

Urologic cancer

029002

Adrenal pheochromocytoma: left adrenalectomy with renal vein thrombectomy and suture allowing full renal preservation

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Introduction: Pheochromocytoma is a rare disease caused by a tumor that produces aldosterone. Incidence is 0.1–0.3% of cancer cases; it is more commonly found in females aged between the third and fifth decades. Some of these tumors have malign features, invading vessels or having distant metastasis. Surgery is the gold standard treatment, and its radicalness determines the patients' prognosis.

Objectives: To report a left adrenal pheochromocytoma case with renal vein invasion, successfully treated by radical adrenalectomy followed by renal vein thrombectomy and renal preservation.

Methods: Case report.

Results: A female patient, 33-years-old, started clinical symptoms with trembling, headache and episodes of fainting. In October 2011 she was brought to the hospital as an emergency, presenting with a brain stroke due to severe arterial hypertension. Urgent craniotomy was performed and a brain hematoma was drained; this was followed by intensive care hospitalization. An investigation was performed and abdominal tomography evidenced a 6-cm circular tumor in the left adrenal gland, with renal vein occlusion by a thrombus 4 cm in length. High levels of serum catecholamines and urinary metanephrins suggested pheochromocytoma. After clinical improvement, the patient received hospital discharge 1 month later with motor sequelae in the right limbs. After blocking with an alpha-adrenergic drug, radical surgery was performed in January 2012, with full left adrenalectomy plus local lymphadenectomy, renal vein thrombectomy and suture, with full renal preservation. The patient stayed in the cardiac intensive unit for 3 days, being discharged from hospital on the 4th postoperative day. Histopathological evaluation identified a pheochromocytoma with free surgical margins and no lymph-node metastases. She has had 3.5 years of follow-up with almost complete motor recovery and without evidence of oncological disease.

Conclusion: Clinical and surgical management requires a specialized and skilled multidisciplinary team, as it often requires specific and individualized treatments with a high level of complexity, as shown in this case report. These factors may be related to a favorable early and late prognosis for the patient.

028842

Cutaneous metastasis of renal clear-cell carcinoma: a case report

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Introduction: Kidney cancer is the third most common malignancy of the genitourinary tract and comprises 2–3% of malignant tumors. Renal-cell carcinoma accounts for 85% of renal cancers in adults. The kidney adenocarcinoma has had a higher incidence in the last 50 years, with a higher incidence in the age group 60–70 years; incidence in relation to gender is 1.5 men for 1 woman. The clear-cell carcinoma is the most common type, accounting for 70–80% of renal-cell cancers. Most cases

are sporadic, but familial forms have also been described as Von Hippel-Lindau syndrome, where 35% of patients develop renal clear-cell carcinoma. Patients with renal-cell carcinoma develop metastases in 30% of cases, and when they occur they mainly affect the lungs, liver, bones, brain, and adrenal glands. The cutaneous metastatic renal tumors are usually caused by emboli secondary to a hematogenous tumor infiltrating the renal vein. Approximately 80% of the cases present after the diagnosis of primary renal cancer. Skin metastases of renal-cell carcinoma are very rare.

Objectives: To report a patient with cutaneous metastasis of renal clear-cell carcinoma, and thus to contribute to the recognition of the disease and the possibility of early diagnosis in such cases.

Methods: It is a clinical case description made by chart review of a patient treated for renal-cell cancer with cutaneous metastasis.

Results: A woman aged 37 presented with multiple bilateral renal solid nodules with slow evolution. She was diagnosed with renal clear-cell carcinoma. She evolved with progression of hemangiomatic lesions on the scalp which were completely resected and diagnosed as metastases of renal cancer.

Conclusions: This is a case report of a patient with a rare disease and a poor prognosis; she had a survival of 1 year after diagnosis of metastatic cutaneous lesions. Through this report other professionals can diagnose such lesions and thus provide adequate treatment in order to increase the quality of life of these patients.

029215

Epidemiological review and clinical of patients with neoplasia submitted to prostatectomy in Salvador, BA, between 2008 and 2014

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Introduction: According to the Instituto Nacional do Câncer (INCA), 2014, the risk of prostate cancer is estimated at 70,42 new cases per 100,000 men; this is one of the highest incidences in the country, apart from men in the northeast region (47.46/100,000). Age is the only well established risk factor.

Objectives: To describe the clinical profile of patients with neoplasia submitted to prostatectomy in Salvador, Brazil, between 2008 and 2014.

Methods: We used data from the Sistema de Informação sobre Hospitalização (SIH/SUS) about patients with neoplasia who were submitted to prostatectomy between 2008 and 2014, from DATASUS. Cases were standardized by age, sex, race-color, death during the surgery, cross infection, and duration of hospital stay from 2008 to 2014 in Salvador, BA, Brazil.

Results: We noted an increase in the percentage of prostatectomies in patients with neoplasia between 2011 and 2014, with 13 (3.8%) and 129 (38.1%) cases, respectively, from the total number of prostatectomies performed. However, during previous years there was a decrease in performance of this procedure between 2008 (n = 46; 13.6%) and 2011 (n = 13; 3.8%). The age range of the patients was mostly >60 years old (n = 339; 83.9%), in particular 60–74 years (n = 246; 60.9%). In the race/color category 50.7% (n = 205) were brown. Cross infection as a result of surgery did not occur, and there were eight deaths (2%). The longest period of postoperative hospitalization was 2 days (n = 126; 31.2%).

