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IN BRIEF

PAEDIATRICS

Complications associated with urinary diversion for EEC

Continent urinary diversion (CUD) for patients with exstrophy–epispadias complex (EEC) can be affected by complications associated with the bowel segment used for the reconstruction. In the largest series to examine CUD in the EEC population to date, Stewart *et al.* showed a significant increased risk of pelvic or abdominal abscess when colon was used, compared with other bowel segments. Overall though, complications were rare; postoperative ileus and abdominal abscess were the most common.

Original article Stewart, D. *et al.* Pediatric surgical complications of major genitourinary reconstruction in the exstrophy–epispadias complex. *J. Ped. Surg.* doi:10.1016/j.jpedsurg.2014.10.036

KIDNEY CANCER

Predicting lymph node metastasis before RPLND

Predicting which patients could benefit from retroperitoneal lymph node dissection (RPLND), particularly those with locally advanced disease, could be useful. A recent article describes the formation of a predictive nomogram to predict lymph node metastasis, developed by retrospectively analysing data from 1,270 patients. Eastern Cooperative Oncology Group Performance Status, cN stage, local symptoms and LDH were associated with nodal metastasis on multivariate analysis, and the nomogram developed demonstrated a c-index of 0.89.

Original article Babaian, K. N. *et al.* Preoperative predictors of pathologic lymph node metastasis in patients with renal cell carcinoma undergoing RPLND. *J. Urol.* doi:10.1016/j.juro.2014.10.096

BLADDER CANCER

Δ Np63 is a favourable prognostic factor

Molecular markers to help stratify risk in patients with high-grade bladder cancer would be helpful to determine which patients require prompt radical cystectomy. p63, p53 and Δ Np63 expression were analysed in 134 high-grade tumours, with progression to muscle-invasive disease or cystectomy as the end points. 21.1% of patients with Δ Np63 loss experienced progression, compared with none of those expressing Δ Np63. Δ Np63 could, therefore, be used to identify those patients at very low risk of progression who can receive transurethral resection and BCG and do not require immediate cystectomy.

Original article Gaya, J. M. *et al.* DeltaNp63 (Δ Np63) expression is a protective factor of progression in clinical high grade T1 bladder cancer. *J. Urol.* doi:10.1016/j.juro.2014.10.098

SURGERY

Modified Trendelenburg position improves patient safety

Trendelenburg positioning during surgery can substantially affect cerebral and intraocular pressure (IOP). In a prospective randomized study, Raz *et al.* showed that modifying the TP for patients undergoing robot-assisted laparoscopic prostatectomy—by placing the head and shoulders horizontally—lowered the IOP and accelerated its recovery to normal range, without affecting the operation.

Original article Raz, O. *et al.* The effect of “Modified Z” Trendelenburg positioning on intra-ocular pressure, during robotic assisted laparoscopic radical prostatectomy—a randomized control study. *J. Urol.* doi:10.1016/j.juro.2014.10.094