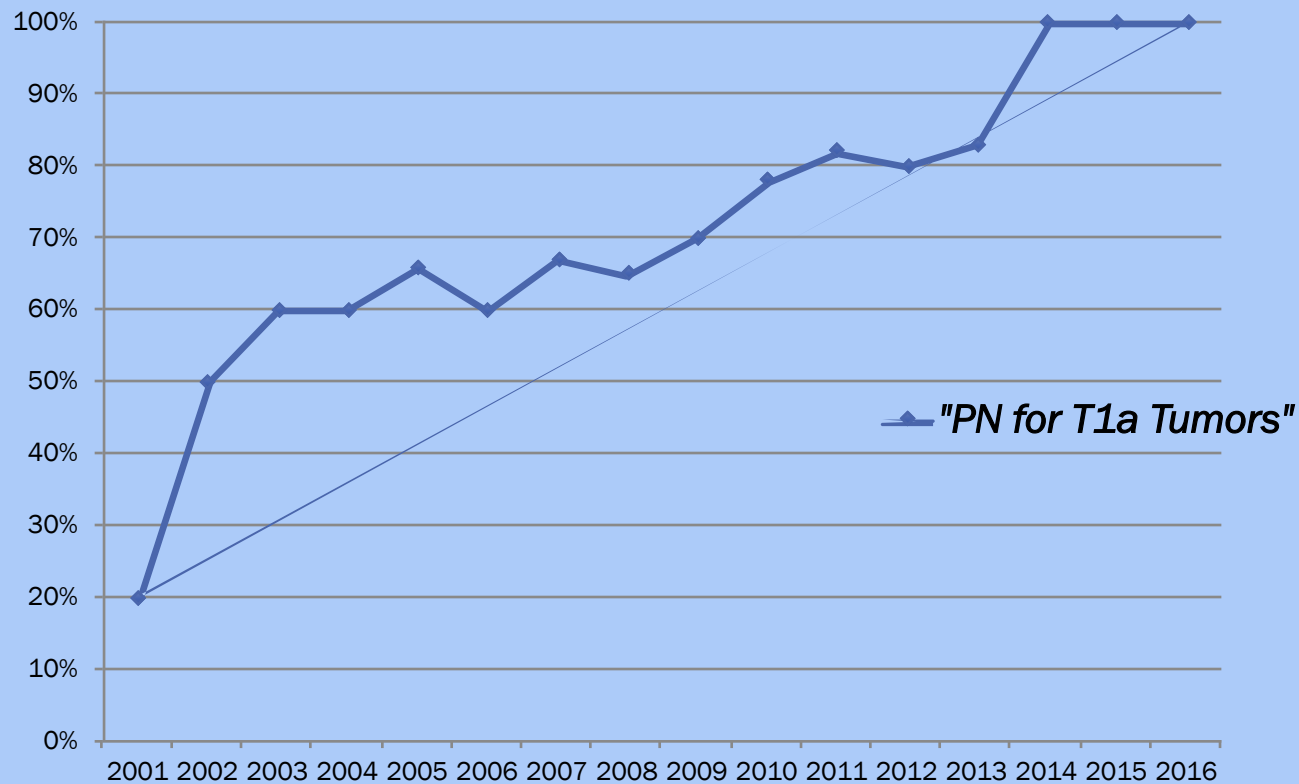




THE ROLE OF PARTIAL NEPHRECTOMY IN THE MANAGEMENT OF T1B TUMORS

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Partial nephrectomy for T1a tumors



Recommendations	GR
Surgery is recommended to achieve cure in localised RCC.	B
Partial nephrectomy is recommended in patients with T1a tumours.	A

Objectives

- Treatment for renal cell tumor:
 - *Cure from cancer*
 - *Minimal risk of complication*
 - *Minimally invasive strategies*
- Assess the expanding role of PN in the management of T1b tumors

