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ΣΧΟΛΕΙΟ ΟΥΡΟΛΟΓΙΑΣ
UROSCHOOL2017

16•17•18•19 ΦΕΒΡΟΥΑΡΙΟΥ
ΠΟΡΤΑΡΙΑ ΠΗΛΙΟ

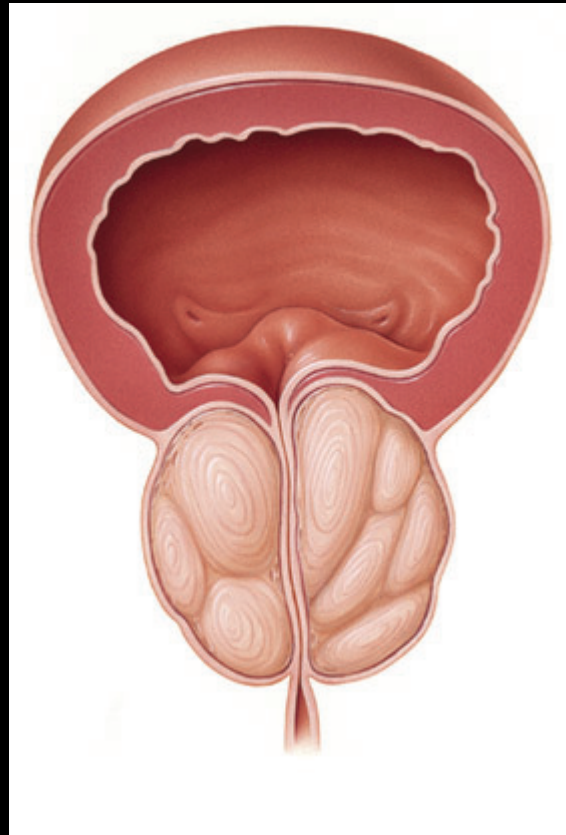
Οι σημαντικότερες δημοσιεύσεις της
χρονιάς πάνω στην ουροτεχνολογία.

Ευάγγελος Ν. Λιάτσικος
Αναπλ. Καθηγητής
Πανεπιστήμιο Πατρών
ESUT Chairman

Σύγκρουση Συμφερόντων

- Cook
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Καλοήθης υπερπλασία προστάτου



Prostate Embolization as an Alternative to Open Surgery in Patients with Large Prostate and Moderate to Severe Lower Urinary Tract Symptoms.

Pisco J¹, Bilhim T², Pinheiro LC³, Fernandes L², Pereira J², Costa NV², Duarte M⁴, Oliveira AG⁵.

⊕ Author information

Abstract

PURPOSE: To evaluate efficacy of prostate artery embolization (PAE) in patients with benign prostatic hyperplasia (BPH), prostate volume (PV) > 100 cm³.

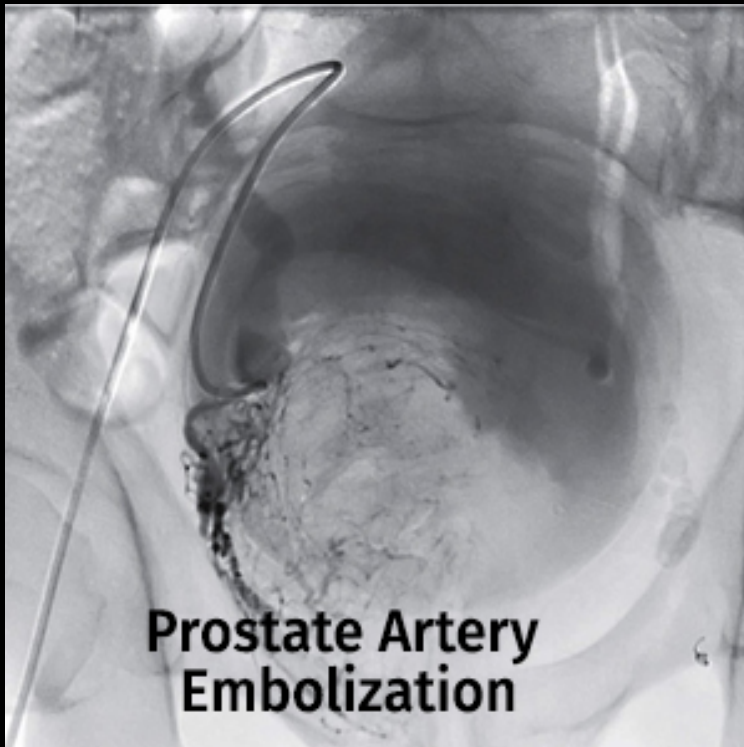
MATERIALS AND METHODS: This was a single-center retrospective cohort study. Between March 2009 and September 2014, PAE was performed in patients with a diagnosis of BPH, PV > 100 cm³, and moderate to severe lower urinary tract symptoms (LUTS) refractory to medical treatment for at least 6 months or who had acute urinary retention. Success was defined as improved symptoms (International Prostate Symptom Score ≤ 15 and decrease of ≥ 25% from baseline score), improved quality of life (measured as score of ≤ 3 points or decrease of ≥ 1 point from baseline), and no need for additional treatment.

RESULTS: PAE was performed in 152 patients 48-87 years old (mean ± SD 67.4 y ± 7.5) with mean PV of 134.2 cm³ ± 41.8 (range, 101-383 cm³). PAE was technically successful in 149 patients (98.0%). Symptomatic control was achieved for a median of 18 months ± 15.5 (range, 3-66 mo). There were 33 clinical failures (23.6%); 23 occurred in the short-term (≤ 6 mo), and 10 occurred in the medium-term (6-24 mo); there were no long-term failures (> 36 mo). Cumulative clinical success rates were 90%, 87.9%, 83.5%, 81.1%, and 77.8% at 1, 3, 6, 12, and 18 months and 72.4% thereafter to 66 months (5.5 y).

