

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).

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

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Figure 2. (Abstract 117).

Table I. Overview of the published studies on Simple Enucleation: Levels of Evidence (LE) and Grades of Recommendation (GR) according to the International Consultation on Urological Diseases (ICUD) scale.

Level of Evidence (LE) according to the ICUD scale	Type of study	Number of studies (%)	Positive judgement n, (%)	Negative judgement, n (%)	Grade of recommendation (GR) according to the ICUD scale
1	Meta-analysis of RCTs or good quality RCT or "all or none" studies in which no treatment is not an option	0 (0)	0 (0)	0 (0)	A
2	Low quality RCTs or meta-analysis (with homogeneity) of good quality prospective "cohort studies"	3 (10)	3 (100)	0 (0)	A/B
3	Good quality retrospective "case-control" studies or good quality "case series"	20 (64)	20 (100)	0 (0)	B
4	Expert opinions	8 (26)	7 (88)	1 (12)	C
All LE	All types of studies	31 (100)	30 (97)	1 (3)	B
Not applicable	Review of Case-series	3	3 (100%)	0 (0)	/

Introduction/Aim: Nephron-sparing surgery (NSS) is the gold standard treatment for localized renal tumors. At present, NSS can be performed either as standard partial nephrectomy (PN) defined as the excision of the tumor and of an additional margin of healthy peritumor renal parenchyma or as simple enucleation (SE)/enucleative partial nephrectomy. The aim of this review is to critically analyze the current status of SE in NSS. **Materials and Methods:** A systematic review of the literature was performed using the Medline, Embase, Web of Science and Cochrane Library databases up to September 2014. Papers were rated through the International Consultation on Urological Diseases (ICUD) Levels of Evidence (LE) scale. The final GR was given following the ICUD rules for developing and grading guideline recommendations. **Results:** Thirty-four studies have been published in literature on SE (Table I).

Three were reviews of case series, while 31 original papers. Of these, 3 (10%) were good quality prospective cohort studies (LE 2), 20 (64%) good quality case series (LE 3) and 8 (26%) expert opinions (LE 4). The great majority of the evidence highlighted the positive value of SE; the overall GR is B. A synthesis of the evidence is presented. SE can be performed with open, laparoscopic and robotic approaches for T1a-T1b tumors (LE3; Grade C), both as elective treatment and for relative/absolute indications to NSS (LE3; Grade B). High Fuhrman grade might be a contraindication, even if no final recommendations can be stated. A possible advantage of SE was reported for tumors with unfavorable nephrometric scores (LE4; Grade C). Warm ischemia time (WIT) and perioperative complications are similar between SE and standard PN (LE3; Grade C), as well as local recurrence-free survival and cancer-specific survival (CSS) for T1a-T1b tumors (LE2-3; Grade B). SE is at least

non-inferior to standard PN regarding the risk of positive SMs (LE3; Grade C). Most studies found no difference in progression-free survival between patients with and without neoplastic penetration of the pseudocapsule at long-term follow-up after SE. No comparative data on mid- and long-term functional outcomes have been reported to date. **Discussion and Conclusion:** The evidence in literature highlights the oncologic safety of SE. Some studies have shown a lower incidence of positive SMs for SE compared to standard PN. However, there is a substantial lack of standardized reporting in literature. Some studies do not even use the term "enucleation"; therefore, they could not be included in the analysis, losing a great body of evidence. Prospective studies are warranted to test the efficacy of SE for tumors with adverse nephrometric scores and to compare the results with standard PN. To date, the GR for SE is rather high. Nonetheless, the LE is still not optimal. Defining surgical standards in NSS is warranted to achieve a more appropriate analysis of literature and a clearer comparison of different techniques.

119 DOES HEXAMINOLEVULINATE DETECT CHROMOSOMAL ABERRATIONS IN THE FALSE-POSITIVE BLADDER BIOPSIES?

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