URETERO-PELVIC JUNCTION COMPLETE OBSTRUCTION AFTER FAILED PYELOPLASTY: ENDOSCOPIC COMBINED RECANALIZATION WITH THE “CUT TO THE LIGHT” TECHNIQUE

Presenting Author: Lorenzo Defidio, MD, FEBU – Chief, Division of Urology, Cristo Re Hospital

Mauro De Dominicis – Urologist, Cristo Re Hospital
Francesco D'Amato – Resident in Urology, University of Palermo
Alessandro Calarco – Urologist, Cristo Re Hospital
Introduction & Objective

The success rate of Anderson and Hynes dismembered pyeloplasty is over 90% according to different published series. Management of the failed pyeloplasty is made by open/lap surgery or endoscopic approach. We present a case of a secondary UPJ (Uretero-pelvic junction) complete obstruction treated with a combined endoscopic approach with the "cut to the light technique".
Methods

The patient is a 58 years old man with a nephrostomic tube after a recent failure of dismembered pyeloplasty. The patient was submitted, in the past, to other two surgical procedures on that kidney for stone removal (Pyelolithotomy and Percutaneous Nephrolithotomy). The simultaneous retrograde and anterograde pyelogram showed a 1 cm gap between upper ureter and pyelocaliceal system with an intrarenal pelvis.
Results

Through a combined approach with the patient in Valdivia-Galdakao position, we used the “cut to the light” technique with Thulium laser and positioned a double J stent. The procedure was uneventful and the patient was discharged the day after without the nephrostomic tube.
Conclusions

Total endoscopic approach in failed open pyeloplasty is a safe and less invasive technique that can be tried before a surgical procedure, especially in a kidney with multiple surgeries and with an intrarenal pelvis, where the chance of surgical success are low.