CONCLUSIONS: PAE provides sustained short-, medium-, and long-term control for LUTS in patients with BPH and PV > 100 cm³.

Prostate artery embolization

Ασφαλής τεχνική που διενεργείται υπό τοπική αναισθησία στον μηρό.



- Χωρίς αναφορές μειζόνων επιπλοκών
- Αμφοτερόπλευρος εμβολισμός: 47.8% μείωση του προστάτη στους 6 μήνες
- Μονόπλευρος εμβολισμός: 27.8% μείωση προστάτη στους 6 μήνες

Cardiovasc Intervent Radiol. 2010;33(2):355–61

J Vasc Interv Radiol. 2014;25(9):1349–51

Prostate Embolization as an Alternative to Open Surgery in Patients with Large Prostate and Moderate to Severe Lower Urinary Tract Symptoms.

- ✓ 152 ασθενείς, μέσος όγκος προστάτου 134+/-41 gr, σε επίσχεση ή με έντονα συμπτώματα ανθεκτικά στη φαρμακοθεραπεία
- ✓ 20% αδυναμία αμφοτεροπλευρου καθετηριασμού (φτωχότερα αποτελέσματα σε μονόπλευρο εμβολισμό)
- ✓ 28% κλινική αποτυχία (χειρουργήθηκαν) στα 5.5 χρόνια follow-up
- ✓ A useful tool in very large prostates as **a method to avoid open surgery**; transurethral management can be delivered after shrinkage of the prostate to 50% of its initial size
- ✓ A useful method to postpone treatment in case of **young patients requiring surgery** but want to **preserve sexual function**.

Γιατί αυτή η μελέτη είναι σημαντική

- Ανοίγει το δρόμο σε ένα νέο εργαλείο στους ουρολόγους για την αντιμετώπιση ασθενών αυξημένου διεγχειρητικού κινδύνου με ΚΥΠ ή όταν η διατήρηση της εκσπερμάτισης είναι απαραίτητη.
- Τεκμηριώνει περαιτέρω την ασφάλεια μιας τεχνικής πολλά υποσχόμενης για μείωση προστατικού όγκου στις περιπτώσεις γιγάντιων προστατών καθιστώντας δυνατή την διουρηθρική αντιμετώπισή τους σε δεύτερο χρόνο.

Convective Radiofrequency Water Vapor Thermal Therapy with Rezūm System: Durable Two-Year Results of Randomized Controlled and Prospective Crossover Studies for Treatment of Lower Urinary Tract Symptoms due to Benign Prostatic Hyperplasia.

Roehrborn CG, Gange SN, Gittelman MC, Goldberg KA, Patel K, Shore ND, Levin RM, Rousseau M, Beahrs JR, Kaminetsky J, Cowan BE, Cantrill CH, Mynderse LA, Ulchaker JC, Larson TR, Dixon CM, McVary KT.

Abstract

PURPOSE: To report two-year outcomes of a multi-center randomized controlled trial plus one-year results of a crossover trial after treatment with convective radiofrequency water vapor thermal energy for lower urinary tract symptoms due to benign prostatic hyperplasia.

MATERIALS AND METHODS: 197 men at least 50 years old with International Prostate Symptom Scores 13 or greater, maximum flow rate of 15 ml per second or less and prostate size 30 to 80 cc were randomized 2:1 between thermal therapy with the Rezūm® System and control. Rigid cystoscopy with simulated active treatment sounds served as the control procedure. After unblinding at 3 months, control subjects could re-qualify for crossover study. Convectively delivered radiofrequency thermal energy was delivered into obstructive prostate tissue, including the median lobe as needed. The primary efficacy endpoint was change in severity of symptom scores.

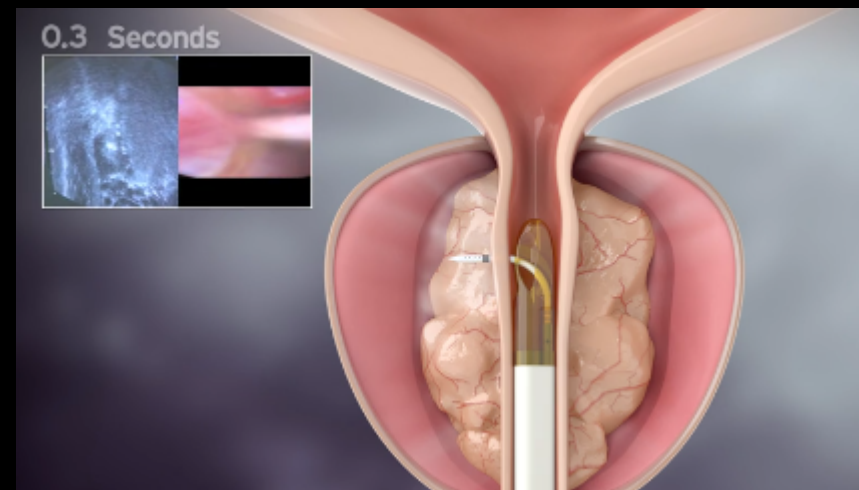
RESULTS: Convective radiofrequency thermal therapy improved urinary symptoms significantly over controls at 3 months and provided a sustained 51% reduction from baseline at 24 months ($p < 0.0001$). This produced a 5- and 8-point or greater score decrease in 84% and 74% of subjects at 24 months, respectively. Crossover subjects' symptoms, flow rate and quality of life measures were markedly improved after thermal therapy compared to their prior control procedure ($p = 0.024$ to < 0.0001). No de novo erectile dysfunction was reported.

CONCLUSIONS: Convective radiofrequency water vapor thermal therapy is a minimally invasive office or outpatient procedure providing early effective symptom relief that remains durable for 2 years and is applicable to the median lobe.

