

DEPARTMENT OF UROLOGY AND SURGICAL NEPHROLOGY

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

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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

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Background. Symptoms of idiopathic overactive bladder (iOAB) affect ~17 % worldwide of women, and its prevalence increases with patient age. Autonomic dysfunction in the genital area can be assessed using sympathetic skin response (SSR). SSR tests can be used for the detection of early iOAB and assessing those likely to be refractory to anticholinergic drugs. Treatments options for iOAB include lifestyle modifications, behavioural therapy, pharmacotherapy, neuromodulation, Botulinum toxin therapy and surgical interventions. The American Urological Association and the European Association of Urology recommend bladder wall injection with Botulinum neurotoxin A (BoNT-A) in women with idiopathic detrusor overactivity who have not responded to conservative treatment.

Case report. Patient I., female, age 31 years, diagnosed clinical with iOAB, confirmed on urodynamics, underwent the SSR investigation for assessment of autonomic nervous system. The patient had been refractory to different anticholinergic drugs and there was no response to conservative therapy for over 10 years. Before injection, patient was asked to complete a 4-day voiding diary, to record the quantification, the frequency of voids, the number of incontinence episodes and the number of episodes of nocturia. The treatment started with antibiotic prophylaxis (ciprofloxacin 1g i/v twice daily) for 1 day before the injection procedure and continued for 3 days after treatment. Saline cystoscopy was performed using a 19-F rigid cystoscope, under i/v anaesthesia. BoNT-A (100 UI) was mixed with 10 ml 0.9 % sodium chloride and administered 1 ml over 20 different sites, each 1 cm apart, supratrigonally, using 18-gauge needle for rigid cystoscopies, inserted 3 mm into the bladder wall. After 2-3h of procedure was a successful demonstration of voiding. The woman didn't develop any adverse effects like urinary tract infection, gross haematuria, injection site pain or urinary retention. Follow-up at 1, 3, 6, 9 and 12 months, with 4-day voiding diaries, clinical and SSR was carried out. Injections increased voided volume >90 ml, decreased urinary frequency, absence of nocturia and improved QoL. Clinical effects of BoNT-A were evident in 1 week and last up to 12 months. The results of SSR before and after a week of injection established the significantly pronounced changes in time taken for the ascending wave A1 (parasympathetic component) comparing with time taken for the ascending wave A2 (sympathetic component). Before injection of BoNT-A mean score was S1A1=0,5sec., S2aA2=0,94 sec., after injection respectively was 0,34 sec. and 1,1 sec.

Conclusions. Botulinum toxin type A might be an alternative to invasive surgery for patients in whom conservative measures for treatment of iOAB have failed. The SSR can serve as a complex diagnostic of iOAB and assessment the efficiency of treatment with BoNT-A.

Key words: idiopathic overactive bladder, Botulinum toxin type A, intravesical injections.

DEPARTMENT OF OPHTHALMOLOGY AND OPTOMETRY

47. OCULAR CHEMICAL BURNS. CASE REPORT.

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Background. Ocular burns represent about 11-22% of ocular trauma. The most affected are young men, 20-40 y. o. These can happen anywhere, at home, work or after physical aggression. The most severe damage is due to acids and alkali. They can destroy limbal stem