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Comparing the effects of emergent ureteral stenting and percutaneous nephrostomy in relieving obstructive nephropathy in advanced non-urolithic cancer patients

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Objective: The aim of this study was to compare the effects of DJ and PCN on renal functional recovery after relieving obstructive nephropathy. Two groups of patients were compared: the DJ-PCN group, where patients underwent DJ followed by PCN and the PCN-DJ group, where patients underwent PCN followed by DJ.

Methods: The medical records of 193 patients with advanced or metastatic non-urolithic cancer and obstructive nephroureterosis between 2002 and 2017 were analyzed retrospectively to evaluate the efficacy of DJ-PCN and PCN-DJ procedures on the renal functional recovery after relieving obstructive nephropathy. Further subset analysis was performed among 113 (59.5%) patients who underwent another procedure within 90 days of the previous (prePCN-postDJ vs. preDJ-postPCN).

Results: Among 193 patients, 141 (73.1%) patients underwent PCN-DJ and 52 (26.9%) patients underwent DJ-PCN. No significant differences were observed after comparing the demographic factors between PCN-DJ and DJ-PCN groups ($p > 0.05$), except for cancer-type, differential changes in sCr and eGFR values, and overall survival ($p < 0.05$). Thus, the PCN-DJ group manifested significantly

better renal functional recovery with better sCr, eGFR, and overall time of survival than that manifested by the DJ-PCN group ($p < 0.05$).

An additional analysis of 113 patients showing conversion to another procedure within 90 days of the previous revealed that, PCN-DJ group showed significantly poor baseline physical activity, but better recovery of sCr and of eGFR ($p < 0.05$) values. In view of overall survival rate, the PCN-DJ group reported significantly higher mortality despite significantly better renal functional recovery. The risk factor analysis revealed that the timing of relieving procedure was not a significant risk factor for overall survival. The survived patients exhibited higher incidence of pre-treatment with targeted medical therapy, female gender predominance, lesser incidence of colorectal and gastric cancers, lower sCr levels at the 6-month follow-up, and lesser incidence of history of diabetes ($p < 0.05$).

Conclusion: The prePCN-postDJ group reported significantly better renal functional recovery than the preDJ-postPCN group. The results of first-month follow-up for evaluating renal function significantly correlated with the overall survival.

Biography

SH Kim has completed his MD at the age of 30 years from Seoul National University of Medicine, Seoul, Korea and postdoctoral studies from National Cancer Center, Goyang, Korea and Seoul National University of Medicine, Seoul, Korea. He is the Clinical Staff and Associate Researcher of director of Jinsoo Chung, Prostate Cancer Center, National Cancer Center, Goyang, Korea. He has published more than 30 papers in reputed journals.

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