

**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 .**

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**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**

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**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

appropriate management options and to determine the associated cost benefits, risks and prognosis for treatment success.

**Aim of the study.** Assessment of clinical data of azoospermia males evaluated during 2019 to show aetiology factors distribution within included patients.

**Materials and methods..** A retrospective record review of data collected from 46 azoospermic males was done. The mean age of infertility patients was  $31.3 \pm 5.2$  years. All participants were examined using a standardized andrology workup, accompanied by a structured medical interview. The hormonal analysis included serum FSH, LH and testosterone and genetic assessment (AZF, CFRT and Karyotyping) was done. The diagnosis of azoospermia it was confirmed by centrifugation of a semen specimen for 15 min at room temperature with high-powered microscopic examination of the pellet and a centrifugation speed of at least 3,000 rot/min. TESE outcome and histology investigation of biopsies it was used for final distribution of the patients.

**Results.** 21 (45.65%) patients with normal testis size, normal hormonal profile and no genetic defects were diagnosed. In this group, TESE outcome it was successful for 16 (76.19%) patients with normal histology exam, 3 (6.52%) patients with unsuccessful TESE outcome and meiotic arrest on histological results, and 2 (4.34%) patients with unsuccessful TESE outcome and no data on histologic phenotype. 17 (36.95%) patients with bilateral or unilateral testis atrophy, abnormal hormonal profile and no genetic defects. In this group just for 5 (29.41%) patients it was performed TESE and all 5 patients were found with negative sperm extraction and histologic phenotype – mixed atrophy and Sertoli cell-only syndrome. In the same group 10 (21.73%) patients with the history of Mumps orchitis in the post-pubertal period, bilateral testis atrophy and hypergonadotropic hypogonadism. 8 (17.39%) patients with genetic defects: 4 (8.69%) with Klinefelter syndrome, 3 (6.52%) with AZF deletion (1 patient with AZFa deletion and 2 patients with AZFbc) and one patient with CFTR mutation.

**Conclusions.** Patients with bilateral or unilateral testis atrophy and abnormal hormonal profile should be karyotyped and screened for Y chromosome microdeletions; these analyses lead to a diagnosis in more than 15% of cases and contraindicate a testicular biopsy when a full AZFa and/or AZFb microdeletion is present. Percentage of patients with the history of Mumps orchitis is much higher than in other populations because of mumps epidemic parotitis in 2008.  
**Key words:** male infertility, azoospermia, AZF deletions, Klinefelter syndrome, TESE, CFTR mutation.

## **89. NON-INVASIVE EVALUATION OF AUTONOMIC NERVOUS SYSTEM DYSFUNCTION IN IDIOPATHIC OVERACTIVE BLADDER IN WOMAN**

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**Introduction.** Overactive bladder (OAB) syndrome is characterized by urgency with or without urgency incontinence that is usually associated with increased daytime frequency and nocturia. The exclusion of urological (obstructive, infectious, neoplastic disease or lithiasis) or neurological disorders leads to the diagnosis of idiopathic OAB syndrome, being a common disorder, especially in women. The pathophysiology of iOAB remains unclear, but two main