**COVER LETTER**

To,

The Editor-in-chief

*Name of Journal*

**Subject:** Submission of Manuscript for publication

We intend to publish an article entitled “***XYZ*** ” in your journal as a ***Case Report.***  On behalf of all the authors, I will act and guarantor and will correspond with the journal from this point onward.

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We certify that all the data collected during the study is presented in this manuscript and no data from the study has been or will be published separately. We attest that, if requested by the editors, we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, for examination by the editors or their assignees.

We also certify that we have taken all necessary permissions from our institution and/or department for conducting and publishing the present work. There is no ethical problem or conflict of interest.

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**TITLE PAGE**

**Article Details:**

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| Type of article | **Case report** |
| Manuscript Title | **Metanephric adenoma: case report** |
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**MANUSCRIPT (MAIN FILE)**

TITLE:

**ABSTRCT**

Metanephric Adenoma is a benign renal neoplasm which often presents as a mass or as an incidental finding in the scan. The origin of these neoplasms is not entirely clear. Clinically, in most cases patient presents with polycythemia, hematuria and abdominal pain. It is difficult to distinguish it from other malignant tumors before surgery. Here is a case report of 20 year old female diagnosed with Metanephric Adenoma who was suspected as renal cell carcinoma on scan findings.

**KEYWORDS:**

**MAIN TEXT**

**INTRODUCTION**:

Metanephric adenoma / renal epithelial tumor is a cortical epithelial tumor with rare incidence of 0.2% of all epithelial neoplasms1.

Metanephric adenoma tends to occur more commonly in females with a female:male ratio of 2:12.

Tumor is benign3and are typically composed of solid, rare cystic components or calcifications with a poorly derived border4.

Less than 200 cases have been reported (till 2015)4.

Here we report a case of 20 year old female presented with pain right lumber region.

**CASE REPORT:**

A 20 year old female presented with pain (severe and sudden) right lumber region.

On USG and CCET, a tumor involving superior pole of kidney measuring 5x4.7 cm with central necrosis was identified.

Right nephrectomy was done and specimen was sent for histopathologic examination.

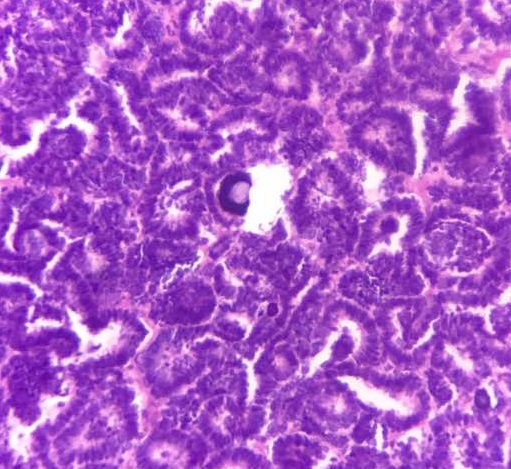
Grossly the size of the kidney was 11x6x3cm, a well circumscribed growth measuring 6x5cm was identified on the upper pole extending upto the middle.



Figure 1 a well circumscribed growth on the upper pole.

On microscopic examination, a well circumscribed tumor with small, uniform, closely packed tubules accompanied by scant stroma. Cells were cuboidal with minimal cytoplasm, bland nuclei and uniform chromatin.

Focal papillary architecture and glomeruloid bodies were also seen. Psammoma bodies were also seen . rest of the renal tissue appeared normal. All these features were suggestive of metanephric adenoma

 Figure 2. microscopy, metanephric adenoma with a Psammoma body in the centre.

