

Laparoscopic Redo-Pyeloplasty Using Vertical Flap Technique

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INTRODUCTION

We have performed more than 20 laparoscopic pyeloplasties between 2007 and 2012, here we present one of this cases. A 46 years old man with history of bilateral laparoscopic dismembered pyeloplasty, presented with left flank pain. Intravenous urography (IVU) and isotope scan was inconclusive due to severe dilation of pyelocalyceal system. Ureterscopy revealed narrowing and tightening of the left ureteropelvic junction (UPJ) while the right UPJ was relatively normal.

Keywords: laparoscopy; methods; reconstructive surgical procedures; ureteral obstruction; surgery.

SURGICAL TECHNIQUE

The patient underwent left side laparoscopic redo pyeloplasty using vertical flap technique. Laparoscopic dissection through fibrous tissue was demanding, however there was no intra

operative and post-operative complication. Operative time was 192 minutes and intra operative blood loss was about 300 mL. The patient discharged after 5 days. After 6 months he was symptom free and the UPJ was patent in follow-up ureteroscopy.

DISCUSSION

Laparoscopic pyeloplasty seems to be the new standard method for the treatment of UPJ obstruction (UPJO) and secondary UPJO is increasingly been managed by laparoscopy.⁽¹⁾ Both dismembered technique and flap pyeloplasty have been reported for these special cases.⁽²⁻⁴⁾ Flap pyeloplasty jeopardize tissue vascularity less than dismembered technique therefore this technique may be more suitable for patients with history of previous failed surgery.

CONCLUSION

Laparoscopic management of secondary UPJO is a feasible and safe procedure especially when flap pyeloplasty technique is used.

CONFLICT OF INTEREST

None declared.

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