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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH : JURNAL ILMIAH

Judul Karya Ilmiah (Artikel) : The effect of dutasteride and tomato extract combination on reducing blood loss after transurethral resection of the prostate

Jumlah Penulis : 4 Orang

Status Pengusul : Eriawan Agung Nugroho, Selly Adyta Kemara, Siti Amarwati, Tommy Supit

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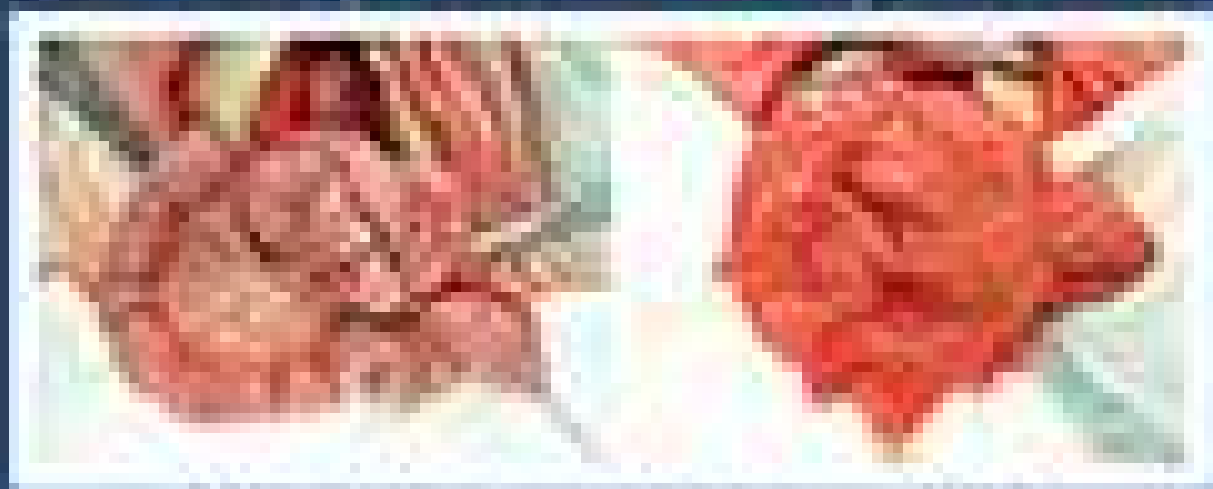
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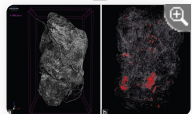
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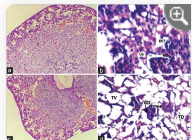
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Shun-Kai Chang, Chang-Te Lin, Chun-Hsiung Kang, Ming-Chin Cheng, Yeong-Chin Jou, Cheng-Huang Shen, Pi-Che Chen, Wei-Hong Lai

DOI:10.4103/UROS.UROS_137_18

[\[ABSTRACT\]](#) [\[HTML Full text\]](#) [\[PDF\]](#) [\[Mobile Full text\]](#) [\[EPub\]](#) [\[Sword Plugin for Repository\]](#)^{Beta}**Augmentation enterocystoplasty for patients with ketamine-induced cystitis: An 8-year experience and a review of series**

Chu-Hsuan Hung, Shu-Wei Hsieh, Shao-Kuan Chen, Chih-Ming Lin

DOI:10.4103/UROS.UROS_46_18

[\[ABSTRACT\]](#) [\[HTML Full text\]](#) [\[PDF\]](#) [\[Mobile Full text\]](#) [\[EPub\]](#) [\[Sword Plugin for Repository\]](#)^{Beta}**CASE REPORT****Thyrotoxic goiter and asymptomatic thyroid nodule as an initial presentation of clear cell renal cell carcinoma: A report of two cases**

Mohd Ghani Khairul-Asri, Simran Sidhu, Navarasi S Raja Gopal, Saiful Azli, Mohamed Abdelwahab Badawi, S.H.M

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Original Article

Presence of Residual Stones is Not a Contraindication for Tubeless Percutaneous Nephrolithotomy

CME Credits

Shun-Kai Chang, Chang-Te Lin, Chun-Hsiung Kang, Ming-Chin Cheng, Yeong-Chin Jou*, Cheng-Huang Shen, Pi-Che Chen, Wei-Hong Lai

