

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 Obstructive 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 antibioticotherapy should be extended. 5. Patients also require monitoring in the post-partum period, as the atonia of the ureters 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**

Author: **Mihaela Rotari**

Scientific adviser: Andrei Bradu, PhD, University Assistant, Department of Urology and Surgical Nephrology. *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**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 ( $p < 0.001$ ).

**Conclusions.** The use of CT to determine the density values of urinary stones before ESWL can help predict treatment outcome, and also in planning alternative treatment in patients with a likelihood of poor outcome from ESWL.

**Key words:** urolithiasis , ESWL, stone density

## **87. EPIDEMIOLOGICAL ASPECTS OF POSTOPERATIVE LUMBAR INCISIONAL HERNIAS .**

Author: **Elena Ciumac**

Co-authors: Josan Andrei

Scientific adviser: Emil Ceban MD, PhD, University Professor Department of Urology and Surgical Nephrology. *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Incisional lumbar hernia is a complication of 17.1% of the surgery on the kidneys and ureter and constitutes 8% of the total hernias of the antero-lateral abdominal wall.

**Aim of the study.** Evaluation of incidence of lumbar incisional hernias following urological surgery and establishment of epidemiological data for a period of 1 year.

**Materials and methods..** The study developed 32 care patients who underwent surgery on the kidneys with dynamic surveillance up to 12 months. In the case of studies or evaluation of indices such as serum glycemia, the diagnosis of obesity has been established, through the use (BMI) and anthropometric indices of patients.

**Results.** Results. The study shows that in 94% of patients the risk of developing postoperative hernias is increased in the first year after the surgery, considering a significant exceedance of BMI standards, positive uroculture, the presence of diabetes or high blood sugar levels. Thus, the study shows that the lumbotomy failure rate represents 11% of the cases.

**Conclusions.** The incidence of incisional hernias at 6 months was 10%, at 12 months the incidence of 18%. The postoperative evolution of patients at increased risk of herniation is uncertain and depends on the presence of risk factors such as diabetes, obesity, anthropometric indices. Diabetes has a significant value in the diagnosis and prophylaxis of incisional hernias.

**Key words:** incisional hernia, obesity, diabetes, risk factors, lumbotomy

## **88. AZOOSPERMIA WITH KNOWN CAUSES – A RETROSPECTIVE ASSESSMENT OF CLINICAL DATA WITHIN A 1 YEAR PERIOD**

Author: **Iurii Arian**

Scientific adviser: Ion Dumbraveanu, PhD, Associate Professor, Department of Urology and Surgical Nephrology. *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Azoospermia, the absence of sperm in ejaculated semen, is the most severe form of male-factor infertility and is present in approximately 5% of all investigated infertile couples. This condition can be classified as non-obstructive azoospermia (NOA, associated with spermatogenesis failure), and obstructive azoospermia (OA, characterized by an obstruction in the seminal tract and normal spermatogenesis). Whereas NOA accounts for 60% of azoospermic patients, OA accounts for around 40%. A precise diagnosis of azoospermia and systematic evaluation of the patient to establish the disease aetiology are needed to guide