[18] Fluoroscopy free JJ stent placement through ureteroscope working channel after uncomplicated ureteroscopic laser lithotripsy: A novel technique

Hamdy Aboutaleb, Tamer A. Ali, Mohamed Kamal Omar, Maher Gawish

a Burjeel Hospital, Abu Dhabi, United Arab Emirates, b Al-Azhar University hospital, Cairo, Egypt, c Menoufia University, Shebin El-Kom, Egypt

Objective: To report a technique for ureteroscopic laser lithotripsy (URSL) and retrograde placement of a JJ stent through the ureteroscope working channel without the use of a fluoroscope compared to the conventional technique.

Methods: Between June 2015 and December 2017, 170 patients selected for URSL for the treatment of ureteric stones and JJ-stent insertions were evaluated. Patients were divided into two groups according to the use of fluoroscopy. In Group A (100 patients), a fluoroscope was used and in Group B (70) fluoroscopic guidance was not used. In Group B, URSL was performed first and followed by JJ-stent insertion via the semi-rigid ureteroscope 8.5–11 F under direct vision without fluoroscopy.

Results: The stone-free rate was 96% vs 94.3% for groups A and B, respectively. This technique was successful in all the included patients: 166 retrograde JJ stentings after URSL for ureteric calculi and four cases for anuria. Patients in Group A were exposed to radiation for a mean of 26.6 s during the URSL procedure and 4.8 s for JJ stenting. Group B was exposed to a zero dose. For Group A, the stents size was 6 F for 70% of patients, 4.7 F for 15%, and 7 F for 15%. In Group B, stents of 4.7 F and lengths of 24–26 cm were used in all patients. Failure of JJ-stent insertion was 9% (nine patients) in Group A and 18.5% (13 patients) in Group B.

Conclusion: This study shows the feasibility and effectiveness of completely fluoroscopy free URSL and JJ stenting for treating ureteric stones.

doi:10.1016/j.aju.2018.10.066

[19] Clinical data and outcomes of unusual variants of renal cell carcinoma at a tertiary care hospital

Prasad Mylarappa

M.S. Ramaiah Medical College and Hospital, Bangalore, India

Objective: To present our clinical data on the incidence and clinical outcomes of unusual variants of renal cell carcinoma (RCC) at a tertiary care hospital in India. RCC accounts for 2% of total cancer burden. There are several histological subtypes of RCC due to distinct molecular alterations with varied clinical outcomes. Identification of these clinical variants by further immunohistochemistry markers is required for the correct diagnosis, as each clinical subtype carries its own prognostic implication.

Methods: A prospective observational study over 8 years, from March 2007 to May 2016, in the M.S. Ramaiah Hospital, Bangalore, India.

Results: Of 300 radical nephrectomies performed in our hospital, we found four (1.3%) cases of rhabdoid RCC, two (0.6%) of collecting duct RCC, 16 (5.3%) of chromophobe RCC, 14 (4.6%) of sarcomatoid variant of RCC (out of which eight were sarcomatoid variant of clear cell RCC, three were sarcomatoid variant of papillary RCC, and three were sarcomatoid variant of chromophobe RCC), and one (0.3%) case of medullary RCC.

Conclusion: Diagnosis of different variants of RCC is very important and a high index of suspicion is required. If there is any suspicion of an unusual variant of RCC at histopathological examination, immunohistochemistry should be done for confirmation of diagnosis. Prognosis and clinical outcome is extremely poor particularly with medullary and sarcomatoid variants of RCC. A standardised therapy regime for unusual variants of RCC is not yet available due to the rarity of these unusual variants but chemotherapy can be considered in some cases of unusual variants of RCC because of the high chance of recurrence and metastasis.

doi:10.1016/j.aju.2018.10.066

[20] Complete tissue coverage and a tailored approach – Important factors for successful shockwave treatment of erectile dysfunction (ED)

Igor Motil

EURED Center, Brno, Czech Republic

Objective: To provide advice on how to select and treat patients with vasculogenic erectile dysfunction (ED) using low-intensity focused extracorporeal shockwave therapy (LiESWT) with the aim of achieving the best possible results.

Methods: Based on our 5-year experience and treatment of >400 patients with different LiESWT devices, we were able to develop a new treatment technique [linear shockwave tissue coverage (LSTC-ED)] that covers the whole erectile tissue and a special algorithm for tailor-made treatment that takes into consideration various factors that could influence treatment results. We