EDITORIAL COMMENT

In this single initial case report, the authors describe a minor modification of the Scardino flap repair for UPJ obstruction. They performed a dismembered excision of the proximal ureteral stricture and reanastomosed the medial aspect, then augmented the lateral aspect with a renal pelvis flap. A 2 cm defect in the upper ureter may often prevent reapproximation of the ureter without tension (even if only the medial wall). Therefore, this technique may only be feasible or applicable in a few selected cases. The decision to perform a specific technique for ureteral reconstruction is often made intraoperatively based on operative findings (location, length of stricture/injury, mobility of tissue, renal function, status of contralateral kidney and ureter, etc). This technique may represent another option to reconstruct the native ureter when end-to-end anastomosis is not feasible. Surgeons performing ureteral reconstruction should be prepared to perform any method necessary to repair the ureter based on intraoperative findings and sound reconstructive principles. This should include a complete preoperative evaluation with both anatomic and functional imaging studies of both kidneys. Consider potential contraindications to transureteroureterostomy, ileal substitution, and autotransplantation. Patients should be prepared with a bowel prep and informed consent obtained for a variety of maneuvers, which may be necessary to reconstruct the ureter.

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