without severe comorbidity in whom complete locoregional resection of primary ACC can be achieved. Detailed scrunity of the literature revealed that there are few cases in which resection of the IVC with graft replacement was performed [9, 10]. In all these cases, the tumor was located on the right side and in 1 case tumor extension was up to the right atrium [9]. Chiche et al. [5] reported 15 cases and reviewed the literature regarding this rare pathology. Only 3 cases (all were right-sided) required resection of the vena cava and graft replacement, and none needed opposite side renal vein resection and graft replacement in this review. This is the first ACC case in which the IVC and opposite side renal vein were replaced.

Chiche et al. [5] also reported that 52.3% of patients with IVC extensions who underwent resection were alive with metastasis or no evidence of recurrence after a mean follow-up time of 23.1 ± 20.4 months. Although the response rate of mitotane therapy has been reported to be up to 35% with mostly partial and transient responses, its clinical efficacy remains disputed [6]. However, in the literature there are cases in which complete lasting remission was achieved after mitotane treatment [6]. Despite mitotane's significant side effects, such as lifelong steroid replacement, treatment with mitotane should be considered for cases of metastatic disease.

In conclusion, a detailed preoperative workup should be done before attempting such an aggressive surgical procedure. In carefully selected patients who require palliation because of thrombus extension of ACC, surgical therapy might facilitate adjuvant therapies even in cases of metastases and may provide a survival benefit.

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Erratum

In the article 'Fibroepithelial polyp of distal ureter with periodic prolapse into bladder' (Urol Int 2008;80:338–340), the name of the second author was misspelled. It should now read: Apostolos Kafetsoulis.