Introduction: Medical expulsion therapy is a first – line for treatment of small ureteral calculi. Tamsulosin is the studied drug, but data received regarding its effectiveness are controversial and its administration is discussible. We aimed to assess the effect of tamsulosin as adjuvant therapy for ureteral calculi.

Material and Methods: There were 64 patients examined with primary and recurrent ureterolithiasis. The presence of ureterolithiasis was assessed by ultrasound and/or radiological examination of upper urinary tract. Patients were analyzed for age, gender, stone size (>7 mm excluded) and location (side, upper, medium and lower 1/3 of ureter, kidney stones excluded), presence of UTI, chronic concomitant diseases. The patients were randomly divided into two groups – Group I – 44 patients underwent the standard therapy with addition of Proflosin® (Tamsulosin 0,4 mg) Berlin-Chemie/Menarini once a day, and 20 patients (Group II) – standard therapy only. Patients were offered a closely monitored trial for spontaneous stone passage in 4-week period prior to definitive therapy. The stone expulsion rate, VAS score and number of colic attacks, time of stone elimination and possible side effects of medication were observed.

Results: All patients completed the study and none was excluded due to side effects. No significant differences were found between the groups for age, gender, stone size and location. Mean patient age was 45±6,8 years. There were 26 females and 38 males. The stone-free rate was 88,6% in Group I (39/44), compared with 70,0% (14/20) in Group II. Mean of colic attacks was 2,6±0,3 in Group I compared with 7,2±0,8 in Group II ($p>0,001$), and VAS score was 4 and 7 in Group I and II respectively. A mean stone expulsion time of 8,2 and 14,5 days was recorded for Group I and II respectively, and this difference was statistically significant ($p<0,001$).

Conclusions: The adjunction of tamsulosin for conservative management of ureteral calculi decrease the time of stone expulsion, number of colic attacks and amount of analgesics. The Proflosin® demonstrated no clinically significant adverse effects, while proving to be a safe and effective treatment option.

Keywords: tamsulosin, ureteral stones, expulsion therapy, Proflosin®.

ROLE OF α-BLOCKERS AS ADJUNCTIVE THERAPY FOLOWING SCHOK-WAVE LITOTRIPSY OF RENAL CALCULI

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Introduction: It was demonstrated the effectiveness of the α-blockers for medical expulsion therapy in urolithyasis. We aimed to assess the effect of Tamsulosin adjunctive therapy following ESWL for renal calculi.

Methods: In prospective study were included 49 patients who underwent ESWL therapy for renal stones (>1,5cm) from May 2011 to 2012. Patients were randomized into two groups. Group I (tamsulosin group) – 29 patients received standard therapy + Proflosin® (Berlin-Chemie/Menarini) 0,4 mg once a day, Group II (control group) – 20 patients received standard therapy only. Patients were evaluated for stone expulsion, colic attacks, amount of analgesics and side-effects.

Results: The groups were comparable for age, gender and stone size. Mean patients' age was 48,3±13 years (Mean±SD). There were 25 females and 24 males. Mean stone size was 1,56±0,14 cm (Mean±SD). There was no significant difference between the groups regarding stone expulsion rates, in Group I it was 93,1% (27/29) and in Group II – 90,0% (18/20). The mean expulsion time (Mean±SE) in Group I (5,2±0,8 days) was shorter than in Group II (7,8±1,0 day), and this difference was statistically significant

($p<0,05$). Both number of colic episodes and analgesics dosage were significantly lower with Tamsulosin as compared to control group. Steinstrasse was encountered in 6,1% (3/49) of patients with no significant difference between groups. The 31,0% (9/29) of patients in tamsulosin group experienced side effects related to postural hypotension. One patient in the Tamsulosin group reported ejaculatory complaints. No patient in Group I was not interrupted the therapy because of side–effects.

Conclusions: Adjunction of Proflosin® after the ESWL for renal calculi decrease the time for stone fragments expulsion, amount of the analgesics and number colic episodes. The side-effects of Proflosin® demonstrated no clinically significant.

Keywords: extracorporeal shock wave lithotripsy, Tamsulosin, expulsion therapy, Proflosin.

TRANSRECTAL ULTRASOUND GUIDED BIOPSY IN DIAGNOSIS OF PROSTATIC CANCER

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Introduction: In nowadays prostate cancer (PC) is an important health problem, because of its high incidence and the increased number of deaths. The possibility of PSA screening and the use of transrectal biopsy of prostate (TRUS -P) decrease the mortality of these disease.

Objectives: To evaluate the importance of transrectal biopsy of prostate in diagnosis of prostate cancer in the patients with increased level of PSA (normal level 4 ng/ml) and rectal examination of prostate.

Material and methods: From January 2010 to December 2011, in the Republican Clinical Hospital 30 patients suspected of prostate cancer were investigated using standard method of prostate biopsy.

The average age of the patients was 66,1 years (49-77years). We performed 30 prostate biopsy, according the management of classic method (6 fragments from both prostate lobes). If „suspect" zones were detected at TRUS examination (hypoechoic zones), two more punctures were performed in those areas.

Results: The general detection rate of PC using transrectal ultrasound guided prostate biopsy was 83,3 % (25 of 30 cases). In 5 (16,6%) patients the conclusion after histological examinations was benign prostatic hyperplasia (BPH).

Conclusions: In our opinion, the main indications for prostatic puncture are: PSA level higher than normal and rectal examination with PC suspicion.

Key words: transrectal, biopsy, prostate, patients.

SURGICAL TREATMENT OF STAGHORN CALCULI

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Introduction: Urinary stones occur at any age but affects mainly people of reproductive age: in 70% occur in patients of 20-50 years. Staghorn stones are detected more frequently in women (up to 70%).