Ενέσεις ατμού στην ΚΥΠ



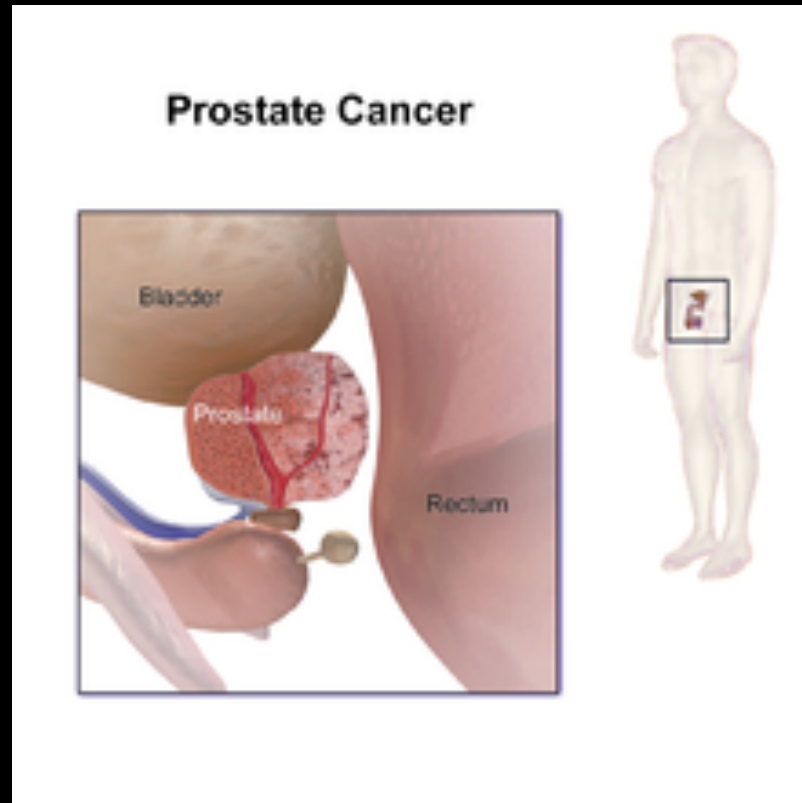
- Απλή in-office/out-patient θεραπεία
- FDA approved το 2015
- Δεν απαιτεί γενική αναισθησία
- Φορητή συσκευή εγχέει ατμό στον προστάτη διαμέσου βελόνας
- Καθητηριασμός 2-3d
- Αποτελέσματα εντός εβδομάδων
- Υποδεέστερα από TURP
- Διατηρεί την εκσπερμάτιση
- Περιορισμένη νοσηρότητα



Γιατί αυτή η μελέτη είναι σημαντική

- Προσδίδει high level of evidence σε μια καινούργια office based τεχνική με
 - Μικρή καμπύλη εκμάθησης
 - Μικρές ανάγκες αναισθησίας (τοπική ή μέθη)
 - Ενθαρρυντικά αποτελέσματα
 - Διατήρηση εκσπερμάτισης

Καρκίνος προστάτου



Novel Technique Prevents Lymphoceles After Transperitoneal Robotic-assisted Pelvic Lymph Node Dissection: Peritoneal Flap Interposition.

Lebeis C¹, Canes D¹, Sorcini A¹, Moinzadeh A².

⊕ Author information

Abstract

INTRODUCTION: To determine the efficacy of our novel technique to prevent lymphocele formation after pelvic lymph node dissection (PLND) after robotic-assisted radical prostatectomy (RARP) using the existing peritoneum of the bladder.

TECHNICAL CONSIDERATIONS: We evaluated 155 consecutive patients undergoing RARP with PLND over 24 months. Group A included the first 77 patients with PLND using standard technique (no peritoneal flap). Group B included the subsequent 78 patients (1 patient excluded) with PLND and peritoneal interposition flap. The peritoneal interposition flap is created by rotating and advancing the peritoneum around the lateral surface of the ipsilateral bladder to the dependent portion of the pelvis and fixing it to the bladder itself. A cystogram was performed in 91% of the patients 7-14 days after the surgery. Lymphocele formation rates were compared (based on symptoms, cystogram findings, and radiographic confirmation).

RESULTS: The 2 groups were statistically equivalent in terms of prostate-specific antigen, age, blood loss, body mass index, Gleason score, prostate size, pathology, or heparin use. Lymphocele formation occurred in 9 of 77 (11.6%) group A patients and in 0 of 77 group B patients ($P = .003$). Mean time to lymphocele detection in group A was 30.4 days. Mean follow-up in groups A and B were 383.97 and 379 days, respectively ($P = .91$).

CONCLUSION: Strategic rotation and fixation of a peritoneal flap around the lateral aspect of the bladder during transperitoneal RARP with PLND is a novel technique to prevent lymphocele formation. Given the sample size and single institutional study, a prospective, randomized, multi-institutional trial is planned.

Novel Technique Prevents Lymphoceles After Transperitoneal Robotic-assisted Pelvic Lymph Node Dissection: Peritoneal Flap Interposition.

155 συνεχόμενες μη επιλεγμένες διαπεριτοναϊκές ρομποτικές ριζικές προστατεκτομές

77 πρώτες χωρίς καθήλωση περιτοναίου (**Group 1**), 78 ακόλουθες με καθήλωση (**Group 2**)

