Abstract
Purpose: To establish the results of classificatory RPLND in patients with testicular carcinoma at the Instituto Nacional de Cancerología in a 3 year period. Methods: A descriptive study was held. Patients with nonseminomatous stage I or IIA who were taken to classificatory RPLND at the Instituto Nacional de Cancerología between January 2006 and January 2009 were included. Age, type of testicular tumor, tumoral size, tumor markers, surgical time, bleeding, complications, pathologic result, number of nodes, clinical evolution and mortality were recorded. Results: Seventeen patients were included. Average age was 25.8 years and primary tumor size was 6cms. Forty one patients had a bad prognosis factor, mainly Embriony carcinoma or lymphovascular invasion. Pathologic study was reclassified at our institution on 94.1% of the cases, and 82.3% were classified as clinical stage I. RPLND was done with laparoscopy in 11.8% of the patients. Average surgical time was 3.9 hrs and bleeding was 368cc. Average lymph nodes obtained was 20.1 and we had no complications. Nodes were negative in 70.6%, 11.8% had seminoma, 5.9% had teratoma, 5.9% had nonseminomatous tumors and 5.9% had no lymph node resected. Three patients had tumor recurrence during follow-up; two of them with lung metastases and one with inguinal recurrence. There were no deaths. Conclusions: Early stage testicular cancer can be better classified with the performance of a RPLND with low morbidity and mortality. Imaging studies are not enough to establish retroperitoneal lymph node status. Testicular cancer is a complex entity that has a good cure rate in initial stages, that needs a close follow-up and that should be managed by an interdisciplinary group in referral centers.

Keywords
Testicular cancer, retroperitoneal lymph node dissection.