

Results: 438 cases were included into the study. The median patients' age was 64±10.45 (range 26–85) years. 56.5% males and 43.5% females were operated. Stage pT1 was detected in 45%, pT2 – 20.4%, pT3 – 33.7% and pT4 – 0.9% of cases. The grade G1 was found in 28.5%, G2 – 54.7% and G3 – 16.8% of cases. The median follow-up was 67±34.14 (0–129) months. The clear cells carcinoma was identified in 83.6%, papillary carcinoma – 4.8% and transition cells in 3.4% of cases. The median tumor size was 5.0±2.67 (1.0–22.0) cm. Tumor ≤4 cm. was detected in 36.7%, 4–7 cm. – 39.6%, 7–10 cm. – 19.2% and >10 cm. in 4.6% of cases. During follow-up 151 (34.5%) of all patients died: 90 (20.6%) because of RCa and 61 (14.0%) because of other diseases. Cox regression shows that tumor size is one of the most important parameters influencing cancer specific survival (p=0.006, Exp(B) 1.574, 95.0% CI 1.14–2.17). Overall survival at median follow-up of 67 months was 65.9%. Median follow-up of 1st and 2nd groups patients was 70, 3rd group – 60 and 4^{gr} – 31 months. Overall survival according size and follow-up was: 1st group – 73.9%, 2nd – 69.1%, 3rd – 53.8% and 4th – 26.3%. Overall cancer specific survival was 80.0%. In the different study groups specific survival was 90.1% vs. 80.0% vs. 71.3% vs. 36.8% respectively.

Conclusions: Overall as well as cancer specific survival strongly depends on tumor size. At seventy months follow up cancer specific survival for ≤4 cm. tumors reaches 90.1% of patients when only 36.8% of patients survive thirty one month with tumor >10 cm.

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Laparoscopic heminephrectomy in adult patients – initial experience

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Introduction and Objectives: Benign kidney's diseases are considered to be a good indication for laparoscopic intervention. In pediatric population laparoscopic heminephrectomy due to pathologies of duplex kidney are well recognized. We present initial experience in first two cases treated for hydronephrotic upper pole of kidney with duplicated collected system

Material and Methods: Two female patients age 48 and 21 with mildly symptomatic upper pole hydronephrosis due to ectopic distal implantation of ureter and impacted distal ureteric stone were treated by laparoscopic transperitoneal approach. Partial nephrectomy with ureterectomy were performed in a lateral flank position through 4 trocars. Colon was reflected medially by incision along the Told line and both ureters were clearly identified. Careful dissection of renal hilus permitted for identification of polar vessels which were clipped and transected. Upper pole ureter was dissected toward the bladder level and closed with clips of vessel sealing system device. Parenchymal section was performed using Ligasure coagulation after complete dissection of upper pole renal pelvis. Additional haemostatic sutures were placed if necessary. Specimen was removed in an endobag and 12Fr suction drain was left for 24–48 hours.

Results: Both interventions were completed laparoscopically, no conversion to open surgery was necessary. Duration of surgery was 120 min and 145 min. Blood loose was minimal and no transfusion was required. Postoperative complication occurred in one patient – formation of renal abscess necessitating percutaneous drainage and parenteral antibiotic therapy. On 6 month follow up both patients were symptoms-free and the remaining moiety of the kidneys were unchanged with no dilatation of collecting system.

Conclusions: Laparoscopic heminephrectomy is feasible however technically demanding with possible significant complications and has a potential to offer all advantages of minimally invasive surgery

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Laparoscopic nephron sparing surgery: Early results of 38 cases

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Introduction and Objectives: Nowadays, nephron sparing surgery has become a standardized procedure in sporadic, clinically T1 tumour. Laparoscopic nephron sparing surgery (LNSS) is a technically challenging procedure. In many centers LNSS is a viable alternative to open surgery, combines the benefits of the minimal invasive approach and efficiency.

Material and Methods: Between January 2002 and Mai 2009 LNSS for small renal tumour were performed in 38 patients (16 women, 22 men). The indication was renal mass range 2–5 cm (average size of the tumour 3.2 cm). Mean patient age was 52.3 years. All patients underwent CT scan prior operation to take reliable information about size and position of the tumour. Most of tumour were exophytic: upper pole (n=16), lower pole (n=14), 6 endophytic and 2 hilar. All the procedures were performed by 2 experienced laparoscopists. In 32 cases was transperitoneal and 6 extraperitoneal fashion.

Results: Mean operative time was 158 minutes (range 75–300). In 36 patients the hilar vessels was clamped. Warm ischemia time was from 15 to 30 minutes, mean 21 minutes. Blood loss was from 50–1000 ml (mean 256 ml). Mean hospital stay was 6.8 days. Hemostasis was achieved with bipolar coagulation. In 25 cases interstitial tissue was closed using a suture, in 5 cases suture with haemostatic bolster (TachoSil®), and only TachoSil® in 8 patients. One patient had open conversion because of hilar location of tumour and technically difficult conditions. In two cases there was positive margins and were finished with nephrectomy. The overall complication rate was 5.5%: postoperative bleeding (n=1), and urine leak (n=1). The histological examination demonstrated renal cell carcinoma (n=26), solitary fibrous tumour (n=1), chromophobe carcinoma (n=1), angiomyolipoma (n=4), leiomyoma (n=1), oncocytoma (n=2) and cyst (n=3).

Conclusions: Laparoscopic partial nephrectomy is gaining wide spread acceptance as a technique for nephron sparing surgery for small, localized renal tumours. The technique performed in centers with expertise is safe and allows to lower incidence of intra- and postoperative complications. The durability of oncological outcome in our group of patients has to be determined and needs further analysis.

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Should we broaden indications for treatment of T3c renal cell carcinoma with atrial thrombus?

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Introduction and Objectives: Renal cancer in T3c stage is deadly hazardous for a patient because of its malignant potential and on the other side risk of pulmonary embolism caused by part of thrombus. **Objectives:** The aim of our study was to asses survival time in patients with renal cell carcinoma in T3c clinical stage with thrombus in vena cava inferior extending up to the right atrium, treated by uro-cardiosurgery team by use special safety procedures such as: cardiopulmonary by-pass, profound hypothermia, circulatory arrest.

Material and Methods: This group consisted of nineteen patients, aged from 43 to 75, the average age was 59. Fourteen patients had right kidney tumor, five the left kidney tumor, and tumor thrombus extension into the right atrium. In all cases the patients didn't have lymph node and distant metastases. None of patients had vena caval