Messaggio conclusivo

La NPL è una tecnica sicura anche nella fase iniziale della curva di apprendimento. La NPL presenta risultati chirurgici analoghi alla NPO in pazienti selezionati, ottenendo allo stesso tempo i vantaggi della miniinvasività classici della laparoscopia.

Tabella 1. Confronto dei risultati operatori e postoperatori di NPO e NPL

	NPO (n=38)	NPL (n=39)	p
Tempo operatorio medio (minuti)	178	212,8	0,004
Tempo di ischemia calda medio (WIT)	19,2	19,4	n.s.
Degenza media (giorni)	8,8	6,7	0,001
Complicanze postoperatorie	14	5	0,01
Margini chirurgici positivi	5	5	n.s.

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PADUA SCORE ACCURATELY PREDICTS THE RISK OF COMPLICATION AND ISCHEMIC TIME IN PATIENTS WHO ARE CANDIDATES FOR NEPHRON-SPARING SURGERY

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Aim of the study

To test the Preoperative Aspects and Dimensions Used for an Anatomical (PADUA) classification in a cohort of patients submitted to open nephron-sparing surgery (NSS) and to correlate the PADUA score to ischemia time.

Materials and methods

From December 2009 and March 2011, 188 consecutive patients were treated with open NSS with the technique of hilar arterial clamping. Tumor were reclassified according to the PADUA classification. Complications were graded according to the modified Clavien system. Univariable and multivariable logistic regression analyses tested the predictive value of PADUA score on overall complication rate and on the ischemic time.

Results

Ninety-two patients underwent extraperitoneal NSS through a flank incision, while 96 patients underwent transperitoneal approach. Mean patients age was 62.3 (range: 22-81) years. The median PADUA score was 9 (range 6-13). Mean ischemia time was 19 (6-55) min. Overall complication rate was 21.3% (n=40). On univariable analysis, the PADUA score correlated with complication rate (p=0.027) and with increased ischemia time, considered as a continuous variable as well as categorical one (≤25 min vs >25 min) (p=0.001 and p=0.022, respectively). On multivariable analysis PADUA score achieved the independent predictor status of complication rate, after adjusting for age, body mass index (BMI), Charlson co-morbidity index (CI) and surgical approach. Patients with PADUA score 8-9 had a 2-fold higher risk of complications, while patients with PADUA score ≥10 had a 5-fold higher risk compared to those with scores of 6-7 (p=0.021). Moreover, patients with PADUA score 8-9 had a 5-fold higher risk of ischemic time >25 minutes and patients with PADUA score ≥10 had a 14-fold higher risk (p=0.018).

Discussion

The PADUA score was proposed for prediction of the risk of overall complication. In the original paper all patients were treated with an extraperitoneal NSS through a flank incision, without vessel clamping. Our study analyzed the performance of PADUA score in the prediction of complications and also of the ischemic time in patients undergoing NSS with extra or transperitoneal approach and hilar arterial clamping.

Conclusions

Our study confirms that PADUA score can reliably predict the risk of complications and ischemic time, thus helping the selection of patients who may benefit from additional techniques such as hypothermic procedures.

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FACTORS INFLUENCING THE DEVELOPMENT OF TUMOR CAPSULE FORMATION IN CLEAR CELL RCC TREATED WITH NEPHRON-SPARING SURGERY

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Aim of the study

The capsule around renal cell carcinoma (RCC) represents the first barrier against tumor cells invasion into the kidney and perirenal fat. The aim of the present study is to evaluate tumor capsule thickness in clear cell RCC, and search for any correlation with the main pathologic variables.

Materials and methods

Between September 2005 and December 2007, data were gathered prospectively from 201 consecutive patients who had open NSS. All specimens were assessed by two dedicated uropathologists. Patients with histologically confirmed benign tumors (26, 12.9%) and those with multiple ipsilateral (4, 2%) and synchronous bilateral RCCs (1, 0.5%) were excluded from the study. The following parameters were evaluated: pathologic tumor diameter, TNM stage, Fuhrman nuclear grade, histotype and the status of tumor capsule. Tumor capsule thickness was measured at the four corners of the sampling (inner and outer pole and equatorial junctions).

