

# Assessment of Solitary Simple Renal Cyst Progression in Asymptomatic Pediatric Patients

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# Introduction

- ▷ Renal cyst prevalence is lower in children than in adults
- ▷ More commonly identified with more frequent use of pediatric ultrasound
- ▷ Natural history is not well defined
- ▷ Serial imaging is commonly performed
- ▷ Unclear if such follow-up is necessary for simple renal cysts in asymptomatic pediatric patients

# Methods

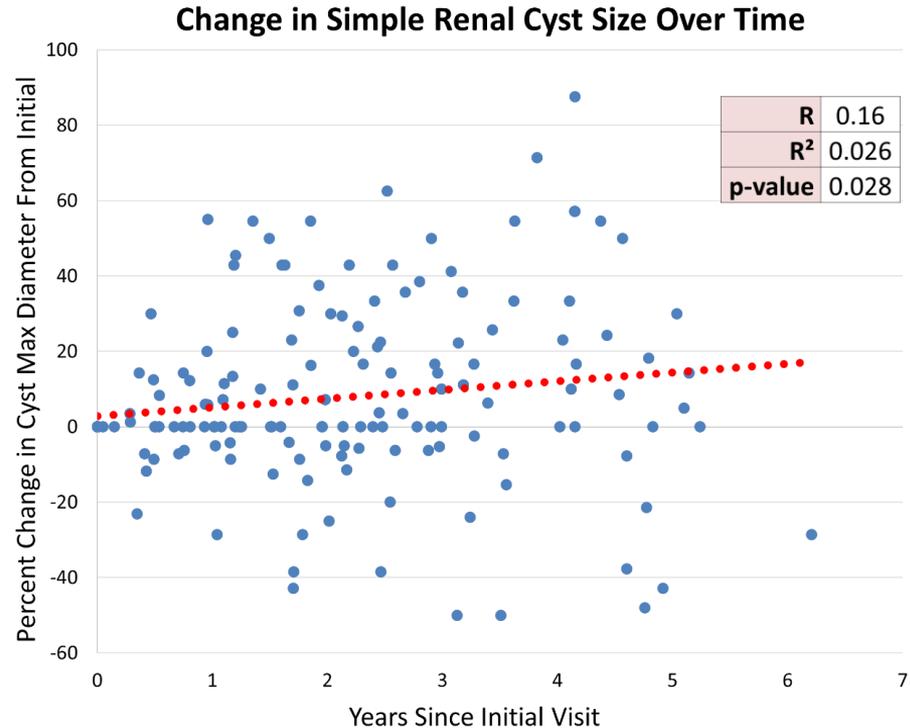
- ▷ IRB-approved retrospective chart review of patients from 3 Nemours healthcare sites
- ▷ Search parameters “cyst” and “kidney” identified 2445 patients, of whom **42** patients met inclusion criteria:
  - Initial visit after January 1, 2012
  - Solitary asymptomatic simple renal cyst
  - No pre-existing renal abnormalities (ADPKD, ARPDK, etc.)
  - $\geq 3$  ultrasound studies after initial visit

# Methods (continued)

- ▷ Data collection:
  - Interval time (years) of repeat US studies since initial diagnosis
  - Cyst size (maximum diameter)
  - Cyst shape (smooth vs. irregular)
  - Presence of new septations and/or calcification
  - Number of cysts
  - Symptoms
- ▷ Data analysis:
  - Change in cyst size calculated as % change in cyst maximum diameter from initial
  - Linear regression used to determine correlation of cyst size change with time in years since diagnosis

# Results

- ▷ 42 children (27 M, 17 F)
- ▷ Data presented as mean  $\pm$  SD
- ▷ Ages:  $9.23 \pm 5.00$  years
- ▷ Initial renal cyst size (mm):  $17.6 \pm 13.9$
- ▷ Follow-up duration of US studies:  $3.67 \pm 1.21$  years
- ▷ From initial to latest study:
  - % change:  $13.68 \pm 29.96$
  - Size change (mm):  $1.5 \pm 4.5$  mm
- ▷ Statistically significant positive correlation between % change in cyst size and time ( $p < 0.05$ )



