

Materials and Methods: Between 1992 – 2001, 93 patients underwent radical cystectomy and orthotopic bladder replacement. All the patients have had bladder tumors, stage pT₁ – pT₄ (1pT4) N₀M₀. 7 patients were NÄ (2 N₁, 5 N₂), 84 patients have had TCC, 3SCC, 3 fibrosarcomas, 1 adenocarcinoma, 2 cases of defunctionalized bladder. Patients' age is ranged between 38 – 74 years (71 males, 4 females). Follow-up between 7 and 126 months. Bladder replacement consisted in 55 cases with detubularized ileum (Camey, Studer, others) and 38 cases with detubularized sigmoid bowel (Reddy).

Results: Postoperative early complications: urinary leakage (7), urinary fistula (1), ileal fistula (3), stercoral fistula (1), acute pyelonephritis (1), small bowel occlusion (1). Late complications: regional recurrence (7), metastasis (5) post-irradiation proctitis (1), acute pyelonephritis (2), ureter-neobladder strictures (2), neobladder urethral stenosis (3), pulmonary embolism (1), gastro-intestinal bleeding. 16 patients died, 1 patient is lost of follow-up. Diurnal continence is very good 97,5%. Night continence is 65%. Urodynamic findings: mean bladder capacity 300 cc (ranged between 250 - 400 cc), mean intravesical pressure at maximum cystometric capacity was 51 cmH₂O (40-60 cmH₂O), urethral profile – mean pressure 40 cmH₂O (35-45 cmH₂O).

Conclusions: These findings confirm that the orthotopic bladder replacement may be considered the choice method for urinary diversion after radical cystectomy. Our patients' continence rate is excellent and guarantees a good quality of life.

THE ENDOSCOPIC RESECTION IN TWO SURGERY STEPS – THERAPEUTIC SOLUTION IN PECULIAR BPH CASES

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Objective: The two steps endoscopic resection for BPH can be from the beginning indicated (great adenomas) or imposed during resection (intra-operative or anaesthetic complications or incidents).

Material and Methods: Out of 7500 TUR-P done during 1983 – 2000 in our center, from which 57 cases of prostatic adenomas were endoscopic resected in two steps (at maximum of 7 days from the first intervention). This kind of surgical intervention was settled from the beginning in 5 cases (10,6%), and for the rest it was imposed by the intra-operative complications.

Results: The TUR-P intervention in two steps was performed in 5 cases with great adenoma where classical operation was not indicated due to associated organics problems (especially severe respiratory dysfunction, marked obesity, etc), when was respected one lobe and after around one week the operation was ended. For the rest of 52 cases the endoscopic resection had to be stopped because of intra-operative massive bleeding (12 cases), trigonal submination (5 cases), anaesthetical accidents (17 cases) and cardio-vascular balance accidents (18 cases).

Conclusions: The endoscopic resection in two steps solved in better conditions patients with prostatic adenomas comparative to an incomplete resection, which would have stressed the symptomatology and complications of those patients.

UNELE ASPECTE ALE VAPORIZĂRII TRANSURETRALE A ADENOMULUI DE PROSTATĂ

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Summary

The aim of our work was to offer our experience in the process of curing the adenoma prostate through EVAP. 38 patients that were subjected to this surgery obtained good results. This method proved its effectiveness, the urination was restored in three days. On the basis of this experience we came to the conclusion of the necessity to make the vasosection before the main surgery in order to avoid orchiepididymitis.

Actualitatea

Rezecția transuretrală este un "standard de aur", utilizat în tratamentul adenomului de prostată.