Materiali e metodi

Tra giugno 2003 e dicembre 2011, 125 pazienti con età superiore a 75 anni, affetti da carcinoma uroteliale della vescica in stadio patologico T1G3 recidivo dopo resezione endoscopica e trattamento endocavitario con BCG, sono stati arruolati in 4 istituzioni urologiche ed arruolati in questo studio. Tutti i pazienti sono stati suddivisi in 2 gruppi: Gruppo A (pazienti sottoposti a cistectomia radicale) e Gruppo B (nuovo trattamento conservativo). Sono stati esclusi tutti i pazienti con CIS associato o con varianti non uroteliali associate. Il follow-up è stato eseguito in accordo con le linee guida internazionali (European Association of Urology). I dati clinici e patologici al follow-up sono stati raccolti ed analizzati.

Risultati

Alla diagnosi, l'età media dei pazienti era 80±2,1 (r: 75-90). 113 erano maschi e 12 femmine. 76 sono stati sottoposti a cistectomia radicale (Gruppo A), 49 a trattamento conservativo (Gruppo B). Ad un follow-up medio di 53,7 mesi (r: 5-92), abbiamo notato che nel Gruppo A 18 sono morti per progressione di malattia, 11 per altre cause, 16 erano vivi con malattia e 31 erano vivi senza evidenza di malattia. L'analisi patologica ha dimostrato: 5 pTaG3, 38 pT1G3 e 33 >pT2. Nel Gruppo B, invece, 24 pazienti sono stati sottoposti a 2 cicli di TURV+BCG e successiva cistectomia di salvataggio per ematuria importante o preferenza del paziente, 13 a 3 cicli e successiva cistectomia, 5 a 4 cicli e successiva cistectomia, mentre 7 sono deceduti dopo il primo ciclo per altre cause. L'analisi statistica ha dimostrato una percentuale maggiormente significativa tra il Gruppo B ed il Gruppo A in relazione all'upstaging e la curva di Kaplan-Meier ha dimostrato una prognosi peggiore quando si è confrontato il Gruppo B con il Gruppo A.

Discussione

Le linee guida internazionali suggeriscono che il carcinoma uroteliale della vescica in stadio patologico T1G3 dovrebbe pertanto essere sottoposto a trattamento radicale precoce. Comunque, alcuni autori affermano che il 50% dei pazienti, specie se anziani, possono beneficiare di un trattamento conservativo. Pertanto, la discussione tra il tipo di trattamento da offrire e soprattutto il timing sono ancora aperti, specialmente nei pazienti >75 anni.

Conclusioni

In conclusione, abbiamo osservato che anche i pazienti anziani (>75 anni) sembrano beneficiare, in termini di sopravvivenza libera da malattia, di una cistectomia radicale precoce. Inoltre, vogliamo sottolineare la maggior frequenza di upstaging dopo cistectomia nel gruppo di pazienti sottoposti a trattamento conservativo.

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EVALUATION OF POST-OPERATIVE TURB COMPLICATIONS: A MODIFIED CLAVIEN CLASSIFICATION SYSTEM ITALIAN COHORT ANALYSIS

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Aim of the study

To evaluate the applicability of the modified Clavien classification system (CCS) in grading perioperative complications of transurethral resection of bladder tumors (TURB).

Materials and methods

A consecutive series of patients with bladder lesions who underwent transurethral resection of bladder tumor (TURB) from April 2011 to March 2012 at eight academic centres were evaluated for complications occurring up to the end of the first postoperative month. All complications were prospectively recorded and classified according to the modified CCS. Results were presented as complication rates per grade. Chi-square, Kruskal Wallis tests and logistic regression analysis were used for statistical analysis.

Results

494 patients were consecutively enrolled. Mean age was 70.89±11 years; mean BMI was 27.2±9.7 Kg/m2, mean tumor size was 2.1±2.2 cm (range 0.4-10 cm); mean number of tumor lesions was 2.52±2.9 (range 1-20). All patients underwent a monopolar TURB. Mean operative time was 33±22 minutes. One-hundred and six complications were recorded in 97 patients. Overall perioperative morbidity rate was 21%. Most of them were not serious (haematuria and clot retention) and were classified as Clavien type I (87 cases; 82%) or II (12 cases, 11%). Higher grade complications were scarce: CCS III in seven cases (6%). No TURB related death was reported. Six patients were re-operated due to significant bleeding or clot retention on postoperative days 2-7. No significant associa-

tions between age, sex, ASA score, anti-coagulant treatment, BMI, tumor size, number of lesions and hospital stay with the number of complications were observed. On univariate (47±27 vs. 30±19 minutes) and multivariate analysis longer operative time was the only independent parameter associated with a higher risk of CCS type I complications (OR: 1.036 per minute, 95% CI 1.017-1.056, p=0.001).

Discussion

The modified CCS represents a practical and easily applicable tool that may help urologists to classify the complications of TURB in a more objective and detailed way.

Conclusions

In our experience, using this CCS tool, TURB is a safe procedure with a low morbidity rate. Post-operative bleeding is the most significant complication that determines a reoperation. A longer operative time is a significant risk factor for not serious post-operative complications.

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IS ONCOLOGICAL SAFE PERFORMING SIMULTANEOUS TRANSURETHRAL RESECTION OF THE BLADDER AND PROSTATE? A META-ANALYSIS ON 1,234 PATIENTS

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Aim of the study

It is not unusual to encounter the clinical scenario of a male patient undergoing endoscopic treatment for bladder cancer (TURBT) who also needs transurethral resection of prostate (TURP). The aims of this meta-analysis were to understand if it is oncologically safe or advantageous to combine the two procedures.

Materials and methods

A bibliographic search covering the period from January 1950 to December 2011 was conducted in PubMed, MEDLINE and EMBASE. Meta-analysis approach was applied comparing prostatic fossa recurrences and total recurrences in simultaneous TURBT and TURP and control. Also prostatic fossa recurrences and tumors' grading and multifocality in patients treated with simultaneous TURBT and TURP were analyzed. To investigate to what extent observational time influenced relapses recurrence a random effect meta-regression logistic model based approach was applied. All statistical evaluations were performed using SAS version 9.2 and by RevMan 5.0. A α level of 0.05 was considered as statistically significant.

Results

Overall, there were 1,234 participants in the eight studies considered. The study group consists in 634 patients and the control group in 600. Mean age was 67.88 and 61.64 years respectively in the study and control groups. In the study group, on a total of 634 patients, 65 recurrences in the prostatic fossa appeared. In the control group, on a total of 600 patients, 58 recurrences in the prostatic fossa occurred. Data don't show a statistically significant difference of recurrence in the prostatic fossa between patients treated simultaneously with TURB and TURP and the control group. Meta-analysis doesn't show a statistically significant difference of recurrence in the prostatic fossa with the increased grading of the neoplasms. But there is a statistically significant increased recurrence in patients with multifocal tumors. There is a statistically significant reduction of recurrence between patients treated simultaneously with TURB and TURP and the control group but there is no reduction of the recurrence rate in the time.

Discussion

The resolution during the same session of bladder outlet obstruction will improve the patients' quality of life. Performing the procedures in the same session spares the patients from a further anesthesiological maneuvers and the need for a further hospitalization for the surgical resolution of the prostatic obstruction.

Conclusions

This meta-analysis emphasized that the two operations could be performed during the same session without any negative oncologic results.

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PLASMAKINETIC BIPOLAR VS. MONOPOLAR TRANSURETHRAL RESECTION OF NON-MUSCLE INVASIVE BLADDER CANCER: A SINGLE CENTRE RANDOMIZED CONTROLLED TRIAL

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