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 4gr. – 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.

N73

Laparoscopic heminephrectomy in adult patients – initial experience

T. Borkowski*, J. Michalec, E. Bres. *Medical University of Warsaw, Dept. of Urology, Warsaw, Poland*

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 hydronephotic 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 12 Fr 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 patents were symptoms-free and the remaining moiety of the kidneys were unchanged with no dilatation of colleting 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

N74

Laparoscopic nephron sparing surgery: Early results of 38 cases

P. Slupski*, P. Jarzemski, S. Listopadzki. *Biziel University Hospital, Dep. of Urology, Bydgoszcz, Poland*

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 fibrosus tumour (n = 1), chromophobe carcinoma (n = 1), angiomyolipoma (n = 4), leyomyoma (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.

N75

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

S. Bąk[1]*, Z. Dobrowolski[2], W. Lipczyński[2], B. Glazar[2], J. Sadowski[2]. *[1]Collegium Medicum Jagiellonian University, Clinic And Department Of Urology, Cracow, Poland; [2]Collegium Medicum Jagiellonian University, Dept. of Urology, Cracow, Poland*

Introduction and Objectives: Renal cancer in T3c stage is deadly hazardous for a patient becouse 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 carcinonoma 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

involvement symptoms like lower extremity edema, varicocele, dilated superficial abdominal veins, proteinuria and pulmonary embolism. In all patients CT scanning, abdominal ultrasound examination, contrast inferior venacavography, urography and ECHO were required before surgery. Patients were qulified to the procedure by urologist, anesthesiologist and cardiosurgeon. All patients underwent radical nephrectomy and vena caval thrombectomy.We used Robert Krane method:removal of Renal Cell Carcinoma extending into the right atrium, with opening thorax, using cardiopulmonary by-pass, profound hypothermia and circulatory arrest.

Results: In august 2008 we have contacted with patients or their families. For past 6 years, 20 patients were operated, 11 (55%) of them died (including two patients who died in postooperative period), average time to death was 19 months, 9 (45%) patients still alive, average survival time is 41 months.The longest survival time is 75 months. Two patient, mentioned before, died in postoperative period as a result of sever, massive pulmonary embolism.There were no operative deaths.

Conclusions: The specific operative strategy used in these patients appear to provide a survival benefit and prevent pulmonary embolism. In patients with atrial tumor thrombus distant metastases uro-cardiosurgical procedure present possibility of prolonged survival. We were planning to change indications to this procedure, because our results and new possibilities of the adjuvant chemioterapy.

Poster Session 6: External genital
Saturday, 12 September 2009, 09:50–11:50
Poster room 1

N76

Results of an analgesia method in varicocelectomy under local anaesthesia for pain relief

A.B. Baseskioğlu*. *Kadirli State Hospital, Dept. of Urology, Osmaniye, Turkey*

Introduction and Objectives: The effect of peroperative paracetamol infusion on pain in patients with varicocele

Material and Methods: Fifty-nine patients were randomized in to two groups and microscopic varicocelectomy under local anesthesia with a subinguinal approach were performed. Locally prilocain hydrochloric injection and placebo infusion (isotonic NaCL) was used for the first group. In addition to prilocain hydrochloric, peroperative intravenous paracetamol infusion (20 minutes) was done for the second group. 28 patients were in the first group and 31 patients were in the second. All patients had left varicocele, one was recurrent. Intraoperative and postoperative (half an hour and 4 hours later) pain was assessed by Visual analogue score (VAS).

Results: Mean age for two groups were 21.1 and 21.7 ($p > 0.05$); mean vein diameters were 3.1 and 3.0 ($p > 0.05$). Mean VAS were 5.35, 2.8 and 0.67 for group 1; 2.68, 1.51 and 0.51 for group 2. There was statistical significance between peroperative and early postoperative scores for two groups. Although late VAS for group 1 was higher; there was not any statistical significance ($p > 0.05$). However group 1 had higher postoperative analgesic requirement (25.8% for group 1 and 8.6% for group 2). Side affects were not seen due to infusion and paracetamol.

Conclusions: Peroperative intravenous paracetamol infusion reduces peroperative and postoperative pain and increases the comfort of patients.

N77

Risk-adapted management for patients with clinical stage I non-seminomatous germ cell tumor of testis

S. Güney[1], N. Güney[2], C. Sönmez[1]*, E. Ergenekon[1]. *[1]Sisli Etfal Research Hospital, Dept. of Urology, İstanbul, Turkey; [2]Okmeydanı Training Hospital, Dept. of Medical Oncology, İstanbul, Turkey*

Introduction and Objectives: Testis cancer is the most common cancer in young men and its incidence continues to rise. Even if prognosis is considered as good, a group with bad prognosis still remains. We aimed to evaluate whether two courses of chemotherapy after orchiectomy in patients with clinical stage I, nonseminomatous germ cell testicular tumour at high risk of relapse, will spare patients additional chemotherapy or surgery.

Material and Methods: High-risk patients had one or more of the following: preorchiectomy alpha-fetoprotein level of 80 ng/dL, 80% embryonal cell carcinoma or greater, vessel invasion in the primary tumour and tumour stage pT2 or greater. Low risk patients had none of these factors or had 50% teratoma or more without vessel invasion. High-risk patients were offered two 21-day courses of outpatient chemotherapy consisting cisplatinum, etoposide, and bleomycin (BEP). Low-risk patients were observed.

Results: Of the 108 patients, we classified 71 as high risk and 37 as low risk of relapse. All of the high-risk patients received two courses of BEP chemotherapy. Low risk-patients were kept on close-up. The median follow-up was 26 months (range 10 to 60). 3 of the 71 patients in high-risk group relapsed with viable cancer and required additional chemotherapy and 1 patient with normal biomarkers and a late-appering mass underwent retroperitoneal lympadenectomy for mature teratoma. All 4 relapsed patients were in high risk group and presently they are free of disease. None of the 37 patients at low risk of recurrences developed relapse.

Conclusions: We recommend two courses of adjuvant chemotherapy after postorchiectomy for high-risk patients with stage I nonseminomatous germ cell tumour of the testis. Adjuvant chemotherapy for these patients results in a low relapse and morbidity, wich compares favorably with the results of surveillance or RPLND. This well-tolerated approach may spare patients additional surgery or protracted chemotherapy, reduce the cost, and eliminate the compliance problems associated with intensive follow-up of high-risk patients.

N78

Endoscopic versus open hydrocelectomy for the treatment of adult hydroceles

L. Emir, M. Sunay*, Y. Karakaya, M. Dadalı, D. Erol. *Ankara Training and Research Hospital, 1st Clinic of Urology, Ankara, Turkey*

Introduction and Objectives: To compare outcomes of endoscopic treatment of hydrocele with conventional open hydrocelectomy regarding complications and patient satisfaction.

Material and Methods: Patients with clinically significant hydroceles were prospectively enrolled into two treatment groups. Groups 1 and 2 consisted of patients who underwent endoscopic ($n = 26$) and open surgical treatments ($n = 27$), respectively. Outcome measures were per and postoperative complications and recurrence rates. Postoperative comfort and patients' satisfaction of cosmetic appearance after the operation was evaluated with a questionnaire at discharge and at day 10 after the intervention.

Results: Average follow-ups were 17 months for both Groups 1 and 2. Hydrocele recurred in the first two cases in Group 1, during the education period. No recurrence was encountered in Group 2. As a complication, moderate to severe edema