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Introduction & Objectives: An inflammatory myofibroblastic tumour (IMT) can arise anywhere in the body. IMT is a spindle-cell neoplasm not prone to metastasize although it has an important potential of local expansion. We report a case of an IMT in a 55-year-old male who was initially treated with a Transurethral Resection of the Bladder tumour (TURBT) and subsequently underwent a robot-assisted partial cystectomy.

Materials & Methods: The procedure was performed with the Da Vinci Xi system®. After filling the bladder, the peritoneum surrounding the tumour was incised to obtain complete exposure of the lesion. Simultaneous cystoscopy, performed by the bedside table assistant, guided the dissection aiming for complete excision of the tumour with a negative surgical margin of at least 2 cm macroscopically. This was facilitated using the TilePro™ feature which allows simultaneous visualisation of cystoscopy and laparoscopy image inside the console. The urachus was excised en bloc with the tumour as the tumour originates in this case from the bladder dome. No postoperative problems were reported, and the patient was discharged the 2nd day after surgery. Transurethral catheter was removed in the outpatient clinic on day 7, after cystography ensured no leakage was present. Definitive pathological report confirmed the presence of a spindle-cell proliferation with eosinophilic cytoplasm. A follow-up cystoscopy 5 months after surgery showed no recurrence. Bladder capacity was excellent without any change in micturition pattern. Future follow-up will consist of yearly cystoscopy.

Conclusions: When complete resection of IMT with TURBT is not feasible, a robot-assisted partial cystectomy with simultaneous cystoscopy is a minimally invasive option facilitating complete resection with negative surgical margins and maximal preservation of bladder function.