



T 2/3 CASE DISCUSSION BAUS ONCOLOGY 2014

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CASE *1

58 year old man

Presented to A&E

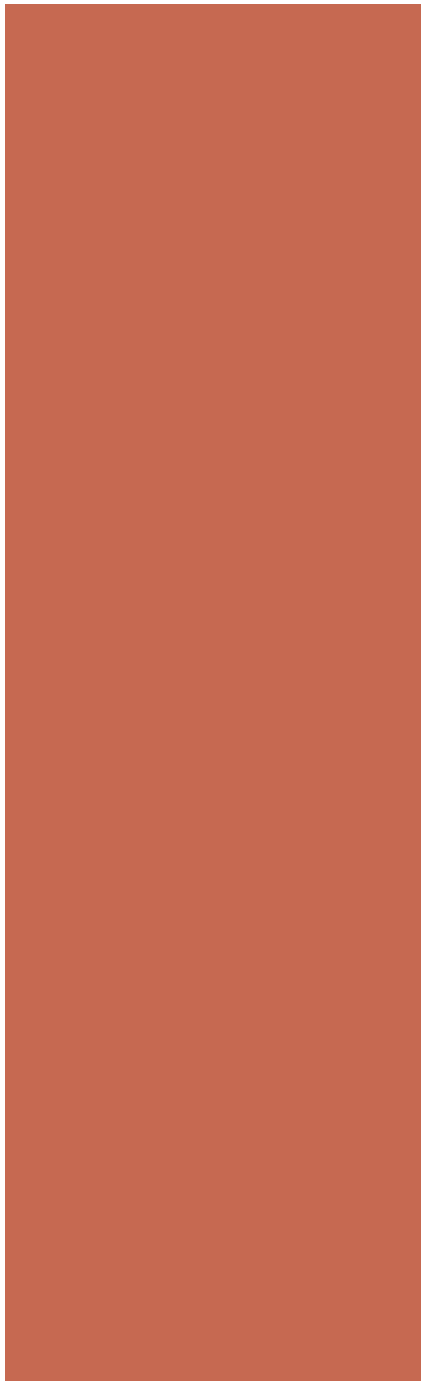
Significant visible haematuria and unwell

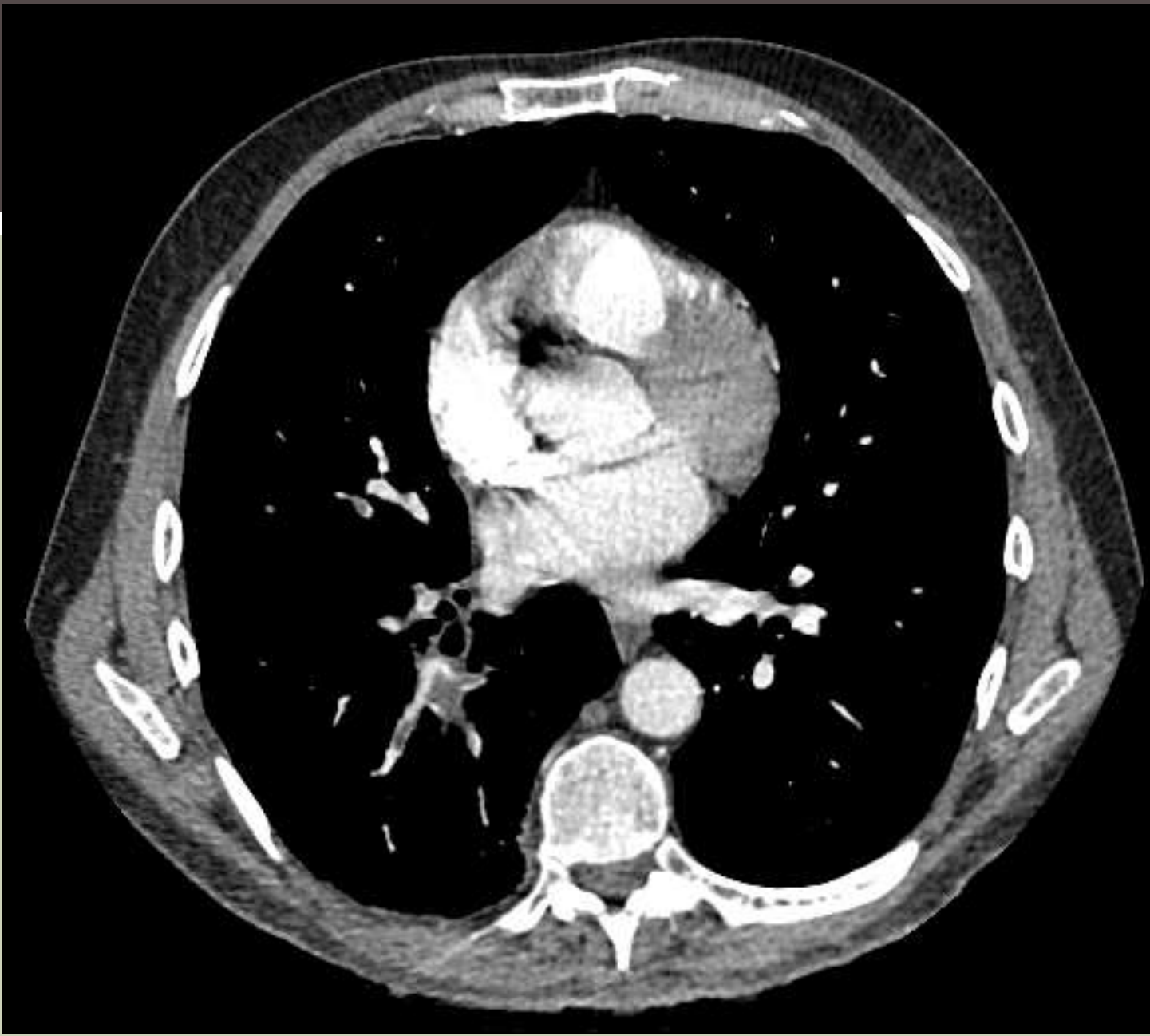
Low grade fever and significant peripheral oedema

Hb 6.6 g/dl

Low Alb/ platelets







OPTIONS

Palliation

vs

Biopsy + systemic therapy (A-Predict)

vs

Surgical Resection

PLAN FOR SURGERY

What need for preop caval filter??

HAS SURGERY...

Difficult open procedure

Liver fully mobilized

10L blood loss

Concerned at time of surgery – tumour invading IVC wall

QUESTION

- Is the now the time for IVC segmental excision and graft??

Team decided NOT to do so on day

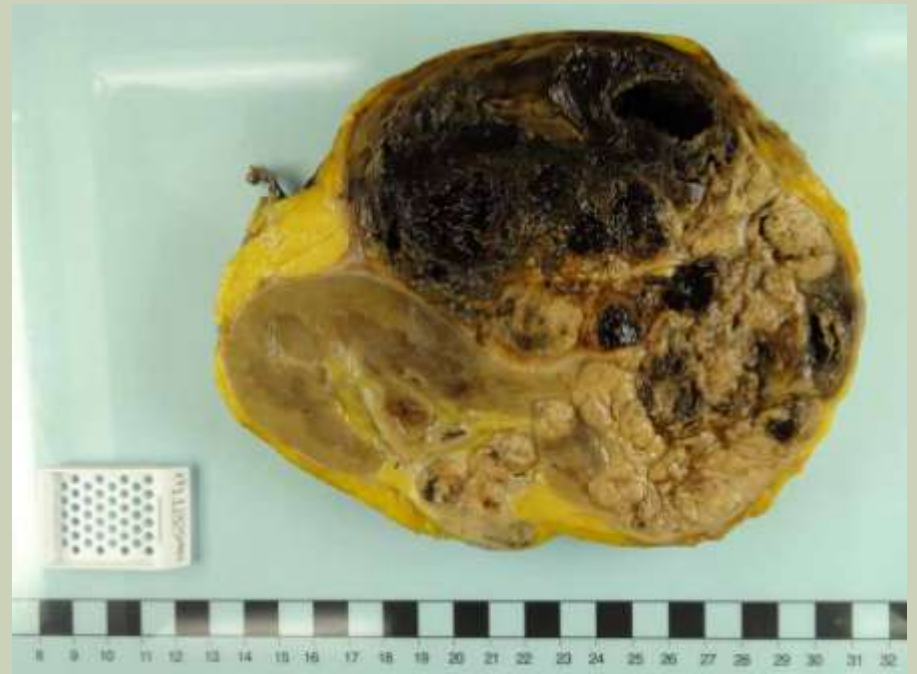
Logic:

Already testing procedure

Presence of possible metastatic disease

POST OP – DOES WELL.....

- 110mm tumour replacing kidney and invading renal sinus and renal vein
- Tumour thrombus in renal vein at margin
- Renal cell carcinoma of clear cell subtype
- Nuclear grade 3
- pT3b at least
- Leibovich score 7/11



WHERE NOW?

- Patient generally much better in himself
- Oedema Resolved
- Repeat CT
 - Thickened IVC
 - Pulmonary emboli resolved

Further extirpative surgery?

FURTHER SURGERY UNDERTAKEN

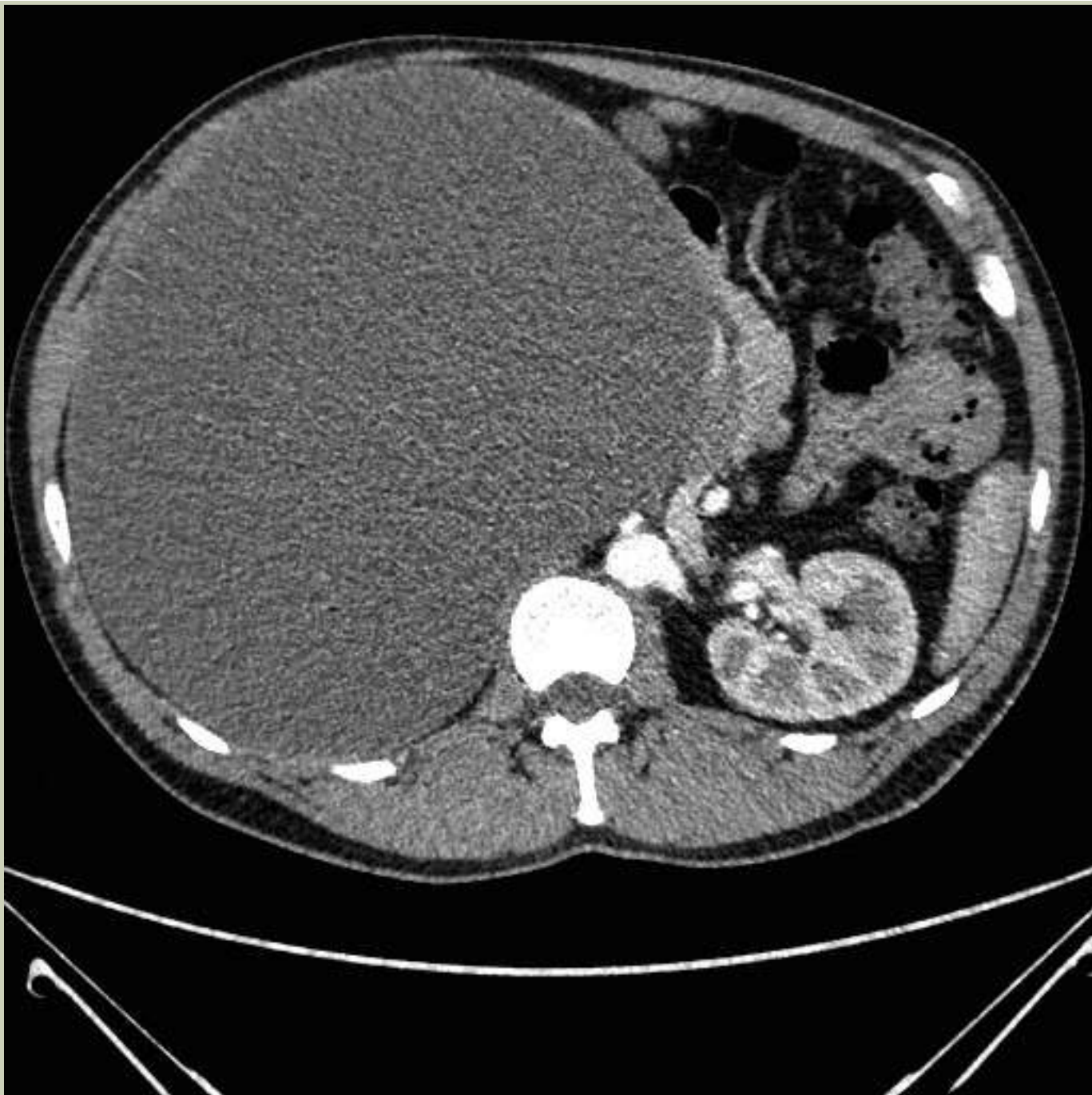
- IVC segmental excision
- Bovine pericardial graft

Frozen sections and then formal
sections

NO TUMOUR!

