81. SECONDARY TRANSURETHRAL RESECTIONS OF NON-MUSCLE INVASIVE BLADDER TUMORS

Author: **Ivan Vladanov**
Co-authors: Alexei Pleșacov, Artur Colța
Scientific adviser: Vitalii Ghicavii, PhD, Associate Professor, Department of Urology and Surgical Nephrology. *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. The treatment requirements for high-grade Ta, T1 and T2 bladder cancers differ considerably, thus a correct disease staging is extremely important. The disease staging is often underestimated during primary resection. Upon the histological assessment of T1 bladder cancer, the probability of detecting a muscle-invasive bladder cancer after a secondary resection ranges between 1.3% to 25% and it might increase up to 45% in absence of detrusor muscle fragments at first morphopathological examination. Secondary bladder resection might enhance a relapse-free patient survival, improve BCG treatment outcomes and yield significant prognostic data.
Aim of the study. To evaluate secondary transurethral resections of the bladder tumors in order to assess the treatment outcomes.
Materials and methods.. Over the January 2018 - August 2019 period, 54 patients underwent a secondary transurethral resection at the Urology Clinic of "N. Testemitanu" SUMPh. The data analysis of the performed interventions, histopathological examination, disease staging and dynamic assessment of the patients was carried out.
Results. The histopathological examination identified detrusor muscle after a primary resection in 72% cases. The secondary resection revealed residual tumors in 28% patients with Ta stage and in 35% patients with T1 stage. 68% of residual tumors were detected within the initial resection area. The progression and staging of the pathology were found in 7% (from Ta to T1) and in 11% (from T1 to T2) cases.
Conclusions. Residual tumors commonly occur following a transurethral resection of high-risk non-muscle invasive bladder cancers. The secondary resection procedure helps in diagnosing residual tumors and may improve the treatment outcomes, which have been initially assessed as T1 stage.
Key words: bladder cancer, staging progression, detrusor muscle, secondary (repeated) resection.

82. LASER HO-YAG VERSUS TRANSURETHRAL INCISION OF PROSTATE (ITUP) IN TREATMENT OF PROSTATE SCLEROSIS AREAS AFTER CHRONIC PROSTATITIS.

Author: **Artur Colta**
Co-authors: Vladislav Vasiliev, Alexei Plesacov, Ivan Vladanov
Scientific adviser: Vitalii Ghicavii, PhD, Associate Professor, Department of Urology and Surgical Nephrology. *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Nowadays, patients suffering from the sclerosis of prostate became a global health problem. The main trigger factor is the presence of chronic prostatitis. This is a

consequence of the inflammatory process in prostate, with structure damage tissue. Finally the damaged areas are substituted with fibrous tissue, causing developing of sclerosis in prostate. The surgical treatment of prostate sclerosis should have maximal excision of prostate tissue and minimally temperature impact on surrounding tissue.

Aim of the study. Evaluation of the efficiency Ho-YAG laser versus ITUP incision in treatment of prostate sclerosis after chronic prostatitis.

Materials and methods.. The 46 of patients were selected with the defined diagnosis with sclerosis of prostate after chronic prostatitis during the period from 2018 till 2019. The study was conducted in the Department of urology and surgical nephrology of the State University of Medicine and Pharmacy "Nicolae Testemitanu", within the Republican Clinical Hospital "Timofei Mosneaga". The patients were divided into 2 groups depending on the method of treatment: a control group consisted of 23 patients who underwent ITUP incision and a main group 23 patients were conducted using incision with Ho-YAG laser .

Results. Surgical treatment was successfully performed for all cases. There were no major intra- or after surgery complications. During all procedures, blood loss was insignificant and no patient required blood transfusions. Also, there were no cases of urinary tract infection, sepsis, bleeding or urinary retention. All patients were able to void spontaneously and was no detected urinary retention or incontinence after catheter removal. Four patients were presenting moderate irritative symptoms (dysuria, hesitance and frequency) and were treated conservatively, with no further complications. In all prostate cancer cases, the pathological specimens were negative for malignancy. The mean operating time was 20 minutes (range 15 to 35 minutes), the duration of catheterization period was 48 hours (range 24 to 72 hours) and the mean hospital stay was 72 hours. Preoperative and at 1, 3 and 6 months after surgery, the mean values for Qmax, were 6.2 ml/s, 15.9 ml/s, 15.8 ml/s and 15.4 ml/s, respectively.

Conclusions. The results clearly demonstrate the advantages of using laser energy for treatment of prostate sclerosis compared to ITUP, with significant increase in scores on the IPSS and QoL, maximum urinary flow rate, and a decrease in residual urine volume and frequency of relapses in the group carried out the laser dissection of prostate sclerosis.

Key words: Ho-YAG laser, prostate sclerosis, chronic prostatitis

83. THE PERCUTANEOUS NEPHROLITHOTOMY. ONE YEAR CLINICAL EXPERIENCE

Author: **Ilie Ceban**
Co-authors: Vladislav Rotari
Scientific adviser: Galescu Andrei, MD, PhD, Associate Professor , Department of Urology and Surgical Nephrology , *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Percutaneous nephrolithotomy (PCNL) is a minimally-invasive procedure to remove kidney stones by a small incision through the skin in lumbar region, up to 2 cm. This procedure is accepted as standard of care for patients with kidney stones that are large, very firm, or resistant to other forms of stone treatment, and it has replaced open operations for kidney stones in the vast majority of patients. The benefits of PCNL: Are the greater than 97% post-procedure stone free rate less post-operative pain and fewer complications as compared to open surgery, due to minimally invasive access to the kidney, quicker return to daily activities and work, better stone free rates post-procedure for larger and more complex stones