Results. Laparoscopic radical prostatectomy: the mean operating time 155 (110-270 min) blood loss 340 (100-950) mL; postoperative hospitalization 6. (4-9) nights; catheterization time 21 days; lymph node (LN) count 12. According to the pathology report most of the cases were pT2c 50%, pT3b 33% and pT3a 17% and a prostate cancer Gleason 7: 54%, Gleason 9:33%, Gleason 8:13% pT3b. Positive surgical margin (PSM) rate 25%. In the extraperitoneal group the hospitalization was shorter due to earlier bowel recovery and drain removal. Laparoscopic radical cystectomy: The mean time to perform the laparoscopic radical cystectomy, including the lymph node dissection, was 265 minutes (range 240–300). Mean estimated blood loss was 300 ml (range 100–600ml). Mean hospital stay was 7 days (range 5–9). In female patients the specimen was extracted by vaginal route using an endobag. All cases were pT3bN0Mx with negative surgical margins and a mean number of 14 lymph nodes. In 2 cases a synchronous prostate cancer was diagnosed after the pathology report (PSA<4ng/ml). No cases required conversion to open surgery and no major complication are noted during or after surgery.
Conclusions. 3D laparoscopy in feasible for surgical treatment of pelvic urologic malignancies.
Key words: 3D laparoscopy, treatment, cystectomy, prostatectomy

147. CLINICAL PRESENTATIONS OF COLORECTAL CANCER

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Introduction. Colorectal cancer is the third leading cause of cancer death for men and women combined. Its incidence and mortality are higher in individuals older than 50 years. Early detection is lifesaving.
Aim of the study. Although effective, the colorectal cancer screening is not yet widely practiced. A careful history and physical examination are still the usual methods for suspecting colorectal cancer and ordering appropriate investigation. Therefore, we studied the symptoms and clues to location of colorectal cancer.
Materials and methods. We reviewed both hospital and office records for 84 consecutive patients with colorectal cancer, first diagnosed after symptoms appeared, at one regional referral center from 2013-2015. We abstracted data on demographic characteristics, presence of symptoms and characteristics of the tumors.
Results. The most common symptoms in patients with colorectal cancer accompanied with bleeding were: rectal bleeding (58%), change in bowel habits (51%), the majority had anemia (57%) and occult bleeding (77%). In patients with intestinal obstruction due to cancer common symptoms were abdominal pain (100%), fecal mass and gas retention (89%), general weakness (95%). In case of peripheral inflammation - fever (77,8%) and weight loss (83,3%).
Conclusions. Until the early diagnosis of colorectal cancer becomes more common, we must continue to rely on clinical findings for cancer detection. Our results will remind physicians to keep colorectal cancer on the differential diagnosis list of "chronic" gastrointestinal symptoms.
Key words: colorectal cancer, symptoms

DEPARTMENT OF NEUROSURGERY

148. THE LUMBAR INTERBODY FUSION USING CORTICAL BONE TRAJECTORY PEDICLE SCREWS: CLINICAL RESULTS OF THE LUMBAR DEGENERATIVE SPONDYLOSIS SURGICAL TREATMENT

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