
CASE REPORT

Combined robotic-assisted retroperitoneoscopic partial nephrectomy and extraperitoneal prostatectomy. First case reported

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A 54-year-old man with a history of prostate cancer and clear cell renal cell carcinoma of the left kidney underwent concomitant robot-assisted laparoscopic partial nephrectomy and radical prostatectomy. We report, to our knowledge, the first case of a concomitant retroperitoneal robotic-assisted partial nephrectomy and extraperitoneal radical prostatectomy.

KEY WORDS: *Robotic surgery, Partial nephrectomy, Radical prostatectomy, Kidney cancer, Prostate cancer*

PAROLE CHIAVE: *Chirurgia robotica, Nefrectomia parziale, Prostatectomia radicale, Tumore renale, Tumore prostatico*

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INTRODUCTION

In patients with prostate cancer (CaP) undergoing staging imaging evaluation of the abdomen, a second primary cancer can be detected in a percentage up to 1.5 % (1). Herein is presented the case of a 56-year-old man with simultaneous prostate and kidney cancers. At the same surgical session, retroperitoneal robotic-assisted partial nephrectomy (RAPN) and extraperitoneal radical prostatectomy (RARP) have been sequentially performed.

MATERIALS AND METHODS

A 56-year-old man, with no major comorbidities, due to an abnormal PSA (4.8 ng/ml), incidentally discovered, received a 14-core transrectal prostate biopsy. A prostate cancer was finally diagnosed with a Gleason score 7 (4+3) in 4 on 14 cores, bilateral at intermediate risk of recurrence

according to D'Amico's criteria (2). Age-adjusted Charlson comorbidities index was 2. The clinical evaluation suggested the presence of mild LUTS (IPSS 7) and moderate erectile dysfunction (IIEF-5: 14).

At the staging evaluation no metastasis was seen; though, the incidental presence of a 2 cm exophytic renal tumor (Fig. 1) was detected, located on the posterior aspect of the left kidney. The patient was candidate to RARP to treat the clinically localized CaP, and to concomitant RAPN to remove the kidney tumor.

PARTIAL NEPHRECTOMY

A retroperitoneal approach to the left kidney was performed using a 5 port-scheme (3). The patient was placed in full flank position; a 1.5 cm incision below the twelfth left rib was done to access to the retroperitoneum according to Hasson technique. The retroperitoneal space was