110 The role of NBI cystoscopy in the diagnostic of satellite tumors and false- positive lesions in patients with large non-invasive bladder tumors

European Urology Supplements 2019;18(2):e2416

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Introduction & Objectives: A retrospective study was performed in order to evaluate the efficacy of NBI cystoscopy for detection of satellite tumors in patients with large non-invasive bladder tumors.

Materials & Methods: A total of 55 patients diagnosed with at least one large non- invasive bladder tumor over 3 cm were included in the study. It sought to highlight any additional lesion with oncologic significance and false-positive results of NBI cystoscopy by comparison conventional cystoscopy in white light. In all cases we performed initial white light cystoscopy and then NBI cystoscopy for detection of potential small satellite tumors trying to highlight additional lesions in the viewing mode respectively.

Results: Of the 16 patients with large pTa tumors in 1 case (6.25%) were diagnosed additional satellites tumors in standard white light cystoscopy and in 2 cases (12.5%) additional lesions were found in NBI mode. For the 39 patients with large pT1 tumors, in 3 patients (7.69%) were recorded additional satellite tumors in standard cystoscopy and in 7 patients (17.94%) additional tumors were visualized in NBI. Overall there were found additional tumors in 7.27% cases in white light and in 16.36% in NBI. There were 25 false-positive lesions (16.55%) for NBI cystoscopy and 18 false-positive lesions (11.92%) in standard white light cystoscopy.

Conclusions: For cases with large pTa, PT1 and for the total number of cases, there were a significant number of additional tumors visualized in NBI cystoscopy compared to standard cystoscopy. There were no significant differences between the false positive results in the two optical diagnostic modes. NBI cystoscopy may be useful in the diagnostic of small lesions as a complementary method to white light cystoscopy.