

**DEPARTMENT OF UROLOGY AND SURGICAL NEPHROLOGY**

**45. ENDOVASCULAR MANAGEMENT OF A PSEUDO-ANEURYSM APPEARED AS A POST-SURGICAL COMPLICATION**

Author: **Sergiu - Ștefan Laszlo**

Co-authors: Dr. Florin Bloj, Dr. Rareș Filep

Scientific adviser: Dr. Mărginean Lucian, *George Emil Palade* University of Medicine, Pharmacy, Science and Technology of Targu Mures

**Background.** Renal masses are a biologically heterogeneous group of tumors ranging from benign masses to cancers that can be indolent or aggressive. Frequently, tumors are discovered incidentally and are asymptomatic at presentation. All imaging-enhanced solid renal masses are suspicious for renal cell carcinoma. In the case of a renal tumor, the vascular architecture can be modified. The therapeutic behavior is represented by the surgical techniques (total or partial nephrectomy). The most feared complications are severe bleeding that is difficult to control.

**Case report.** We present a 59-year-old patient known with malignant renal tumor, admitted to Cluj-Napoca Oncological Institute. The patient undergoes surgical treatment, which consisted of anterior renal valve resection and tumor mass resection. Shortly after the intervention, the patient had macroscopic hematuria. A CT scan is performed with contrast substance that reveals vascular lesions suggestive of a pseudoaneurysm / renal arteriovenous fistula. The next step is digital angiography by subtraction (DSA) which indicates the presence of pseudoaneurysm in the renal parenchyma incriminated as a cause of hematuria. Considering the patient's age and the possibility of preserving the kidney, the therapeutic option applied is the endovascular treatment that involves the embolization of the aneurysm. By Zellinger approach is performed the catheterization of the right renal artery and the supraselective catheterization of the aneurysm, followed by embolization using a embolic liquid agent as mixture of Lipidiol and Glubran. The exclusion from the circulation of the aneurysm is obtained and the hemorrhagic (hematuric) source is eliminated. At the control injection the aneurysmal formation is complete occluded, with very good imaging and clinical result. The control angiography after 6 months shows normal renal vascularization.

**Conclusions.** The therapeutic option of performing a nephrectomy is very aggressive for the patient. Due to the interdisciplinary approach, interventional radiology techniques can offer minimally invasive therapeutic solutions, sometimes unique in rescuing patients.

**Key words:** renal tumor, angiography, endovascular therapy, embolization, interdisciplinary approach

**46. AUTONOMIC NERVOUS SYSTEM RESPONSE AT BOTULINUM NEUROTOXIN TREATMENT FOR IDIOPATHIC OVERACTIVE BLADDER SYNDROME IN WOMEN**

Author: **Mihaela Ivanov**

Scientific adviser: Ceban Emil MD, PhD, University Professor, Department of Urology and Surgical Nephrology

*Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova