

EDITORIAL COMMENT

The authors have done a nice job of presenting the technical feasibility of ureteral reimplantation with robotic assistance adding to the existing sparse literature. Having performed 12 robotic ureter reimplantation procedures (primary reimplantation, psoas hitch, Boari flap) for stricture disease not related to cancer, I am convinced that in experienced hands, this minimally invasive approach provides an excellent alternative to open surgery. However, I have several reservations as regards to performing such procedures for ureteral malignancy. First, there is concern for transperitoneal seeding of cancer when opening the bladder via a transperitoneal approach. This theoretical risk may be magnified with simultaneous cystoscopy (as described in the manuscript) with the inherent use of bladder irrigation. Seeding risks may be decreased via an extraperitoneal approach. It is imperative that the operative surgeon rule out concomitant bladder malignancy (carcinoma in situ or papillary disease) in advance of the ureteral reimplantation procedure. Second, in cases where near complete distal ureteral obstruction prevents the passage of a ureteroscope, a more proximally located tumor not seen on cross sectional imaging may serve as a nidus for transperitoneal seeding during the procedure. Finally, in cases of non-bulky long segment malignancy (unlike Figure 1 in the manuscript), judging the precise proximal and or distal ends of malignancy may be challenging. Some surgeons have proposed the use of Fogarty balloons placed via cystoscopy/fluoroscopy at the outset of the case to aid in identification of the malignant section of ureter. But slight manipulations during patient positioning may make this technique imprecise. Such cases may be the rare instance where hand palpation provides additional clues beyond the visual ones provided by the minimally invasive approach. With less than 20 published cases of robotic ureteral reimplantation for transitional cell cancer and a short follow up, at this time, I am hesitant to recommend robotic or laparoscopic ureteral reimplantation in cases of distal ureteral malignancy.

Ali Moinzadeh, MD
Assistant Professor, Tufts University Medical School
Director of Robotic Surgery
Lahey Clinic Institute of Urology
Burlington, Massachusetts, USA