

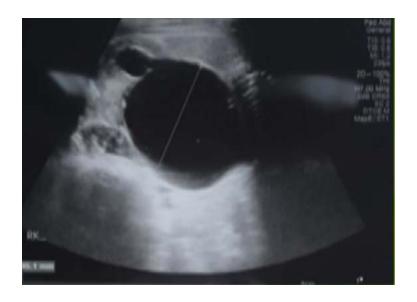
SENAD KALKAN

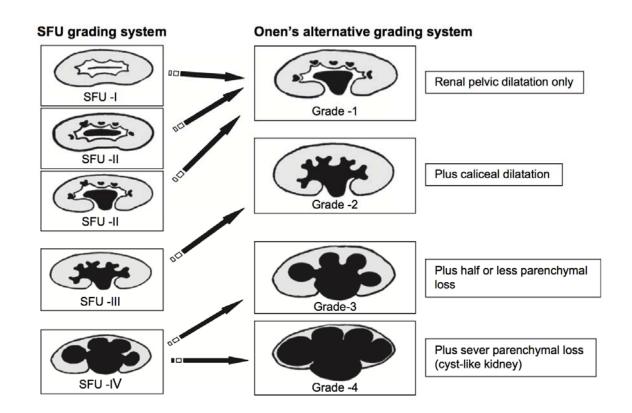
# Üreteropelvik Bileşke Darlığı Vaka Tartışmaları

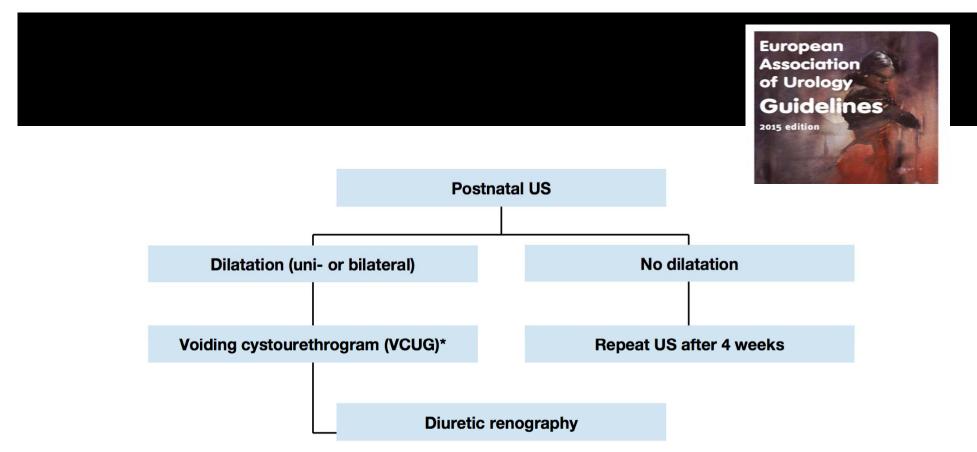




- 3 ay'lık erkek infant
- Neonatal hidronefroz tanısı almış
- USG: Sağ böbrek A-P çapı 38mm





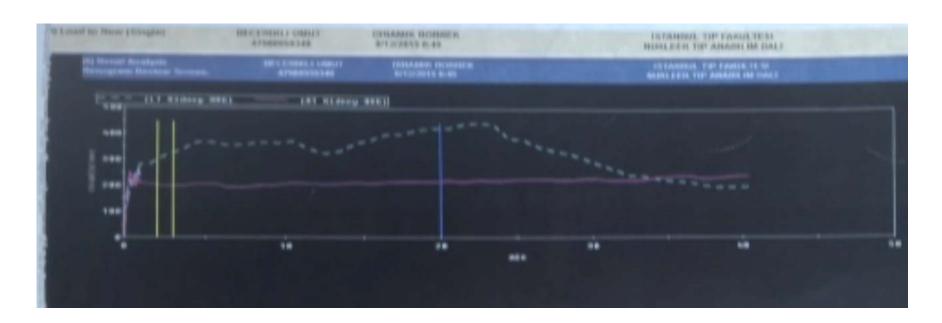


<sup>\*</sup> A diagnostic work-up including VCUG must be discussed with the parents, as it is possible that, even if reflux is detected, it may have absolutely no clinical impact. However, it should be borne in mind that reflux has been detected in up to 25% of cases of prenatally detected and postnatally confirmed hydronephrosis [436].

