

were performed once per week for 4 weeks after ESWL. Evaluation included a KUB plain film and an ultrasound examination. Efficacy was evaluated in terms of success rate, stone-free rate, expulsion time of the fragments and use of tamsulosin.

Results. The success rate was for the control group was 65 % and the tamsulosin group was 80 %, respectively. The mean expulsion time of the fragments was 10.2 days for group A and 8 days for group B. The stone-free rate in group A was 67 % and in group B – 87%.

Conclusions. The results of our study have demonstrated that tamsulosin therapy, as an adjuvant medical therapy after ESWL, is more effective for the treatment of patients with ureteral stone up to 15 mm.

Key words: lithiasis, shock wave lithotripsy, tamsulosin, ureteral stones

157. URETHRAL OBLITERATIONS: DIAGNOSIS AND TREATMENT

Authors: **Ilinca Adam, Petru Stegarescu**

Scientific adviser: Scutelnic Ghenadie, MD, PhD, University assistant, Urology and Surgical Nephrology Department

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Urethral obliteration is a progressive narrowing of the urethral lumen, being a typical urology disorder manifested by symptoms of strangulation and dizziness and always has a spreading tendency. The priority option in the treatment of urethral obliterations is optical internal urethrotomy (UIO) with a 85% success rate, but the rate of postoperative recurrences is 15%.

Aim of the study. The comparative determination of the results of surgical interventions (urethral plastic and endoscopic urethrotomy), determination of the role of open therapy in urethral obliterations and identification of different ways and possibilities of using endoscopic methods integration in the respective urethral obliteration treatment stages.

Materials and methods. In order to fulfill these tasks and achieve the aforementioned aim an analysis of the results of conservative and surgical treatment in 110 patients with urethral obliterations in the "Urology and Surgical Nephrology" clinic during the period 2015-2017 was made. The first batch includes 70 patients with urethral obliteration of posttraumatic etiology. The second group included 40 patients with urethral obliteration of post-inflammatory etiology.

Results. Urethral obliteration is diagnosed by cystoscopic examination, retrograde urethrography, urinalysis, uroflowmetry, urine culture, contrast cistouretrography. As a result of urethral obliterations treatment through UIO (optical internal urethrotomy), the urethra permeability was restored in the shortest possible time, the duration of the hospitalization was shortened (7 days vs 17 days after Holtov Marion and 25 days after Solovov-Badenoc), having a great acceptance from the patients.

Conclusions. It has been shown that the intervention of choice in the treatment of urethral obliterations is endoscopic. The results of surgical and conservative treatment performed in patients with urethral obliterations have determined the role and dependence of its efficacy, significantly increasing its therapeutic value.

Key words: urethral obliteration, diagnosis, treatment

158. TRANSURETHRAL EN BLOC RESECTION OF URINARY BLADDER TUMORS VS CONVENTIONAL TRANSURETHRAL RESECTION OF BLADDER TUMORS. EARLY POSTOPERATIVE OUTCOMES

Authors: **Ivan Vladanov, Alexei Plesacov, Andrei Josan**

Scientific adviser: Vitalii Ghicavii, MD, PhD, Associate Professor, Department of Urology and Surgical Nephrology