CASE *2

- 38 year old man
- Presented to GP with S/S of LEFT ureteric colic
- Passed and collected stone – calcium oxalate
- GP arranges ultrasound scan



30CM BOSNIAK TYPE IV COMPLEX RENAL CYST



SURGICAL CHALLENGES

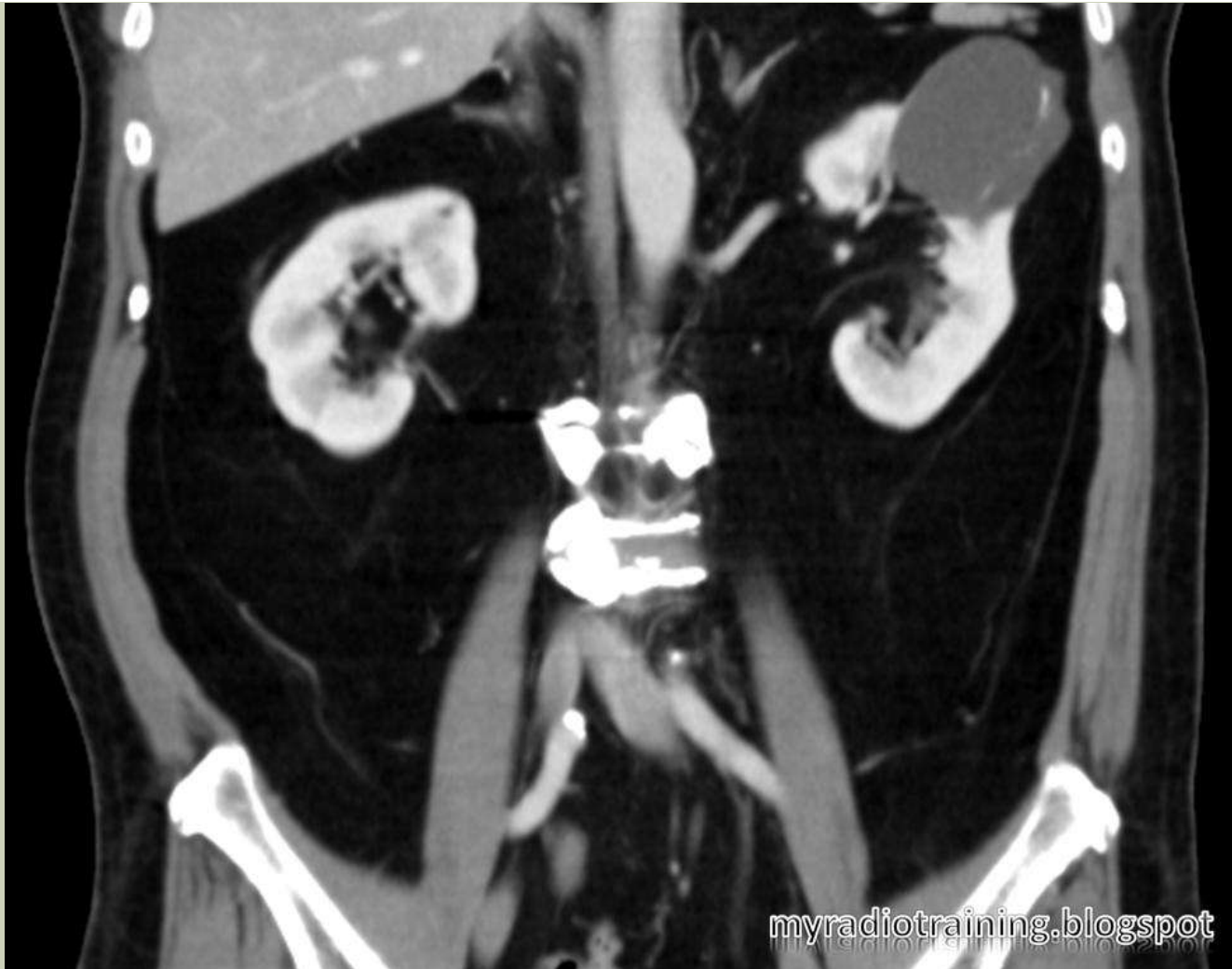
Size of lesion

Surgical approach

Open radical nephrectomy

Type 2 Papillary RCC

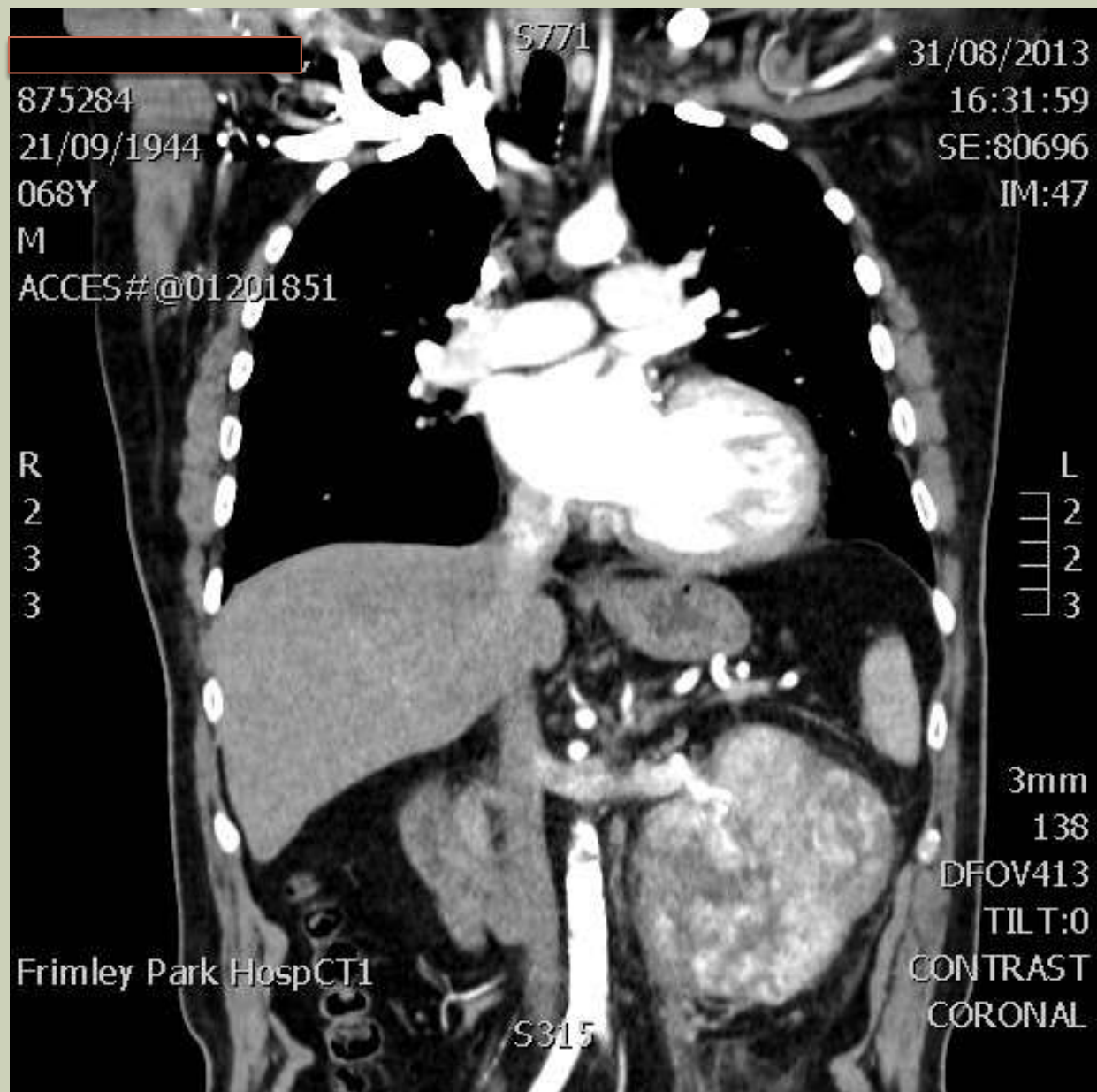
BOSNIAK III COMPLEX RENAL CYSTS



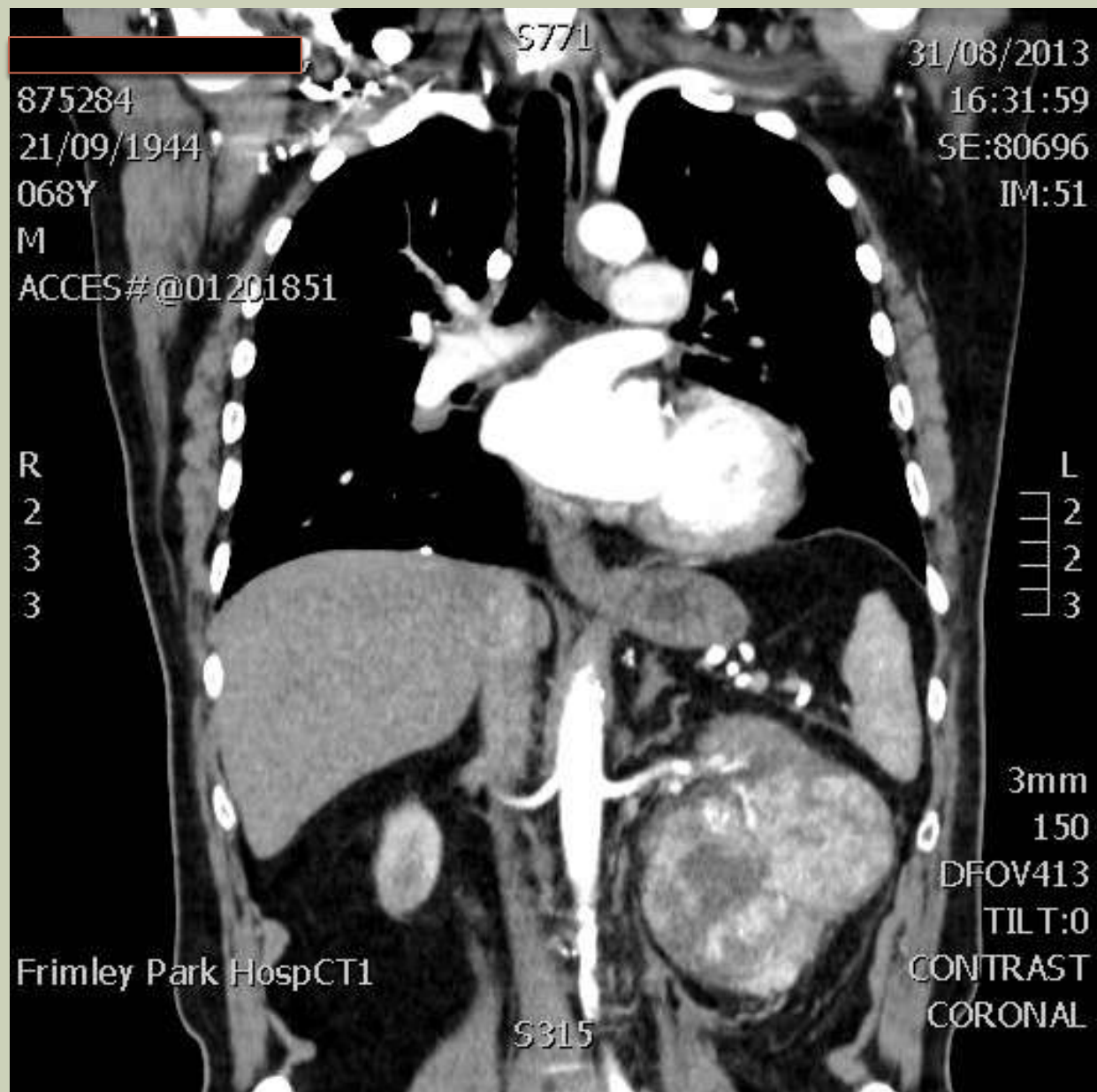
HOW TO MANAGE BOSNIAK III CYSTS?