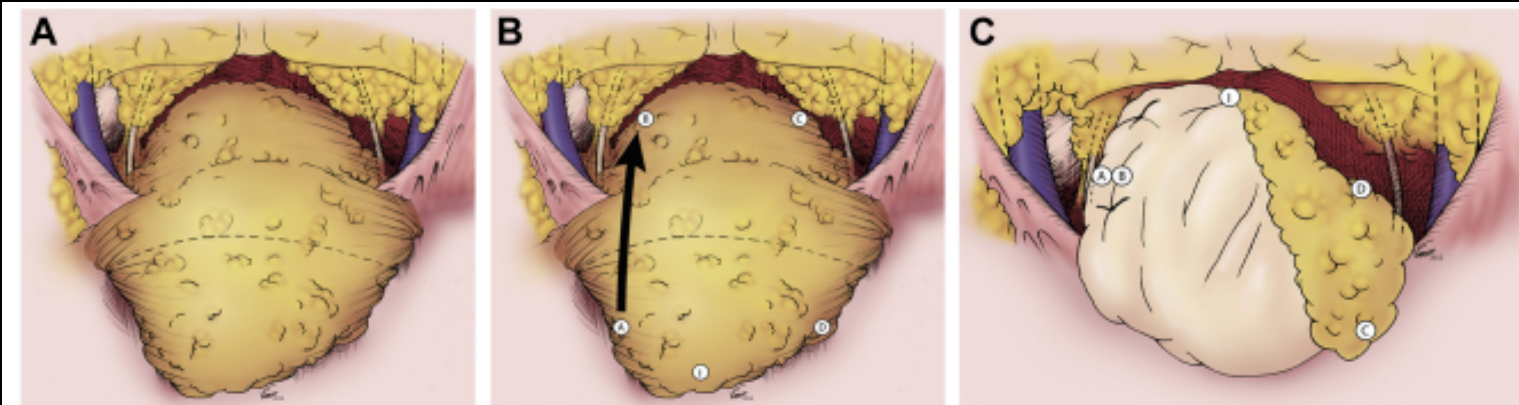


Figure 2. (A) In this illustration, the bladder has been dropped down, and the urethral anastomosis has been completed. The pelvic lymph node dissection has been carried out on the patient's left side only. The peritoneal flap is under the bladder, lying in the abdomen (not seen). (B) The peritoneal flap is used by folding the lateral aspect of the peritoneum (point A) around the bladder laterally to the adipose tissue of the bladder in the dependent portion of the pelvis (point B). The arrow indicates the course of the flap. Letters C and D represent right-side markings not used in this case. (C) The tacking sutures have been placed and this brings the flap into place in the pelvis as indicated by point A of the flap being sutured to point B on the lateral surface of the bladder. The peritoneal surface is adjacent to the area of the pelvic lymph node dissection, and the perivesical adipose tissue is covered. Letter I represents middle of peritoneum. Letters C and D represent right-side markings not used in this case.

Παρουσία συμπτωματικής λεμφοκήλης
Group 1 9/77 (11.6%) vs Group 2 0/78 (0%)

Γιατί αυτή η μελέτη είναι σημαντική

- Αποτελεί την πρώτη τεκμηρίωση μιας πολλά υποσχόμενης τεχνικής που χαρακτηρίζεται από
 - Εύκολη και γρήγορη πραγμάτωση
 - Θεαματικά αποτελέσματα
- Σε ένα πρόβλημα της χειρουργικής μας πρακτικής που ακόμη δεν έχει λυθεί.

Platinum Priority – Editorial and Reply from Authors
Referring to the article published on pp. 155–158 of this issue



Postoperative Lymphocele Formation after Pelvic Lymph Node Dissection at the Time of Radical Prostatectomy Should Not Be Considered an Inevitable Consequence of the Approach
Jens Uwe Stolzenburg^a, Iason Kyriazis^{a,b,}, Evangelos Liatsikos^{a,b}*

EUROPEAN UROLOGY 71 (2017) 159–161

Words of wisdom editorial πάνω στο θέμα.

Comparing Three Different Techniques for Magnetic Resonance Imaging-targeted Prostate Biopsies: A Systematic Review of In-bore versus Magnetic Resonance Imaging-transrectal Ultrasound fusion versus Cognitive Registration. Is There a Preferred Technique?

Wegelin O¹, van Melick HH², Hooft L³, Bosch JL⁴, Reitsma HB⁵, Barentsz JO⁶, Somford DM⁷.

⊕ Author information

Abstract

CONTEXT: The introduction of magnetic resonance imaging-guided biopsies (MRI-GB) has changed the paradigm concerning prostate biopsies. Three techniques of MRI-GB are available: (1) in-bore MRI target biopsy (MRI-TB), (2) MRI-transrectal ultrasound fusion (FUS-TB), and (3) cognitive registration (COG-TB).

OBJECTIVE: To evaluate whether MRI-GB has increased detection rates of (clinically significant) prostate cancer (PCa) compared with transrectal ultrasound-guided biopsy (TRUS-GB) in patients at risk for PCa, and which technique of MRI-GB has the highest detection rate of (clinically significant) PCa.

EVIDENCE ACQUISITION: We performed a literature search in PubMed, Embase, and CENTRAL databases. Studies were evaluated using the Quality Assessment of Diagnostic Accuracy Studies-2 checklist and START recommendations. The initial search identified 2562 studies and 43 were included in the meta-analysis.

EVIDENCE SYNTHESIS: Among the included studies 11 used MRI-TB, 17 used FUS-TB, 11 used COG-TB, and four used a combination of techniques. In 34 studies concurrent TRUS-GB was performed. There was no significant difference between MRI-GB (all techniques combined) and TRUS-GB for overall PCa detection (relative risk [RR] 0.97 [0.90-1.07]). MRI-GB had higher detection rates of clinically significant PCa (csPCa) compared with TRUS-GB (RR 1.16 [1.02-1.32]), and a lower yield of insignificant PCa (RR 0.47 [0.35-0.63]). There was a significant advantage ($p = 0.02$) of MRI-TB compared with COG-TB for overall PCa detection. For overall PCa detection there was no significant advantage of MRI-TB compared with FUS-TB ($p=0.13$), and neither for FUS-TB compared with COG-TB ($p=0.11$). For csPCa detection there was no significant advantage of any one technique of MRI-GB. The impact of lesion characteristics such as size and localisation could not be assessed.

