



3. COMPLICATIONS IN PATIENTS WITH URETHRAL OBLITERATIONS

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Introduction. Urethral obliterations is a condition characterized by the narrowing of the urethra, which can cause problems with urine flow and related complications. It can be caused by factors such as injury, infections, inflammation and medical procedures. Urethral strictures can lead to various complications that greatly impact the health and quality of life of patients. These complications include difficulties, with urination challenges in using catheters, kidney problems, urinary tract infections and abscesses in the urethra. Some of these conditions can be life threatening, such as tract infections and kidney dysfunction. Different factors like strictures narrowing at the back of the urethra, strictures and the absence of symptoms related to lower urinary tract issues have been found to contribute to higher rates of complications.

Aim of study. To carry out a contemporary literature review and to elucidate the complications of patients with urethral obliterations.

Methods and materials. Several articles over a period of ten years from the PubMed database have been reviewed.

Results. According to the literature, Patients with strictures can experience severe complications. Acute urinary retention (AUR) can be a complication of neglected cases of urethral stricture ,occurs when a narrowing of the urethra obstructs the normal flow of urine, leading to the sudden inability to urinate, the management of AUR due to urethral stricture typically involves procedures such as urethral dilation to widen the narrowed segment of the urethra or the placement of a suprapubic tube (SPT) to bypass the obstruction and allow for urine drainage. In instances where there is a stricture and urinary extravasation there is a possibility of developing a periurethral abscess. If the corpus spongiosum experiences extensive thrombophlebitis it can lead to the formation of a stricture. The presence of an periurethral abscess may contribute to the development of a dense stricture that has an unfavorable prognosis. Urethral stricture increases the risk of developing necrotizing infection and Fourniers gangrene, an infection that affects the urethra or the tissues surrounding it. Furthermore urosepsis, an infection associated with an abscess, in or, around the urethra can occur. Additionally when urethral stricture causes retention it can lead to impaired kidney function and bilateral hydronephrosis, which may also be linked to infections.

Conclusion. The complications associated with urethral strictures are diverse and can have significant impacts on patient health and quality of life. Acute complications such as urinary retention, difficult catheterization, urethral abscess, and urosepsis can necessitate immediate medical intervention. The management of urethral strictures and their associated complications requires a more in depth approach, including timely diagnosis, appropriate treatment, and long-term follow-up.