

Treatment and Overall Survival in Renal Cell Carcinoma

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Background: Renal Cell Carcinoma (RCC) is the second cause of mortality from urological malignancies; it accounts for 2-3% of malignancies in adults. More than 50% of all diagnosed RCCs are in a localized stage. Partial nephrectomy (PN) has become the golden standard for treating renal masses ≤ 4 cm.

Objective: To evaluate the management of renal tumors and compare the overall survival for PN and radical nephrectomy (RN) for clinical stage 1 renal tumor patients.

Design: A Retrospective Study.

Setting: Aseer Central Hospital, Saudi Arabia.

Method: All patients who presented with solid renal masses over ten years (2008-2017) were reviewed. The clinical stage 1 group was divided into two: those who underwent PN and those who underwent RN. Kaplan-Meier analyses were used to estimate overall survival.

Result: Fifty-three RCC patients with complete data were included in the study. Flank pain and hematuria were the most common presentations, 24 (45%) and 19 (35%), respectively. Forty-nine (92%) patients underwent RN while 4 (8%) underwent PN. Histopathology reports were RCC in 43 (82%) patients and non-RCC malignant tumors in 3 (6%) patients.

Conclusion: Over-treatment of stage 1 RCC with RN was a trend. An extensive and continuous laparoscopic training for urologists in performing PN is extremely essential in reinforcing surgeon's expertise.