- Further imaging
- The role of biopsy/aspiration
- Treat or not to treat
- What treatment? (<4cm, 4 - 7cm, >7cm)

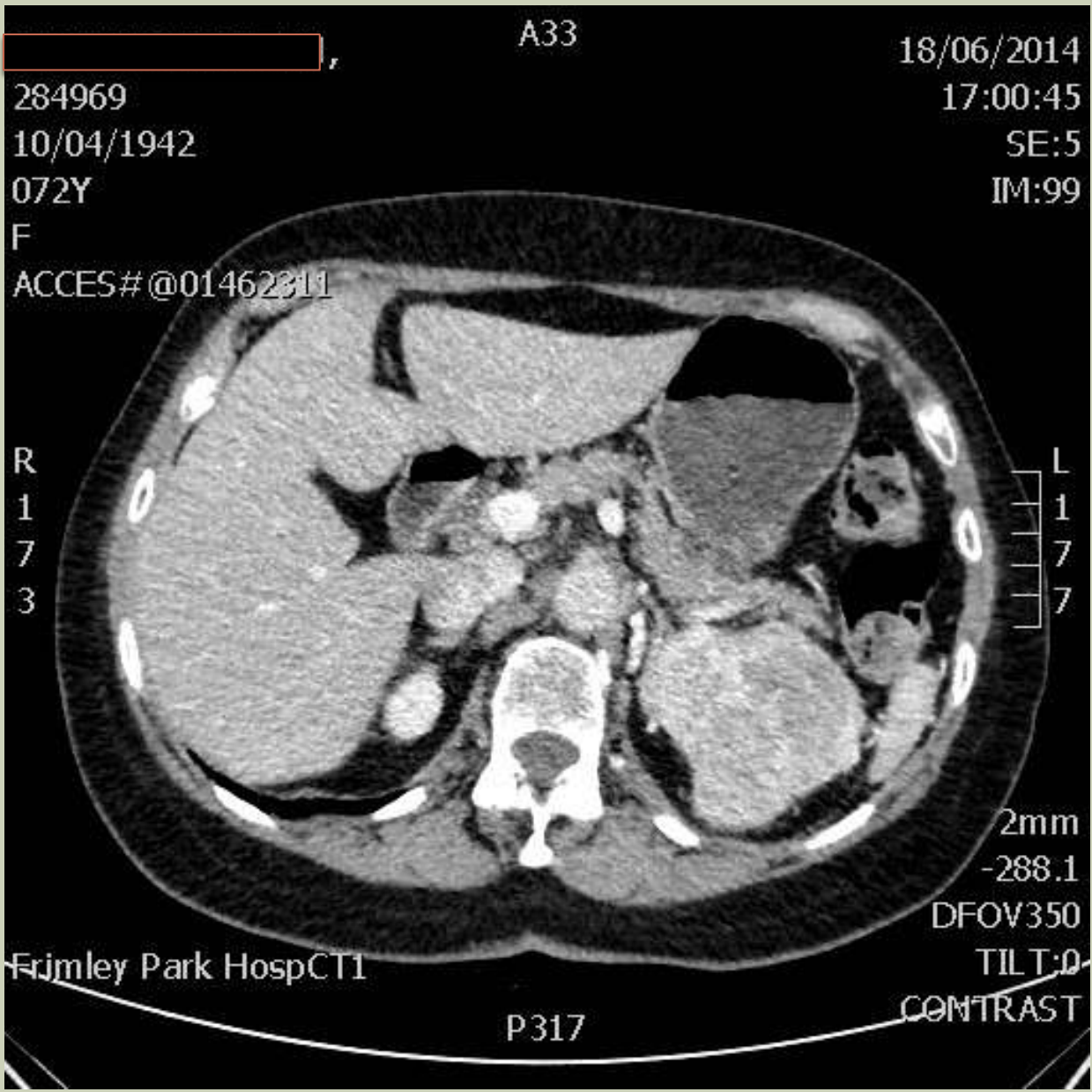
**STAGE T2/3 RENAL
TUMOURS –
MANAGEMENT OF THE
ADRENAL GLAND?**