CONCLUSIONS: MRI-GB had similar overall PCa detection rates compared with TRUS-GB, increased rates of csPCa, and decreased rates of insignificant PCa. MRI-TB has a superior overall PCa detection compared with COG-TB. FUS-TB and MRI-TB appear to have similar detection rates. Head-to-head comparisons of MRI-GB techniques are limited and are needed to confirm our findings.

Comparing Three Different Techniques for Magnetic Resonance Imaging-targeted Prostate Biopsies: A Systematic Review of In-bore versus Magnetic Resonance Imaging-transrectal Ultrasound fusion versus Cognitive Registration. Is There a Preferred Technique?

Systematic review; 43 μελέτες τελικά επιλέχθηκαν για ανάλυση

MRI targeted biopsy vs U/S random biopsy

- ✓ Ίδια ποσοστά ανίχνευσης Pca,
- ✓ MRI μεγαλύτερα ποσοστά **κλινικά σημαντικού** και μικρότερα **κλινικά ασήμαντου Pca**

- **MRI in-bore biopsy** (*Βιοψία υπό MRI καθοδήγηση*)
 - **MRI/TRUS fusion** (*επιπροβολή MRI δεδομένων πάνω στην εικόνα του U/S*)
 - **MRI cognitive TRUS biopsy** (*συμβατική βιοψία μετά από την εκτίμηση των δεδομένων της MRI*)
- Ίδια αποτελεσματικότητα στην ανίχνευση κλινικά σημαντικού καρκίνου

Γιατί αυτή η μελέτη είναι σημαντική;

- Η χρήση της πολυπαραγοντικής MRI εισάγεται ραγδαία στη διαχείριση των περιστατικών Pca
- Αποτελεί μια πρώτη συστηματική σύνοψη των δεδομένων πάνω στην τεχνική που βοηθά στην λήψη κλινικών αποφάσεων

Padeliporfin vascular-targeted photodynamic therapy versus active surveillance in men with low-risk prostate cancer (CLIN1001 PCM301): an open-label, phase 3, randomised controlled trial.

Azzouzi AR¹, Vincendeau S², Barret E³, Cicco A⁴, Kleinclaus F⁵, van der Poel HG⁶, Stief CG⁷, Rassweiler J⁸, Salomon G⁹, Solsona E¹⁰, Alcaraz A¹¹, Tammela TT¹², Rosario DJ¹³, Gomez-Veiga F¹⁴, Ahlgren G¹⁵, Benzaghou F¹⁶, Gaillac B¹⁶, Amzal B¹⁷, Debruyne FM¹⁸, Fromont G¹⁹, Gratzke C⁷, Emberton M²⁰; PCM301 Study Group.

⊕ Author information

Abstract

BACKGROUND: Vascular-targeted photodynamic therapy, a novel tissue-preserving treatment for low-risk prostate cancer, has shown favourable safety and efficacy results in single-arm phase 1 and 2 studies. We compared this treatment with the standard of care, active surveillance, in men with low-risk prostate cancer in a phase 3 trial.

METHODS: This randomised controlled trial was done in 47 European university centres and community hospitals. Men with low-risk, localised prostate cancer (Gleason pattern 3) who had received no previous treatment were randomly assigned (1:1) to vascular-targeted photodynamic therapy (4 mg/kg padeliporfin intravenously over 10 min and optical fibres inserted into the prostate to cover the desired treatment zone and subsequent activation by laser light 753 nm with a fixed power of 150 mW/cm for 22 min 15 s) or active surveillance. Randomisation was done by a web-based allocation system stratified by centre with balanced blocks of two or four patients. Best practice for active surveillance at the time of study design was followed (ie, biopsy at 12-month intervals and prostate-specific antigen measurement and digital rectal examination at 3-month intervals). The co-primary endpoints were treatment failure (histological progression of cancer from low to moderate or high risk or death during 24 months' follow-up) and absence of definite cancer (absence of any histology result definitely positive for cancer at month 24). Analysis was by intention to treat. Treatment was open-label, but investigators assessing primary efficacy outcomes were masked to treatment allocation. This trial is registered with ClinicalTrials.gov, number [NCT01310894](https://clinicaltrials.gov/ct2/show/study/NCT01310894).

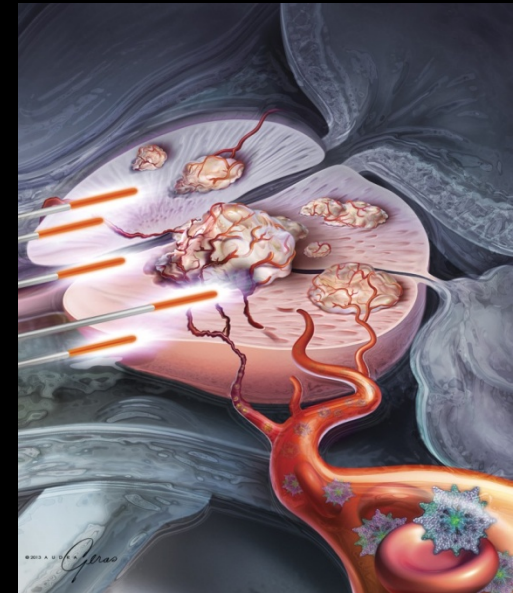
FINDINGS: Between March 8, 2011, and April 30, 2013, we randomly assigned 206 patients to vascular-targeted photodynamic therapy and 207 patients to active surveillance. Median follow-up was 24 months (IQR 24-25). The proportion of participants who had disease progression at month 24 was 58 (28%) of 206 in the vascular-targeted photodynamic therapy group compared with 120 (58%) of 207 in the active surveillance group (adjusted hazard ratio 0.34, 95% CI 0.24-0.46; $p < 0.0001$). 101 (49%) men in the vascular-targeted photodynamic therapy group had a negative prostate biopsy result at 24 months post treatment compared with 28 (14%) men in the active surveillance group (adjusted risk ratio 3.67, 95% CI 2.53-5.33; $p < 0.0001$). Vascular-targeted photodynamic therapy was well tolerated. The most common grade 3-4 adverse events were prostatitis (three [2%] in the vascular-targeted photodynamic therapy group vs one [$<1\%$] in the active surveillance group), acute urinary retention (three [2%] vs one [$<1\%$]) and erectile dysfunction (two [1%] vs three [1%]). The most common serious adverse event in the vascular-targeted photodynamic therapy group was retention of urine (15 patients; severe in three); this event resolved within 2 months in all patients. The most common serious adverse event in the active surveillance group was myocardial infarction (three patients).