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Abstract

Objective: The objective of this study was to evaluate the safety of performing tubeless percutaneous nephrolithotomy (PCNL) for patients with residual stones. **Materials and Methods:** This study was conducted between 2007 and 2015, and a total of 815 patients were included in this study who underwent tubeless PCNL. Postoperatively, 591 patients were found to be stone free (Group 1), whereas residual stones were noted in 224 patients (Group 2). The hospital course and postoperative complications up to 3 months were analyzed by retrospective review. The complications were analyzed by Clavien–Dindo classification and grouped to severe/life-threatening complications ($\geq$ Grade 4) and none or nonsevere complications ($\leq$ 3). All the demographic variables were scrutinized by regression analysis. **Results:** The mean days of hospital stay were 3.15 and 3.70 in Group 1 and Group 2, respectively ($P < 0.001$). Sixty-seven patients from Group 1 (11.3%) and 65 patients from Group 2 (29%) suffered postoperative complication ($P < 0.001$). A multivariate logistic regression model confirmed a higher risk of complications for the residual stone group versus the stone-free stone group (odds ratio [OR]: 2.37, $P < 0.001$). However, life-threatening complication rate reveals no difference between the two groups (1.4% vs. 3.1%, $P = 0.093$). Sixteen patients (2.7%) from Group 1 and 12 patients (5.4%) from Group 2 were rehospitalized in 3 months; however, the difference was not statistically significant ($P = 0.064$). The adjusted logistic regression model also established a nonelevated risk of rehospitalization (OR: 1.11, $P = 0.823$). Ninety-seven patients in the residual stone group received secondary stone managements in 3 months, but none of them underwent secondary PCNL. **Conclusion:** Patients from the residual stone group had remarkably longer hospital stay and higher postoperative complication rate because of more complicated stone nature. However, there was no significant difference in the incidence of severe complication and rehospitalization in both the groups. Tubeless PCNL is a relatively safe procedure and not contraindicated for patients with residual stones.

Keywords: Percutaneous nephrolithotomy, residual stones, tubeless

INTRODUCTION

Percutaneous nephrolithotomy (PCNL) was first described by Fernstrom and Johansson in 1976, after which its use became widespread in contemporary urolith surgery.^[1] PCNL has been established as one of the standard techniques to treat patients suffering from large or complex stones in the kidney and the

upper ureter. Conventionally, a nephrostomy tube was placed in the percutaneous tract after PCNL. The purpose of nephrostomy tube drainage was to aid hemostasis, promote the healing of the

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Case Report

Thyrototoxic Goiter and Asymptomatic Thyroid Nodule as an Initial Presentation of Clear Cell Renal Cell Carcinoma: A Report of Two Cases

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⁴Cyberjaya University, College of Medical Sciences, Cyberjaya, Selangor, Malaysia

Abstract

Thyroid nodule as a metastasis to renal cell carcinoma (RCC) is rarely found. We present two cases – presented with thyroid nodules and diagnosed as metastatic RCC; one patient had thyrotoxic goiter, whereas the second patient presented with asymptomatic thyroid nodule. Subsequently, hemithyroidectomy and total thyroidectomy were performed, respectively. Then, both patients underwent radical nephrectomy for the primary tumor. At present, patients are under regular oncology follow-up, with no evidence of disease recurrence.

Keywords: Metastatic renal cell carcinoma, radical nephrectomy, renal cell carcinoma, thyroid tumor

INTRODUCTION

Renal cell carcinoma (RCC) is the most common cancer which affects the kidney and usually diagnosed incidentally; however, it can present with symptomatic or asymptomatic metastasis.^[1] The bone, lung, and lymph nodes are the most common metastatic sites of RCC, whereas metastasis to the thyroid gland is rarely found in clinical practice.^[2] Most commonly, thyroid metastasis appears after years of treatment of the primary RCC, whereas presentation with thyroid metastasis before clinically appreciable RCC is quite rare, and almost all thyroid metastases due to RCC are euthyroid.^[3] In this report, we present two cases of thyroid metastasis as an initial presentation of asymptomatic RCC. One of the two patients had thyrotoxic goiter, which is extremely rare.

CASE REPORTS

Case 1

A 68-year-old Indian woman with a history of Type 2 diabetes mellitus was also referred to our center for further management of right renal mass. She underwent total thyroidectomy for toxic multinodular goiter with retrosternal extension in different hospital. Preoperative thyroid ultrasound displayed multinodular goiter, which was confirmed by fine-needle aspiration cytology. Thyroid function tests displayed

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