

Results. The study group included 81 (55.1%) men, and 66 (44.9%) women, their average age being 60.1 ± 13.2 years. The average values of AKI indicators were the following: urea - 23.5 ± 12.5 mmol/l, creatinine - 343.9 ± 371.2 mmol/l. Deregulation of diuresis: anuria - 10.8%, oliguria - 6.1%, polyuria - 14.2%, lack of data or norm - 68.7%. In 24.48% of deceased patients during the morphopathological examination acute renal tubular necrosis was found, although some of them had creatinine volumes ranging from 86-147 mmol/l, these still being increased compared to the previous values. Localization of the primary septic outbreak was the following: 38.77% of the gastrointestinal system (pancreonecrosis, thin and thick intestine necrosis, intraabdominal abscesses, purulent angiocolitis, cholecystitis, liver abscesses, massive liver necrosis, suppressed hydatid cyst, acute gangrenous appendicitis), urogenital system - 31.97% (pioneer, acute pyelonephritis, renal abscesses, acute purulent nephritis, cystitis, urethritis, prostatitis), skin and soft tissue damage - 12.24% (phlegm, abscess), respiratory system - 7.4% (bronchopneumonia), osteoarticular system - 6.8% (gangrene with bone and soft tissue damage, purulent coxarthrosis, osteomyelitis), cardiovascular system - 2.72% (pericarditis, endocarditis), septic pneumonia - 54.42% of the studied group. The respiratory system was affected as a secondary stage in sepsis. CID syndrome was present in 23.8% of the studied group, development and severity of CID correlating with mortality rates and MODS development in sepsis. Methods of treatment (detoxification): plasmapheresis - 11.56%, haemodialysis - 14.28%, haemofiltration - 3.4%, conservative treatment - 70.74%. Lethality rates were of 46%.

Conclusions. Despite progress in pathophysiology, diagnostic procedures, and appropriate therapeutic interventions, sepsis-induced AKI still registers high mortality rates, the lethality being 46% of the patients included in the study. Creatinine is not capable of detecting precocious AKI induced by sepsis. A major obstacle for the effective treatment of sepsis-induced AKI is lack of early and effective diagnostic tools.

Key words: acute kidney injury, sepsis, lethality

163. THE ROLE OF ULTRASONOGRAPHY-GUIDED BIOPSY IN THE DIAGNOSIS OF PROSTATE CANCER

Author: **Maria Tereza Calin**

Scientific adviser: Pavel Banov, MD, PhD, University assistant, Urology and Surgical Nephrology Department

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

Introduction. Currently, the appropriate number of fragments obtained during a prostate biopsy in order to detect early histological changes in the prostate tissue is constantly debated.

Aim of the study. To reveal the correlation between the PSA value and the number of biopsies required to be performed for the detection of prostate cancer.

Materials and methods. The study was conducted on the basis of 52 ultrasonography-guided prostate biopsies performed between May 2016 - March 2017. The case-control, retrospective study involved evaluating the results of the 52 biopsies, of which 13: 6-core and 39: 12-core. The Transrectal Ultrasound-guided Prostate Biopsy (TRUS) was performed according to the National Clinic Protocol with the main indication being the level of PSA higher than 4 ng/ml and taking into consideration the contraindications and possible complications that may occur. For statistical data processing SPSS program was used, applying descriptive and comparative statistical analysis.

Results. Patients that underwent the biopsy aged between 52 and 88 years, and PSA varied between 2.81 and 177.00 ng/ml with an average of 89.90 ng/ml. In 22 patients (42.30%) of the group of subjects who underwent the biopsy, the morphological clinical picture of adenocarcinoma was found, and in 30 patients (57.69%) – benign prostatic hyperplasia. In none of the patients any major complications have occurred. In patients with 6-core biopsy were

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

Author: **Diana Bordeniuc**

Scientific adviser: Bradu Andrei, MD, University assistant, Urology and Surgical Nephrology Department

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

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