UPPER TRACT UROTHELIAL CARCINOMA

Management of Localised Upper tract TCC

Hematuria, mass noted on imaging, Incidental finding- no symptom

Investigations -(1-6)
USG (A), CT-IVU or MRU (A), Cytology (B)
Cystoscopy + RGP (B), Ureteric biopsy (B)
Metastatic work up (CECT Chest, Abdomen and Pelvis. PET CT (C)

Staging(7) - localized

Treatment (4,6,8) – Status of other kidney, size and location of lesion

Normal Bilateral Kidneys with normal renal function

Small distal ureteral lesion, low grade pathology
Distal ureterectomy (A)
Nephroureterectomy (C)
Ureteroscopic ablation (C)

Larger lesion in pelvis, upper ureter, high grade pathology
Nephro ureterectomy with complete LND (A)
Endoscopic resection: LASER (B)
Partial Nephrectomy (B)
Pyelotomy or PCN with excision of tumor (B)
Nephroureterectomy + LND + Dialysis (C)

Small lesion in renal PCS, Bilateral small lesions

Large TCC, Bilateral TCC- large, high grade pathology

Solitary kidney or renal failure

Normal Bilateral Kidneys with normal renal function

Small lesion in renal PCS, Bilateral small lesions

Large TCC, Bilateral TCC- large, high grade pathology

Nephroureterectomy + LND + Dialysis

Indications for neoadjuvant chemotherapy (4,8) :

1. cT3 disease (B)
2. cT4 disease (B)
3. N+ disease (B)
**MANAGEMENT OF LYMPH NODES IN UPPER TRACT UROTHELIAL CARCINOMA (4,8,9)**

**MANAGEMENT OF METASTATIC DISEASE IN UPPER TRACT UROTHELIAL CARCINOMA (4,8)**


