

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

Introduction. Treatment of urinary bladder tumors (UBT) remains an important problem in oncology. Currently, transurethral resection of urinary bladder (TUR-V) remains the gold standard in the endourologic treatment of UBT. In the last decade many alternative endourologic techniques have been proposed for the treatment of UBT.

Aim of the study. Comparative assessment of the efficacy of transurethral En Bloc resection of urinary bladder tumors.

Materials and methods. In the period between 08.2017 – 12.2017, 25 patients with average age of 57 years underwent endourological treatment of UBT at the Department of Urology and Surgical Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy. Patients were divided into two treatment groups: first group - transurethral En Bloc resection of UBT (8 patients), second group – TUR-V of UBT (17 patients). All patients were evaluated after 3 months by cystoscopy with narrow band imaging (NBI).

Results. Average duration of intervention: 39 min vs 33 min. The rate of transitional haematuria and postoperative infections was similar. During NBI cystoscopy tumor recurrence was determined in 3 cases in TUR-V group, and no recurrences in En Bloc resection group. In the En Bloc resection group additional tumors with different localization were found during NBI cystoscopy.

Conclusions. Transurethral En Bloc resection of UBT is an effective method in the treatment of UBT. Results of treatment using En Bloc resection are better than conventional TUR-V of bladder tumor. Another advantage of transurethral En Bloc resection of UBT is a better staging of tumor process due to the resection of all urinary bladder wall layers which is very important to determine postoperative tactics.

Key words: en-bloc resection, urinary bladder tumors

159. TRANSURETHRAL THULIUM LASER RESECTION OF PROSTATE VS MONOPOLAR TRANSURETHRAL RESECTION – EVALUATION OF POSTOPERATIVE OUTCOMES

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

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

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

Introduction. Treatment of benign prostatic hyperplasia (BPH) remains one of the actual problems in endourology. Currently, monopolar TUR-P remains the gold standard in the surgical treatment of BPH. Nowadays laser technologies offer safe and efficient alternatives in BPH endourologic treatment.

Aim of the study. Comparative assessment of the efficacy of transurethral Thulium laser resection of prostate.

Materials and methods. In the period of 08.2017 – 02.2018, 52 patients with average age of 62 years underwent endourologic treatment of BPH at the Department of Urology and Surgical Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy. Patients were divided into two treatment groups: transurethral Thulium resection of prostate (24 patients) and monopolar TUR-P (28 patients), and evaluated postoperatively after 1 month. Preoperative patients were investigated: PSA, IPSS, QoL, TRUS-P with PVR and Qmax. Patients inclusion criteria: prostate volume 40 - 70cm³, IPSS ≥16 and PVR ≥ 50ml, PSA ≤4ng / ml, QoL > 4, Qmax <8ml/s.

Results. Average duration of intervention: 63 min vs 47 min. The prostate volume decreased postoperatively on average from 58.4 cm³ to 26.1 cm³, vs 61.1 cm³ to 24.6 cm³, there was an

increase of average Qmax from 7.3 to 20.7 ml/s vs 7,5 to 21.2 ml/s, a decrease in mean IPSS from 20.3 to 4.3 vs 21 to 4.5, and a PVR decrease from 65.2 ml to 15.5 ml vs 68.6 to 16.8 ml, respectively. The period of transitional macrohaematuria was 1.2 days vs 2.3 days respectively. The duration of catheterization was 1.5 days in the first group and 2.6 days in the second group. The complication rate was similar.

Conclusions. Transurethral Thulium laser resection of prostate is an effective alternative method in the treatment of BPH. Immediate postoperative results of Thulium laser prostate resection are similar to the results of the “gold standard” – monopolar TUR-P group. The high safety profile characteristic for Thulium laser resection of prostate is also to be mentioned.

Key words: laser, resection, prostate.

160. THE VALUE OF COMPUTED TOMOGRAPHY FOR THE DETECTION OF CROSSING VESSELS IN PATIENTS WITH URETEROPELVIC JUNCTION OBSTRUCTION

Author: **Alexandru Piterschi**

Scientific adviser: Adrian Tanase, MD, PhD, Professor, Department of Urology and Surgical Nephrology

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

Introduction. Ureteropelvic junction obstruction (UPJO) is defined as a blockage or obstruction of urine flow from the kidney into the proximal upper ureter that can lead to an increase in backpressure on the kidney, hydronephrosis, and progressive damage of the kidney function. The incidence of crossing vessels in patients with UPJO varies in the literature from 11% to 87%. Knowing about this anatomical situation preoperatively is important in the choice of therapeutic strategy and surgical technique. Preoperative diagnosis of the crossing vessels could determine the option for endoscopy, laparoscopy, or open surgery so as to have better control of the abnormal vessel.

Aim of the study. The goal of this study was to assess the use of Computed Tomography (CT) for the detection of crossing vessels in patients with UPJO.

Materials and methods. We analyzed prospectively 35 patients with UPJO diagnosed by CT, and treated by Hynes-Anderson pyeloplasty or nephrectomy in the Department of Urology, Dialysis and Renal Transplantation of the Republican Clinical Hospital between 2010 and 2014. Contrast-enhanced CT was performed by using arterial, venous, and excretory phases. The results obtained by imaging examination were compared with intraoperative aspects.

Results. From 35 patients, crossing vessels were identified in 15 (42.85%) cases. There were 10 males and 5 females with mean age 36.86 years (range 23 – 62). II degree of hydronephrosis was identified in 4 (26.6%) patients, III degree in 10 (66,7%) patients and IV degree in 1 (6,7%) patient. After comparing the intraoperative and imaging results, we obtained that contrast-enhanced CT has proven to be 100% sensitive for detecting crossing vessels. By using CT, we were able to identify the position, type and number of vessels.

Conclusions. CT is a valuable and accurate single-imaging method for preoperative diagnosis of crossing vessels associated with UPJO. It has the advantage of providing images that are easily understood and shows additional findings.

Key words: ureteropelvic junction obstruction, crossing vessels, computed tomography

161. ACTUALITIES IN UROLITHIASIS. THE RELEVANCE OF RANDALL'S PLAQUES

Author: **Vladimir Martin**