INTERPRETATION: Padeliporfin vascular-targeted photodynamic therapy is a safe, effective treatment for low-risk, localised prostate cancer. This treatment might allow more men to consider a tissue-preserving approach and defer or avoid radical therapy.

FUNDING: Steba Biotech.

Φωτοδυναμική θεραπεία προστάτου (PDT) open-label, phase 3, randomised controlled trial

- 47 κέντρα στην Ευρώπη
- 1:1 Randomization **PDT (n=206) vs active surveillance (n=207)** σε low risk ασθενείς
- PDT= IV padeliporfin για 10 min και ενεργοποίηση διαπερινεϊκών ινών 753nm laser για 22min.
- **Disease progression (24m): PDT=28% vs AS=58%**
- **Negative biopsy (24m): PDT=49% vs AS=14%**
- Κυριότερη επιπλοκή PDT=επίσχεση ούρων 15/206 ασθενείς



Γιατί αυτή η μελέτη είναι σημαντική?

- ✓ Η αντιμετώπιση των low risk ασθενών με active surveillance δεν είναι ιδανική (30% progression, 10% έχουν locally advanced disease στην προστατεκτομή)
- ✓ Η διαχείριση των ασθενών που έχουν καρκίνο και δεν υποβάλλονται σε ριζική θεραπεία λόγω low risk νόσου βελτιστοποιείται από την ύπαρξη μιας νέας θεραπείας με μεγάλη αποτελεσματικότητα και μικρή νοσηρότητα

Ουρολιθίαση



Πόσο αποτελεσματικές είναι πραγματικά οι
θεραπείες που προσφέρουμε?

Uncovering the real outcomes of active renal stone treatment by utilizing non-contrast computer tomography: a systematic review of the current literature.

Tokas T¹, Habicher M¹, Junker D², Herrmann T³, Jessen JP⁴, Knoll T⁴, Nagele U⁵; Training Research in Urological Surgery Technology (T.R.U.S.T.)-Group.

⊕ Author information

Abstract

PURPOSE: To evaluate the stone-free rates (SFRs) and stone clearance rates (SCRs) of extracorporeal shock-wave lithotripsy (SWL), retrograde intrarenal surgery (RIRS), and percutaneous nephrolitholapaxy (PCNL) according to non-contrast computer tomography (NCCT) findings.

METHODS: Original articles were identified from PubMed. After exclusion of ineligible papers, twenty-three studies with 2494 cases were included in the review.

RESULTS: Six SWL, five RIRS and eight PCNL studies were selected. Additionally, four comparative articles were identified. SWL presents SFRs ranging 35-61.3 % and SCRs for residuals <4 mm being 43.2-92.9 %. RIRS studies report SFRs of 34.8-59.7 % and SCRs for residuals <4 mm ranging 48-96.7 %. Finally, PCNL presents SFRs of 20.8-100 % and SCRs for residuals <4 mm being 41.5-91.4 %. According to the comparative studies, SFRs are 17-61.3 % for SWL, 50 % for RIRS, and 95-100 % for PCNL.

CONCLUSIONS: According to NCCT findings, it seems that PCNL provides better SFRs than ESWL and RIRS. However, further research with comparable and complete preoperative parameters and outcomes could reduce the heterogeneity of current data.

Uncovering the real outcomes of active renal stone treatment by utilizing non-contrast computer tomography: a systematic review of the current literature.

- Systematic review των αποτελεσμάτων των **ESWL, RIRS και PCNL** περιλαμβάνοντας μόνο μελέτες που χρησιμοποίησαν συστηματικά CT για την μετεγχειρητική εκτίμηση του stone free αποτελέσματος
- Συνολικά 23 μελέτες με 2494 ασθενείς
- Εκτίμηση:
 - Stone **free** rates: Παντελής απουσία λίθου

Uncovering the real outcomes of active renal stone treatment by utilizing non-contrast computer tomography: a systematic review of the current literature.

Όλες οι μελέτες

| | Stone Free |
|------|--------------------|
| ESWL | 35- 61.3% |
| RIRS | 34.8- 59.7% |
| PCNL | 20.8- 100% |

Μόνο συγκριτικές μελέτες (PCNL vs RIRS vs PCNL)

| | Stone Free |
|------|------------------|
| ESWL | 17- 61.3% |
| RIRS | 50% |
| PCNL | 95- 100% |

Γιατί αυτή η μελέτη είναι σημαντική

- Η αποτελεσματικότητα των θεραπειών μας, εκτιμώμενη με συμβατικά μέσα (περιεγχειρητική εικόνα, RoNOK, U/S) έχει μάλλον υπερτιμηθεί (πχ αναφερόμενα stone free rates στην RIRS>95%)
- Σε ορισμένα περιστατικά η πλήρης εξάλειψη του λίθου είναι απαραίτητη (πχ κάτω καλυκικοί λίθοι, infectious stones) και η θεραπεία που επιλέγουμε οφείλει να στηρίζεται σε πραγματικά δεδομένα.

Κεντρική, μη καλυκική παρακέντηση νεφρού είναι ασφαλής στην PCNL

Αναδρομική μελέτη 137 διαδοχικών μη επιλεγμένων περιστατικών που χειρουργήθηκαν μέσω μη καλυκικής πρόσβασης. Αποτελέσματα και επιπλοκές ανάλογα της βιβλιογραφίας.