Conclusion: Awareness in the major population of prostate cancer, leading to early diagnosis, may account for the increased number of prostatectomies. Senior citizens were the most affected, confirming the

relationship between age and this neoplasia. The high frequency in brown people is supposedly related to other risk factors, such as ethnicity and genetic factors. The absence of infections, the reduced number of deaths and fewer days of hospitalization are presumably correlated with the upgrading of surgical techniques in recent decades.

028917

Internal hemipelvectomy for treatment of a testicular non-seminomatous germ-cell tumor with solitary metastasis to the left iliac bone: a case report

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Introduction: Although chemotherapy is the standard care for metastatic germ-cell cancer patients, surgery for localized relapse could be proposed. Furthermore, extended surgery has been established as an effective method for other tumor treatment and could be used for metastatic germ-cell tumors in selected cases. This is the first case reported in the literature of a case of testicular cancer with a solitary bone metastasis treated with extended surgery.

Objective: To show the possibility of indicating this type of surgery in selected cases.

Methods: We report here a 36-year-old man with a testicular non-seminomatous germ-cell tumor with a solitary metastasis to the left iliac bone. He was treated with chemotherapy followed by internal hemipelvectomy. In view of the lack of therapeutic options for this case, and the absence of metastasis, extended curative surgery for the non-seminomatous germ-cell tumor was performed, with *en-bloc* resection of the left iliac bone (type I + II internal hemipelvectomy).

Results: After 36 months of follow-up, the patient is asymptomatic, with no signs of local recurrence or metastasis.

Conclusions: In selected cases, testicular non-seminomatous germ-cell tumor with iliac bone metastasis can be treated – in association with chemotherapy – by extended and aggressive surgery, including bone resection, to improve survival.

029312

Laparo-endoscopic single-site (LESS) surgery for the treatment of renal cysts: a new gold standard ?

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Introduction: The decortication of a laparoscopic renal cyst was described in 1992 by Hulbert. The main advantages were the reduction in recurrences as compared to aspiration, and decreased mortality compared to open surgery. The LESS surgery is a new surgical technique which aims to reduce the number of incisions.

Objectives: To present our experience with LESS for the treatment of simple renal cysts. The main advantages of this procedure would be less postoperative pain, faster recovery and better cosmetic results.

Methods: Three patients with symptomatic renal cysts were evaluated retrospectively from March to June 2011; they underwent decortication by LESS. Among the symptoms, two patients reported pain, and one patient reported a mass. The patient was placed in lateral decubitus 45°. A semi-lunate periumbilical incision was made, through the pneumoperitoneum,

and three trochanters (one 10 mm and two 5 mm) were inserted through the same incision. Conventional laparoscopy was carried out, and decortication was performed with electrocautery. Specimens were taken out through the same incision. All patients were operated by the same surgical team.

Results: The average age of the patients was 57 years. The diameter of the cysts ranged from 8.3 to 17 cm, and the average operative time was 63 min; there was no conversion to open surgery. The average of hospital stay was 2 days. The pathological study showed no sign of malignancy in the patients.

Conclusion: The LESS surgery is the latest innovation in the armamentarium of laparoscopic surgery. The difficulty that arises from tweezers triangulation usage is the main challenge of this procedure. New technologies emerge to minimize these problems, but the cost precludes its widespread use in our routine. The cosmetic benefits allied with the undeniable benefits of minimally invasive surgery have increased interest in and helped to enhance the use of LESS techniques. Such techniques assure the advantages of laparoscopy and a better cosmetic outcome. The low complication rate and the possibility of performing the procedure without any special instruments allow the adoption of this technique by those who are already experienced with laparoscopy.

028466

Minimally invasive partial nephrectomy versus renal cryoablation for small renal masses

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Introduction: Minimally invasive partial nephrectomy (MIPN) is the gold standard treatment for small renal masses (SMRs). Renal cryoablation (RC) is a promising treatment for patients with SMRs.

Objectives: To compare perioperative, functional, and oncological outcomes of MIPN and RC in the treatment of patients with SMRs.

Methods: We retrospectively reviewed the medical records of 264 patients who underwent a minimally invasive nephron-sparing approach as a primary treatment for renal mass between January 2003 and March 2013. Tumors were divided into two groups according to the procedure performed: kidney cryoablation (percutaneous and laparoscopic) and minimally invasive partial nephrectomy (laparoscopic and robotic).

Results: We identified 271 SMRs among 264 patients (RC, n = 123; MIPN, n = 148). Patients undergoing MIPN were younger (60.6 years versus 65.8 years; $P < 0.0001$). The average size of the renal mass was higher in the MIPN group (3.0 versus 2.4, $P < 0.0001$). The incidence of perioperative complications was less likely for RC (14.6% versus 23.6%, $P = 0.062$). RC was associated with a shorter operative time and anesthetic ($P < 0.001$ and $P < 0.0001$, respectively), less estimated blood loss ($P < 0.0001$), and shorter hospital stay ($P < 0.0001$). Patients undergoing RC had a higher treatment failure rate (8.9% versus 2.0%, $P = 0.01$). Recurrence-free survival in 3, 5 and 10 years was 94.9%, 86.3% and 86.3% for RC; and 97.4%, 97.4% and 91.3% for MIPN respectively ($P = 0.123$). Disease-free survival in 10 years was 95.5% for RC and 98.5% for MIPN ($P = 0.930$). The MIPN group had a lower estimated glomerular filtration rate at postoperative day 1 compared to the RC group ($P = 0.019$).

Conclusions: Patients undergoing RC have a lower incidence of perioperative complications and better preservation of renal function in the immediate postoperative period. Although MIPN had a lower local recurrence rate, there was an equivalent treatment effect when patients initially treated by RC were salvaged.

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