

($p < 0,05$). 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%).

Staghorn kidney stones occur in 17-40% of all patients with nephrolithiasis and in 6-7% of cases among patients of urological profile. There are many ways to treat staghorn calculi, but open surgery remains the first choice, where are presented large stones, multiple stones and infected ones.

The aim of the study:

The aim is to improve results of surgical treatment of patients with staghorn calculi, highlighting the methods and concepts of contemporary surgical treatment of nephrolithiasis.

Scientific Significance. Open surgical treatment of staghorn nephrolithiasis remains a milestone in the treatment of nephrolithiasis. Being an invasive treatment, it is well tolerated by patients with the large stones, complicated and infected one with the failures of other existing methods.

Work Tasks: 1. Study of the pathogeny in staghorn nephrolithiasis. 2. Study of the existing methods and types of surgical treatment of staghorn calculi. 3. Examination of the own results in the study of patients with staghorn calculi.

Material and methods: The study was conducted between the years 2009 - 2011, the urology clinic of Clinical Hospital, there were 13 patients with staghorn nephrolithiasis performing nephrolithotomies. Age of patients ranged from 23 to 73 years, average age was 46.13 years. The study group allocation of patients according to sex was 4 (33.3%) males and 9(66.7%)-women. Roentghen-negative stones was 1 (7.7%) and X-ray-positive patients 12 (92.3%). According to kidney damage, have been assigned: Right 4 (30.7%), the left seven (53.8%), bilateral 2 patients (15.3%). The relative sizes of the stones ranged from 3 to 7 cm, with an average of 3.44 ± 0.9 cm. Multiple stones were present in 3 (20.3%) patients and unique 10 (77%).

In all patients undergoing surgery of staghorn nephrolithiasis was present chronic pyelonephritis on the affected side, the phase of overheating - 2 (15.3%) in remission - 3 (23.0%), the latent phase - 8(61.7 %) cases.

The group of patients described above underwent surgery: the anatrophic nephrolithotomy with refrigeration in 1 (7.7%) cases, the pielonephrolithotomy in 5 (38.5%) cases, radial nephrolithotomy with clamping the vascular foot in 3 (23.0%) cases, calicolithotomy - in 1 (7.7%) cases and nephrolithotomy without vascular clamping in 3 (23.0%). Clamping the renal artery with kidney refrigeration was used in 1 (7.7%) cases. Clamping the vascular foot (artery + vein) - 3 (23.0%) cases.

Conclusions: With bleeding and trauma and at the same time radical surgical methods remains the basic treatment of Staghorn Nephrolithiasis. Setting correct indications and patient selection based on pre-and intraoperative data storage, nephrolithotomy cause results are optimal for treatment of severe and complicated staghorn nephrolithiasis.

Classical surgery is currently a backup method, useful in complex cases where less aggressive alternative therapies have failed or could not be used.

CORRECTION OF POST-ECHINOCOCCYCTOMY RESIDUAL CAVITIES IN HEPATIC HYDATIDOSIS IN CHILDREN

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Introduction: Correction of residual cavities is one of the most controversial issues in the surgery of the hepatic hydatid cyst in children. A great array of surgical technologies confirms that none of the proposed methods is “ideal” in resolving residual cavity in hepatic hydatidosis in children.