## PIV5: LAPAROSCOPIC PYELOPLASTY TOGE-THER WITH EXCISION OF URETEROPELVIC POLYP FOLLOWING A DIAGNOSTIC URETE-RORENOSCOPY

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**Background** Fibroepithelial polyp on ureteropelvic junction (UPJ) is a rare pathology that causes upper urinary tract obstruction. Preoperative radiological examination may not demonstrate the exact pathology. It might be determined in patients who have operation for UPJ obstruction.

**Materials and methods** In this video, we present a 6 year old boy who was referred to our clinic with a suspicion of a diagnosis of obstructive stone on UPJ. Ureterorenoscopy showed a polypoid lesion on UPJ and laparoscopy was performed for resection and pyeloplasty.

**Results** The patient had a complaint of hematuria and left lumbar pain that was intensified in the last couple of days. Ultrasound showed hydronephrosis and 6 mm stone like appearance on UPJ. Ureterorenoscopy found a broad base Medusa head like polypoid lesion on UPJ with arms protruding into the pelvis and ureter. Following the lateral flank position of the patient, laparoscopic retrocolic exploration of the left kidney was done. UPJ was exposed, ureteropelvic lumen was opened with a vertical incision; the polyp was found and the segment of UPJ with the polyp was resected. Pyeloplasty was performed with a JJ stent insertion. The patient did well at six-month follow-up.

**Conclusions** Fibroepithelial polyp should be considered in differential diagnosis of UPJ obstruction. It may mimic a stone on ultrasound. Endoscopic excision of polyp is possible, but a polyp that has a broad base and atypical macroscopic appearance should be excised surgically as in our case. Laparoscopic approach is a right preference for surgeons who have experience on laparoscopic pyeloplasty.

**Key words** fibroepithelial polyp, laparoscopy, pyeloplasty, ureteropelvic junction, children