

## ENDOUROLOGY & LAPAROSCOPY

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### **Laparoscopic management of ureteral endometriosis: the Stanford University hospital experience with 96 consecutive cases**

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**Purpose:** We report the clinical characteristics and the principles of laparoscopic management of ureteral endometriosis at our institution.

**Materials and Methods:** We retrospectively reviewed the charts of patients with ureteral endometriosis.

**Results:** Preoperatively 97% of patients complained of pain but only a third had urinary symptoms. The left ureter was affected in 64% of cases and disease was bilateral in 10%. Four patients had hydroureter and 2 had hydronephrosis.

**Conclusions:** To our knowledge this report represents the largest series of laparoscopically treated, pathologically confirmed ureteral endometriotic cases to date. It confirms that laparoscopic diagnosis and management of ureteral endometriosis are safe and efficient. All patients who undergo laparoscopy for endometriosis should be evaluated for possible ureteral involvement regardless of the presence or absence of urinary symptoms, or prior radiological evaluation since undiagnosed ureteral disease may result in loss of renal function.

#### **Editorial Comment**

The authors described the largest series of ureteral endometriosis managed laparoscopically. The authors' recommendations are very useful depicting a practical algorithm to evaluate and manage this not very common pathology.

In case of non-dilated ureter, one may even consider placement of stents if ureter is compromised (dusky ureteral color, poor peristaltic activity and devascularized serosa).

The aim of treatment should be to remove all endometriotic lesions, relieve ureteral compression and avoid recurrence while minimizing the morbidity associated with radical surgery. Moreover, the laparoscopic approach is feasible and allows the surgeon to treat optimally this disease.

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### **Salvage robotic-assisted radical prostatectomy: initial results and early report of outcomes**

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**Objective:** To evaluate the initial results of salvage robotic-assisted radical prostatectomy (SRARP) after recurrence following primary radiotherapy (RT) for localized prostate cancer.

**Patients and Methods:** Between December 2002 and January 2008, 11 patients had SRARP with pelvic lymph node dissection by one surgeon from one institution. Six patients had brachytherapy, three had external beam

RT (EBRT), one intensity-modulated RT, and one received brachytherapy with an EBRT boost. All patients had prostate cancer on biopsy after RT, with negative computed tomography and bone scan. The mean (range) follow-up was 20.5 (1-77) months.

Results: The mean interval from RT to SRARP was 53.2 months; the mean preoperative prostate-specific antigen (PSA) level was 5.2 ng/mL, the operative duration 183 min and the estimated blood loss 113 mL. One patient had prolonged lymphatic drainage, one had an anastomotic leak, and one had an anastomotic stricture requiring direct vision internal urethrotomy at 3 months. The mean duration of catheterization was 10.4 days and the hospital stay 1.4 days. Three patients had a biochemical recurrence, at 1, 2 and 43 months. In one of two patients with node-positive carcinoma of the prostate the PSA level failed to reach a nadir of zero after surgery. In patients with a minimum follow-up of 2 months, eight of 10 are continent (defined as zero to one pad per day) and two have erections adequate for intercourse with the use of phosphodiesterase-5 inhibitors.

Conclusion: SRARP after RT-resistant disease recurrence is feasible with minimal perioperative morbidity. Early functional outcomes appear to be at least equivalent with historical salvage RP series. Robotic extended pelvic lymph node dissection is safe and can improve the accuracy of surgical staging. A longer follow-up is necessary to better assess the functional and oncological outcomes.

### Editorial Comment

The authors described their experience performing robotic-assisted radical prostatectomy (SRARP) after recurrence following primary radiotherapy (RT) for localized prostate cancer. Traditionally, open series have demonstrated the difficulties of the technique and the serious complications that may occur. The mean interval from Radiation therapy (RT) to SRARP was 53.2 months; the mean preoperative prostate-specific antigen (PSA) level was 5.2 ng/mL, the operative duration 183 min and the estimated blood loss 113 mL. Surprisingly, in patients with a minimum follow-up of 2 months, eight of 10 are continent (defined as zero to one pad per day) and two have erections adequate for intercourse with the use of phosphodiesterase-5 inhibitors. Ultimately, the surgical experience will dictate the complication rates and outcomes of patients. There is no doubt that longer and larger series will dissect the use of robotic surgery in the surgical management of RT resistant prostate cancer patients.

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## IMAGING

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### **Segmental enhancement inversion at biphasic multidetector CT: characteristic finding of small renal oncocytoma**

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