Abstract

Objective: The management of the distal ureter and bladder cuff is an important issue related to laparoscopic nephroureterectomy, because of the fear that local and bladder recurrences could be induced by an inadequate manipulation of the specimen. We present a case of muscle invasive bladder tumor that appeared 18 months after laparoscopic radical nephroureterectomy.

Methods/Results: A 42 year-old woman with multifocal grade 3 pT3, right kidney urothelial carcinoma, treated by laparoscopic radical nephroureterectomy with early clipping of the distal ureter, transurethral detachment of the intramural ureter, and no bladder closure, presented with an invasive bladder recurrence after 18 months of follow-up. Conclusions: There is no a definitive answer to the question of what is the best and safest way of treating the intramural ureter to prevent local and bladder recurrences. However, early clip occlusion of the ureter to avoid downstream cell seeding during kidney manipulation, and an open approach to the distal ureter in case of concomitant distal ureter or bladder tumor is recommended.

Keywords

Transitional cell carcinoma, Bladder cancer, Kidney cancer, Laparoscopy.