Materials and methods.. A retrospective record review of data collected from laboratory results of 1299 patients admitted to the Urology Department of Republican Clinical Hospital between April 2019 and October 2019 was done. The outcome of interest was the antibiotic susceptibility of bacterial isolates from the patient's urine probes, before or after planned surgery. Pathogens the selection was done according to the highest incidence observed: Escherichia Coli, Klebsiella pneumonia, Proteus Mirabilis and Pseudomonas aeruginosa. The isolates were analyzed for susceptibility and resistance to 4 antimicrobial groups (Cephalosporins, Carbapenems, Fluoroquinolones, Aminoglycosides) and 3 miscellaneous agents (Nitrofurantoin, Fosfomycin trometamol, Trimethoprim-sulfamethoxazole).

Results. A total of 221 (17%) isolates from urines, of 4 selected bacteria were analyzed: Escherichia Coli (43.43%), Klebsiella pneumonia (33,48%), Proteus Mirabilis (12.66%) and Pseudomonas aeruginosa (5.88%). According to received data, the highest susceptibility for Escherichia Coli, Klebsiella pneumonia and Proteus Mirabilis it was for Fosfomycin with 92.7%, 63.51% and 89.28 respectively. Pseudomonas aeruginosa sensitivity it was highest for Amikacin followed by Carbapenems and Cefalosporins with 76.92%, 61.53% and 53.84% respectively. Klebsiella pneumonia was found with the lowest susceptibility to Cephalosporins (29.72%), Fluoroquinolones (27.02%) and Nitrofurantoin (18.91%) – those antibiotics that are most commonly used as prophylaxis and empirical treatment. If we consider the general impact of Amikacin on selected bacteria, we see that almost 75% of all isolates are sensitive to it.

Conclusions. Statistically significant increases in resistance to commonly used antibiotics were observed. In this respect, we consider that the choice of empiric antibiotic therapy should be selected based on local susceptibility profiles. The choice of antimicrobial drugs should be reconsidered when it comes to prevention or empiric treatment, as most commonly used groups of antibiotics are no more effective. From this specific study, we can conclude that Amikacin and Fosfomycin trometamol should be considered as first chose antibiotics for empirical and prevention treatment.

Key words: Urinary tract infection, antibiotics, resistance, epidemiology, fosfomycin, amikacin, Escherichia coli, Klebsiella pneumonia, Proteus Mirabilis, Pseudomonas aeruginosa.

85. PARTICULARITIES OF THE EVOLUTION OF ACUTE OBSTRUCTIVE PYELONEPHRITIS IN PREGNANCY

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Introduction. From the common complications of pregnancy, most often infections of the urinary tract (UTI) are met, these due to physiological and anatomical changes during pregnancy, which mostly leads to the development of urinary tract infection. Another important factor is the pregnant uterus that mechanically compresses the ureters and leads to urinary stasis.

Aim of the study. Evaluation of the particularities of the evolution of acute obstructive pyelonephritis in pregnancy, the influence of infections on gestational duration, on childbirth and the particularities of the diagnostic plan.

Materials and methods.. The study selected information from the medical record and perinatal notebook of each pregnant woman who is urgently hospitalized in the Urology Department of

the Municipal Clinical Hospital "Sf.Treime". According to the protocol, the examination plan was: anamnesis, the history of the current disease, pathological history; paraclinical investigations: general blood analysis, general analysis of urine, biochemical and functional renal samples; imaging investigations: ultrasound.

Results. All pregnant patients with acute obstructive pyelonephritis hospitalized in the Municipal Clinical Hospital "Sf.Treime" were between 20 and 34 years of age, the studied group comprised 34 pregnant women, so 23 pregnant women were primiparous, and 11 - multiparous. According to the protocol, 18 patients initially experienced lower back pain, fever - 22 cases, nausea – 10 cases, vomiting – 8 cases. Also, the initiated treatment consisted of cephalosporin antibioticotherapy and the installation of JJ stent over a period of 14 days under the supervision of the gynecologist.

Conclusions. 1. Treatment of Acute Obstrictive Pyelonephritis in pregnancy is an emergency one. 2. The determination of the pathogen by taking uroculture in the Emergency Department would result in more effective treatment, by isolating the pathogen and continuing monotherapy. 3. Draining urine from the source of infection should be carried out urgently, preferring minimally invasive and continued hydroelectrolytic rebalancing methods. 4. In case of installation of JJ stent, this is also a source of infection, the duration of antibictherapy should be extended. 5. Patients also require monitoring in the post-partum period, as the atonia of the urets persists up to 5 weeks post-partum.

Key words: pyelonephritis, urinary tract infections, pyelonephritis in pregnancy.

86. ROLE OF STONE DENSITY IN PREDICTING THE OUTCOME OF EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) FOR KIDNEY STONES

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Introduction. Since its introduction by Chaussy in 1980, ESWL, as minimally invasive procedure, is considered to be the best for the management of urolithiasis in most patients, especially when the stones are of <2 cm in diameter. Computer tomography (CT) has long been used clinically to evaluate the calculi by using measurements of substance density in Hounsfield units (HU). Stone density on CT is reported to be a prognosis factor for ESWL.

Aim of the study. To evaluate the usefulness of measuring stone density for predicting the outcome of treatment by ESWL and number of sessions.

Materials and methods.. The study included 33 consecutive patients (21 males, 12 females; mean age: 47.7) with a solitary renal stone of 0.5–2.0 cm in length. The measurement of density was performed using a multidetector row CT scanner at 120 KV and 240 mA, with 1.25-mm collimation. A bone window was used to measure stone attenuation values. SWL was performed with an electromagnetic lithotripter. Failure of disintegration was defined as no fragmentation of the stone after three sessions.

Results. Failure of disintegration was observed in 7 patients. Stone density >1200 HU were the significant independent predictors of failure. The success rate of ESWL was 87.5%. 26 patients were stone free and 7 had residual fragments <4 mm. The only significant predictor of residual fragments was stone density ($p < 0.001$).