A 77-year-old man with hypertension, coronary artery disease, and a creatinine of 1.9 mg/dl has gross hematuria. Cystoscopy reveals a normal bladder and bilateral retrogrades show a small right distal ureteral filling defect. On ureteroscopy there is a 5 mm solitary papillary tumor and biopsy demonstrates a low grade TCC. The next step is:

D: "distal ureterectomy with reimplant." is incorrect.
B: "ureteroscopic laser ablation of tumor." is the correct answer.

Multiple series have documented the safety and efficacy of endoscopic management of upper tract TCC. This elderly patient has significant comorbidities and a low grade distal ureteral TCC. Low grade tumors at ureteroscopic biopsy have a strong correlation with noninvasive stage at the time of nephroureterectomy. Similarly, high grade disease identified on ureteroscopic biopsy is very likely to represent invasive disease at the time of final pathologic staging. While optimal therapy for a low grade ureteral tumor in a younger, healthier patient would be distal ureterectomy and reimplantation, this patient would be well-served with endoscopic management. Although upper tract tumors can be ablated with electrocautery delivered through a small Bugbee electrode, the variable depth of penetration and risk of stricture formation have made the use of laser energy for ablation more popular. Follow-up of the patient should include endoscopic evaluation (ureteroscopy) on a periodic basis.

Sagalowsky AI, Jarrett TW: Management of urothelial tumors of the renal pelvis and ureter, in Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA (eds): CAMPBELL'S UROLOGY, ed 9. Philadelphia, Saunders Elsevier, 2007, vol 2, chap 49, pp 1672-1677.