

PE75 Robot-assisted and laparoscopic radical prostatectomy for recalcitrant bladder neck contracture: A report of 3 cases

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Introduction & Objectives: Bladder neck contracture, accounting for 0.3-9.2% of cases, is a fairly common complication of the surgical treatment of benign and malignant prostate conditions. Such endoscopic treatment modalities as urethral dilatation, multiple monopolar, bipolar and laser incisions with or without intralesional Mitomycin, steroid injections are traditionally performed to treat recalcitrant bladder neck contracture. If endoscopic treatment fails Y-V and T-plasty, vesicourethral reanastomosis, radical prostatectomy with a de novo vesicourethral anastomosis are possible treatment options. Palliative modalities can be utilized (urethral stents, suprapubic cystostomy, cystectomy with various options for urine derivation). This report aimed to look at the results of robot-assisted and laparoscopic radical prostatectomy for recalcitrant bladder neck contracture management.

Materials & Methods: 3 patients underwent evaluation for LUTS at Institute for Urology and Reproductive Health (January 1, 2018 - December 31, 2018). Residual urine of 200±65 ml was found and urodynamic evaluation showed BOO. Previous multiple endoscopic treatments were not successful. Patients had no severe comorbidities, and their BMI was within the normal range. After mutual consent between patients and a surgeon robot-assisted (n=2) and laparoscopic (n=1), radical prostatectomy for recalcitrant bladder neck contracture were performed. All patients developed lower third ureteral stenosis after multiple endoscopic procedures requiring uretero-cysto-neostomy (bilateral – n=2, unilateral – n=1) before or after radical prostatectomy.

Results: The patients were discharged with spontaneous micturition and no residual urine and were followed a *median* of 11 months. None of the patients developed Clavien-Dindo II-IV complications. 2 patients self-report being continent (0 pads), 1 patient remains incontinent (2-3 pads/day - had difficulty holding urine before the surgery).

Conclusions: Recalcitrant bladder neck contracture is a challenging condition treated by various therapeutic and surgical modalities. Robot-assisted and laparoscopic radical prostatectomy are possible treatment options if endoscopic treatment fails. Further investigation is required to guide decision-making for each treatment strategies and assess their efficacy.