

managed with laparoscopic access. This is the first report in the Czech literature.

Material and method: A 12 years-old girl presented with recurrent attacks of right-sided flank pain of two weeks duration, associated with vomiting. Ultrasound showed right hydronephrosis and dilatation of the upper part of the right ureter. Intravenous urography showed a typical ureteral „S shaped deformity“ suggesting retrocaval ureter. CT urography confirmed the diagnosis and the patient was scheduled for laparoscopic transperitoneal reconstruction.

The girl was placed under general anesthesia. A Foley catheter was inserted and the patient placed in a lateral decubitus position. A 10 mm laparoscopic port was placed at the umbilicus and two 5 mm working ports were placed under direct vision in the midline above and below the umbilicus. The peritoneum was opened laterally to ascending colon and retroperitoneal space was exposed. Then, the dilated pelvis and dilated proximal ureter was identified and dissected down to vena cava. The lower ureter was partially mobilised and the retrocaval segment was entirely separated from vena cava. The lower part of dilated pelvis was stabilized with a stay suture and pelvis was divided up to pyeloureteral

junction. The ureter was repositioned to lie anterior to the vena cava and a retrocaval part of the ureter was excised. A standard laparoscopic dismembered pyeloureterostomy using two 5/0 Vicryl continuous sutures was performed, protected by a 6 French 28 cm double J stent inserted through abdominal wall under ribs. Drain was not inserted, Haemolog clips were used to close peritoneum.

Results: The operating time was 237 min and blood loss was minimal (< 25 ml). The girl recovered uneventfully. On the postoperative 4th day, the urethral catheter was removed and the patient was discharged on the 5th day postoperatively. Stent removal was done 7 weeks later. Ultrasound performed 3,5 months after reconstruction confirmed complete resolution of right renal pelvic and ureteric dilatation.

Conclusion: Laparoscopic transperitoneal approach of retrocaval ureter is a safe and feasible alternative to standard open access. It provides well known advantages associated with minimally invasive surgery.

KEY WORDS

Laparoscopy, retrocaval ureter, child, urinary obstruction.



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