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A case of simultaneous living donor kidney transplantation and hand-assisted laparoscopic nephrectomy

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Case Study

Autosomal-dominant polycystic kidney disease is a relatively common cause of end-stage renal disease. We report a case of hand-assisted laparoscopic simple nephrectomy and kidney transplantation simultaneously with good prognosis.

A 54-year-old man with polycystic kidney disease received living donor kidney transplantation. Because there was a limit to the intraperitoneal space and he complained of abdominal pain and hematuria intermittently, before the kidney transplantation his enlarged kidneys were removed by hand-assisted laparoscopic nephrectomy on the right side and laparoscopic simple nephrectomy on the left side. The transplanted kidney had 104 minutes of cold ischemic time and 33 minutes of warm ischemic time. The surgery lasted 7 hours and 30 minutes. Two weeks later, his last serum creatinine was 1.59 mg/dL and spot urine protein/creatinine ratio was 114.9 mg/gCr.

Native nephrectomy is considered when there is a need for gaining space for future or upcoming renal transplantation. Timing of native nephrectomy is controversial in patients with refractory symptoms of autosomal dominant polycystic kidney disease (APKD) in need of a renal transplant. Simultaneous kidney translation and hand-assisted laparoscopic nephrectomy seems to allow for better progress without increased surgical risk.

When performed for the creation of space for a renal allograft, simultaneous nephrectomy can be safely performed in living donor procedures. Hand-assisted laparoscopic simple nephrectomy is the more favorable surgical method for simultaneous kidney transplantation and nephrectomy.