SAFETY OF TESTICULAR PROSTHESIS INSERTION AT THE TIME OF RADICAL ORCHIECTOMY FOR TESTIS CANCER IN PATIENTS UNDERGOING ADJUVANT THERAPIES.

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Introduction
Since the introduction of platinum-based chemotherapy (ChT), long-term survival following testicular cancer (TC) is now the norm; thus, quality of life after radical orchietomy became of paramount importance. Testicular prostheses have been used since 1941. The first model was composed of vitallium. Nowadays, silicon-gel filled, saline-filled and elastomer prostheses are available. The safety of the concurrent insertion of a prosthesis in course of radical orchietomy in terms peri-operative complications has already been assessed. Aim of this study was to assess if the insertion of a testicular prosthesis at the time of radical orchietomy was related to a higher incidence of complications in patients undergoing adjuvant treatments.

Patient and methods
We retrospectively reviewed the records of all the patients who underwent radical orchietomy at our Institution; we also retrieved the records of patients who underwent radical orchietomy elsewhere and then had adjuvant treatment at our Institution since 1999. We recorded prosthesis-related complications. Statistical differences in the incidence of prosthesis-related complications in each group were evaluated with the chi-square test.

Results
We retrieved the records of 587 patients; 393 had a testicular prosthesis positioned at the time of orchietomy. Median follow-up was 57.7 months. 138 patients had adjuvant ChT, 129 had RT and 10 had both ChT and RT; of them 6 (4.3%), 8 (6.2%) and 0 reported complications, respectively. 136 patients had no adjuvant treatment; 7 (5.1%) of them reported complications. No differences were found in the incidence of complications between patients who had no adjuvant treatment vs. patients who had chemotherapy (p = 0.76) or radiotherapy (p = 0.71).

Conclusions
Testicular prosthesis insertion at the time of radical orchietomy is a safe procedure even in patients undergoing adjuvant treatments. Testicular prosthesis insertion should be offered to all candidates to radical orchietomy despite the possible need for adjuvant treatment.