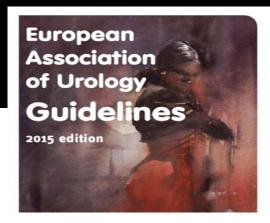
- DMSA:
  - Sağ:%38, Sol:%62



MAG 3: Obstrüktif Panel



### Endikasyonlar



#### 3L.3.2 UPJ obstruction

It is most important that management decisions are made on the basis of serial investigations that have used the same technique and have been performed by the same institution under standardised circumstances.

Symptomatic obstruction (recurrent flank pain, urinary tract infection) requires surgical correction using a pyeloplasty, according to the standardised open technique of Hynes and Anderson [441]. In experienced hands, laparoscopic or retroperitoneoscopic techniques and robot-assisted techniques have the same success rates as standard open procedures. In asymptomatic cases, conservative follow-up is the treatment of choice.

Indications for surgical intervention comprise impaired split renal function (< 40%), a decrease of split renal function of > 10% in subsequent studies, poor drainage function after the administration of furosemide, increased anteroposterior diameter on ultrasound, and grade III and IV dilatation as defined by the Society for Fetal Urology [442].

- Ek tetkik
  - VCUG Kime?
  - IVU?
  - Tomografi?

#### VCUG?

World J Urol. 2013 Jun;31(3):683-7. doi: 10.1007/s00345-012-0918-x. Epub 2012 Aug 1.

Children and adolescents with ureteropelvic junction obstruction: is an additional voiding cystourethrogram necessary? Results of a multicenter study.

Hubertus J<sup>1</sup>, Plieninger S, Martinovic V, Heinrich M, Schuster T, Bürst M, Schröder A, Beetz R, Dietz HG, Stehr M.

- Üreter dilatasyonu
- Sık üriner sistem infeksiyonu

- Gözlem
  - Antibiyotik profikasisi altında takip
- Cerrahi
  - Açık Piyeloplasti
  - Laparoskopik Piyeloplasti
  - Robot yardımlı L. Piyeloplasti
  - Endopiyelolitotomi

# LAP vs AÇIK PİYELOPLASTİ

JOURNAL OF ENDOUROLOGY Volume 25, Number 5, May 2011 @ Mary Ann Liebert, Inc. Pp. 727-736 DOI: 10.1089/end.2010.0544

Reviews in Endourology

Laparoscopic Versus Open Pyeloplasty for Ureteropelvic Junction Obstruction in Children: A Systematic Review and Meta-Analysis

Hong Mei, M.D., Jiarui Pu, M-P Liduan Zheng, M.D.,

#### Conclusions

With this systematic review and meta-analysis of articles from the medical literature, we approve that LP is a safe and effective procedure for the management of UPJ obstruction in the pediatric population. The shorter hospital stay, excellent outcomes, and without significant additional risk of postoperative complications of the laparoscopic procedure indicates potential benefits over traditional open procedures. In current clinical practice, LP can be used as an alternative to open surgery according to the surgeon's discretion and laparoscopic experience. Because of publishing bias, however, a series of RCTs are necessary to explore the efficiencies of LP in the management of pediatric UPJ obstruction.

Mei H, et al, J Endourol, 2011

# LAPAROSKOPİ AVANTAJLARI



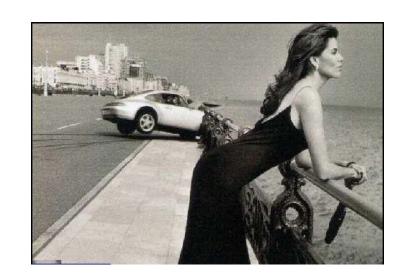


### LAPAROSKOPİ DEZAVANTAJLARI



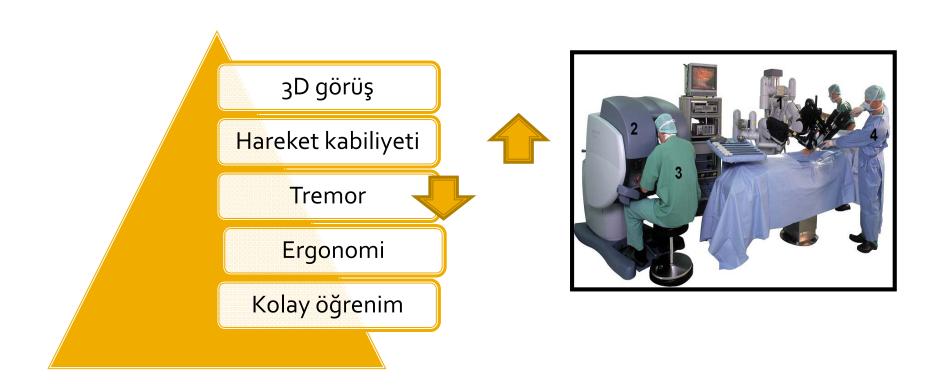
#### LAPAROSKOPİ KOMPLİKASYONLARI

- Overall komp.: 5.4%
- Yanlış insuflasyon 4.2%
- o.4% tedavi gerektirir.
- En önemli prediktör; TECRÜBE!!



Peters CA, et al, J Urol, 1996

### RALP AVANTAJLARI



#### RALP DEZAVANTAJLARI

- Maliyet
- Portların büyük olması
- Docking??





#### LP vs RALP



Reconstruc

#### Systema Convent Uretero Length of Success

Luis H.P. B

<sup>a</sup>Division of Urolo <sup>b</sup>Division of Urolo

#### Abstract

Background: Although robotic-assisted procedures may theoretically be more advantageous than conventional laparoscopic ones, few studies have shown clear superiority of robotic-assisted laparoscopic pyeloplasty (RAP) over conventional laparoscopic pyeloplasty (CLP) for ureteropelvic junction obstruction (UPJO).

Objective: To undertake a systematic review and meta-analysis to evaluate the effect of RAP versus CLP for patients with UPJO, focusing on operative time, length of hospital stay, postoperative complications, and success rate.

Design, setting, and participants: We searched four electronic bibliographic databases, including the related articles PubMed feature, reference lists from articles, and program abstracts from scientific meetings. Consequently, 58 citations were identified. Two individuals independently screened the titles and abstracts of each citation to select the articles (90% agreement).

*Intervention:* Studies that compared RAP with CLP for treatment of UPJO were included. Case series on RAP or CLP were excluded because of large heterogeneity.

Measurements: We utilized weighted mean difference (WMD) to measure operative time and length of hospital stay and odds ratio (OR) and risk difference (RD) to measure complication and success rates. These ORs were pooled using a random effects model and were tested for heterogeneity.

*Results:* We identified eight publications that strictly met our eligibility criteria. Metanalysis of extractable data showed that RAP was associated with a 10-min operative time reduction (WMD: -10.4 min; 95% CI: -24.6–3; p = 0.15) and significantly shorter hospital stay compared with CLP (WMD: -0.5 d; 95% CI: -0.6–-0.4; p < 0.01). There were no differences between the approaches with regard to rates of complication (OR: 0.7; 95% CI: 0.3–1.6; p = 0.40) and success (OR: 1.3; 95% CI: 0.5–3.5; p = 0.62).

Conclusions: RAP and CLP appear to be equivalent with regard to postoperative urinary leaks, hospital readmissions, success rates, and operative time.

© 2009 European Association of Orology. Published by Eisevier B.V. All rights reserved.

Braga LHP et al, Eur Urol, 2009



versus

ime,

### PEDIATRIK LP vs RALP

#### Pediatric Standard and Robot-Assisted Laparoscopic Pyeloplasty: A Comparative Single Institution Study

Edward Riachy, Nicholas G. Cost, W. Robert Defoor, Pramod P. Reddy, Eugene A. Minevich and Paul H. Noh\*

From the Division of Pediatric Urology, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio

- Başarı oranları benzer
- Komp. oranları benzer
- Robot daha hızlı...

Riachy E, J Urol, 2013



## 1.VAKA



- Üreteral stent geçmedi?
  - Antegrad üreterografi
  - Retrograd stent
  - Nefrostomi
  - Eksternal Piyelostomi
  - Stent FREE
  - UV darlık onarımı





# Antegrad Vs Retrograd Stent

JOURNAL OF ENDOUROLOGY Volume 22, Number 4, April 2008 ⊚ Mary Ann Liebert, Inc. DOI: 10.1089/end.2007.0210

Antegrade versus Retrograde Stenting in

NIMALAN AR VIVEKANAI MARCO CARINI 0022-5347/04/1714-1440/0 The Journal of Urology® Copyright © 2004 by American Urological Association

Vol. 171, 1440–1442, April 2004 Printed in U.S.A. DOI: 10.1097/01.ju.0000116546.06765.d1

IS ANTEGRADE STENTING SUPERIOR TO RETROGRADE STENTING IN

ANIL

From the Department of Uro

JOURNAL OF ENDOUROLOGY Volume 24, Number 4, April 2010 © Mary Ann Liebert, Inc. Pp. 551–555 DOI: 10.1089/end.2009.0427 Laparoscopy and Robotic Surgery

Antegrade Ureteral Stenting During Laparoscopic Dismembered Pyeloplasty: Intraoperative Findings and Long-Term Outcome\*

Ahmed Sobhy El-Feel, M.D., Mahmoud Amr Abdel-Hakim, M.D., Hazem Ibrahim Abouel-Fettouh, M.D., and Amr Mahmoud Abdel-Hakim, M.D.

# Antegrad Vs Retrograd Stent

#### ABSTRACT

Purpose: To compare operative times between retrograde and antegrade ureteral stenting as part of laparo-

Patients and Methods: Laparoscopic pyeloplasty procedures from January 2002 to January 2007 were identified through a prospective database. Procedures on 126 patients were performed using the same transperitoneal technique apart from the method of stent placement, which was performed in either a retrograde may

ner before laparoscopy or an antegrac

Results: A total of 45 patients under ready had a stent in place, and 8 patie ative time in patients with antegrade stent placement (median 185 v 245 mi ity of the operative surgeon was taken

Conclusion: Antegrade stent placen pared with retrograde stent placement

#### CONCLUSIONS

With the technique of laparoscopic stenting we can do away with the need for prior cystoscopy and stenting. The associated risk of the stent becoming cut and migrating up-

ward is als ical deline tion becom

	Retrograde stenting group (range)	Antegrade stenting group (range)	t-test
Number of patients	15 patients (9 right/6 left)	32 patients (4 right/5 left)	NA
Type of UPJO	15 primary/0 secondary	29 primary/3 secondary	NA
Age	$26 \pm 9$ years (11–41 years)	$24 \pm 10 \text{ years } (10-45 \text{ years})$	p = 0.6
Body mass index	$28.9 \pm 2.9 \mathrm{kg/m^2}$ (25.9–35.1)	$27.1 \pm 3.6 \mathrm{kg/m^2} (23.4 - 34.5)$	p = 0.2
Crossing vessels	6/14 cases (42%)	14/32 cases (45%)	NA
High insertion of ureter	0/14 cases (0%)	5/31 cases (16%)	NA
Conversion to open	1 case	1 case	NA
Operative time	$271 \pm 21$ minutes (235–305)	$199 \pm 34$ minutes (155–285)	p < 0.0
Dieser iess	11 112 (20 50)	55 ± 26 m.L (20 100)	p = 0.1
Hemoglobin deficit	$0.2 \pm 0.1 \mathrm{g}\% (0-0.5)$	$0.1 \pm 0.2 \mathrm{g}\% (0-0.6)$	p = 0.2
Intestinal sounds	$11 \pm 2$ hours (7–17 hours)	$12\pm5$ hours (6–18 hours)	p = 0.6
Hospital stay	$7 \pm 2 \text{ days } (6-14)$	$6 \pm 1 \text{ days } (6-15)$	p = 0.1

