

AB007. Bladder-sparing treatments for muscle-invasive bladder cancer

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Abstract: Radical cystectomy (RC) with pelvic lymph node dissection remains the gold-standard treatment for muscle-invasive bladder cancer (MIBC). Growing evidence suggests that bladder-sparing treatments may lead to acceptable oncologic outcomes in carefully selected patients and can offer improved quality of life through preservation of a functioning bladder. We summarize our clinical experience of bladder-sparing treatments for MIBC and review articles. MIBC patients with cT2 stage, unifocal tumor, absence of CIS or hydronephrosis are eligible for selective bladder preservation if they refuse or unfit for RC.

Keywords: Radical cystectomy (RC); muscle-invasive bladder cancer (MIBC); oncologic; selective bladder preservation

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AB008. Treatment of retroperitoneoscopic adrenalectomy for pheochromocytoma

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Background: To evaluate the efficacy and safety of retroperitoneoscopic adrenalectomy for the treatment of pheochromocytoma.

Methods: The clinical data of 39 cases of adrenal pheochromocytoma were analyzed retrospectively. All of the cases underwent retroperitoneoscopic adrenalectomies for pheochromocytoma, including 16 cases of male and 23 cases of female. The ages of the patients were from 18 to 73 years and the average age was 43.3 years. Twenty tumors were on the left side, and 19 were on the right. The mean tumor size was 4.45 ± 0.97 cm in diameter (range, 3.0 to 8.0 cm).

Results: 37 operations were completed successfully. The mean operating time was 45.3 ± 3.27 min (range, 30.0 to 110.0 min). Estimated blood loss was 66.7 ± 14.45 mL. Mean hospital stay after operation was 5 days. Two cases were transferred to traditional open operation, because of the adhesion with the tail of the pancreas and the inferior vena cava. Thirty-eight cases were no transfusion during or after operation.

Conclusions: Before perform retroperitoneoscopic adrenalectomy, we need to investigate the CT carefully. As long as preoperative preparations are adequate and intraoperative manipulations are careful, adrenalectomy for pheochromocytoma could be safe in the minimally invasive retroperitoneoscopic way.

Keywords: Retroperitoneoscopic; adrenalectomy; pheochromocytoma

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