

PVR and Qmax. Patients inclusion criteria: Prostate Volume $\geq 80\text{cm}^3$, IPSS ≥ 16 and PVR $\geq 50\text{ml}$, PSA $\leq 4\text{ng/ml}$, QoL > 4 .

Results. Average duration of intervention: 76 min. The prostate volume decreased postoperative on average from $83,2\text{ cm}^3$ to $35,4\text{ cm}^3$, there was an increase of average Qmax from 8,2 to 19.3 ml/s, a decrease in mean IPSS from 21,3 to 7,1, and PVR diminished from 69,1 ml to 16,1 ml. The period of transitional macrohematuria was 2,1 days. The duration of cateterization was 2,5 and mean hemoglobin drop was 2,1 g/l.

Conclusions. ThuVEP is an effective method for endourologic treatment of large BPH. Immediate postoperative results of ThuVEP are promising. It is to mention a high haemorrhage safe features of ThuVEP.

Key words: Thulium: YAG laser, vapoenucleation, prostate

78. EFFICIENCY OF USING COMBINATIONAL DRUGS IN TREATMENT OF URINARY LITHIASIS

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Introduction. Urinary lithiasis is a major global health problem with a prevalence of 2-3% of general population and a lifetime recurrence rate about of 50%. In the Republic of Moldova, 10% of the whole population suffer from this disease. The surgical treatment of urolithiasis is making conditions for improving urodynamics and reducing inflammatory process. Taking into consideration the high recurrence of urolithiasis, patients suffering from this disease need adequate and long-term treatment. Thus, safe and effective nonmedicinal prevention strategies are needed.

Aim of the study. Evaluation of the efficacy of the combination drugs in treatment of urolithiasis after extracorporeal shock wave lithotripsy, ureteroscopy, percutaneous nephrolithotomy in removing of the restant fragments

Materials and methods.. The research included 60 consecutive cases of the urolithiasis treated during 01 february 2019-31 mai 2019. The study was effectuated 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". Patients were randomly divided in two groups. Group I (group of study) included 30 patients who administrated the combination drugs (citrate, magnesium, pirodoxin). Group II (control group) included 30 patients who took only general recommendations like adequate hydration, diet, limited caffeine etc.

Results. The average age of the patients with urolithiasis was $47,17 \pm 14$ years. In the Group I before administration of combinational drugs urine pH level was $6,2 \pm 0,8$, after administration $7,1 \pm 0,3$. The level of magnesium was increased: before administration $3,1 \pm 1,57$ after $,9 \pm 2,2$ mmol/24h. The obtained results confirm increase of daily diuresis 2275 ± 257 ml vs 1580 ± 321 ml; $p < 0,05$. The presence of renal colic during the expulsion of disintegrated fragments in $1,8 \pm 0,3$ cases was in the Group I and in $6,7 \pm 0,8$ in the Group II. In the group of study the VAS score was 4 points, in comparison 7 points in control group.

Conclusions. Administration of combined drugs increase daily diuresis, level of magnesium and level of urine pH which is going to alkalization of urine as a result of expulsion of desintegrated fragments was increasing, as well as reduced attacks of renal colic.

Key words: urinary stone disease, treatment, combination drugs, urine pH

79. TREATMENT OF KIDNEY CANCER

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Introduction. Renal cell carcinoma is the most common type of kidney cancer in adults. It accounts for approximately 3% of adult malignancies and 90-95% of neoplasms arising from the kidney. In recent years, several approaches of active and passive immunotherapy have been studied extensively in clinical trials of patients with RCC. Recent advances in molecular biology have led to the development of novel agents for the treatment.

Aim of the study. To describe the contemporary standard of treatment for kidney cancer, and their comparison with the classical methods of treatment, the current standard of care, the role of prognostic criteria, such as those from the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) criteria.

Materials and methods. The study presents the magazine of literature (Medline, Scopus, PubMed, School google, etc.)

Results. Radical nephrectomy remains the mainstay of initial treatment for patients with renal tumours without evidence of metastatic disease. The goal of partial nephrectomy is the complete elimination of the primary tumor, while maintaining the highest possible amount of parenchymal renal health. Partial nephrectomy is indicated for the patient with T1 tumors (according to TNM staging for international cancer control) and a normal contralateral kidney. In patients with unresectable and/or metastatic cancers, tumor embolization, external-beam radiation therapy, and nephrectomy can aid in the palliation of symptoms caused by the primary tumor or related ectopic hormone or cytokine production. The drugs used in chemotherapy are floxuridine, 5-fluorouracil and vinblastine. But unfortunately, these drugs are proven resistant to renal cell carcinoma. In contrast with chemotherapy, targeted treatments attack specific molecules and cell mechanisms which are required for carcinogenesis and tumor growth. This specific targeting helps to spare healthy tissues and reduce side effects. Targeted cancer therapies may be more effective than current treatments and less injurious to normal cells. Research has revealed that addition of these targeted treatments to immunotherapy, or using them as a substitute of immunotherapy, nearly doubles the time duration so as to stop cancer growth. Systemic therapy in metastatic renal cell carcinoma includes Sunitinib and pazopanib that are approved treatments in first-line therapy for patients with favorable- or intermediate-risk clear cell RCC. Temsirolimus has proven benefit over interferon-alfa in patients with non-clear cell RCC. Systemic therapy has demonstrated only limited effectiveness. New agents including the small molecule targeted inhibitors like sorafenib, bevacizumab, axitinib and the monoclonal antibody bevacizumab have shown anti-tumour activity in randomised clinical trials and have become the standard of care for most patients.

Conclusions. For patients with surgically resectable RCC, the standard of care is surgical excision by either partial or radical nephrectomy with a curative intent. By contrast, those with