- 1. Arumaiyanegam, J Endourol, 2008
- 2. Mandhani A, J Urol, 2004 3. El Feel AS, J Enourol, 2010

### Piyeloüretral vs DJ stent

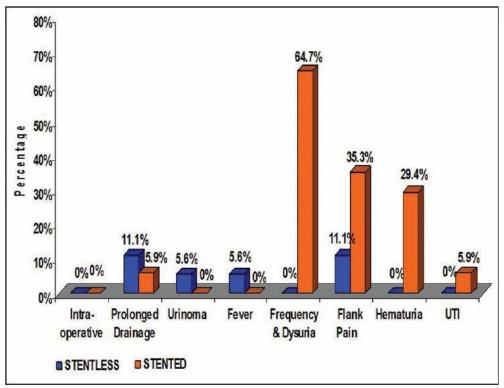
J Urol. 2008 Oct;180(4 Suppl):1693-8; discussion1698-9. doi: 10.1016/j.juro.2008.05.084. Epub 2008 Aug 16.

Outcome analysis and cost comparison between externalized pyeloureteral and standard stents in 470 consecutive open pyeloplasties.

Braga LH1, Lorenzo AJ, Farhat WA, Bägli DJ, Khoury AE, Pippi Salle JL.

CONCLUSIONS: The 2 ureteral stents are equivalent in regard to overall complication and success rates after pyeloplasty. However, Salle intraoperative pyeloplasty stent insertion was associated with a Canadian \$565 cost decrease per patient and most importantly the preclusion of a second general anesthesia for catheter removal.

## Stentless piyeloplasti



stentless pediatric robotic pyeloplasty.

3/0974-7796.134258.

loplasty: A single center experience.

rma A1, Tyaqi V1, Bazaz MS1.

).1089/end.2010.0401. Epub 2011 Mar 7.

in adults: stented versus stentless.

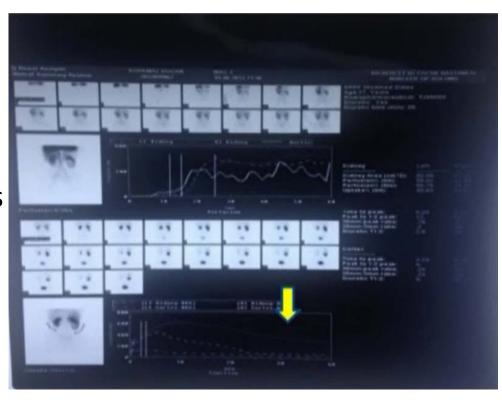
oat D, Inci K, Doran S.

012 Apr;4(2):57-60. doi: 10.1177/1756287211434927.

ediatric robotic pyeloplasty.

Rich MA, Swana HS.

- 17 yaş / erkek
- Sağ yan ağrısı (künt)
- BT: sağ <u>duplike</u> sistem;
- Sağ alt sistem renal pelvis
  - A-P çapı: 38mm
- Sintigrafi: Parsiyel
  - obstrüksiyon



# Retrograd





# Retrograd?

İnkomplet Tespit edildi

J Pediatr Urol. 2014 Oct;10(5):835-9. doi: 10.1016/j.jpurol.2014.01.032. Epub 2014 Mar 12.

Does the surgical approach change the need for a return pyeloplasty?

Narayanan SK<sup>1</sup>, Smith G<sup>2</sup>, Thomas G<sup>2</sup>, Cohen RC<sup>2</sup>.

