



Figure 5. (Abstract 116).

respectively. In 34 papers (64%), the diagnostic work-up was accurately described (Table II, Figure 2). In these studies, ultrasound (US) was used in 19 cases (56%), CT scan in 23 (68%), endorectal MRI in 20 (59%), preoperative biopsy in 17 (50%) and intraoperative biopsy in 1 case (3%). Explorative laparotomy was carried out in 5 cases (15%), while cystoscopy and other modalities in 3 (9%); finally, 2 cases (6%) were found at the time of autopsy. In 51 studies (96%), the surgical technique was well defined (Table III, Figure 3). An open approach was used in most cases, with conservative tumorectomy in 26 cases (51%) and radical cysto-prostato-vesicectomy in 6 (12%). Laparoscopic and robotic seminal vesicectomy (SvE) were performed in 17 (33%) and 2 (4 %) cases, respectively. Differential use of diagnostic modalities and surgical techniques for each tumor histotype is presented in Figures 4 and 5, respectively. No perioperative complications were reported in the published series. Local recurrence occurred in 3 cases (6%). Nonetheless, the period of follow-up was highly variable among the studies. *Discussion and Conclusion:* The first priority during the diagnostic assessment of a SVs neoplasm is to rule out primary or secondary malignancies. The overall preoperative evaluation is critical to choose the most appropriate surgical treatment. MRI and preoperative biopsy are fundamental in the diagnostic work-up in order to define the anatomic relationships of the tumor and characterize its nature. MRI accurately defines the anatomic relationships of the tumor, while biopsy the characterization of its nature and, consequently, the more appropriate surgical strategy. SvE is the

recommended treatment for solid masses that are benign on biopsy, if symptomatic. Although most cases in the literature were managed with open surgery, nowadays, laparoscopic or robotic SvE should be considered the gold standard treatment since they combine a minimally-invasive approach with excellent oncologic outcomes. Nonetheless, the overall grade of recommendation is currently low as the evidence is still based on case reports and sporadic case series.

117 LARGE PELVIC GOSSYPBOMA DIAGNOSED AT THE TIME OF RADICAL PROSTATECTOMY 30 YEARS AFTER INGUINAL HERNIOPLASTY

Giampaolo Siena, Riccardo Campi,
Andrea Mari, Andrea Minervini, Marco Carini,
Alberto Lapini and Sergio Serni

Department of Urology, Careggi Hospital, University of
Florence, Florence, Italy

Case Report: A 71-year-old man was referred to our centre for obstructive lower urinary tract symptoms (LUTS) and history of a vague, chronic discomfort in the right groin and testis since many years. Prostate-specific antigen (PSA) level was 12 ng/dl. The diagnostic work up revealed a Gleason score 4+4=8 adenocarcinoma of the prostate. No bone metastases were

present. At the preoperative computed tomography (CT) scan, there was no evidence of pathologic pelvic lymph nodes on the left side of the pelvis, while a 3.0x5.0 cm solid mass of unknown nature was found close to the right iliac vessels (Figure 1).



Figure 1. (Abstract 117).

The central area was dishomogeneous as due to necrotic tissue; in turn, the peripheral, hypodense crown contained several hyperdense spots. The densitometric aspect of the prostate was highly irregular. The patient was then scheduled for open radical prostatectomy and extended pelvic lymph node dissection (ePLND). During the right lymph node dissection, a solid mass, firmly adherent to the right iliac vessels, was carefully isolated and removed intact. The intraoperative examination revealed a retained surgical sponge with a peripheral fibrous pseudocapsule resulting from an inflammatory foreign-body reaction, known in literature as gossypiboma or textiloma (Figure 2) (1).



Figure 2. (Abstract 117).

Indeed, the patient underwent emergency surgery for incarcerated inguinal hernia 30 years before. *Discussion and Conclusion:* Although more infrequent with standardized surgical counting (2), gossypibomas can still be either asymptomatic occasional findings or, if not promptly diagnosed, life threatening causes of intestinal obstruction and acute abdomen. Moreover, they can simulate intra-abdominal gastrointestinal stromal tumors making the differential diagnosis challenging. The problem of retained surgical items affects both open and minimally invasive surgery (3). Prevention is a key aspect to ensure the maximal safety of surgical patients.

- 1 Possover M: Gossypiboma in the pouch of Douglas. *New England Journal of Medicine* 359(8): e9, 2008.
- 2 Kantak NA, Reish RG, Slavin SA and Lin SJ: Gossypiboma: an approach to diagnosis in the era of medical tourism. *Plastic and Reconstructive Surgery* ; 133(3): 443e-444e, 2014.
- 3 Gibbs VC: Retained surgical items and minimally invasive surgery. *World Journal of Surgery* 35(7): 1532-1539, 2011.

118
CURRENT STATUS OF SIMPLE ENUCLEATION
IN THE SCENARIO OF NEPHRON-SPARING
SURGERY: A SYSTEMATIC REVIEW OF
THE LITERATURE

Riccardo Campi, Gianni Vittori, Andrea Mari, Giampaolo Siena, Tommaso Jaeger, Agostino Tuccio, Mauro Gacci, Sergio Serni, Alberto Lapini, Marco Carini and Andrea Minervini

Department of Urology, Careggi Hospital, University of Florence, Florence, Italy