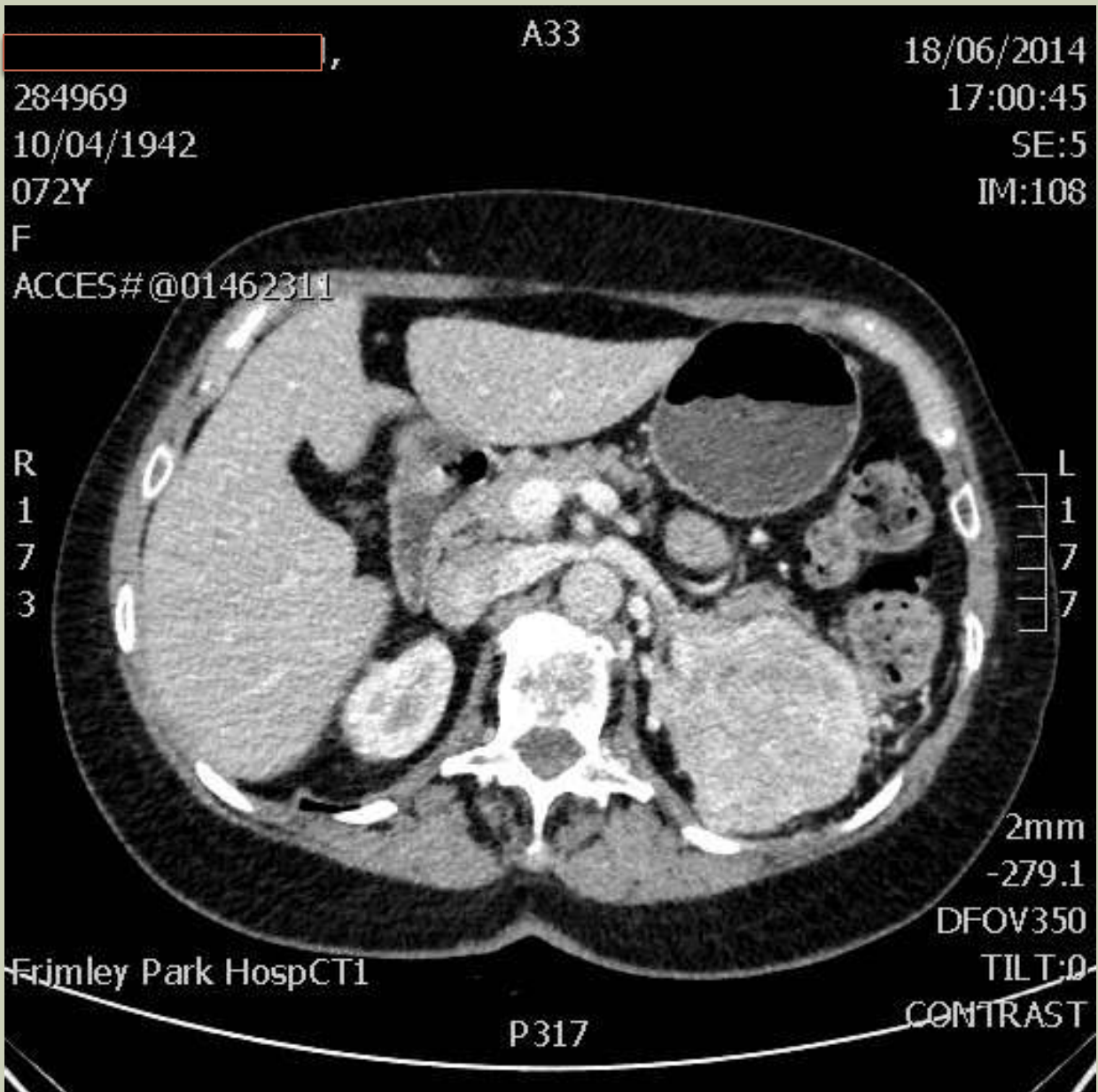
CASE *3



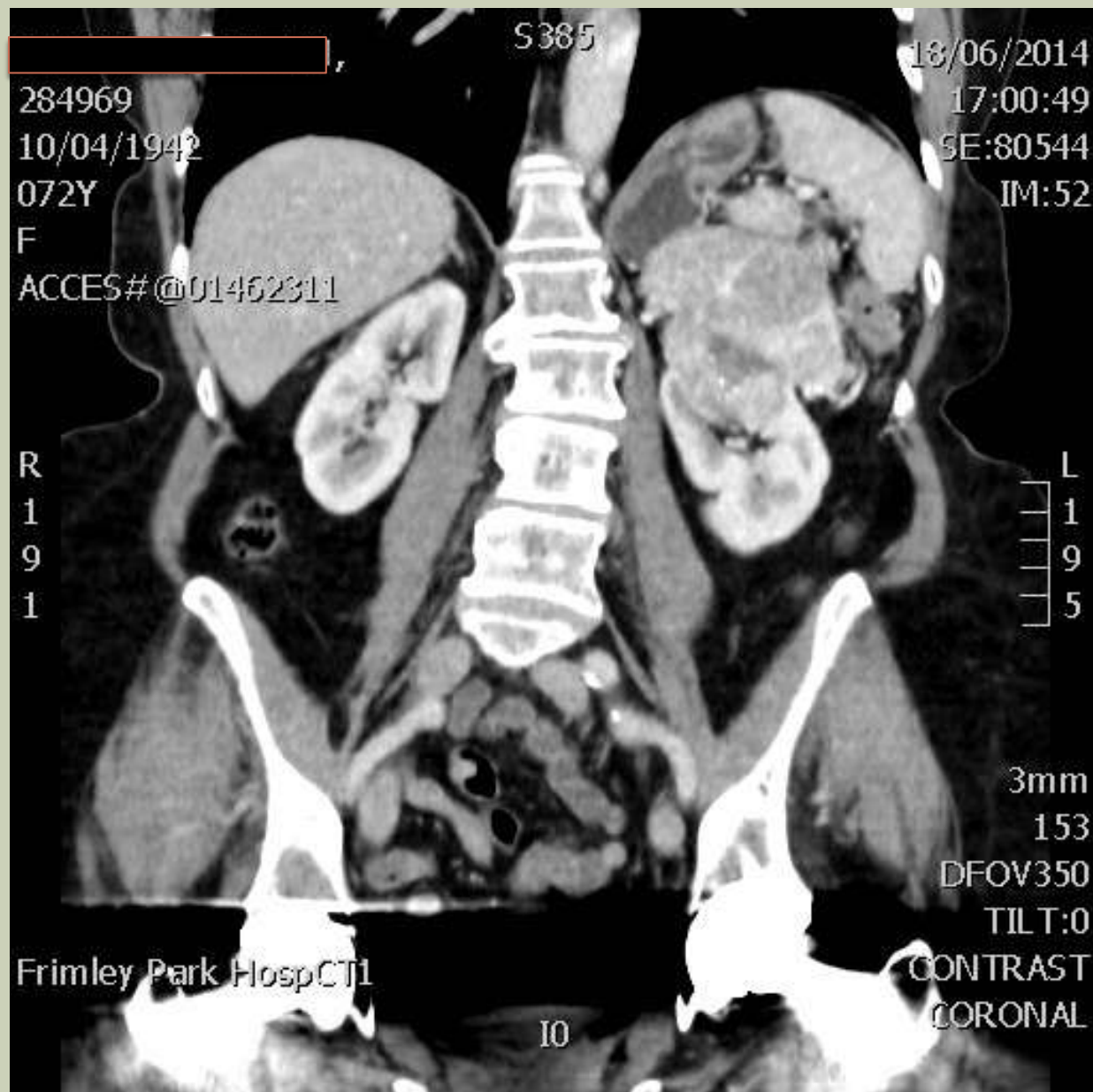
CASE *3



CASE *4



CASE *4

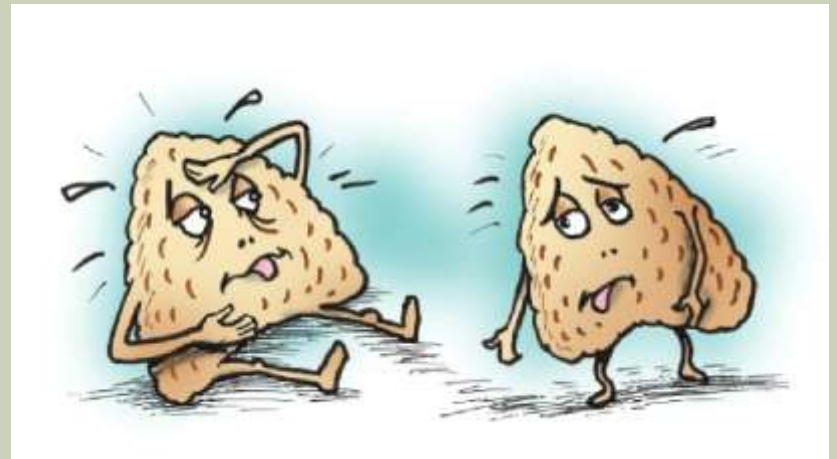


CASE *4

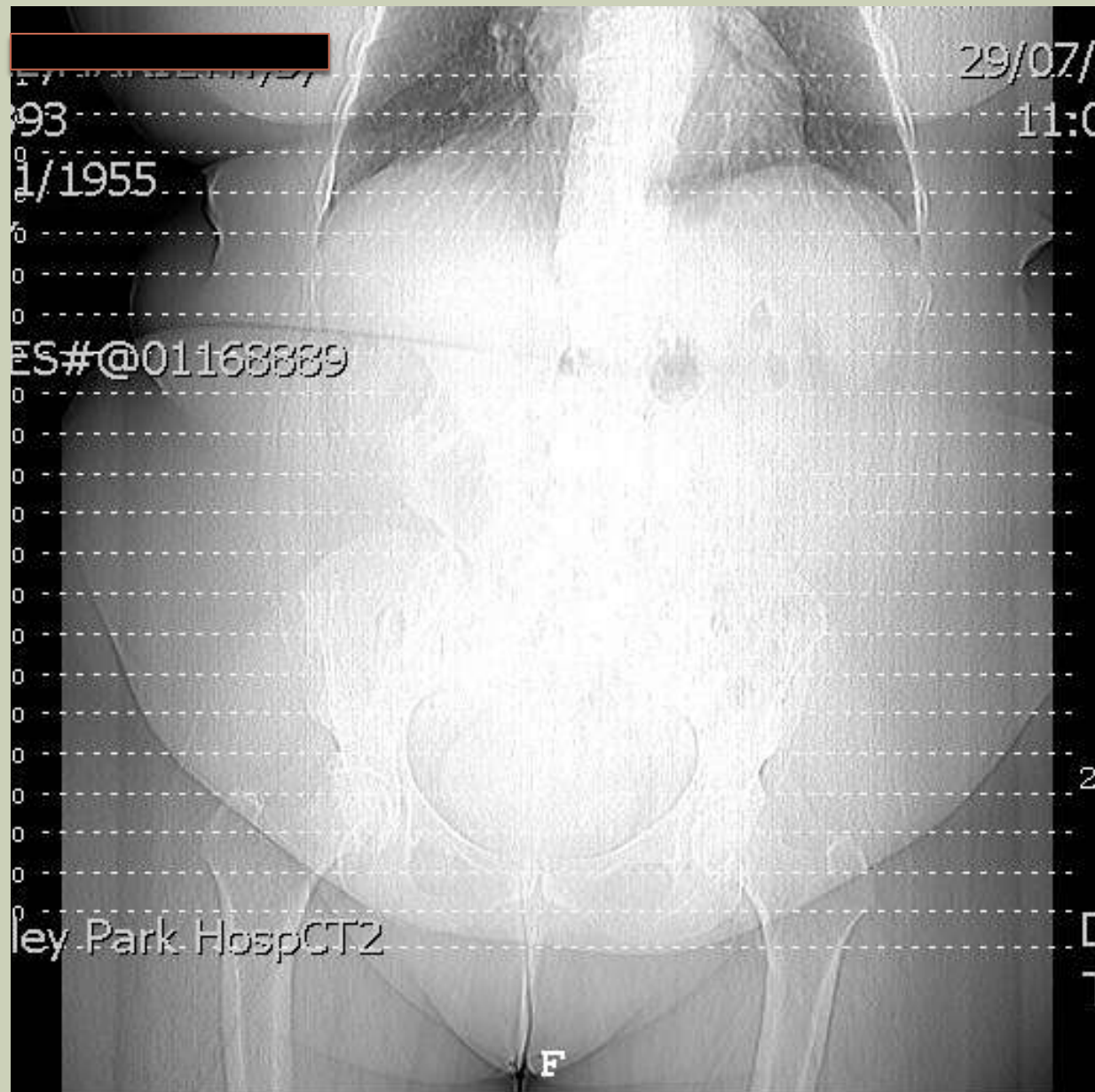
THE ADRENAL GLAND

■ Approaches

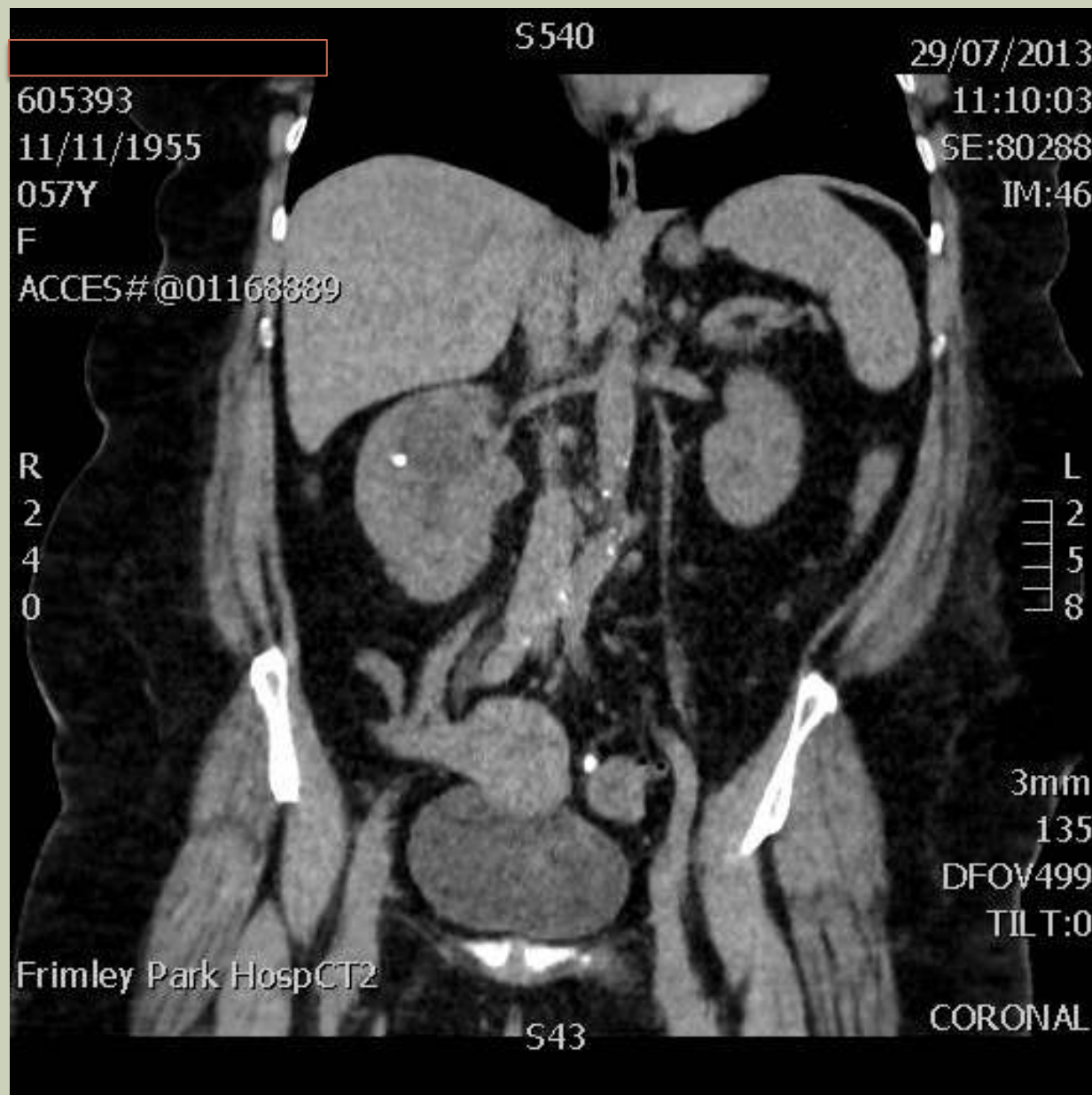
- Always remove because of concerns regarding ipsilateral adrenal recurrence
- Strictly follow guidelines
- Remove *en bloc* if seems surgically appropriate