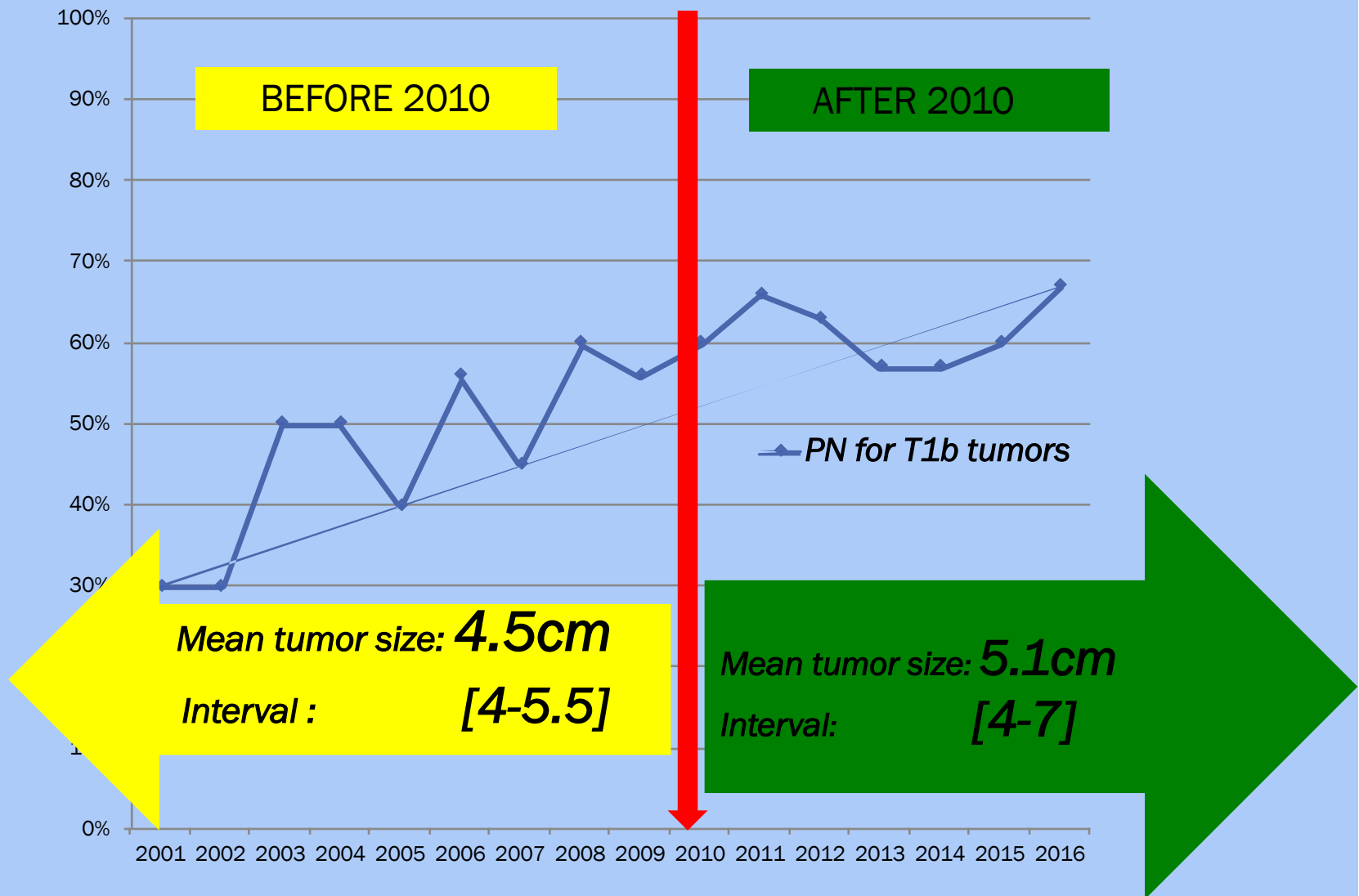
Methods

- Retrospective descriptive study
- Single institution: Hotel Dieu de France Hospital - Beirut
- Between 2001 -2016

Results

- 135 patients with T1b tumors operated of partial nephrectomy selected
- Mean age: 64 y.o
- Mean follow up: 75 months

Partial nephrectomy for T1b tumors



Results

<i>Surgery Characteristics</i>	
Duration	2.4 hours
Technique	Open retroperitoneal
Warm ischemia	27 min
Blood transfusion per op	8%
Hospital stay	4.8 days
Conversion rate (to radical nephrectomy)	2.9%

Complications

Grade	Percentage
Clavien 1-2	67%
Clavien 3	3.7%
• Urinoma	• 2.2%
• FAV	• 1.5%

Results

- Oncological control
 - 5 years CSS: 93%
- Reduced morbidity
 - *New onset of chronic renal failure (GFR<45mL/min): 0 patient*

Conclusion

- Expanding role of PN in T1b tumors
- Comparable oncological control
- Reduced morbidity

- Minimally invasive techniques
- Surgical expertise!!!



**DIVERTICULECTOMY IN THE MANAGEMENT OF
INTRADIVERTICULAR BLADDER TUMORS: A
TWELVE-YEAR EXPERIENCE AT A SINGLE
INSTITUTION**

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Introduction

- Intradiverticular bladder carcinoma is a rare entity
- 1,5% of bladder tumors.
- Treatment modalities:
 - *TURB + adjuvant intravesical BCG/chemotherapy*
 - *Diverticulectomy*
 - *radical cystectomy*
- Only recommendations for management were published by CCFAU in 2012 (*Cancer Committee of the French Association of Urology*)

Objective

- Review of a 12 year experience in the management of patients with intradiverticular bladder carcinoma using different treatment modalities including diverticulectomy and radical cystectomy

Methods

- A retrospective case review was done between January 2002 and May 2014
- Hotel Dieu de France University Hospital
- 17 patients
- Medical records were reviewed including demographic factors, symptomatology, histological features, and hospital stay.