Urologe A, 1997 Jul;36(4):335-8.

[Is retrograde ureteropy
[Article in German]
Bachor R<sup>1</sup>, Klein G

J Urol. 1994 Aug;152(2 Pt 2):604-6.

Pediatric pyeloplasty: is routine retrograde pyelography necessary?

Rushton HG<sup>1</sup>, Salem Y, Belman AB, Majd M.

- Yaklaşımınız Ne Olurdu?
  - Gözlem
  - Cerrahi
    - Dismembered Piyeloplasti
    - Piyelo-ureterostomi
    - Endopiyelolitotomi







## Profilaktik antibiyotik?

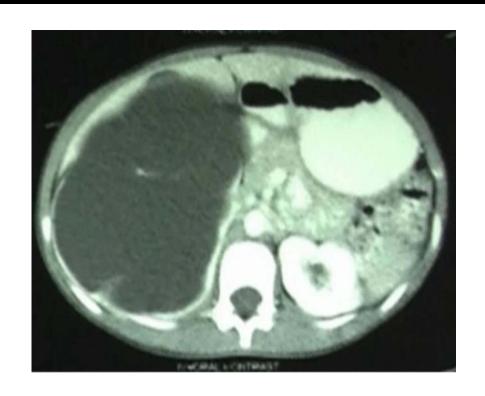


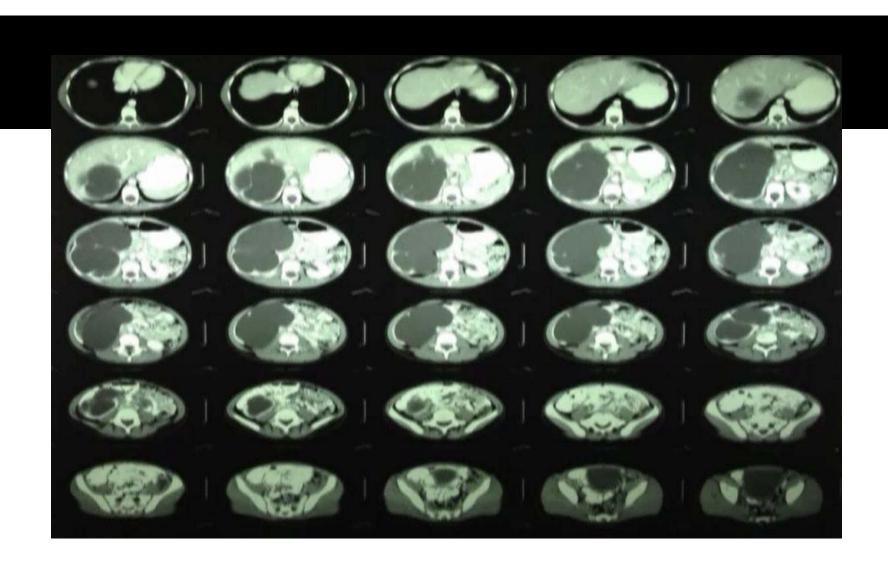
**Pediatrics** Kanıt düzeyi January 2013

Antenatal Hydronephrosis

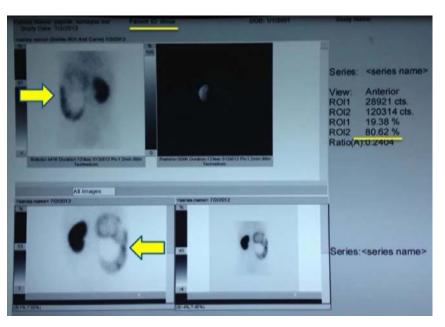
Hana Mijovic, Fo mberton, Jorge DeMaria, Armando J. Lorenzo