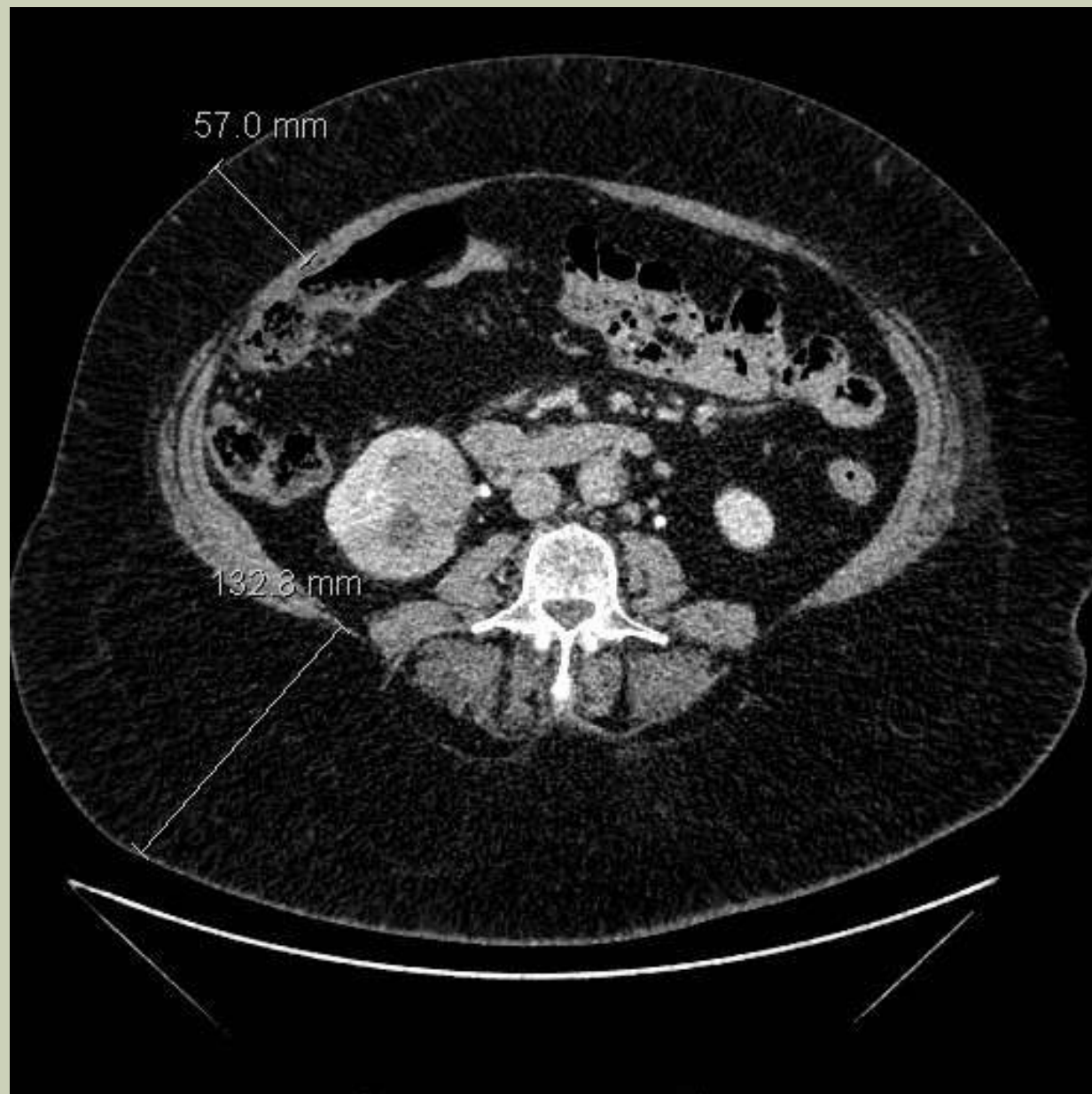
**OBESITY – A DIFFERENT
KIND OF CHALLENGE IN
STAGE T2/3 DISEASE?**



CASE *5



CASE *5



CASE *5

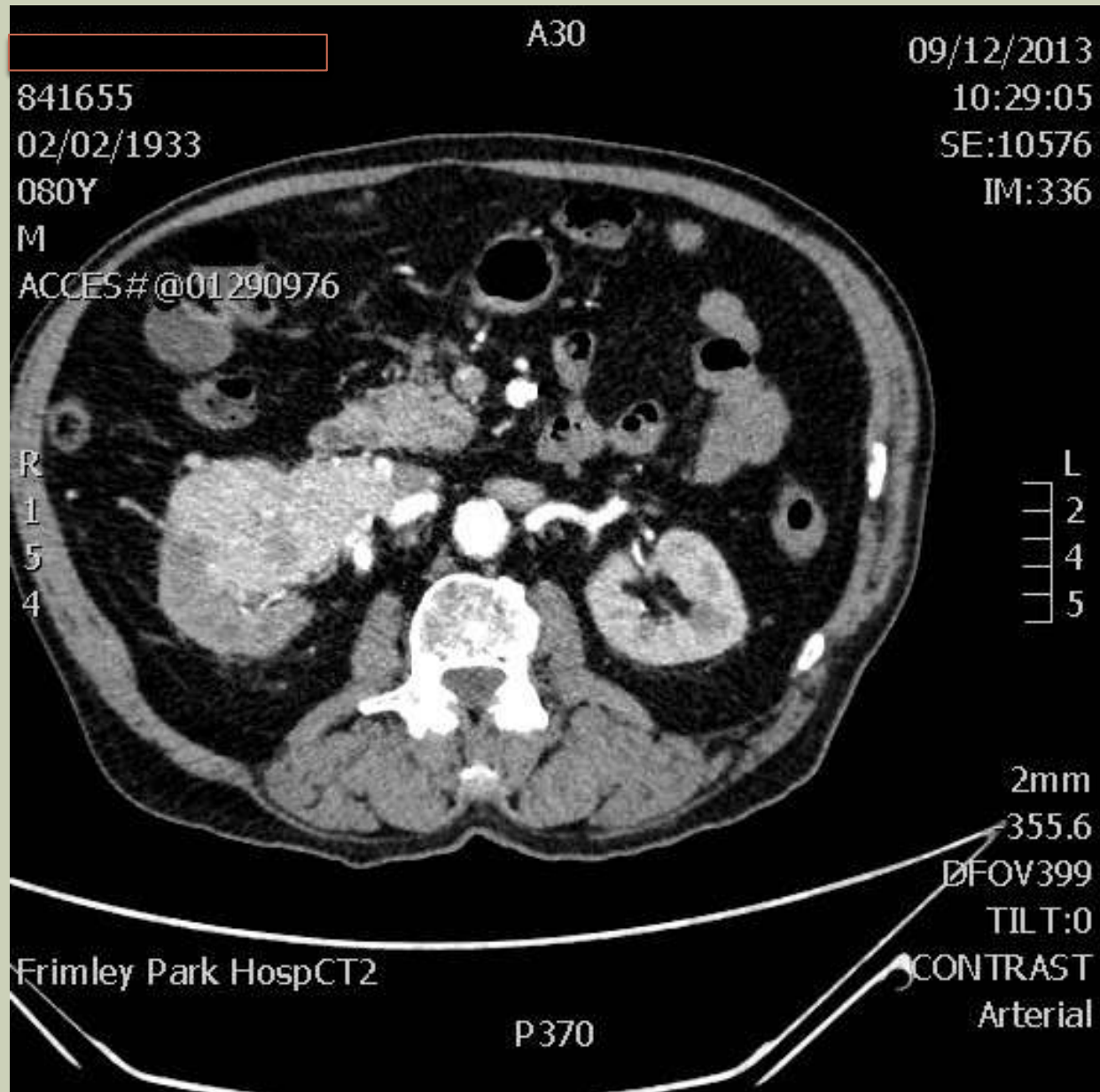


CASE *5

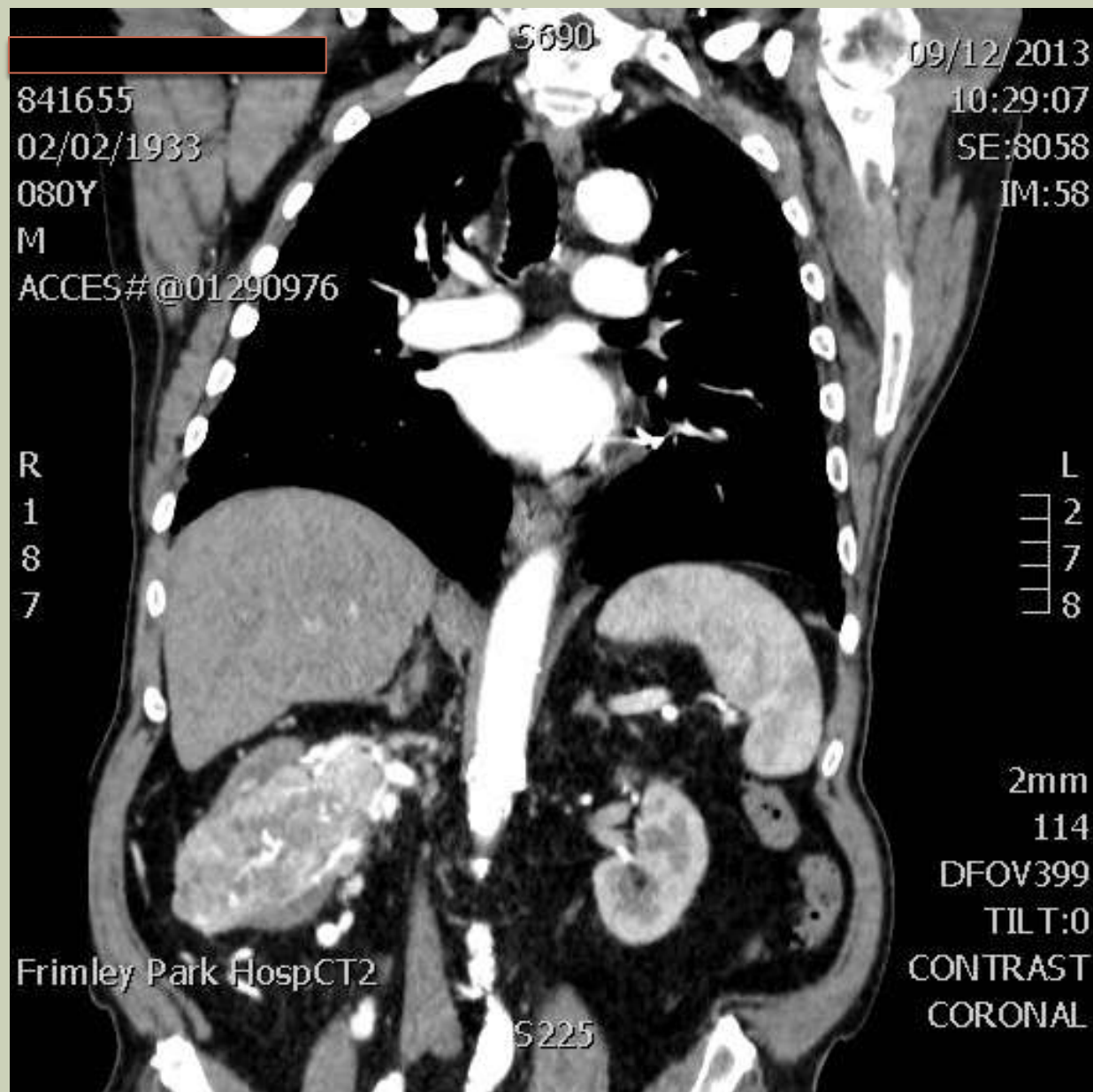
THE OBESE PATIENT

- Anaesthetic challenges
- Surgical access
- Intraoperative difficulties
- Post operative complications

