

Introduction. Renal Solitary cyst is one of the most common kidney pathologies and occurs in 50% of necropsy in people over 50 years of age. Most commonly, cystic formations develop in the kidney, usually asymptomatic. The etiology of renal cysts can be congenital, sporadic or acquired, and their development can occur at any level of nephron or collector tubes. Simple kidney cyst is specific to adult age, is not genetically transmitted, and is not accompanied by another chromosomal abnormality. In children, the incidence is reduced by 0.1-0.45%, but it increases in adult to 20% at 40 years and 33% to 60 years.

Aim of the study. Analysis of the results obtained in the clinic following the treatment applied to patients with solitary renal cysts, treated by the classical surgical method and laparoscopic.

Materials and methods.. The retrospective study was performed in the Department of urology and surgical nephrology of the State University of Medicine and Pharmacy *Nicolae Testemitanu*, within the Republican Clinical Hospital *Timofei Moşneaga*, on a batch of 92 patients diagnosed with solitary renal cyst, treated by different methods (laparoscopic resection, open cystectomy and cyst puncture) during the years 2017-2019.

Results. From the total number of patients according to cyst localization: in 50 (54.3%) of patients the cyst was located on the left side and in 42 (45.7%) of patients on the right side. The distribution by sex was as follows: 48 (52.2%) men and 44 (47.8%) women diagnosed with solitary renal cyst. Anatomical location of the cysts: upper pole 48 patients (51%), lower pole 30 patients (32.6%), mediorenal 14 patients (16.4%). The size of the operated cysts ranged from 3 cm to 10 cm and more. The age of the patients in the study group with solitary renal cyst ranged from 25 years to 78 years, the average being ~ 53 years. According to the Bosniak classification, we observe the prevalence of the classical surgical method in Bosniak cysts III. Laparoscopic method was performed in patients with Bosniak cysts I and II, cyst puncture was performed only in patients with Bosniak cysts I. Of the 92 patients diagnosed with solitary renal cyst in 57 (62%) of them, the laparoscopic treatment method was performed, open cystectomy 23 (25%) patients, and cyst puncture to 12 (13%) patients.

Conclusions. Following this study we distinguish the advantages of the minimally invasive laparoscopic method which is of choice at the present moment, by the minimal aggressiveness of the surgical act, the absence of large postoperative scars, the decrease of the hospitalization period -3-4 days compared to -10-14 days after the open surgical method, minimum number of recurrences, rapid rehabilitation and reintegration into the social life and professional activity of patients.

Key words: renal cyst, laparoscopy, cystectomy, Bosniak classification.

76. THE EFFECT OF WATER INTAKE IN PATIENTS WITH URETEROLITHIAS

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Introduction. It is a standardized approach to treat non-obstructive calculi of ureter by hydrotherapy. In theory, the administration of intravenous fluid bolus stimulates renal fluid flow in patients with ureterolithiasis in time of acute renal colic. Historically hydrotherapy has been adopted in practice as a part of a conservative treatment in the emergency department. Patients are hospitalized for three to four days and every day they are given intravenously four to five litres of fluid along with diuretics in the hope that the stone will be removed. In this research are considered scientific publications about the effect of water intake in patients with ureterolithiasis.

Aim of the study. To determine the efficiency of water intake in patients with ureterolithiasis.

Materials and methods. We performed a PubMed and science direct database to distinguish reviews, original articles and metaanalysis using the search words “fluid intake in renal colic” and “ureteric stone”. We also reviewed national and international guidelines as European Association of Urology (EAU), the Cochrane Collaboration (two studies Edna 1983 and Springhart 2006) and clinical evidence databases.

Results. During the research, we revealed that: on the one hand in the Cochrane studies where compared the use of high-volume fluid therapy, diuretics with minimal or no fluids and obtained that hydrotherapy has not been shown to improve pain control, stimulate ureteral stone passage, or necessary of surgical stone removal. On the other hand leading to high intrarenal pressure may occur complications such as rupture of ureteral wall or renal impairment, forniceal tears and perirenal collections. In according to EAU and Urology practice conservative management in patient who have initial presentation for episode of acute ureteric colic and single non- obstructive calculus situate distal to renal calyx is pain control, hydration and anti-emetics. If diagnosis confirmed with non-contrasted computed tomography (NCCT sensitivity 94-100% and specificity 92-100%), intravenous pyelogram (51-87% and 92-100% respectively) and doppler ultrasound, urography (sensitivity of 44-77% and specificity of 80-87%) Other reviews and articles are advised intake small amounts of fluids at frequent intervals. Patient is recommended enough oral fluids to produce 2.5 liters of urine; with probability of spontaneous calculus clearance based on stone size, the rates were 76%, 60%, 48%, and 25% for 2-4 mm, 5-7 mm, 7-9 mm, and >9 mm diameters, respectively.

Conclusions. Based on the foregoing we can confirm forced intravenous hydrotherapy is a common practice, but unscientific, because delays calculus clearance. As well as have shown no benefits still may have significant side effects.

Key words: ureteral colic, fluid intake, urolithiasis

77. EARLY OUTCOMES OF TRANSURETHRAL THULIUM LASER VAPOENUCLEATION OF PROSTATE

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Introduction. Surgical treatment of large benign prostatic hyperplasia (BPH) remain an important problem in endourology. Open surgical procedures are still used to treat patients with BPH. Surgical trauma and numerous contraindications make it useless in many patients with comorbidities. A small number of endourologic procedures offer the possibility to treat large BPH. Thus, laser surgery seems to be a salvage treatment for patients with contrindications for classical open surgery.

Aim of the study. The efficiency assesment of transurethral Thulium YAG laser vapoenucleation of prostate (ThuVEP).

Materials and methods. 16 patients with average age of 71 years underwent surgical treatment of large BPH. All of them underwent ThuVEP. A 550 micron end fire laser fiber was used during vapoenucleation. 80W power setings were used in all of the patients. The period of surveillance was of 6 months. Preoperative investigations: PSA, IPSS, QoL, TRUS-P with