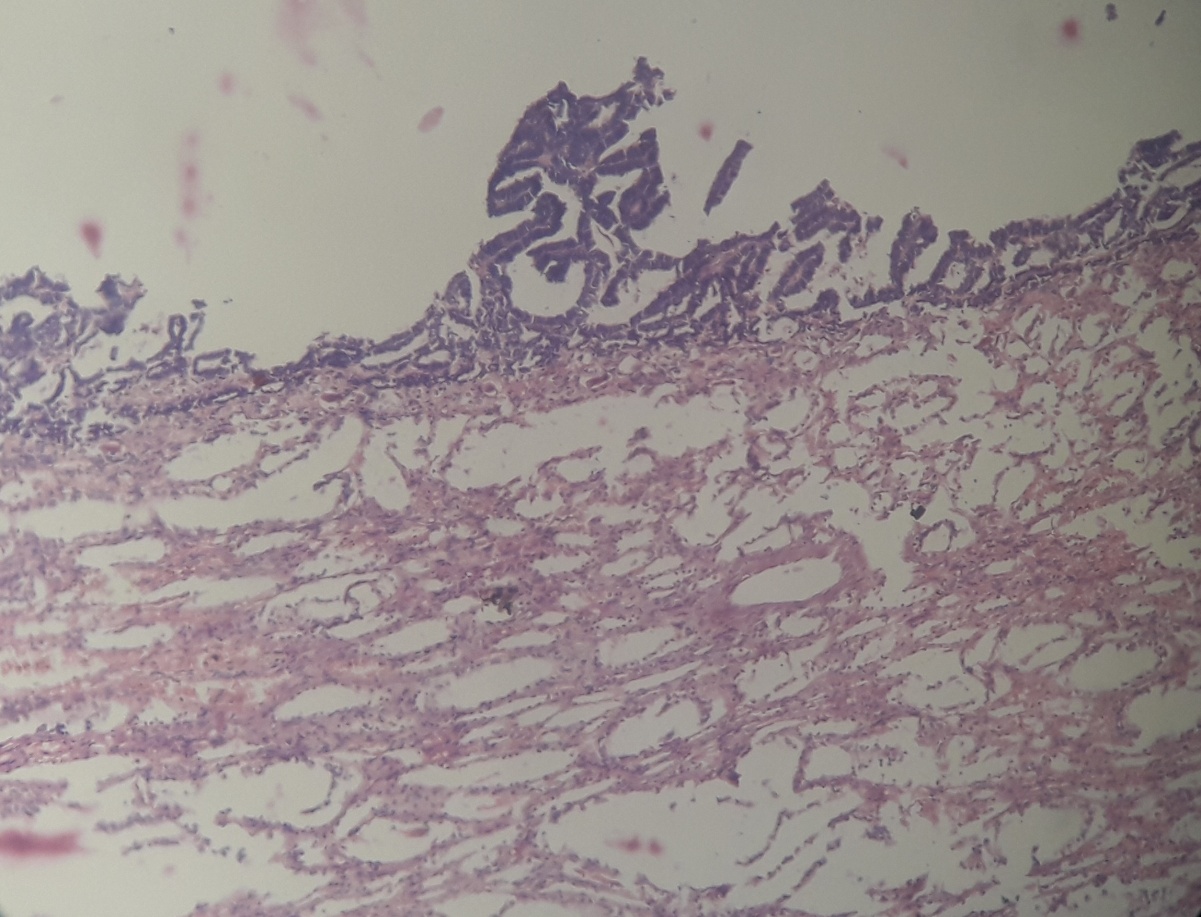


Figure 3. Focal papillary architecture

**DISCUSSION:**

Histologically, metanephric adenoma have either sparse fibrous capsule or no capsule at all1.

Metanephric adenoma overlapse in morphology with epithelial-predominant nephroblastoma in children younger than 12 years and show morphology similar to papillary renal cell carcinoma in adults5.

Immunohistochemistry plays important role in diagnosis. Metanephric adenoma stains for CD57 and focally for CK71. Though it is benign, few cases of metastatic disease have been reported6,7.

**CONCLUSION:**

**ACKNOWLEDGEMENTS:**

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**REFERENCE:**

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**FIGURE WITH LEGENDS**

**TABLES:**