

Poster Presentations

PP01

LAPAROSCOPIC ADRENALECTOMY FOR ADRENAL TUMOURS IN ADULTS – INITIAL EXPERIENCE

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Introduction

In the management of adrenal tumors the open adrenalectomy has almost being replaced by the laparoscopic adrenalectomy. Currently this has become the gold standard surgical treatment for most adrenal tumours. The benefits of the laparoscopic adrenalectomy such as decreased hospital stay, shorter recovery time and improved patient satisfaction are widely accepted. The aim of this study was to present our experiences on laparoscopic adrenalectomies done during the period of 2013 to 2015.

Material and Methods

Retrospective analysis of the data of all the laparoscopic adrenalectomies done by a single surgeon was performed.

Results

Total number of patients underwent laparoscopic adrenalectomy was nine (9). There were five males and 4 females. The age range was 21-62 years. Five of these patients had presented with uncontrolled blood pressure while 3 others had come with loin pain and only one case presented with hypokalaemia. Four of them had adrenal tumour on the left side while five had right side tumours. All patients were managed with lateral trans peritoneal approach while all of them needed 4 port access with three 5mm ports and one 10mm port. Blood loss was minimal in all cases and no complications were noted. None were converted to open surgery while all had shorter hospital stay (mean days=2). Out of nine, 6 had adrenocortical adenoma, 2 had pheochromocytoma and one had an inflammatory pseudo tumour.

Conclusion

Laparoscopic adrenalectomy gives better outcomes when compared to open adrenalectomy, in blood loss and short hospital stay and cosmetic effects.

PP02

A PROSPECTIVE STUDY TO ASSESS THE INCIDENCE OF ADRENAL METASTASES IN RENAL CELL CARCINOMA

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Introduction

Controversy remains over whether adrenalectomy should be performed concomitantly during surgery for renal cell carcinoma (RCC) especially after the advent of nephron sparing surgery.

Objectives

To assess the incidence of metastases in the adrenal gland in patients with renal cell carcinoma who undergo surgery and the possibility of its prediction to avoid unnecessary removal of it.

Material and Methods

All patients undergoing surgery for renal cell carcinoma at a single urology unit were studied prospectively from January 2009 to April 2015. The preoperative CT findings, tumour size, location of the tumour and histopathological findings were recorded.

Results

149 patients (from a cohort of 154) underwent surgery for renal cell carcinoma. 144 patients had simultaneous adrenalectomy done. Three patients had CT evidence suggestive of adrenal metastases. Two of them had histologically proven metastases. Another patient who had a mass felt in the adrenal gland intraoperatively was confirmed to have metastases. All other adrenal glands removed were normal histologically.