

PIV6: MIS FOR URETERAL PELVIC JUNCTION OBSTRUCTION IN CHILDREN

Oleg Godik^{*1}, Genady Ustenko¹, Oles Kalyschuk¹ and Valerie Soroutchan¹

E-mail: Oleg Godik — ogodik@gmail.com

¹Clinic Oberig, Kyiv, Ukraine

Background Background: Today MIS for UPJ obstruction is the method of choice in the surgical treatment. There is much discussion on the different endoscopic approaches- transperitoneal or retroperitoneal. We present our experience with the transperitoneal approach of the laparoscopic treatment for ureteral pelvic junction (UPJ) obstruction in children.

Materials and methods Materials and Methods: A review of the laparoscopic treatment of ureteral pelvic junction obstruction in children from 11 months – 12 years, from a time period of March 2011 to April 2017 in Clinic „Oberig”. In all the children we performed a cystoscopy and JJ-stenting of the ureter prior to surgery. The position of the patients was on the side opposite to the lesion. In all cases we used a 5mm camera placed transumbilically and 3mm working ports in the triangular fashion. In 7 (25%) cases the cause of PUJ obstruction was an aberrant vessel. In all the cases pyeloplasty was performed by a resection of the PUJ with a longitudinal cut of the distal ureter. Pyeloplasty was performed by intracorporal suturing, with absorbable material size 5.0 or 6.0. A drainage tube was positioned at the paranefral space in all patients. Children were dismissed on the 3rd- 5th post- op day. The average operative time was 115±8 minutes

Results Results: In the last 6 years we performed laparoscopic operations in 28 children with UPJ. Out of them 17 (60.7%) were girls and 11 (39.3%) were boys. The mean age was 2 years 8 months. Right-sided obstructions occurred in 12 (42.8%) patients and left sided obstructions were seen in 16 (57.2%) children. Complication occurred in 3 (10.7%) cases, which were leakage of the anastomosis on the 2nd- 3rd post- op day. Recurrences were diagnosed in 2 (7.1%) cases, both of them 2 weeks after removing the ureteral stent. These patients had an open redo; witch was explained by the absence of experience with laparoscopic redo.

Conclusions Conclusion: Laparoscopy for the surgical treatment of UPJ obstruction in children is a less traumatizing technique with good clinical and great cosmetic results. We believe it should be the method of choice in the correction of the UPJ obstruction in children.

Key words MIS, laparoscopic ureteral pelvic, junction, obstruction, children