

Re: Laparoscopic Distal Ureterectomy and Boari Flap Ureteroneocystostomy for a Low-Grade Distal Ureteral Tumor

Sir,

The article by Basiri and coworkers details their experience with a patient with low-grade ureteral cancer on whom they performed laparoscopic distal ureterectomy with a subsequent reconstruction using the Boari flap.⁽¹⁾ The present article helps to add evidence regarding feasibility and safety (technical and functional) of pure laparoscopic partial ureterectomy. Although it is evident that open nephroureterectomy has been standardized and can, to date, guarantee acceptable perioperative morbidity, allowing reproducible long-term oncologic results for ureteral cancer, it appears from their experience that when the candidates for surgery are appropriately selected and there is a dedicated surgical team for laparoscopy, these goals are achievable. Roupret and colleagues retrospectively reviewed 6 patients with low-grade upper urinary tract transitional cell carcinoma treated laparoscopically, concluding that laparoscopic distal ureterectomy with re-implantation is technically possible for low-risk low-grade upper urinary tract transitional cell carcinoma.⁽²⁾ At this point, the exact role of laparoscopic partial ureterectomy is still under careful evaluation, as data from the literature are limited, especially regarding important issues such as long-term results and the feasibility of urinary reconstruction, which remains technically

challenging.⁽³⁾ Their report is noteworthy since they give us information about subsequent laparoscopic Boari flap, detailing important surgical steps. Apparently, initial goal will be to provide the same outcome as in a standard open procedure with the hope that in the future, as we gain more experience, learning curve will provide an improvement in terms of less blood loss and a decrease in length of hospital stay.

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