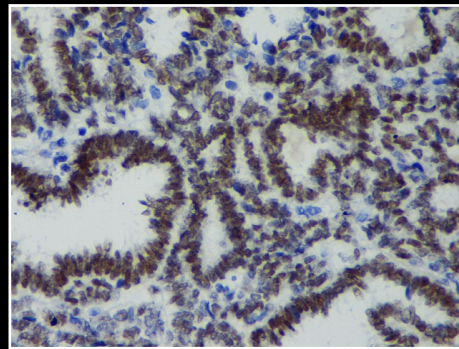
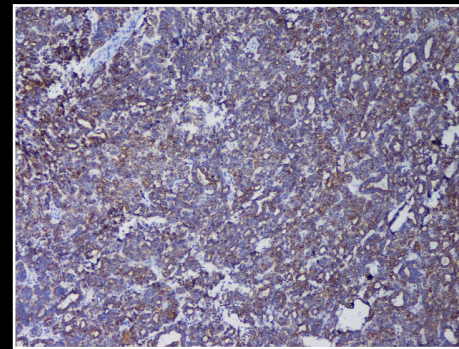


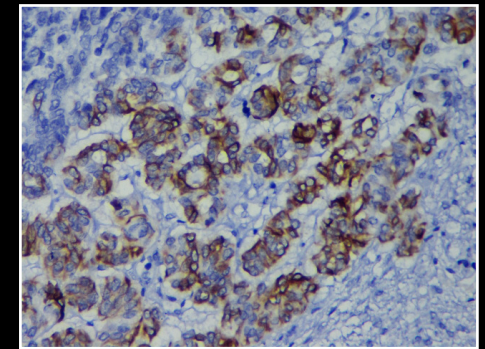
E-CADHERIN



GATA-3



CK19



CK7

DISCUSSION

Immunohistochemistry (IHC) plays an essential role in diagnosis of URCC as exclusion of usual RCC subtypes and metastases from other sites need to be demonstrated before arriving at this diagnosis. Immunopositivity of PAX8, PAX2, CD10 and RCC markers support renal histogenesis. The present case showed CK, EMA and Vimentin positivity concordant with findings of the study by Zisman et al¹. Negativity of AMACR and weak CK7 staining ruled out Mucinous tubular and spindle cell carcinoma and solid Papillary RCC. Epithelial predominant Wilm's Tumor and Mesonephric adenoma were excluded by negative staining for WT1. Weak nuclear positivity of GATA3 raised a possibility of urothelial carcinoma of renal pelvis with glandular differentiation. However, negativity of Uroplakin III favoured URCC over latter. Aberrant GATA3 staining, in the index case, may rarely occur in RCC². Retained expression of INI-1 and absence of sickle cell hemoglobinopathy excluded Renal medullary carcinoma. No expression of ER and Synaptophysin ruled out differentials of metastatic gynecologic tumor and neuroendocrine tumors respectively. Collecting duct carcinoma was one of the strong differentials owing to histomorphologic and immunohistochemical overlap, however absence of diffuse high-grade areas with positivity of CD15 and E-cadherin excluded this entity³. Negativity of OCT3/4 ruled out a metastatic germ cell tumor. Therefore IHC has an imperative role in establishing the final diagnosis of URCC after exclusion of other subtypes.

Adult renal cell carcinomas (RCC) are heterogeneous group of tumors with distinct gross, histologic, ultrastructural, and immunohistochemical features. First introduced in 1997, Unclassified renal cell carcinomas (URCCs), an unusual variant of RCCs, has been recognized by the