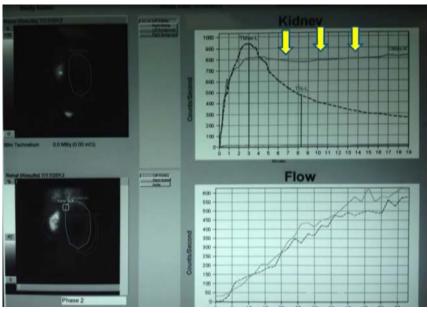
- 11 y / K
- Sağ yan ağrısı
- Karında şişlik hissi
- Sintigrafi: sağ %18
- BT: Sağ böbrekte Dev Hidronefroz





# Sintigrafi





- Yaklaşımınız Ne Olurdu?
  - Gözlem
  - Cerrahi
    - Açık
    - Laparoskopik
    - RYL piyeloplasti
    - Endopiyelolitotomi





#### PELVİK REDÜKSİYON GEREKLİ Mİ?

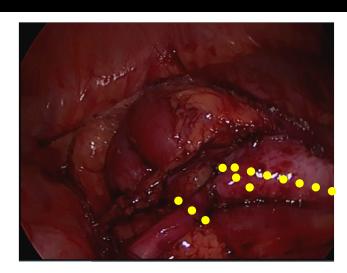




Renal pelvis reduction during dismembered pyeloplasty: Is it necessary?

Hany A. Morsi, Khaled Mursi, Ahmed Y. Abdelaziz, Mohammed S. ElSheemy\*, Mohamed Salah, Mohamed A. Eissa

Department of Urology, New Kasr Al-Ainy Teaching Hospital, Cairo University, Cairo, Egypt



#### **UPJ** Obstruction

Pelvic Reduction During Pyeloplasty for Antenatal Hydronephrosis: Does It Affect Outcome in Ultrasound and Nuclear Scan Postoperatively?

Berk Burgu, Evren Suer, Ozgu Aydogdu, and Tarkan Soygur

#### PELVİK REDÜKSİYON GEREKLİ Mİ?

Abstract Objective: To compare treatment results in patients who underwent pyeloplasty with and without pelvic reduction for ureteropelvic junction obstruction (UPJO).

Methods: This randomized prospective study involved 40 patients, all diagnosed with unilateral UPJO; 20 each were randomly selected to undergo open dismembered pyeloplasty with pelvic reduction (group A) or pelvis-sparing pyeloplasty (group B). Patients were evaluated with ultrasound and DPTA renography scans 6 months postoperatively. Mean follow-up was 9 months.

Results: The mean age in group B was 5.71  $\pm$  6.36 years; in group A it was 4.81  $\pm$  6.78 years. There was a decrease in mean anteroposterior renal pelvic diameter (from 49.9 to  $26.35\pm0.949$  mm in A and 50.9 to  $30.8\pm1.556$  mm in B) with improvement of split renal function (from 39  $\pm$  22.47% to 42.4  $\pm$  22.13% in A and 34.92  $\pm$  16.79% to 38.8  $\pm$  19.66% in R) glomerular filtration rate (from 37.25  $\pm$  15.33 to 41.7  $\pm$  19.34 ml/min to 38.1  $\pm$  23.23 ml/min in B) and draining curves on the 6-month scans, t  $I_{\rm II}$  this randomized prospective study our data showed simicant difference between groups (p > 0.05). Two cases in group A and th redo pyeloplasty, but without any significant difference in failure rate. Conclusion: Excision of the pelvis is not necessary in dismembered pyelo had similar surgical outcomes for patients with or without pelvis reduct demonstrates that the resolution of AP diameter in US scan

#### CONCLUSIONS

ilar surgical long-term outcomes for patients in pelvic reduction and pelvis-sparing groups. Additionally, this study is more prominent in the pelvic reduction group at earlier stages of the postoperative period. Although the renal washout time decreased in the nuclear renographies in the pelvic reduction group, the utility of this modality is still indecisive. Employing this feature can reveal possible surgical failures earlier and strengthen the values of US and nuclear renography in the postoperative period.

# Takip?

- USG
- SINTIGRAFI
- IVP

NE ZAMAN?