

RENAL AUTOTRANSPLANTATION AN INSTITUTIONAL EXPERIENCE FOR COMPLEX SITUATIONS

Pedro Pinto Sousa¹, Rui Machado², Pedro Sá Pinto², Rui Almeida²

1 - Centro Hospitalar de Vila Nova de Gaia/Espinho ; 2 – Centro Hospitalar do Porto

INTRODUCTION

Renal autotransplantation (RA) is a safe and effective procedure to reconstruct the urinary tract which first successful surgery was performed by Hardy in 1963. The main indications reported for performing RA generally includes renovascular disease, ureteral pathologies and neoplastic disease. RA may be also useful as the last recourse in preventing kidney loss in highly selected patients, especially when conventional methods have failed

Case I



52 years old

Crohn's disease

History of left nephrectomy

Renal function impairment

Ureter cutaneostomie, with repetitive urinary infections



Case II



49 years old

Abdominal penetrating trauma

Bowel and ureteral lesions with and recurrent peritoneal infections

Necessity of left ureter cutaneostomie

Patient refuses ureter cutaneostomie

Renal autotransplantation as last resource accepted by the Patient

Treatment

Hand assisted laparoscopic nephrectomy + Renal auto transplantation to the external iliac vessels with ureteral reduction

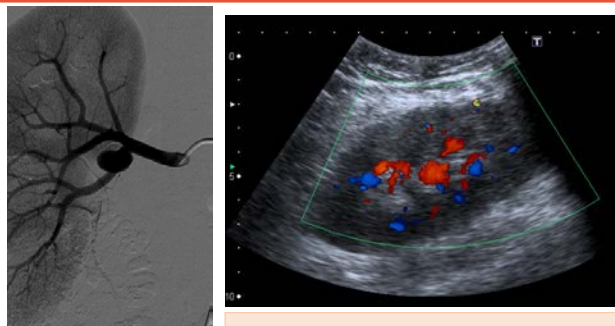
Case III



57 years old

Studied as a potential renal donor

Renal artery aneurysm diagnosed



Ex-vivo total aneurismectomy and renal artery reconstruction

Hand assisted laparoscopic nephrectomy + Renal auto transplantation to the external iliac vessels

Treatment

Case IV

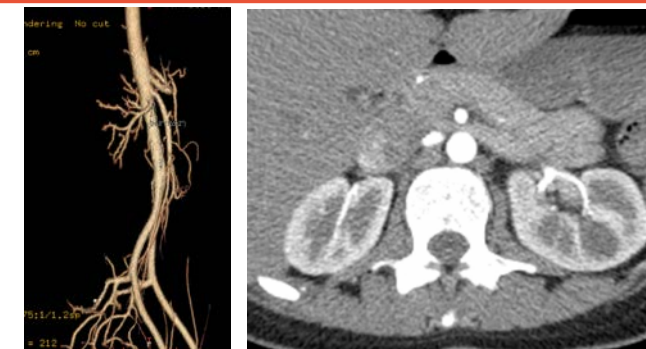


24 years old

Multiple urgency admissions

Frank hematuria

Nutcracker syndrome



DISCUSSION

The RA is a viable option in specific situations for kidney salvage. The recent development of laparoscopic nephrectomy significantly decreased the surgical hostility to the patient and promoted the RA value on the treatment of complex vascular pathologies, traumatic disease and specific medical situations. It represents a credible alternative with attested results already described in the literature thus requiring a vast Institutional experience with conventional renal transplantation