

detected 8 Benign Prostatic Hyperplasia (BPH) with the average PSA value – 34.98 ng/ml, the minimum being 7.74 ng/ml and maximum – 10.0ng/ml. Those with 6-core biopsy and adenocarcinoma (5) had an average PSA of 69.04 ng/ml, the minimum being 14.0 ng/ml and maximum – 177.0 ng/ml. In patients with 12-core biopsy were detected 22 BPH with the average PSA value of 14.19 ng/ml, the minimum being 2.81 ng/ml and maximum – 44.0 ng/ml. Those with 12-core biopsy and adenocarcinoma (17) had an average PSA of 46.0 ng/ml, the minimum being 9.59 ng/ml and maximum – 140.0ng/ml. Thus, there is a direct interrelation between the increase of PSA levels in serum and the detection of adenocarcinoma. Even though, this marker is not totally effective in detecting the PC, which implies the need to use ultrasound-guided biopsy, it has a direct influence on electing the number of the samples essential for the detection of the PC.

**Conclusions.** Although the main method of diagnosis is considered to be 12-core biopsy, it loses its purpose in cases with PSA higher than 44 ng/ml when the 6-core biopsy has the same revelatory properties and is less invasive.

**Key words:** prostate cancer, ultrasonography-guided biopsy, PSA

## 164. PERCUTANEOUS NEPHROLITHOTOMY IN THE TREATMENT OF LITHIASIS

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**Introduction.** Urolithiasis is described by the presence of stones in uropoetic system and is a major health problem. In Moldova urolithiasis prevails in about 10% of the total population. Contemporary therapy consists of the non-invasive methods (extracorporeal shock wave lithotripsy - ESWL), minimal invasive methods, endoscopic (NLP) and open surgery. Percutaneous nephrolithotomy has been proven to be the most rational treatment method (NLP).

**Aim of the study.** The research of strategies in the treatment of urolithiasis, with a detailed study of NLP.

**Materials and methods.** This paper was created at the Department of Urology and Surgical Nephrology in accordance with the provisions of the National Clinical Protocol "Urolithiasis of adult", as well as guidelines of American Urological Association (AUA) and European Association of Urology (EAU). 116 bibliographic sources were studied.

**Results.** During the research we found that: the effectiveness of NLP does not depend on the number of nephrostomy tracts, NLP being the most efficient method in the treatment of: kidney lithiasis with the horseshoe form, polycystosis with renal lithiasis, coraliform lithiasis, single kidney lithiasis, coraliform lithiasis on the unique kidney, transplanted kidney lithiasis, lithiasis in patients with diabetes, elderly patients, patients with spine deformities. Positioning the patient on the abdomen offers the most access for the procedure. The success rate of NLP is independent of the patient's body weight, NLP provides better results than using classical surgical operations. The percentage of relapse after NLP is about 1.24%, with a follow-up average of 1 year. The probability of recurrence of coraliform stones in the first year is 10%, and in 5 years - 50%. Effectiveness of NLP treatment using NLP, complete elimination of stones in one stage is possible up to 70-75%, and after secondary nephroscopy or in combination with ESWL, up to 95-99%, with minimal trauma to classical surgery.

**Conclusions.** AUA and EAU recommend 3 methods of treatment of lithiasis: NLP, ESWL and surgery. NLP method has the minimal duration of hospitalization, morbidity, trauma and complications. It is extensively used and has the lowest incidence of complications. Preoperative

urological investigations, patient selection, correct application of the method, are key success factors.

**Key words:** lithiasis, percutaneous nephrolithotomy, urolithiasis

## **165. DISORDERS IN THE NUTRITIONAL STATUS OF PATIENTS WITH CHRONIC KIDNEY DISEASE WHO ARE ON DIALYSIS PROGRAM**

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**Introduction.** Today, studying the nutritional status in patients with end-stage chronic kidney disease gets a lot of attention. The optimal nutritional status makes it possible to provide a sufficient medical rehabilitation and survival of the patients. The development of protein-energy malnutrition in these patients worsens the prognosis of the disease course and affects the mortality rate significantly.

**Aim of the study.** To study features of the nutritional status in patients with chronic kidney disease who are being on dialysis treatment program.

**Materials and methods.** There were 32 patients with stage V chronic kidney disease under supervision, who are on haemodialysis treatment program in the department of chronic haemodialysis of RCI "Chernivtsi regional clinical hospital." The control group consisted of 20 healthy individuals. Patients in all groups were divided according to their age and sex. The duration of the treatment with a substitution therapy was  $2,5 \pm 1,2$  years. The average age of patients was  $42,1 \pm 3,4$  years (from 37 to 49 years). The nutritional status assessment was conducted in accordance with the protocol for diagnosis and correction of malnutrition in patients with stage V D CKD. The assessment of the residual renal function was carried out by the glomerular filtration rate. All the patients were measured their body mass index, a standard body weight percentage, and that of a normal body weight. All the patients had their total cholesterol, TG, HDL cholesterol, LDL cholesterol and albumins checked.

**Results.** Analysis of clinical and laboratory parameters in the examined patients showed some disorders in the nutritional status in 31% of patients, while 4% of patients had a pronounced change in their nutritional status. Disorders in lipid metabolism and serum albumin were observed in almost all the patients compared to practically healthy individuals ( $p < 0.05$ ).

**Conclusions.** It has been found that the change in the nutritional status of the patients with stage D V chronic kidney disease was observed in about a third of them. Disorders in the nutritional status affect the level of medical rehabilitation and the course of the disease.

**Key words:** nutritional status, end-stage chronic kidney disease, malnutrition

## **166. COMPUTERIZED TOMOGRAPHY IN THE DIAGNOSIS OF LUMBAR INCISIONAL HERNIA**

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**Introduction.** Incisional lumbar hernia is still a diagnosis problem of the first magnitude. The diagnosis of incisional hernias outside the midline remains a challenging procedure. Lumbar hernias occur in the region of the flank bounded by the 12th rib, the iliac crest, and the erector spinae and external oblique muscles. CT portrays shows the anatomic relationships in this region