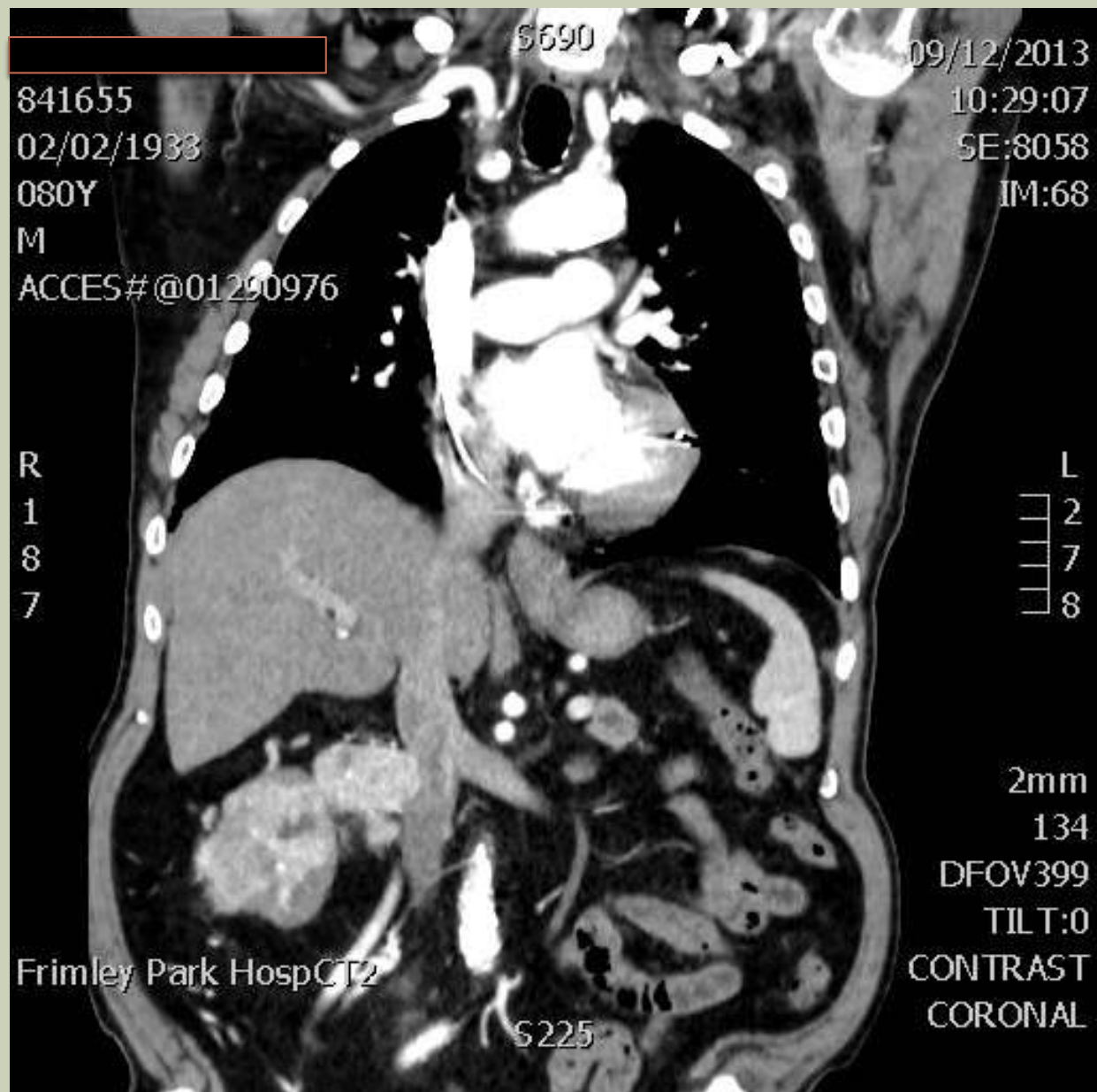
**THE ELDERLY
PATIENT.....**



CASE *6



CASE *6



CASE *6

THE ELDERLY PATIENT

- Approaches to
 - Pre-operative work up
 - Surgical approach
 - Post operative care

**SINGLE KIDNEY T2/3
TUMOUR**

A225

03/04/2014

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17:02:52

19/06/1948

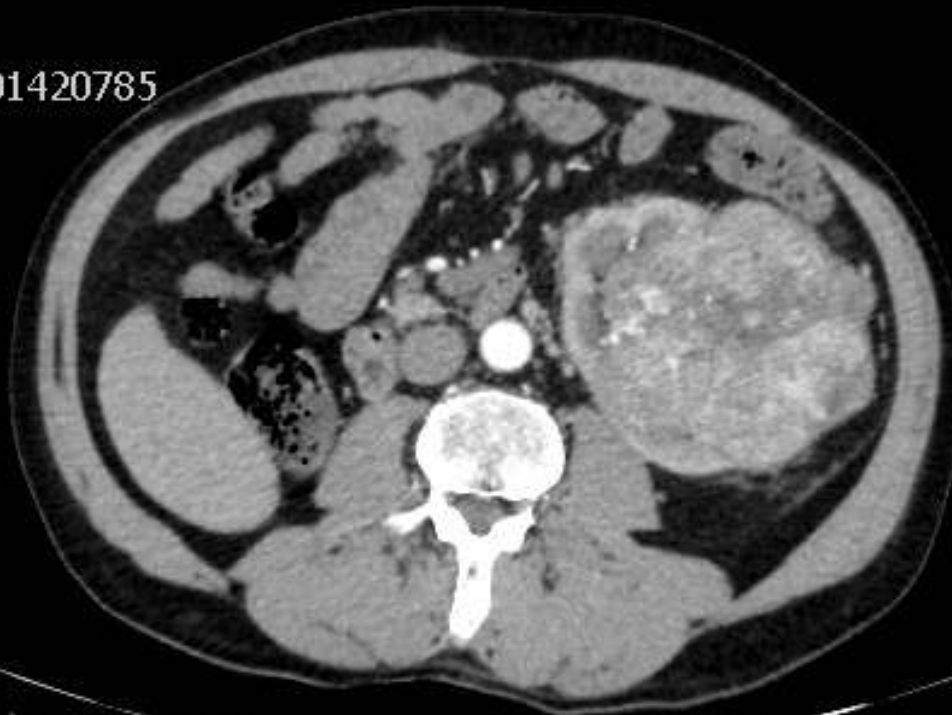
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065Y

M

ACC#01420785

R
2
2
4



L
2
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6

ST GEORGES HOSPITAL

Default Layout

P225

ART AX 2/2mm

CASE *7

A225

03/04/2014

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17:02:52

19/06/1948

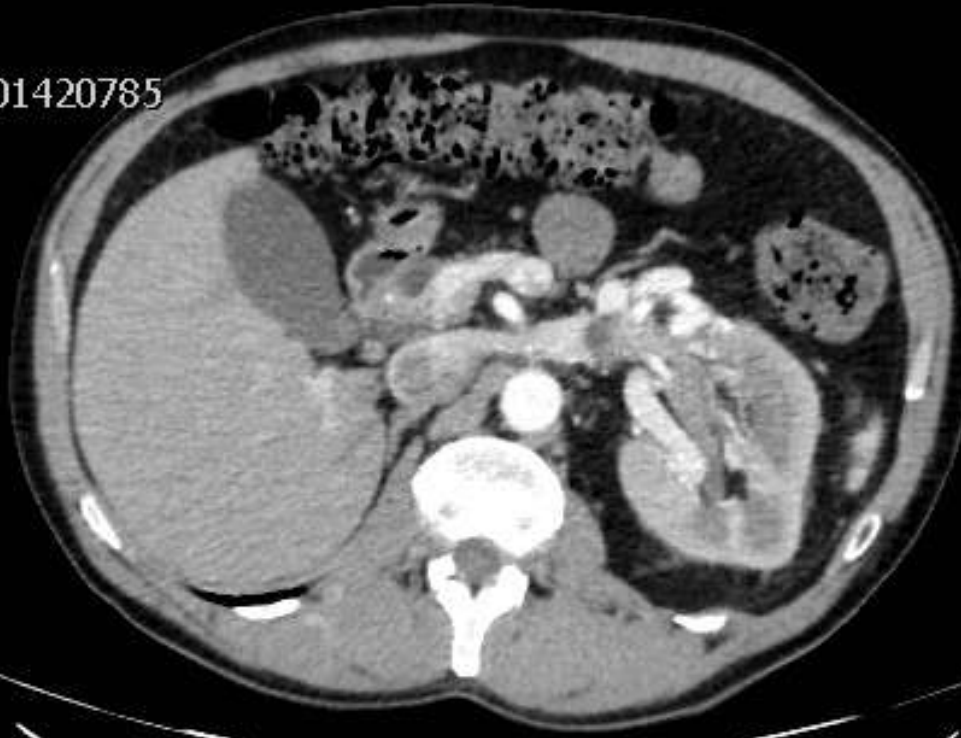
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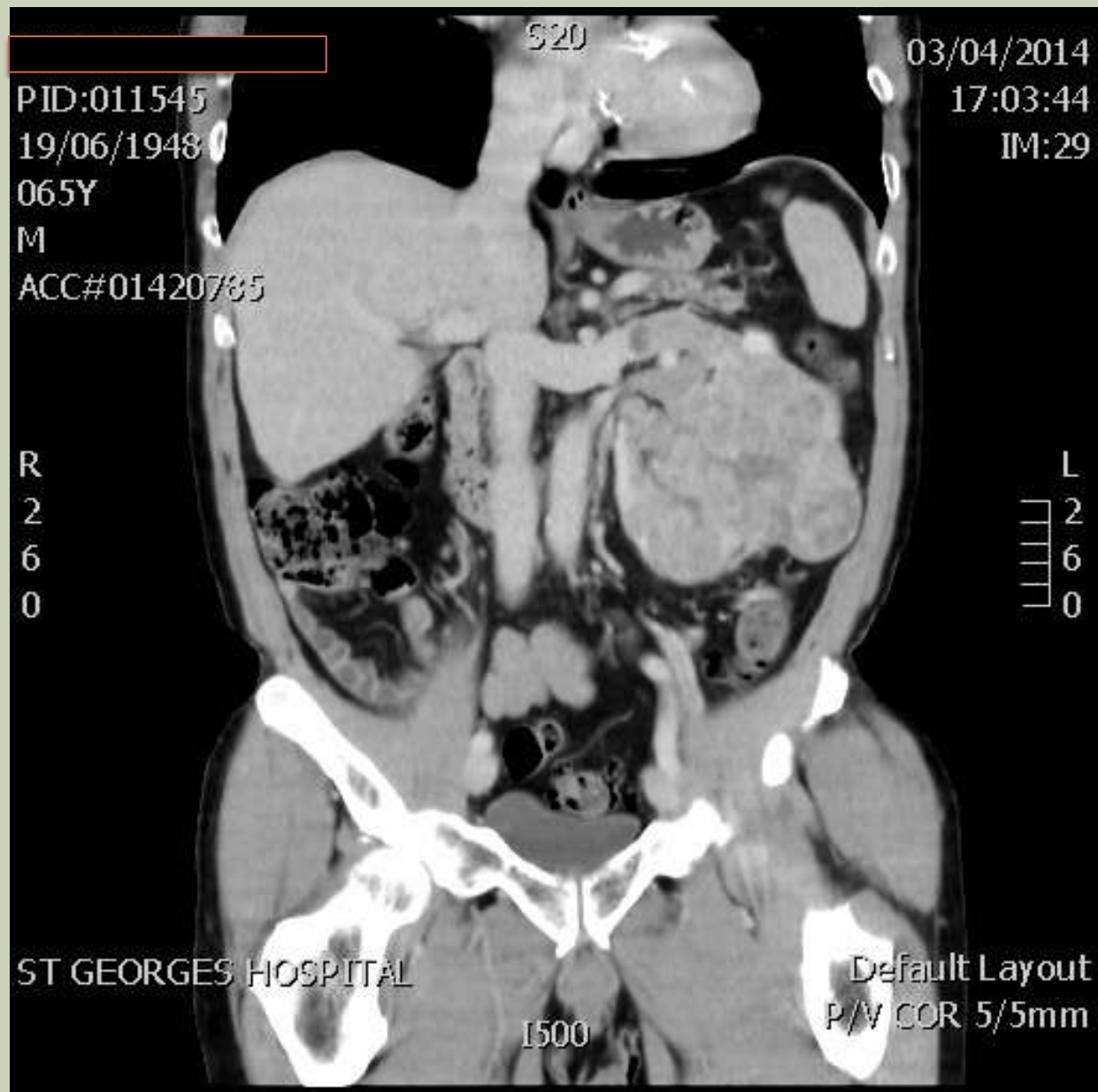
L
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ST GEORGES HOSPITAL