Results

Mean (IQR) maximum tumor diameter was 3.5 (2.4-4.1) cm. At the pathologic examination, 120 over 170 (70.5%) were clear cell RCC. The peritumoral capsule status analysis was focused on patients with clear cell RCC. Overall, in 78 clear cell RCC (64.9%) the capsule was intact and free from invasion (PC-), while in 42 (35.1%) there were signs of penetration within its layers, with or without invasion beyond it (PC+). Complete data on tumor capsule thickness were available for 104 patients. Mean tumor capsule thickness at the inner pole of the tumor (SD, median, range) was 412 μm (250, 350, 20-1511). Mean tumor capsule thickness at the outer pole of the tumor (SD, median, range) was 385 μm (253, 358, 20-1770). In 35 cases (21%) a pericapsular tumor lymphocytic infiltration (TIL) was present. At univariate analysis, thickness of tumor capsule did not significantly correlate with PC+,

neither with tumor size, TNM stage, nuclear grade, tumor necrosis or TIL. The capsule thickness measurements were significantly different among the four evaluated points in each single tumor, showing a decreasing thickness from the parenchimal pole to the perinephric pole ($p<0.0008$). At the analysis of covariance, pathologic maximum tumor diameter did not influence tumor capsule growth for each topographic determination ($p=0.359$).

Discussion

There are no extensive data on the possible role of tumor characteristics for the development of tumor capsule formation in clear cell RCC.

Conclusions

The capsule thickness presents significant variations among the four evaluated anatomical corners in each single tumor, with a greater development in the inner pole of the tumor, thus hypothesising a specific role of healthy parenchyma for its formation. We did not found a significant correlation between thickness of PC and the main pathologic variables of RCC. Moreover, thickness of PC do not influence the risk of its infiltration by the tumor, showing that a thin capsule is not associated with a higher risk of invasion by the tumor.

MERCOLEDÌ 26 OTTOBRE
SALA MAZZINI **9.00 - 10.00**

INFERTILITÀ

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TERAPIA DELL'INFERTILITÀ MASCHILE IDIOPATICA: IMPIEGO DI TAMOXIFENE CITRATO IN ASSOCIAZIONE AD UN COMPOSTO NATURALE CON EFFETTO ANTIOSSIDANTE E ANDROGENOMIMETICO

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Scopo del lavoro

Valutare l'efficacia terapeutica della combinazione di un antiestrogeno (tamoxifene citrato) e di un integratore con attività antiossidante, contenente Tribulus Terrestris, alga Ecklonia Bicyclis e polimero di d-glucosamina e n-acetil-d-glucosamina (Tradamix®) nel trattamento dell'infertilità idiopatica maschile

Materiali e metodi

Studio prospettico, randomizzato. Sono stati arruolati 60 pazienti (pts) infertili affetti da oligoastenozoospermia idiopatica (età media 28,40±6,2 anni) e suddivisi random in due gruppi: al gruppo 1 (30 pts) è stato somministrato tamoxifene citrato 20 mg/die e al gruppo 2 (30 pts) la combinazione di tamoxifene citrato 20 mg/die e l'integratore (150 mg di alga Ecklonia Bicyclis, 396 mg di Tribulus Terrestris and 144 mg di polimero di d-glucosamina e n-acetil-d-glucosamina) 2 cps/die. La durata del trattamento è stata di 6 mesi. Controlli dei parametri seminali alla fine della terapia.

Risultati

Nel gruppo 1 il numero di spermatozoi ha subito un incremento da 10,28±4,2 milioni/ml a 15,51±5,4 milioni/ml con un miglioramento della motilità rapida progressiva dal 27% al 31%. Nel gruppo 2 si è avuto un significativo miglioramento rispetto al gruppo 1 del numero, da 9,8±5,5 milioni/ml a 18,4±4,7 milioni/ml, e della motilità rapida progressiva degli spermatozoi, dal 25% al 39%. Non ci sono state variazioni statisticamente significative del volume dell'eiaculato, della percentuale di forme normali e della motilità totale degli spermatozoi.

Discussioni

Lo stress ossidativo rappresenta una delle maggiori cause di infertilità maschile e per questo sono state proposte numerose terapie a riguardo. Gli spermatozoi, come tutte le altre cellule aerobiche, sono particolarmente suscettibili all'azione perossidasica delle specie reattive dell'ossigeno (ROS) a carico della costituente lipidica della membrana cellulare. Alti livelli di ROS nel liquido seminale sono stati correlati ad una diminuzione del numero e della motilità degli spermatozoi.

Messaggio conclusivo

La combinazione di tamoxifene citrato e del composto antiossidante aumenta significativamente il numero e la motilità progressiva degli spermatozoi nell'eiaculato rispetto al solo utilizzo del tamoxifene citrato. Il Tribulus Terrestris contiene la protodioscina, una saponina steroidale che ha una doppia azione: stimola la produzione di testosterone e ha un'azione androgeno mimetica. L'alga Ecklonia Bicyclis contiene Dieckol, Florofucofuroeckol e