

consequence of the inflammatory process in prostate, with structure damage tissue. Finally the damaged areas are substituted with fibrous tissue, causing developing of sclerosis in prostate. The surgical treatment of prostate sclerosis should have maximal excision of prostate tissue and minimally temperature impact on surrounding tissue.

Aim of the study. Evaluation of the efficiency Ho-YAG laser versus ITUP incision in treatment of prostate sclerosis after chronic prostatitis.

Materials and methods.. The 46 of patients were selected with the defined diagnosis with sclerosis of prostate after chronic prostatitis during the period from 2018 till 2019. The study was conducted in the Department of urology and surgical nephrology of the State University of Medicine and Pharmacy "Nicolae Testemitanu", within the Republican Clinical Hospital "Timofei Mosneaga". The patients were divided into 2 groups depending on the method of treatment: a control group consisted of 23 patients who underwent ITUP incision and a main group 23 patients were conducted using incision with Ho-YAG laser .

Results. Surgical treatment was successfully performed for all cases. There were no major intra- or after surgery complications. During all procedures, blood loss was insignificant and no patient required blood transfusions. Also, there were no cases of urinary tract infection, sepsis, bleeding or urinary retention. All patients were able to void spontaneously and was no detected urinary retention or incontinence after catheter removal. Four patients were presenting moderate irritative symptoms (dysuria, hesitance and frequency) and were treated conservatively, with no further complications. In all prostate cancer cases, the pathological specimens were negative for malignancy. The mean operating time was 20 minutes (range 15 to 35 minutes), the duration of catheterization period was 48 hours (range 24 to 72 hours) and the mean hospital stay was 72 hours. Preoperative and at 1, 3 and 6 months after surgery, the mean values for Qmax, were 6.2 ml/s, 15.9 ml/s, 15.8 ml/s and 15.4 ml/s, respectively.

Conclusions. The results clearly demonstrate the advantages of using laser energy for treatment of prostate sclerosis compared to ITUP, with significant increase in scores on the IPSS and QoL, maximum urinary flow rate, and a decrease in residual urine volume and frequency of relapses in the group carried out the laser dissection of prostate sclerosis.

Key words: Ho-YAG laser, prostate sclerosis, chronic prostatitis

83. THE PERCUTANEOUS NEPHROLITHOTOMY. ONE YEAR CLINICAL EXPERIENCE

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Introduction. Percutaneous nephrolithotomy (PCNL) is a minimally-invasive procedure to remove kidney stones by a small incision through the skin in lumbar region, up to 2 cm. This procedure is accepted as standard of care for patients with kidney stones that are large, very firm, or resistant to other forms of stone treatment, and it has replaced open operations for kidney stones in the vast majority of patients. The benefits of PCNL: Are the greater than 97% post-procedure stone free rate less post-operative pain and fewer complications as compared to open surgery, due to minimally invasive access to the kidney, quicker return to daily activities and work, better stone free rates post-procedure for larger and more complex stones

as compared to less invasive options (ESWL and uretheroscopy). The tubeless PCNL offers patients the benefits of no urine leakage, no discomfort from an external drainage tube.

Aim of the study. Analysis of the results obtained in the clinic following PCNL intervention applied to patients with urolithiasis, during one year.

Materials and methods.. The 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 Moșneaga", on a batch of 43 patients with the diagnosis of Urolithiasis, treated by the (PCNL), during the year 2019. Patients were subjected to a cross-sectional study (extraction of data from the hospital patient's medical record).

Results. The gender distribution of patients was as follows: 29 (67,5%) women and 14 (32,5%) men diagnosed with urolithiasis. The average age of the patients was : 55 years Anatomical distribution of renal stones: right kidney 21 (48,9%) patients, left kidney 22 (51,1%) patients. The stone's dimensions ranged from 2 cm up to massive staghorn stones(> 4,5cm). The postoperative hospitalization period on average was 5 days. The localization and size of calculi were as follow: Renal pelvis 18 (41,8%) patients, caliceal stones 16 (37,2%) patients, staghorn stones 9 (21%) patients. Stones dimensions: 2-2,5 cm-18 (41,86%) patients; 2,6- 4 cm -16 (37,2%) patients; >4,5cm – 9 (20,93%) patients. The stratification of the surgical postoperative complications was done according to the Clavien-Dindo score. CDS I, 31 (72,1 %); patients CDS II, 5 (11.6 %) patients, CDS III, 3 (7 %) patients. Patients with CDS IV and V, were not detected. From the group of patients, 3 (7%) of them were tubeless and 1 (2,3%) patient with two puncture channels.

Conclusions. The success of PCNL is dependent on many factors such as stone composition, stone size, number of stones, location within the urinary tract, patient body habitus (obesity), and anatomy of the collecting system of the kidney. Surgeons carefully consider all of the aforementioned variables in order to maximize success of PCNL . Overall stone free success rate is approximately 90% following an initial PCNL and 90-100% following a “second look” procedure.

Key words: PCNL, urolithiasis, Clavien-Dindo score, staghorn.

84. COMPARATIVE EPIDEMIOLOGY AND RESISTANCE TRENDS OF COMMON URINARY PATHOGENS

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Introduction. Urinary tract infections (UTIs) are some of the most common infections in human medicine, affecting a large patient population (around 150 million cases/year) to various extents, irrespective of age and gender. The principal cause of UTIs (>80%) are uropathogenic *Escherichia coli* and *Klebsiella* species both in the community and nosocomial settings. The assessment of local data on the prevalence and resistance is essential to evaluate trends over time and to make adjustments on the empirical treatment protocol.

Aim of the study. Assessment of epidemiology and resistance trends of most common urinary pathogens in order to create a hospital-specific antibiogram and practical recommendation on first chose antibiotics for empirical and prevention treatment.