Histopathological characteristics of the patients

Variable	Number of patients (%)
<u>Clinical stage:</u>	
<i>Noninvasive</i>	9 (53)
<i>Invasive</i>	8 (47)
<u>CIS:</u>	
<i>Present</i>	3(18)
<i>Absent</i>	14(82)
<u>Primary mode of treatment:</u>	
<i>Transurethral resection + BCG</i>	1 (6)
<i>Diverticulectomy</i>	11 (65)
<i>Radical cystectomy</i>	5 (29)

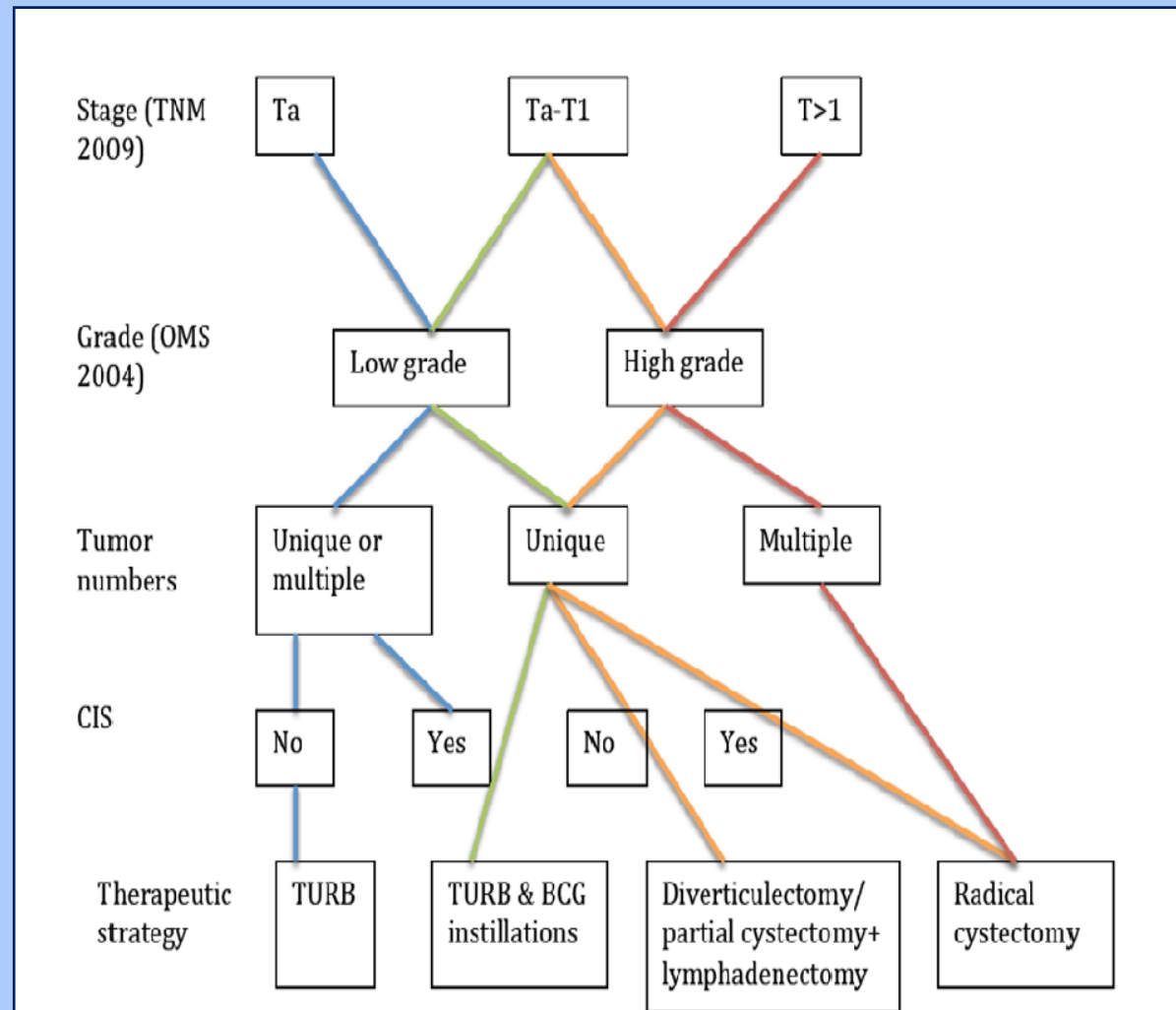
Results

- Sex: All males
- Mean age: 49.8 years (55–86)
- Main symptom: Painless hematuria 70%

Oncological outcome

Treatment received	Nb of patients	Local recurrence	Mestastasis	Follow up (m.o)
BCG instillation	1	0	0	100
Radcal cystectomy	5	0	0	28
Open diverticulectomy	11	1 (9%)	1 (9%)	38
•Invasive (T3)	3	0	1	
•CIS	3	0	0	
•Non invasive ≤T1	5	1	0	

Algorithm for management of intradiverticular bladder tumor



Cancer Committee of the French Association of Urology 2012

Conclusion

- Diverticulectomy is a safe and effective procedure
- A conservative approach is feasible, even in high grade or in the presence of CIS provided complete removal and close follow-up ensues.
- Further studies on conservative management strategies, impact on quality of life, and prognosis would be helpful in guiding patient and physician decisions on treatment choice and postoperative surveillance strategies.