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Introduction & Objectives: Penile cancer metastasis follows a well established predictable pattern, being not possible to have distant metastasis without positive inguinal nodes. Therefore, in penile cancer inguinal lymphadenectomy have diagnostic and therapeutic value. Despite robust evidences, many urologists still do not indicate this surgery. Centralization and minimally invasive techniques showed to improve oncological outcomes (overall survival and cancer specific survivor) and to decrease morbidity.

Materials & Methods: We present a clinical case of a 51 years old patient underwent robotic-assisted bilateral inguinal lymphadenectomy performed after previous glandectomy and Bracka reconstruction. Pathology showed squamous cell carcinoma pT2, negative margins, p16 negative and no palpable nodes on physical exam of the groin. Because of clinical staging cN0 and the high risk of metastasis, according to the EAU Guidelines, we performed robotic-assisted inguinal lymphadenectomy (RAIL). Da Vinci X system with 3 arms was used and an extra 5mm trocar for the assistant was placed.

Results: Surgical time was 210 min and EBL <50 mL. Final pathology was 8 negative nodes in the right groin and 8 negative nodes in the left groin. Drainages were removed after 3 weeks and no major complications were reported.

Conclusions: RAIL is a safe technique with same oncological indications and outcomes with less morbidity and less morbidity compared to the open approach.