The Michael J. Droller Chief Residents' Debate Meeting

Wednesday, March 6th, 2024

PROGRAM CHAIR:
Aaron Katz, M.D.

JUDGE:
A. Ari Hakimi, M.D.

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THE MICHAEL J. DROLLER CHIEF RESIDENTS' DEBATE MEETING
WEDNESDAY, MARCH 6TH, 2024
AARON KATZ, M.D. - PROGRAM CHAIR
A. ARI HAKIMI, M.D. – JUDGE

1. A 62-year-old woman presenting to your clinic with a history of worsening pelvic organ prolapse (POP). She describes a bothersome bulge in her vagina, especially when lifting heavy objects or coughing. Additionally, she leaks urine involuntarily with exertion, significantly impacting her daily activities and social life. Pelvic examination reveals a grade 2 cystocele and grade 3 rectocele, with minimal descent of the uterus and vaginal vault. You note mild stress-induced leakage during cough testing. She is eager to explore surgical options for her prolapse.

   Debate the next step:
   a. proceed with pelvic organ prolapse/stress incontinence repair – ***Joshua Jue (Lenox Hill Hospital)***
   b. proceed with urodynamics first followed by repair – ***Phillip Westbrook (NYU Langone Long Island Hospital)***

2. A 4-year-old girl with recurrent febrile UTI's is diagnosed with grade 2-3 VUR on the right. Ultrasound shows a renal scar without hydronephrosis. EMG – Flow study demonstrates dysfunctional voiding. She is on prophylactic antibiotics.

   The next best option is:
   a. deflux – *Kevin Chua (Rutgers – Robert Wood Johnson Medical School)*
   b. biofeedback – *Luke Griffiths (Northwell Health)*

3. 80-year-old female nursing home resident with a history of recurrent E. Coli UTIs presents to your office for management. She has experienced five symptomatic UTIs this past year despite conservative measures, such as cranberry supplements, appropriate bowel regimen and methenamine hippurate. She is a breast cancer survivor and is currently on tamoxifen. She reports a single episode of C-diff colitis 10 years prior. Physical exam and post void residual is normal. The next step is:

   Debate the next step:
   a. vaginal estrogen – ***Jeffrey Lee (Maimonides Medical Center)***
   b. daily low dose antibiotic prophylaxis – ***George Moran (Columbia University)***

4. A 62-year-old otherwise healthy male presents with high-grade non-muscle invasive bladder cancer (NMIBC) Ta and carcinoma in situ (CIS). Despite receiving 6 weeks of induction and 1 full 3-week course of maintenance intravesical Bacillus Calmette-Guérin (BCG) treatment persistent CIS is found on follow-up TURBT 6 months later.

   Debate management with:
   a. radical cystectomy – ***Vincent Wong (New York Medical College)***
   b. bladder sparing approach – ***Christina Sze (Weill Cornell Medicine)***

5. A 75-year-old male presents with biopsy proven high grade urothelial carcinoma of the distal left ureter. He has a history of HTN, DM, cardiac stents 6 months ago with a serum creatinine of 2.6 mg/dL and eGFR of 25ml/min. He had brachytherapy for prostate cancer 10 years ago. There is no other urothelial malignancy noted.

   Debate the next step:
   a. Distal ureterectomy – ***Fahad Sheckley (Hackensack University Medical Center)***
   b. Endoscopic Resection – ***Joshua Altschuler (Mount Sinai Medical Center)***

6. A 37-year-old male with a recurrent urethral stricture s/p DVIU 2 and 6 years ago desires definitive treatment. Voiding and retrograde urethrography reveal a 2.2cm proximal bulbar extending to the membranous urethra. He has a SHIM score of 21. He is a professional singer and saxophonist.

   Debate the next step:
   a. Anastomotic urethroplasty – ***Krishna Doppalapudi (Rutgers – Robert Wood Johnson Medical School)***
   b. Substitution urethroplasty with buccal mucosa – ***Dora Jericevic Schwartz (NYU Medical Center)***

7. A 65-year-old male patient has a 5-year history of progressive daytime urinary frequency, nocturia, hesitancy, and a weak urinary stream on finasteride and tamsulosin. He also reports occasional episodes of urge incontinence and is bothered by his symptoms. He denies any history of hematuria, dysuria, or erectile dysfunction. Physical examination reveals an enlarged benign prostate gland on DRE. His PSA is 3.8 ng/ml. Pelvic CT Pelvis reveals a prostate volume of 180 grams and a 3cm bladder stone. He is concerned about the potential for long-term side effects of treatment and wants an effective, minimally invasive procedure.

   Debate options of:
   a. Robotic assisted simple Prostatectomy with stone removal – ***Anh Nguyen (Rutgers – New Jersey Medical School)***
   b. HoLEP with cystolitholapaxy – ***John Barlog (SUNY Downstate Medical School)***

8. A 60-year-old female with BMI of 40, ankylosing spondylitis with limited neck mobility, CAD s/p cardiac stents in 2016 on aspirin/Plavix, presents has intermittent left flank pain and gross hematuria. She has a long history of nephrolithiasis s/p multiple ureteroscopies in the past complicated by distal ureteral stricture s/p robotic left ureteral reimplantation in 2010. Evaluation shows a bifid left collecting system (with bifurcation at the UPJ) and a 1.8cm left lower moiety stone as well as a 1.0cm left upper pole moiety stone with mild hydronephrosis. Cystoscopy shows a widely patent left ureteral orifice at the dome of bladder. Creatinine is 1.0 mg/dL and urine culture are negative.

   Debate management with:
   a. PCNL – ***Jubin Matloubieh (Montefiore Medical Center)***
   b. Ureteroscopic intrarenal lithotripsy – ***Joseph Hartnett (SUNY – Stony Brook University Hospital)***