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Pulmonary Metastases in Urogenital Cancers; Surgical Treatment and Outcomes

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Objectives: Metastasis is remain one of the major problem in cancer treatment. Like many other malignancies urogenital tumors originating from kidney, prostate, testes, and bladder tend to metastasize to the lungs. The purpose of this retrospective study is to evaluate the results of pulmonary metastasectomy in patients with primary urogenital tumors.

Methods: This study retrospectively analyses the patients who underwent lung resections for metastases in our department between 2002 and 2016. Twelve out of 96 patients referred for pulmonary metastasectomy to our department had metastases from urogenital tumors. Demographic data and clinicopathological features were extracted from the medical records. Disease free interval (DFI) was defined as the time between the first curative surgery and the appearance of the signs and symptoms of pulmonary metastasis.

Results: Among 12 patients who underwent surgery consisted of 10 males and 2 females. Their metastasis originated from renal cell carcinoma (RCC; n=5), bladder tumor (n=4), testis tumors (n=2), and prostate cancer (n=1). Their mean age was 57,11 years (range, 21-75). The mean age of the patients with RCC and bladder tumor at the time of diagnosing metastasis was 57,6 and 59,33 years, respectively. The mean age of the patients with testis tumor is 27. The site of metastasis was left lung in eight, right lung in two patients. One patient had bilateral lung metastases. Types of surgical procedures included metastasectomy (nine cases), lobectomy (one case), and pneumonectomy(two cases). Diaphragm resection needed in one case. Videothoracoscopic surgery applied in five, thoracotomy applied in seven patients. Re-thoracotomy was needed in one case due to recurrence. No major complication occurred during surgery. Postoperative hemorrhage was seen in one patient in early post-operation period and re-operation was needed. Prolonged air leakage is observed in one patient. No major complication occurred in other patients on post-operative follow up. The median follow-up time was 40 months (range, 20 to 156 months). The 1-month survival was 100%, but the 2-years survival was 60% (for RCC), 50% (Bladder tumor) and 50%(testis tumor).

Conclusion: Although lung metastasis excision in various types of tumors is well known and documented, the data is limited about the role of the surgery for metastases of urogenital cancers on literature. It was shown that metastasectomy would have additional contribution on prognosis in patients with prolonged DFI, unilateral metastases, and less than 3 radioimagnostic detectable metastases. We presented our experience on pulmonary metastasectomy in urogenital tumors.

Keywords: Lung metastasis, pulmonary resection, urogenital tumors