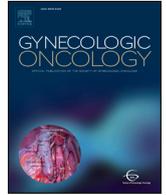




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## Surgical Film

## Boari flap ureteroneocystostomy in an oncological patient

Cláudia Andrade <sup>\*,1</sup>, Fabrice Narducci, Lucie Bresson, Eric Leblanc

Département de Cancérologie Gynécologique, Centre Oscar Lambret, 3, Rue Frédéric Combemale, 59020 Lille Cedex, France

## HIGHLIGHTS

- Uncommon urinary reconstruction (Boari-flap ureteroneocystostomy).
- Useful in higher and more extensive ureteric defects than bladder psoas-hitch fixation.
- Surgical technique performed by laparotomy in a recurrent oncological patient.

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## ABSTRACT

**Objective.** Demonstration of surgical steps of a Boari Flap ureteroneocystostomy in an oncological context.

**Methods.** Clinical case of a 66-year-old woman diagnosed with a left-pelvic recurrence of a high-grade serous ovarian carcinoma, involving the left ureter. After transection of 5 cm of ureteral length, up to the level of the bifurcation of common iliac vessels, it was decided to perform a Boari Flap for ureteral reimplantation.

**Results.** Through the tubularization of a bladder flap, the extension of the ureter to the bladder is possible. After mobilization and psoas fixation, the bladder is opened on its anterior surface, in a rhomboid incision, and a full thickness bladder flap is extended cranially and tubularized for anastomosis of the proximal ureteral segment. The ureter is reimplanted after creation of an anti-reflux system with a submucosal tunnel between the mucosa and the detrusor. To finish the procedure, the bladder is closed in two layers with a running monofilament absorbable suture.

**Conclusions.** Boari Flap ureteroneocystostomy is an uncommon urinary reconstruction, useful to correct distal ureteric defects caused by traumatic, oncological or iatrogenic injuries [1]. The success rate of ureteral reimplantation can be higher than 85% [2]. This technique is suitable for anastomosis of lumbar ureteral segments, allowing the better correction of higher and more extensive defects than the Psoas-Hitch technique. The flap length should compensate the ureteric defect and enable a tension free anastomosis.

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## Conflict of interest statement

The authors declare that there are no conflicts of interest.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <http://dx.doi.org/10.1016/j.ygyno.2016.07.115>.

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\* Corresponding author.

E-mail address: [claudia.r.a.andrade@gmail.com](mailto:claudia.r.a.andrade@gmail.com) (C. Andrade).<sup>1</sup> Present Address: Departamento de Obstetrícia e Ginecologia, Centro Hospitalar Tondela-Viseu, Viseu, Portugal.