

evaluation create a well-founded basis for a positive and differential diagnosis of different forms of renal lithiasis. At the same time, the optimal application of the existing imaging arsenal, particularly under the conditions of achieving the maximum cost-benefit ratio, requires to specify the indications for the application of different diagnostic methods. Of particular importance is the determination of the factors causing diagnostic errors as well as the influence of the results of the imaging study on the selection of the concrete treatment method.

**Aim of the study.** To study the contemporary methods of diagnosis of patients with reno-ureteral calculi, their sensitivity, their indications and contraindications.

**Materials and methods.** The study was conducted in the Department of Urology and Surgical Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, the Republican Clinical Hospital, on a group of 1719 patients with various forms of renal-ureteral lithiasis during 2016-2017.

**Results.** The results obtained show that KUB X-ray was performed in 1700 (98.89%) cases, intravenous urography - 1650 (95.98%), ultrasonography - 1719 (100%), computed tomography - 140 (8.14%) retrograde pyelography - 28 (1.62%), renography - 42 (2.44%), scintigraphy - 24 (1.39%). Unilateral calculi were found in 1420 (82.6%), out of which: in 673 patients (47.3%) they were located on the right side, while in 747 patients (52.7%) they were on the left side. Of 1719 patients enrolled in the study, 787 (45.78%) were males and 932 (54.22%) women. The study group included 367 (21.3%) patients aged 21-39 years, 1002 (58.3%) patients aged 40-59 years and 350 patients (20.4%) over 60 years.

**Conclusions.** The frequency of the disease, the clinical particularities, the possibility of complications, the difficulties that arise in the process of diagnosis and treatment emphasize the need to continuously study the problems related to urolithiasis. Also, imaging methods allow the visualization of calculi and nephrolithiasis complications. This contributes to the improvement of the practical implementation of the conduct algorithm in each individual case, effectively ensuring the medical act customization. The efficacy of each diagnostic method can be evaluated in terms of unanimously accepted sensitivity and specificity, being associated with concrete imaging signs specifically selected for the evaluation of renal lithiasis.

**Key words:** nephrolithiasis, contemporary diagnostic methods, ultrasonography

## 156. THE ROLE OF TAMSULOSIN ADMINISTRATION IN EVOLUTION OF STONE CLEARANCE AFTER SHOCK WAVE LITHOTRIPSY FOR URETERAL STONES

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**Introduction.** Management of symptomatic ureteric stones still represents the most common condition in urological practice. ESWL, a noninvasive technology, has become one of the main active interventions for ureteral stones; its success depends on stone size and location, and the type of lithotripter. Expulsion therapy of the stone requires ureteric peristalsis, tamsulosin must be the first as an adjunctive medical therapy after ESWL, is more effective for the treatment of patients with ureteral stones.

**Aim of the study.** To determine whether the administration of tamsulosin, as a medical therapy, increases the stone clearance after extracorporeal shock wave lithotripsy (ESWL).

**Materials and methods.** A total of 250 patients underwent a single ESWL session to treat ureteral stone up to 15 mm in diameter. After ESWL patients were randomized in two groups. Group A (control) – 125 patients were administered non-steroidal anti-inflammatory drugs. In group B, 125 patients additionally were prescribed tamsulosin 400 mg daily. Follow-up visits

were performed once per week for 4 weeks after ESWL. Evaluation included a KUB plain film and an ultrasound examination. Efficacy was evaluated in terms of success rate, stone-free rate, expulsion time of the fragments and use of tamsulosin.

**Results.** The success rate was for the control group was 65 % and the tamsulosin group was 80 %, respectively. The mean expulsion time of the fragments was 10.2 days for group A and 8 days for group B. The stone-free rate in group A was 67 % and in group B – 87%.

**Conclusions.** The results of our study have demonstrated that tamsulosin therapy, as an adjuvant medical therapy after ESWL, is more effective for the treatment of patients with ureteral stone up to 15 mm.

**Key words:** lithiasis, shock wave lithotripsy, tamsulosin, ureteral stones

## 157. URETHRAL OBLITERATIONS: DIAGNOSIS AND TREATMENT

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**Introduction.** Urethral obliteration is a progressive narrowing of the urethral lumen, being a typical urology disorder manifested by symptoms of strangulation and dizziness and always has a spreading tendency. The priority option in the treatment of urethral obliterations is optical internal urethrotomy (UIO) with a 85% success rate, but the rate of postoperative recurrences is 15%.

**Aim of the study.** The comparative determination of the results of surgical interventions (urethral plastic and endoscopic urethrotomy), determination of the role of open therapy in urethral obliterations and identification of different ways and possibilities of using endoscopic methods integration in the respective urethral obliteration treatment stages.

**Materials and methods.** In order to fulfill these tasks and achieve the aforementioned aim an analysis of the results of conservative and surgical treatment in 110 patients with urethral obliterations in the "Urology and Surgical Nephrology" clinic during the period 2015-2017 was made. The first batch includes 70 patients with urethral obliteration of posttraumatic etiology. The second group included 40 patients with urethral obliteration of post-inflammatory etiology.

**Results.** Urethral obliteration is diagnosed by cystoscopic examination, retrograde urethrography, urinalysis, uroflowmetry, urine culture, contrast cistouretrography. As a result of urethral obliterations treatment through UIO (optical internal urethrotomy), the urethra permeability was restored in the shortest possible time, the duration of the hospitalization was shortened (7 days vs 17 days after Holtov Marion and 25 days after Solovov-Badenoc), having a great acceptance from the patients.

**Conclusions.** It has been shown that the intervention of choice in the treatment of urethral obliterations is endoscopic. The results of surgical and conservative treatment performed in patients with urethral obliterations have determined the role and dependence of its efficacy, significantly increasing its therapeutic value.

**Key words:** urethral obliteration, diagnosis, treatment

## 158. TRANSURETHRAL EN BLOC RESECTION OF URINARY BLADDER TUMORS VS CONVENTIONAL TRANSURETHRAL RESECTION OF BLADDER TUMORS. EARLY POSTOPERATIVE OUTCOMES

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