

Clinical Image

Radical Nephroureterectomy: A Clinical Image

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Upper Urinary Tract Urothelial Carcinoma (UTUC) remain rare. Radical Nephroureterectomy (RNU) is the Gold standard for management of these tumours. We are reporting a clinical image of a 45-year-old patient admitted in emergency for left lumbar pain (nephritic colic). The checkups requested computed tomography scanner showed a nephromegaly and left hydronephrosis upstream of a suspicious parietal thickening of the lumbar ureter with cortical and functional repercussion, neighborhood infiltration, and atypical lateral-aortic ganglia. Left lower calicial lithiasis of stasis, pancreatic nodular lesion and the left adrenal gland. The patient was a candidate for an open Radical Left Nephroureterectomy (RNU) (Figure 1).

There are prognostic factors of tumors of the upper urinary excretory tract, which are the patient's status, the preoperative, the operation and the anatomopathology [1]. According to current literature data, the oncology outcomes of radical nephroureterectomy by laparoscopic are lower than those of open RNU surgery [2].

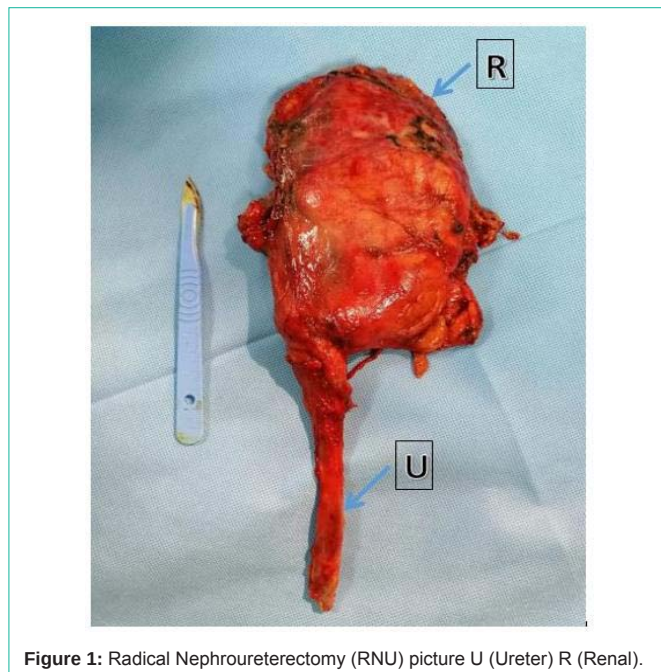


Figure 1: Radical Nephroureterectomy (RNU) picture U (Ureter) R (Renal).

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