

1–2%. The objective of this video demonstrates the feasibility of repeating partial nephrectomy after ipsilateral partial nephrectomy. This treatment was chosen in an attempt to preserve renal function in the patient.

METHODS: A 45 year old male presented with a T1a right kidney tumor (nephrometry score: 5p), identified as renal cell carcinoma, clear cell type. The posteromedial mass was resected with negative margins. At the two year mark, anteromedial recurrence was noted in the ipsilateral kidney (nephrometry score: 8a). In this video we demonstrate a repeat partial nephrectomy performed to excise the recurrence.

RESULTS: The resection was performed without any intra-operative complications, and no complications were noted at the 1 month follow-up. Creatinine levels were stable both pre- and post-operatively.

CONCLUSIONS: Robotic-assisted partial nephrectomy after previous ipsilateral partial nephrectomy can be used as a treatment for local recurrence of renal cell carcinoma. This is beneficial, as partial nephrectomy is associated with oncological outcomes similar to those seen in total nephrectomy, yet carries a significantly lower risk of chronic renal dysfunction.

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VP01-03 LAPAROSCOPIC NEPHRECTOMY FOR EX-VIVO CORRECTION OF RENAL ARTERY ANEURISM AND AUTO TRANSPLANT

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INTRODUCTION AND OBJECTIVES: Renal artery aneurism are a rare condition, with a prevalence of 0.09% of the population. The outcomes and clinical management of this patients depend on the presence of symptoms and subsequent risk of rupture. Most patients are managed by endovascular techniques, but difficult cases may present a challenge to urologists.

METHODS: We present a case of a 35 year old female, history of high blood pressure with the diagnosis of a left renal artery aneurism with a diameter of 27 mm. The patient was evaluated by vascular surgery, was unsuitable for endovascular treatment

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INTRODUCTION AND OBJECTIVES: Local recurrence of a small renal mass after nephron sparing surgery occurs at a rate of

and was submitted to a laparoscopic left nephrectomy with correction of the aneurism ex-vivo and the kidney was transplanted to the left iliac region.

RESULTS: Operative time was 150 minutes and the warm ischemia time was 160 seconds. Blood loss was estimated in 80 mL with a hematocrit drop of 2% post operative. Drainage and vesical catheter were removed at day 2 and 6 post-operative, respectively. Post operative creatinine clearance was comparable to the pre operative (Post - 95 vs. Pre - 98 mL/min/1.73m²) The follow up is 15 months and the patients has a functioning kidney and had a normalization of the blood pressure.

CONCLUSIONS: In experienced centers, laparoscopic nephrectomy with subsequent autotransplantation can be a safe and effective option in the management of specific conditions. This case presents a possible way to treat renal artery aneurisms that can't be managed by endovascular procedures.

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VP01-04 LAPAROSCOPIC PARTIAL NEPHRECTOMY IN A PREGNANT WOMAN WITH RIGHT RENAL MASS
