

## **197. THE PROPORTION OF RADICAL NEPHRECTOMY VERSUS PARTIAL NEPHRECTOMY IN PATIENTS WITH UNILATERAL RENAL CELL CARCINOMA**

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**Introduction:** The goal of this review is to compare the proportion of Radical Nephrectomy (RN) vs. Partial Nephrectomy (PN) in patients with unilateral Renal Cell Carcinoma (RCC).

**Materials and methods:** We reviewed the charts of 146 patients with a single, small (less than 5 cm), localized, unilateral, sporadic RCC and a normal contralateral kidney who underwent Radical Nephrectomy and Partial Nephrectomy respectively from January to December 2014. We excluded any patients with tumors bigger than 5 cm.

**Results:** The sex ratio is the following: male-86 (57%) and female-66 (43%). The mean age by gender is  $57,05 \pm 8,49$  and  $57,72 \pm 9,31$  years, male and female respectively. The average length of hospitalization after radical nephrectomy is  $14,23 \pm 3,87$  days and  $15,79 \pm 3,37$  days after partial nephrectomy. 57 (39,04%) of 146 patients were diagnosed with RCC smaller than 5 cm, they were treated with either radical nephrectomy  $n=42$  (73,68%) or partial nephrectomy  $n=15$  (26,31%).

**Conclusion:** Based on current available oncological and Quality of Life (QoL) outcomes, localized renal cell carcinoma is better managed by Partial Nephrectomy rather than Radical Nephrectomy, irrespective of the surgical approach according to the European Association of Urology. We hope that more surgeons will choose Partial Nephrectomy as a first surgical treatment for patients with tumors less than 5 cm as it is more efficient than Radical Nephrectomy.

**Keywords:** renal cell carcinoma, radical nephrectomy, partial nephrectomy.

## **198. MODERN ASPECTS AND METHODS OF DIAGNOSTIC AND TREATMENT OF THE ACUTE PYELONEPHRITIS IN PATIENTS WITH DIABETES MELLITUS**

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**Introduction:** The importance and the relevance of the study is based on the high prevalence of diabetes mellitus (DM) in the general population and on the high risk of these patients to develop urinary tract infections, but also on serious complications (kidney abscesses, emphysematous pyelonephritis, necrotic papillitis, urosepsis etc.) that can occur due to late diagnosis. The factors which contribute to the increased risk of UTIs are: the immunological defects, the development of vesicoureteral reflux as a result of diabetic neuropathy, increased levels of glucose in the urine, which support the colonization of the micro-organisms.