World J Urol

DOI 10.1007/s00345-016-1919-y

Challenging the wisdom of puncture at the calyceal fornix in percutaneous nephrolithotripsy: feasibility and safety study with 137 patients operated via a non-calyceal percutaneous track

Iason Kyriazis¹ · Panagiotis Kallidonis¹ · Marinou Vasilas¹ · Vasilios Panagopoulos¹ · Wissam Kamal¹ · Evangelos Liatsikos¹

RCT που αναδεικνύει μη ύπαρξη διαφορών (αιμορραγία/επιπλοκές) μεταξύ infundibular (n=28) και papillary(n=27) πρόσβασης.

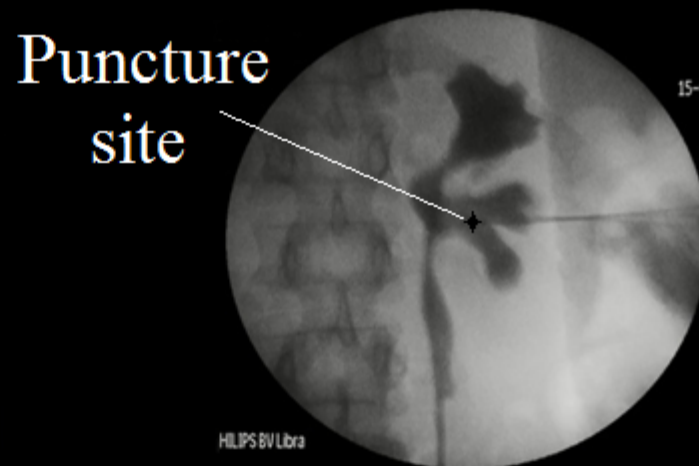
JOURNAL OF ENDOUROLOGY

Festschrift Issue

**Papillary vs Nonpapillary Puncture
in Percutaneous Nephrolithotomy:
A Prospective Randomized Trial**

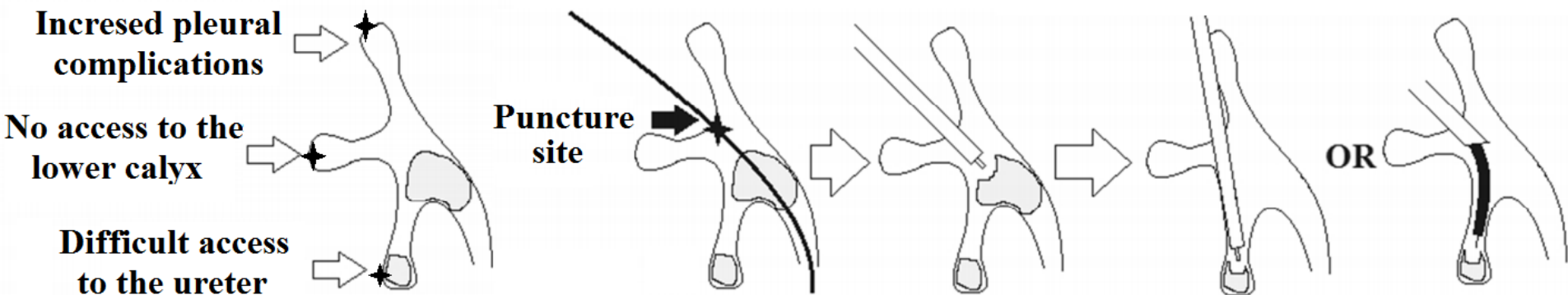
Panagiotis Kallidonis, MD, PhD, MSc, Iason Kyriazis, MD, MSc, Dimitrios Kotsiris, MD, Adamantia Koutava, MD, Wissam Kamal, MD, and Evangelos Liatsikos, MD, PhD

Central, non calyceal puncture is safe for PCNL

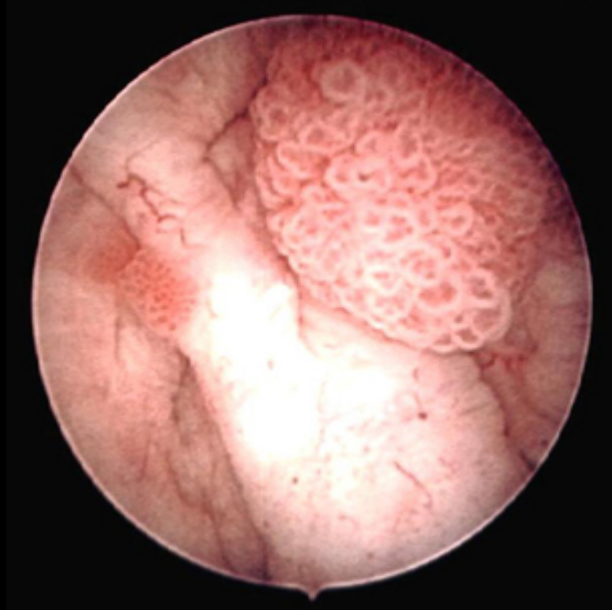


Γιατί η απαγκίστρωση από την απαίτηση για καλυκική πρόσβαση είναι σημαντική;

- ✓ Ευκολότερη η στόχευση ενός μεγαλύτερου στόχου
 - Γρηγορότερη-Λιγότερη ακτινοβολία
 - Πάντα επιτυχής (λιγότερες αποτυχίες πρόσβασης)
 - Ευκολότερη εκμάθηση
- ✓ Επιλογή θέσης πρόσβασης με βάση τη θέση που εξυπηρετεί καλύτερα το χειρ/ο
 - Παρέχοντας πάντα πρόσβαση στον ουρητήρα
 - Μειώνοντας το χειρουργικό χρόνο
 - Μειώνοντας την ανάγκη για δεύτερη πρόσβαση/ εύκαμπτη νεφροσκόπηση
 - Αυξάνοντας τα stone free rates



Ουροθηλιακός καρκίνος



Confocal Laser Endomicroscopy in the Management of Endoscopically Treated Upper Urinary Tract Transitional Cell Carcinoma: Preliminary Data.

