EDITORIAL COMMENT

Transperitoneal laparoscopic radical nephrectomy for bulky renal tumors – Page 1653

While laparoscopic radical nephrectomy has been shown to be advantageous and efficacious for clinical T1-T3a renal cell carcinomas, the utility of this approach for bulky locally advanced tumors has not been demonstrated. In a pilot study from the authors (reference 2 in the bibliography), there was considerable morbidity and a high open conversion rate with attempted cytoreductive laparoscopic radical nephrectomy in such cases. A wider review of this experience, presented at the 2001 Annual AUA meeting affirmed these initial observations. Unfortunately, the present manuscript does not offer any further patient data from the authors in this regard.

I believe that the benefit of laparoscopic radical nephrectomy in the setting of locally advanced renal tumors is an unresolved issue. This is an unproven developmental approach with the potential for significant patient morbidity. Comparative outcome data relative to open surgery in such cases would be helpful.

Dr. Andrew C. Novick, MD FACS
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Reply by the authors:

Laparoscopic radical nephrectomy in the setting of locally advanced or metastatic kidney cancer is a difficult operation to be undertaken only by an experienced laparoscopic oncologist. We agree with Dr. Novick that the procedure is developmental and we present this paper as a guide to the technical aspects of the surgery in the format of the "How I do it" section of CJU. We are currently comparing our expanded series of laparoscopic cytoreduction patients to a contemporary group who underwent open cytoreduction and no significant difference in patient morbidity or outcomes have been observed between the conversion to open and the open nephrectomy patients (manuscript in preparation). For patients requiring conversion to open, there was no significant increased morbidity in comparison to the open group although these patients did have increased narcotic requirements and a longer time until oral intake in comparison to the successful laparoscopically resected group. We were able to successfully complete the operation laparoscopically in approximately 2/3 of the cases.

We adhere to strict oncologic principles during laparoscopic radical nephrectomy and we agree with Dr. Novick whole-heartedly that the goal of laparoscopic surgery should be to replicate open surgery. This, in part, accounts for our high conversion rate. When in doubt, we convert to open to complete the operation. We do believe that experienced laparoscopic oncologists best tackle these cases. Ultimately, the benefit of the laparoscopic approach must be proven in a prospective randomized trial comparing open and laparoscopic radical nephrectomy for locally advanced and/or metastatic kidney cancer.

Respectfully,

Stephen E. Pautler, MD FRCSC *McClellan M. Walther, MD FACS*