

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 cistourethrography. 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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Introduction. Treatment of urinary bladder tumors (UBT) remains an important problem in oncology. Currently, transurethral resection of urinary bladder (TUR-V) remains the gold standard in the endourologic treatment of UBT. In the last decade many alternative endourologic techniques have been proposed for the treatment of UBT.

Aim of the study. Comparative assessment of the efficacy of transurethral En Bloc resection of urinary bladder tumors.

Materials and methods. In the period between 08.2017 – 12.2017, 25 patients with average age of 57 years underwent endourological treatment of UBT at the Department of Urology and Surgical Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy. Patients were divided into two treatment groups: first group - transurethral En Bloc resection of UBT (8 patients), second group – TUR-V of UBT (17 patients). All patients were evaluated after 3 months by cystoscopy with narrow band imaging (NBI).

Results. Average duration of intervention: 39 min vs 33 min. The rate of transitional haematuria and postoperative infections was similar. During NBI cystoscopy tumor recurrence was determined in 3 cases in TUR-V group, and no recurrences in En Bloc resection group. In the En Bloc resection group additional tumors with different localization were found during NBI cystoscopy.

Conclusions. Transurethral En Bloc resection of UBT is an effective method in the treatment of UBT. Results of treatment using En Bloc resection are better than conventional TUR-V of bladder tumor. Another advantage of transurethral En Bloc resection of UBT is a better staging of tumor process due to the resection of all urinary bladder wall layers which is very important to determine postoperative tactics.

Key words: en-bloc resection, urinary bladder tumors

159. TRANSURETHRAL THULIUM LASER RESECTION OF PROSTATE VS MONOPOLAR TRANSURETHRAL RESECTION – EVALUATION OF POSTOPERATIVE OUTCOMES

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Introduction. Treatment of benign prostatic hyperplasia (BPH) remains one of the actual problems in endourology. Currently, monopolar TUR-P remains the gold standard in the surgical treatment of BPH. Nowadays laser technologies offer safe and efficient alternatives in BPH endourologic treatment.

Aim of the study. Comparative assessment of the efficacy of transurethral Thulium laser resection of prostate.

Materials and methods. In the period of 08.2017 – 02.2018, 52 patients with average age of 62 years underwent endourologic treatment of BPH at the Department of Urology and Surgical Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy. Patients were divided into two treatment groups: transurethral Thulium resection of prostate (24 patients) and monopolar TUR-P (28 patients), and evaluated postoperatively after 1 month. Preoperative patients were investigated: PSA, IPSS, QoL, TRUS-P with PVR and Qmax. Patients inclusion criteria: prostate volume 40 - 70cm³, IPSS ≥16 and PVR ≥ 50ml, PSA ≤4ng / ml, QoL > 4, Qmax <8ml/s.

Results. Average duration of intervention: 63 min vs 47 min. The prostate volume decreased postoperatively on average from 58.4 cm³ to 26.1 cm³, vs 61.1 cm³ to 24.6 cm³, there was an