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⊕ Author information

Abstract

PURPOSE: To describe our initial experience with confocal laser endomicroscopy (CLE) for the evaluation and treatment of patients with upper urinary tract transitional cell carcinoma (UUT-TCC).

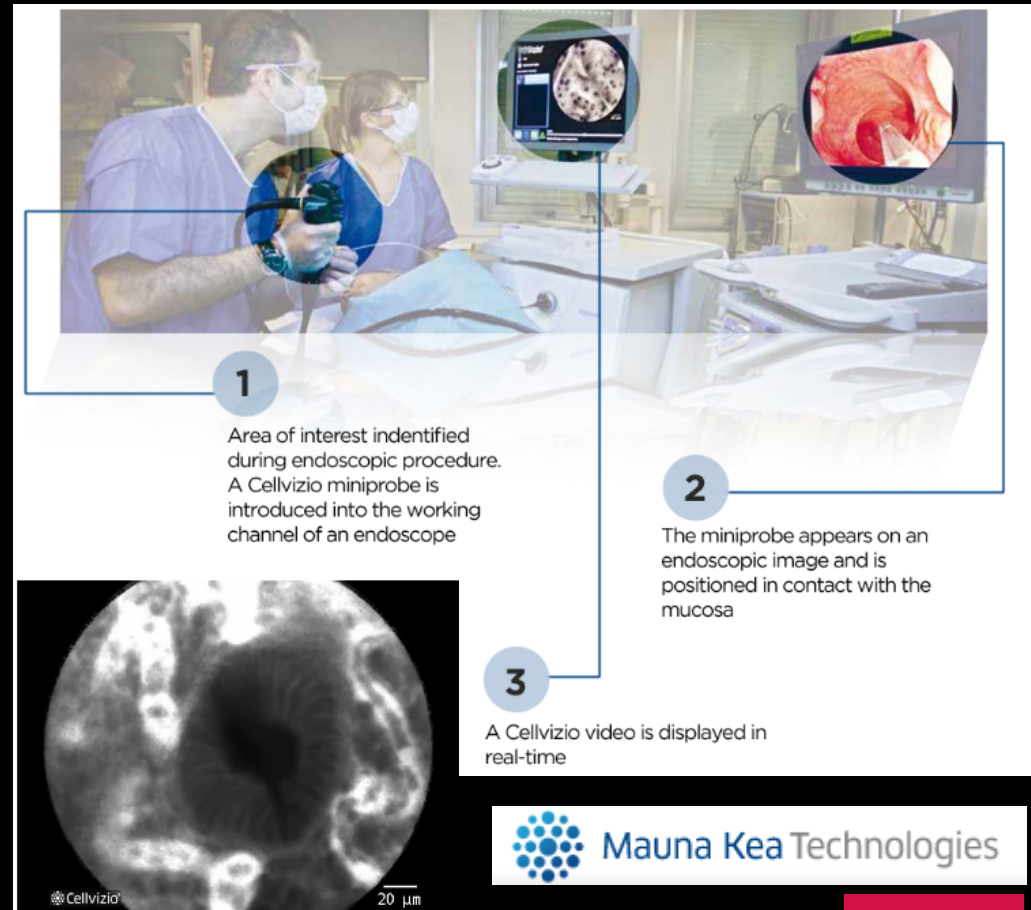
MATERIALS AND METHODS: Preliminary data were analyzed from 11 patients with suspicion of UUT-TCC scheduled for flexible ureteroscopy (f-URS) and consensual holmium-YAG laser tumor ablation. CLE was performed before endoscopic biopsy and laser photoablation of the suspected lesion using a 3F-diameter flexible probe UroFlex™ B (Cellvizio® system; Mauna Kea Technologies, Paris, France), which allows to obtain microscopic resolution imaging (3.5 μm), with a field of view of 325 μm and a depth of tissue imaging of 40 to 70 μm. Video sequences were analyzed offline and thereafter compared with histopathologic findings.

RESULTS: CLE technique was feasible and showed good quality imaging in all patients. Overall, the Cellvizio system provided reliable images of healthy urothelium when the probe was pointed toward normal tissue, showing umbrella cells on the surface and vessels in the lamina propria. Moreover, CLE displayed the characteristic features of high-density cellular aggregates and fibrovascular stalks in four patients with pathologically confirmed low-grade UUT-TCC. In the patient with pathologically confirmed high-grade UUT-TCC, more distorted microarchitecture and tortuous vessels were clearly recognized with CLE.

CONCLUSIONS: These preliminary data showed the feasibility of CLE technique when applied to the diagnosis of UUT-TCC. Further clinical studies are required to confirm CLE accuracy in distinguishing healthy urothelial tissue from malignant lesions, thus helping clinicians in targeting ureteroscopic biopsy and improving the conservative management of UUT-TCC patients.

Cellvizio endomicroscopy system

- Διεγχειρητική μικροσκοπική εκτίμηση ιστών επιτρέπει άμεσα ιστολογικά αποτελέσματα
- Συμβατή με εύκαμπτα εργαλεία (RIRS)
- Πολύ καλή τεκμηρίωση στην ενδοσκοπική γαστρεντερολογία



Γιατί αυτή η μελέτη είναι σημαντική

- Τα αποτελέσματα της ενδοσκοπικής βιοψίας σε UTUC είναι γενικά φτωχά.
- Η ύπαρξη ενός νέου εργαλείου για επι τόπου χαρακτηρισμό του όγκου σε low ή high grade θα συμβάλει στην καλύτερη διαχείριση των περιστατικών αυτών και πιθανότατα στην αύξηση των συντηρητικών θεραπειών (μεγαλύτερη βεβαιότητα ότι ένας όγκος είναι low grade και μπορεί να αντιμετωπιστεί τοπικά)



Ευχαριστώ