CASE PRESENTATION

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LEBANESE UROLOGY SOCIETY
الجمعية اللبنانية للمسالك البولية

Faculté de Médecine et des Sciences Médicales
♂ 53 Y.O

- No past medical or surgical history
- Sudden left flank pain, hematuria and dysuria
- No fever
• LABS

  – CBC:
    • Hg 9.6
    • Hct 30.8
    • GB 13.3  N64%

  – Creat : 3.5 mg/dl

• Positive urinary cytology

• ULTRA SOUND:
  – Left hydronephrosis
  – Bladder clots
MY NEXT STEP IS
In the OR

- Evacuation of bladder blood clots

- Cystoscopy:
  - Small bladder tumor (1 cm) obstructing the left ureteral orifice.
  - Resection of the tumor

(Pta low grade later on pathology)
MY NEXT STEP IS
LEFT RUP

FILLING DEFECT OF THE PROXIMAL URETER
MY NEXT STEP IS
Left double JJ insertion
MY NEXT STEP IS
Abdomen and pelvis MRI

- Severe left hydronephrosis
- 2X3 cm UPJ tumor
- Atrophic left kidney
- No active lymph nodes
- No abdominal metastasis
- T3a N0 M0
- Left bladder wall thickening
MY NEXT STEP IS
E.A.U guidelines

UTUC

Ureter

- Mid & Proximal: Low risk
  - 1. URS
  - 2. Uretero-ureterostomy*
  - • RNU +/- LND

- Distal: High risk
  - 1. URS
  - or 2. Distal ureterectomy

Kidney

- Calyx: Low risk
  - 1. URS
  - or 2. RNU
  - • RNU +/- LND

- Renal Pelvis: High risk
  - 1. URS
  - 2. Percutaneous
  - • RNU +/- LND
Left laparoscopic transperitoneal nephroureterectomy after the multidisciplinary team meeting decision
Pathology

- Urothelial low grade carcinoma of the proximal ureter
- pTa
- Free ureter margins
- Free hilar fat
- Free hilum vessels
- Renal parenchyma: chronic pyelonephritis
UTUC

Diagnostic evaluation: CTU, urinary cytology, cystoscopy

+/- Flexible ureteroscopy with biopsies

Low-risk UTUC

Kidney-sparing surgery: flexible ureteroscopy or segmental resection or percutaneous approach

Close and stringent follow-up

High-risk UTUC*

RNU

Open (prefer open in cT3, cN+)

Laparoscopic

Recurrence

Single post-operative dose of intravesical chemotherapy
MY NEXT STEP IS
### Decision of the MDT according to the E.A.U guidelines

<table>
<thead>
<tr>
<th>Recommendation for follow-up of UTUC after initial treatment</th>
<th>GR</th>
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<tbody>
<tr>
<td><strong>After radical management, over at least 5 years</strong></td>
<td></td>
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<tr>
<td><strong>Non-invasive tumour</strong></td>
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<tr>
<td>Cystoscopy/urinary cytology at 3 months and then yearly.</td>
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<tr>
<td>CT every year.</td>
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<tr>
<td><strong>Invasive tumour</strong></td>
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<td>Cystoscopy/urinary cytology at 3 months and then yearly.</td>
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<tr>
<td>CTU every 6 months for 2 years and then yearly.</td>
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<tr>
<td><strong>After conservative management, over at least 5 years</strong></td>
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<tr>
<td>Urinary cytology and CTU at 3 months, 6 months and then yearly.</td>
<td>C</td>
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</table>
3 months later

- Cystoscopy
- Resection of 2 Centimetric bladder tumors

(Pta Low grade later on pathology)
MY NEXT STEP IS
• Immediate post op intravesical instillation of chemotherapy was given (mitomycin)

• One cycle of intravesical chemotherapy over 6 weeks
MY NEXT STEP IS
Negative cystoscopy after 3 months

Patient is now under maintenance therapy with many negative cystoscopies
THANK YOU