

References

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Re: Clinical Outcomes of the Upper Urinary Tract after Ureteral Clipping for Treatment of Low Functioning or Nonfunctioning Renal Moieties

Lopes RI, Fernandez N, Koyle MA, et al

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Expert's summary:

The authors report on indications and outcomes for a promising innovative methodology to treat poorly or nonfunctioning renal moieties. They introduced clipping of ureters in 35 children and divided them into four categories. A duplex system with an ectopic ureter represents the majority (46%), followed by a duplex system with a large ureterocele (11%), a duplex system with progressive dilatation (9%), and a single system with low or nonfunctioning kidneys (34%). Of the patients, 91% underwent laparoscopic clipping. All were followed for clinical outcomes and sonographic assessment of hydronephrosis up to maximum follow-up of 34.6 mo. There were complications in two patients (5.7%) due to febrile urinary tract infections, with a need for nephrectomy in one.

The authors conclude that this methodology of “simple” ureteral clipping is safe and effective in managing such renal moieties. The complication rate is low and the procedure itself is less demanding, simpler, and quicker than extirpative or reconstructive options.

Expert's comments:

Traditionally there is no perfect approach but several options for treating poorly or nonfunctioning renal moieties. Careful observation, heminephrectomy, ureteroureterostomy, and common sheath reimplantation, usually with a need for tapering, comprise a few. Apart from the first one, these represent rather invasive procedures with a risk of bleeding, urinary leakage, and functional loss of the healthy parts of duplex kidneys in up to 7% of cases [1]. In addition, some of these reconstructive procedures can become reasonably demanding [2]. There are many controversies and no consensus on the best treatment

option among experts or in the corresponding guidelines [3]. Consequently, such a novel alternative [4] seems to be promising, even though hydronephrosis persisted in their series. However, since there is a need to treat clinical symptoms rather than morphological signs, a minimally invasive procedure with a low complication rate is desirable, although it has to stand the test of time in the long run. In addition, ruling out subsets of patients who might not benefit is essential. This is only possible by frequently revising outcomes to better define indications and patient selection. It is true that there is no surgical innovation without evaluation, and therefore such studies are mandatory and important for further improvement of our therapeutic strategies.

Conflicts of interest: The author has nothing to disclose.

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