ABSTRACT
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FOR AN ANATOMICAL (PADUA) SCORE IN A ROBOT-ASSISTED PARTIAL NEPHRECTOMY SERIES
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Introduction:
PADUA score is a standardized anatomical classification of the renal tumors proposed in a series of patients who underwent open partial nephrectomy with the aim to translate and measure the decision-making process of any urologist evaluating a kidney tumor potentially suitable for nephron-sparing surgery. The aim of this study was performing an external validation of the PADUA score in a series of consecutive patients who underwent robot-assisted PN in a single non-academic institution by a single surgeon during his learning curve.

Material and methods:
We evaluated retrospectively all the MRI or CT images of 62 consecutive patients who underwent RP for renal tumors at a non-academic teaching institution by a single surgeon between September 2006 and November 2009. All patients underwent transperitoneal robotic partial nephrectomy with excision of a rim of healthy peritumor renal parenchyma. The predictive power of the PADUA score has been evaluated using as primary endpoints warm ischemia time > 20 minutes and overall complication. Secondary endpoints were console time, blood loss and percentage of pelvicaliceal repair.

Results:
PADUA score (6-7 versus 8-11) resulted correlated with WIT (p<0.002), console time (p=0.001), blood loss (p=0.009), percentage of pelvicaliceal repair (p=0.002) and overall complications (p=0.02). PADUA score resulted the only variable able to predict the risk of the overall complications (p=0.02).
PADUA score turned out independent predictors of WIT (p=0.002) in multivariable analysis (O.R: 5.4; p=0.002) once adjusted for surgeon's experience. Finally, PADUA score was the only independent predictor of the need for pelvicaliceal repair (O.R: 3.7; p=0.006).

Conclusion:
PADUA classification was an effective tool to predict warm ischemia time and risk of perioperative complications also in patients who underwent robot-assisted partial nephrectomy. This classification must be considered useful to improve patients counseling and selection for robot-assisted PN.

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BY PASS CARDIO PULMONARY VENOUS RETURN WITH NEGATIVE PRESSURE IN ASSISTED SURGICAL TREATMENT OF RENAL CANCER WITH ATRIAL NEOPLASTIC THROMBUS CABLE: OUR EXPERIENCE
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Introduction:
The kidney cancer with vena cava thrombus extended to stretch the diaphragm of the inferior vena cava or right atrium requires a surgical approach. This paper reports our case studies and describes the technique adopted by us in this context: nephrectomy radical right, along with removal of atrial thrombus cable through the use of cardiopulmonary bypass (Cardiopulmonary Bypass CPB) normothermic without circulatory arrest.

Material and methods:
From January 1997 to December 2009, 419 patients underwent in our