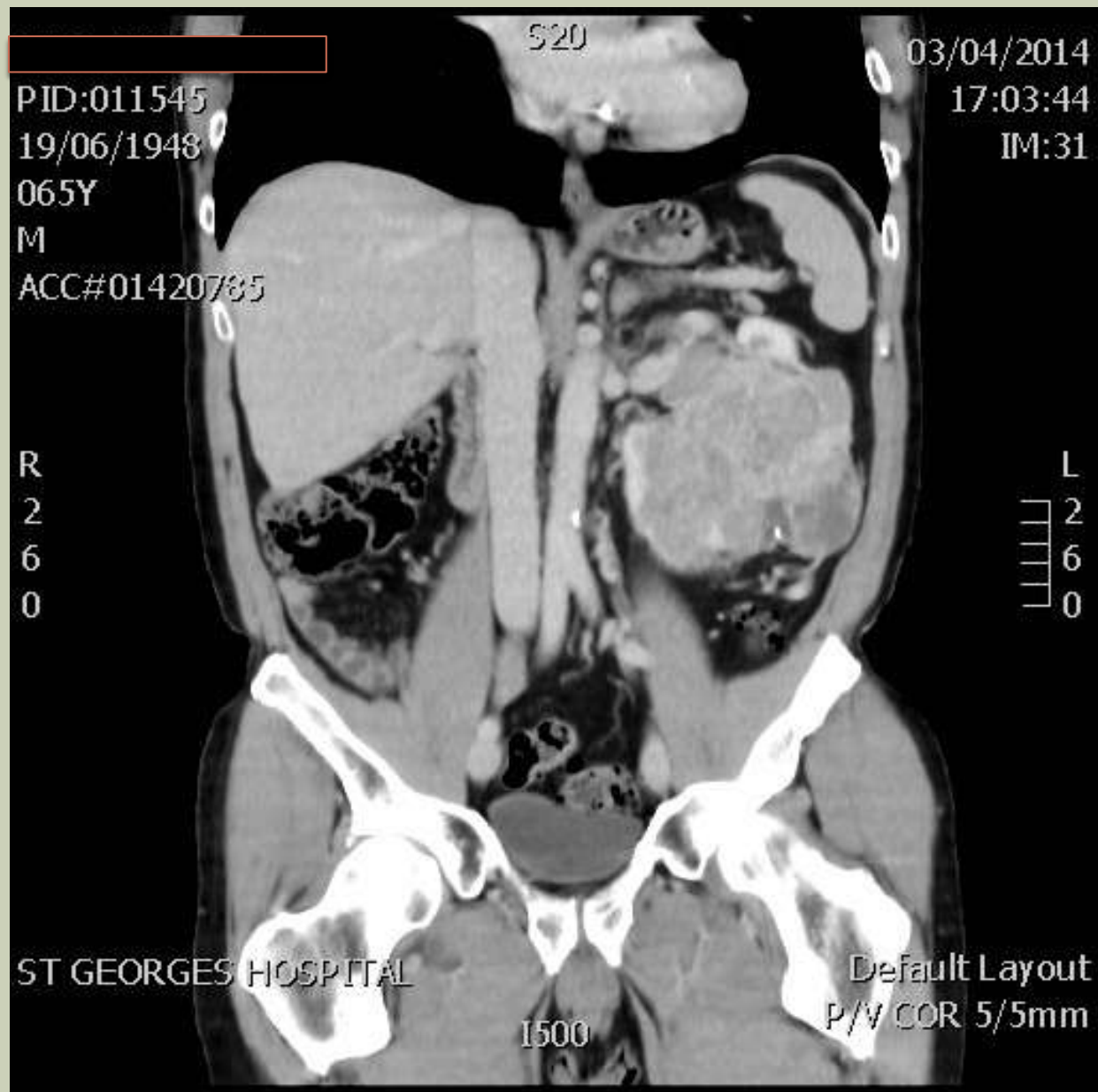
Default Layout
ART AX 2/2mm

P225

CASE *7



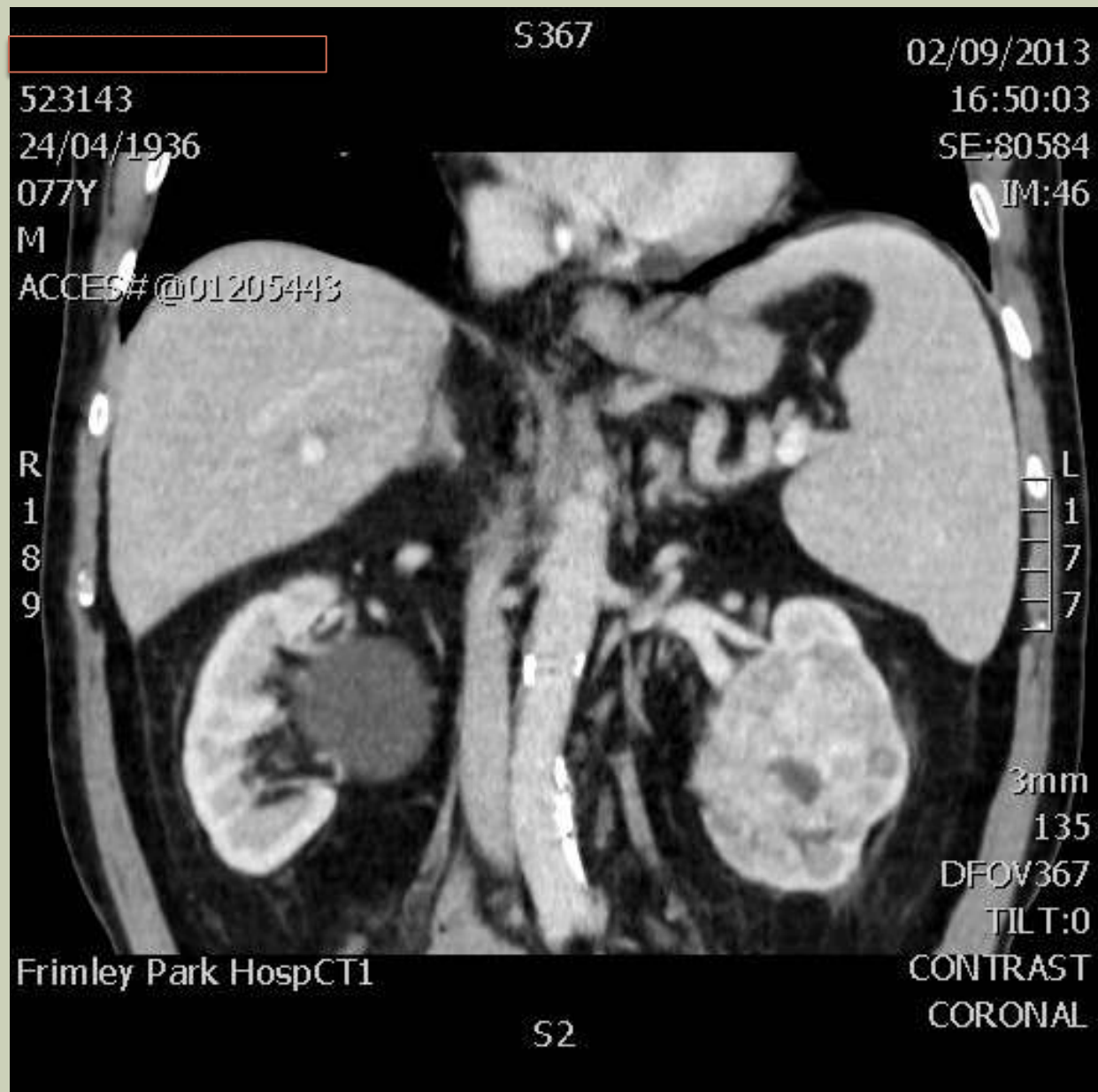
CASE *7



CASE *7

OPTIONS?