# Results

- ▷ 2 patients (4.8%) developed change in cyst appearance
  - 1 acquired new septation
  - 1 acquired calcification
- ▷ 2 patients (4.8%) developed new cyst
- ▷ No patients developed cyst-related symptoms

<b>Cyst Characteristic Changes From Initial to Latest Visit</b>		
	<b>n</b>	<b>%</b>
<b>All Cysts</b>	42	100
<b>Change in Shape</b>	0	0
<b>Acquired Septa</b>	1	2.4
<b>Acquired Calcification</b>	1	2.4
<b>New Cyst</b>	2	4.8
<b>Acquired Symptoms</b>	0	0

# Conclusion

- ▶ In 42 pediatric patients over mean follow-up duration of 3.67 years, asymptomatic solitary simple renal cysts:
  - Increased in size over time (but not clinically significant)
  - Rarely changed in appearance
  - Remained asymptomatic
  - Did not progress to a complex cyst requiring intervention
- ▶ Our results support those of Rediger et al. who noted that children with small number of simple or minimally complex renal cysts on initial US are unlikely to require treatment

# Limitations

- ▷ Small number of patients
- ▷ Relatively short time interval

# Future Directions

- ▷ These initial results support the fact that larger studies are needed to determine the role of follow-up renal ultrasound evaluation in asymptomatic simple renal cysts

# References

1. Eknoyan G. A clinical view of simple and complex renal cysts. *J Am Soc Nephrol*. 2009;20(9):1874-1876. doi: 10.1681/asn.2008040441.
2. Terada et al. The 10-Year Natural History of Simple Renal Cysts. *Urology*. 2008;71(1):7-11. doi: <https://doi.org/10.1016/j.urology.2007.07.075>.
3. Chang CC, et al.. Prevalence and clinical characteristics of simple renal cyst. *J Chin Med Assoc*. 2007;70(11):486-491. doi: 10.1016/s1726-4901(08)70046-7.
4. Koutlidis N, et al. . Management of simple renal cyst in children: French multicenter experience of 36 cases and review of the literature. *J Pediatr Urol*. 2015;11(3):113-117. doi: 10.1016/j.jpuro.2015.03.003.
5. McHugh et al.. Simple renal cysts in children: diagnosis and follow-up with US. *Radiology*. 1991;178(2):383-385. doi: 10.1148/radiology.178.2.1987597.
6. Wallis MC, et al. Risk assessment of incidentally detected complex renal cysts in children: potential role for a modification of the Bosniak classification. *J Urol*. 2008;180(1):317-321. doi: 10.1016/j.juro.2008.03.063.
7. Bayram MT et al. Clinical and Radiological Course of Simple Renal Cysts in Children. *Urology*. 2014;83(2):433-437. doi: <https://doi.org/10.1016/j.urology.2013.08.055>.
8. Peng Y,et al. Assessment of cystic renal masses in children: comparison of multislice computed tomography and ultrasound imaging using the Bosniak classification system. *Eur J Radiol*. 2010;75(3):287-292. doi: 10.1016/j.ejrad.2010.05.035.
9. Israel GM, Bosniak MA. An update of the Bosniak renal cyst classification system. *Urology*. 2005;66(3):484-488. doi: <https://doi.org/10.1016/j.urology.2005.04.003>.
10. Karmazyn B,, et al. Ultrasound classification of solitary renal cysts in children. *J Pediatr Urol*. 2015;11(3):149.e141-146. doi: 10.1016/j.jpuro.2015.03.001.
11. Choi JD. Clinical characteristics and long-term observation of simple renal cysts in a healthy Korean population. *Int Urol Nephrol*. 2016;48(3):319-324. doi: 10.1007/s11255-015-1186-7.
12. Rediger C, et al. Renal cyst evolution in childhood: a contemporary observational study. *J Pediatr Urol* 2019;15:188.e1-188.e6