



Robotic partial nephrectomy after pazopanib treatment in a solitary kidney with segmental vein thrombosis

Juan D. Garisto ¹, Julien Dagenais ¹, Daniel Sagalovich ¹, Riccardo Bertolo ¹, Brian Rini ¹, Jihad Kaouk ¹

¹ Glickman Urological & Kidney Institute, Cleveland Clinic, Cleveland OH, USA

ABSTRACT

Objective: To demonstrate our surgical technique of robotic partial nephrectomy (RPN) in a patient with a solitary kidney who received neoadjuvant Pazopanib, highlighting the multidisciplinary approach.

Materials and Methods: In our video, we present the case of 77-year-old male, Caucasian with 6.6cm left renal neoplasm in a solitary kidney. An initial percutaneous biopsy from the mass revealed clear cell RCC ISUP 2. After multidisciplinary tumor board meeting, Pazopanib (800mg once daily) was administered for 8 weeks with repeat imaging at completion of therapy. Post-TKI image study was compared with the pre-TKI CT using the Morphology, Attenuation, Size, and Structure criteria showing a favorable response to the treatment. Thereafter, a RPN was planned³. Perioperative surgical outcomes are presented.

Results: Operative time was 224 minutes with a cold ischemia time of 53 minutes. Estimated blood loss was 800ml and the length of hospital stay was 4 days. Pathology demonstrated a specimen of 7.6cm with a tumor size of 6.5cm consistent with clear cell renal carcinoma ISUP 3 with a TNM staging pT1b Nx. Postoperative GFR was maintained at 24 ml / min compared to the preoperative value of 33ml / min.

Conclusions: A multidisciplinary approach is effective for patients in whom nephron preservation is critical, providing an opportunity to select those that may benefit from TKI therapy. Pazopanib may allow for PN in a highly selective subgroup of patients who would otherwise require radical nephrectomy. Prospective data will be necessary before this strategy can be disseminated into clinical practice.

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 **Juan Garisto**

<https://orcid.org/0000-0001-9530-4039>

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Correspondence address:

Jihad H. Kaouk, MD

Glickman Urology and Kidney Institute, Cleveland Clinic

9500 Euclid Ave, Q10

Cleveland, OH 44195, USA

Telephone: +1 216 444-2976

E-mail ID: kaoukj@ccf.org