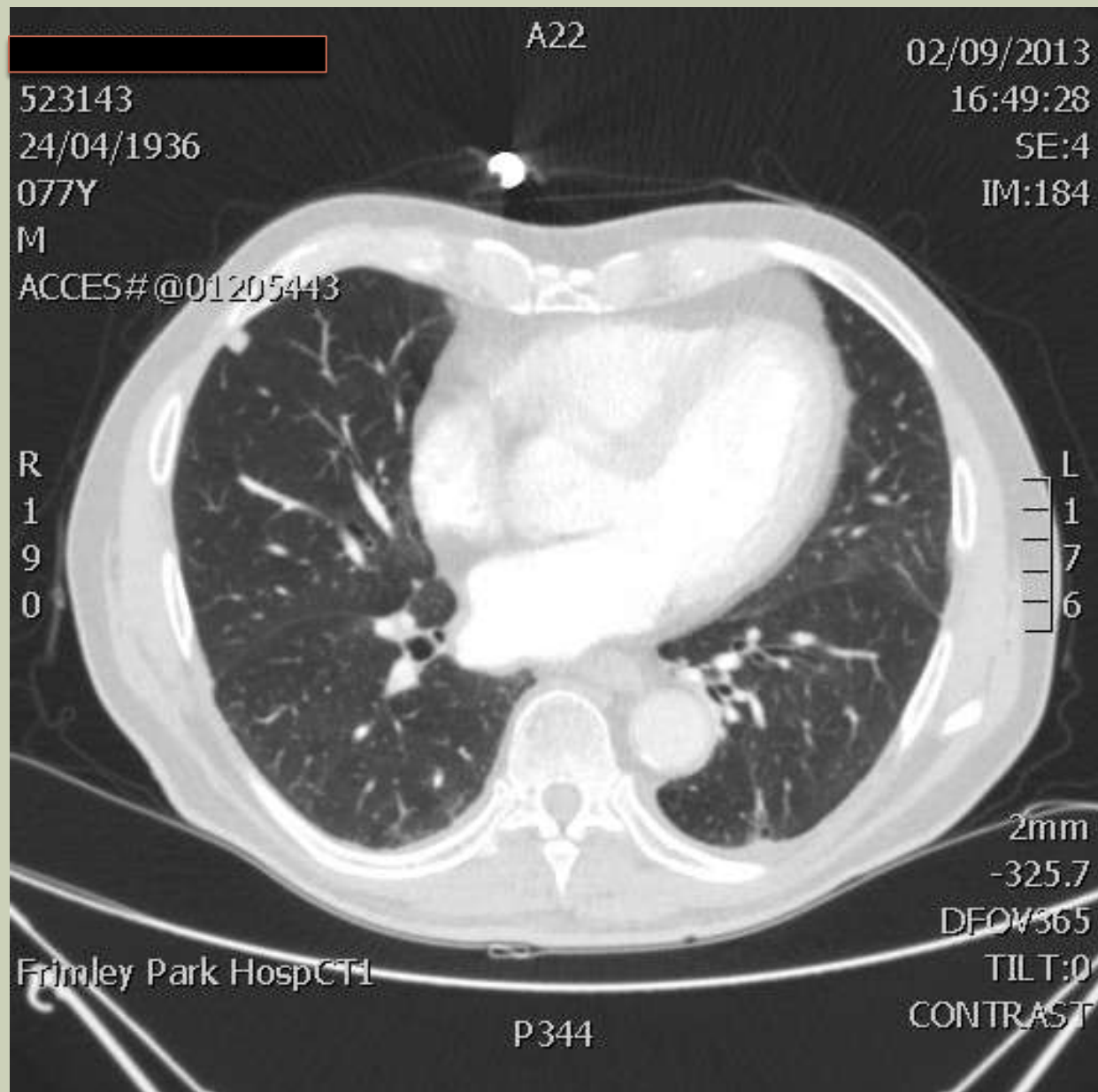
CYTOREDUCTIVE SURGERY



CASE *8



CASE *8



CASE *8



CASE *8



CASE *8

A189

17/01/2014

523143

13:32:40

24/04/1936

SE:6

077Y

IM:60

M

ACCES#@01312059

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3mm

372

DFOV378.9

TILT:0

Aldershot Centre for Health

OMNI300 100mls

P189

Body 3.0 PortVen/Phase CE

CASE *8

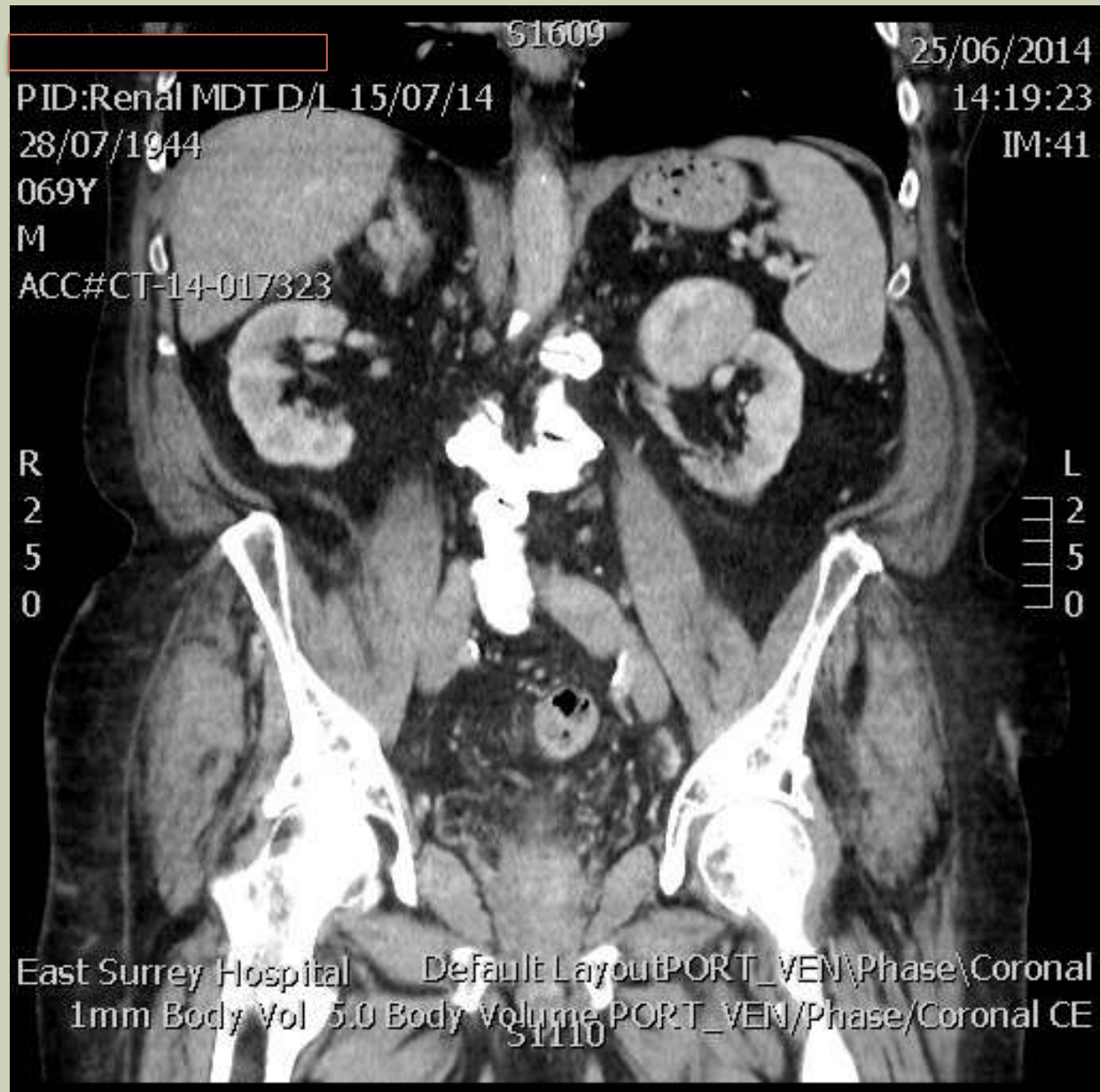
CYTOREDUCTIVE NEPHRECTOMY

- Surgical approach
- Intraoperative differences/ difficulties

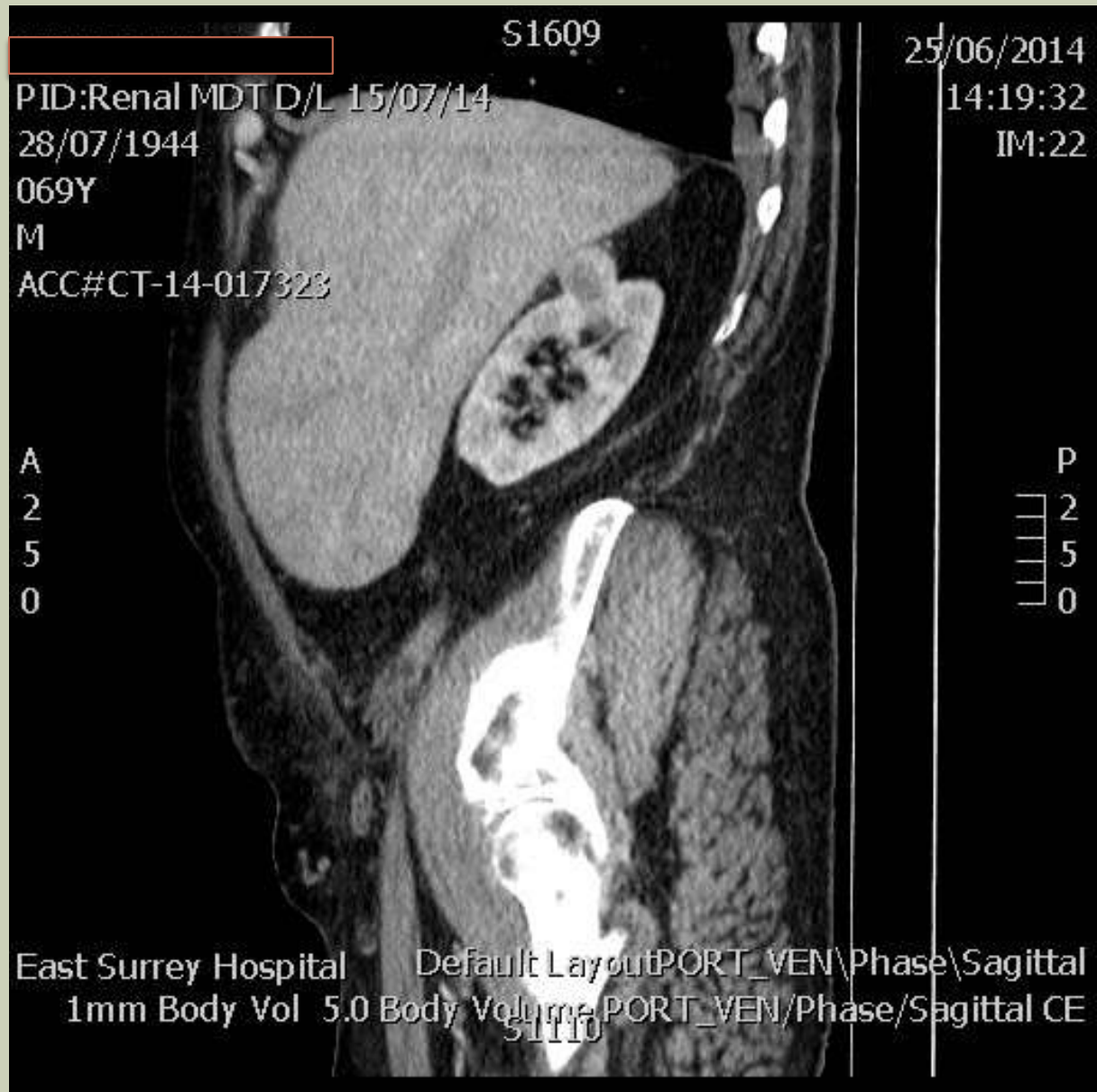
**BILATERAL TUMOUR/
ADRENAL MET**



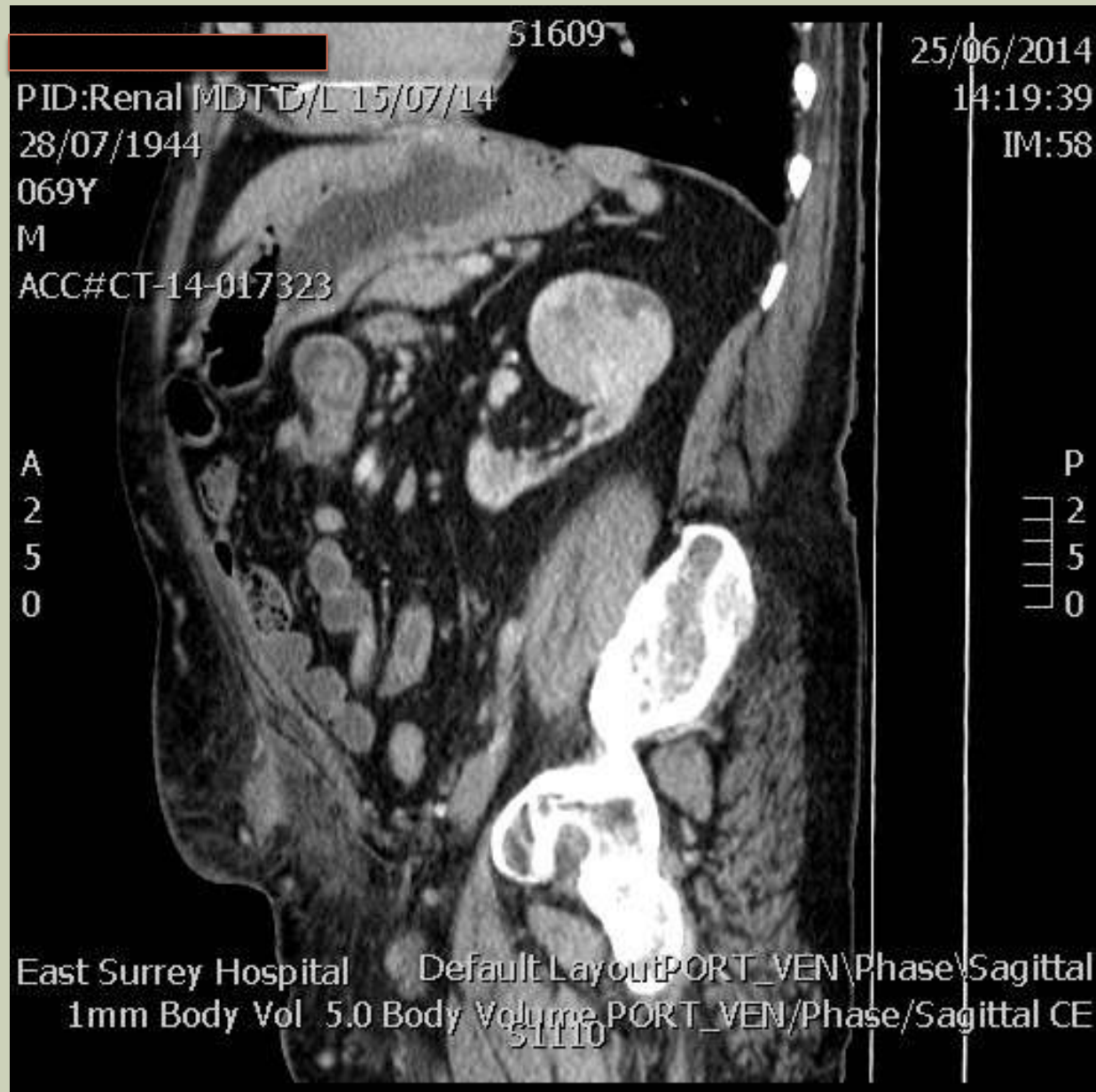
CASE *9



CASE *9



CASE *9



CASE *9



CASE *9

OPTIONS???