MATERIAL & METODĂ

S-a efectuat analiza retrospectivă a bazei de noastre de date. Primele 115 cazuri operații efectuate de un singur chirurg între Iulie 2014 - Iulie 2015, au fost analizate. Am folosit doua ureteroscoape optice. Sursa laser a fost Laserul Holmium (Auriga Qi 30W). S-au analizat datele demografice, parametrii perioperativi, SFR și RC folosind Clasificarea Clavien.

REZULTATE

Vârsta medie a fost de 52 de ani (±8,7), mărimea medie a calculilor a fost de 13,4 mm. Durata medie a unei intervenții a fost de 79 minute (±19,2), durata internării 1.2 zile (±0.5). SFR după prima ureteroscopie a fost de 91,7%, fără fragmente litiazice restante la o lună. Calculii mai mari de 20 mm au avut SFR de 71,3% după prima ureteroscopie, crescând la 95.6% după a doua procedură. Complicațiile postoperatorii au aparut în 9.2% din cazuri (Clavien I si II). Nu s-au înregistrat complicații de gradul III, IV sau V după clasificarea Clavien.

CONCLUZII

Uretero-renoscopia flexibila este o metodă sigura și eficientă în tratarea calculilor renali cu o rată de success de 91,7% și complicații perioperative reduse. Metoda minim invazivă frecvent practicată de urologii tineri, cu rezultate bune, permite tratamentul tuturor calculilor intrarenali. În clinica noastra această procedură este recomandată ca primă metodă de tratament în litiaza intrarenală, în special la pacientii obezi, pacienții aflați sub tratament anticoagulant sau cei cu calculi localizați în polul inferior renal.

FLEXIBLE URETERO- RENOSCOPY FOR INTRARENAL CALCULI. INITIAL EXPERIENCE OF A SINGLE CENTRE. OUTCOME ANALYSIS

Introduction

Aim of this study was to evaluate the outcome of flexible uretero- renoscopy treatment for renal stones of a single surgeon, with regard to primary stone-free rates (SFR) and complication rates (CR) in a single center.

Material & methode

A retrospective analysis of our database was performed. The first 115 cases, between July 2014 - July 2015, operated consecutively by one surgeon were analyzed. We have used 2 flexible scopes (optical). Laser source was Holmium laser (Auriga Qi 30 W). An analysis of the demographic data, perioperative parameters, the primary SFR and CR according to the Clavien classification was performed.

Resultes

The mean age was 52 years (±8,7) and the mean stone size was 13,4 mm. The mean operative time was 79 minutes (±19,2) and the mean length of stay was 1.2 days (±0.5). The total SFR after one uretroscopic procedure for kidney stones was 91,7% of cases without residual fragments after one month. For stones larger than 20mm SFR after one procedure was 71,3%, increasing to 95.6% after second procedure. Perioperative complications occurred in 9.2% of the patients (Clavien I and II). No Clavien III, IV or V complication occurred.

Conclusion

Flexible uretero-renoscopy is a safe and efficacious procedure for the treatment of kidney stones with primary SFR > 91,7% and low perioperative CR. The Flexible uretero- renoscopy is a minimally invasive procedure and it is very practiced by young surgeons, with good results in terms of SFR, allowing the treatment of all urinary tract stones. Its place in the first intention is widespread in our practice, especially among obese patients, patients on anticoagulant therapy or with stone of the lower pole.

ORIGINAL PRODUCT FOR PROSTATE HYPERPLASIA TREATMENT; MECHANISMS OF PRECLINICAL ACTION

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Adenoprosin product is based on the exploitation of certain entomological resources, whose biological systems are analogs with the human ones in a higher percent than other natural sources.

This compatibility is concretized in a higher responsiveness of cellular structures to the action of the entomological biocomplex with an optimized design towards a particular therapeutical target. Adenoprosin is involved in inflammatory processes associated with static and dynamic mechanisms of prostate hyperplasia. The „in vitro" specific action was investigated using standardized cell lines (PWR-1E - androgen-responsive and DU-145 – prostate adenocarcinoma metastasis; hormone independent cells) and experimental positive controls (dutasteride – drug involved in hormone –dependent aberrant proliferative mechanisms induced by testosterone; methotrexate – cell division inhibitor; dexamethasone – anti-

inflammatory agent). The effect of Adenoprosin is sustained by its anti-apoptotic, anti-proliferative and anti-inflammatory biological activity, proved by methods of performant cellular and molecular multi-parametric analysis. It was highlighted the stop of IL6 and IL8 cytokines extracellular release in stimulating conditions with pro-inflammatory agents (phorbol-myristate-acetate-PMA and tumor necrosis factor - TNFα). As well as, Adenoprosin shows significant action on extracellular signaling pathways of tumor progression and invasion, inhibiting IL6 cytokine – morbidity mediator in prostate cancer and VEGF – responsible of the onset of angiogenesis in metastatic process. The preclinical studies revealed an optimum efficacy / toxicity profile, remarkable in the actual tendencies of therapeutical capitalization of natural raw materials with significant biological efficiency and minimal side effects.

In recent years, the pathologies resulted from prostate disorders had a rising incidence, Adenoprosin covering an important therapeutical niche on the pharmaceutical market.

The research was conducted as part of the project ENTOMED / Ctr DPST 26/2013.

PRODUS ORIGINAL PENTRU TRATAMENTUL HIPERPLAZIEI DE PROSTATĂ; MECANISME DE ACȚIUNE PRECLINICĂ

Produsul Adenoprosin se bazeaza pe exploatarea unor anumite resurse entomologice ale caror sisteme biologice sunt analoge celor umane intr-un procent ridicat fata de alte surse naturale.

Aceasta compatibilitate este concretizata printr-o responsivitate superioara a structurilor celulare la actiunea biocomplexului entomologic cu design optimizat catre o anumita tinta terapeutica. Adenoprosin intervine in procese inflamatorii asociate cu mecanisme statice si dinamice implicate in hiperplazia de prostata. Actiunea specifica in vitro a fost investigata utilizand linii celulare standardizate (PWR-1E - androgen-responsiva si DU-145 – metastaza de adenocarcinom de prostata, hormon independenta) si martori pozitivi experimentali (dutasterid - medicament ce intervine in mecanismele aberant proliferative hormon-dependente induse de testosteron, metrotrexat – inhibitor diviziune celulara, dexametazona - agent antiinflamator) .Efectul produsului Adenoprosin este sustinut de activitatea biologica antiapoptotica, antiproliferativa si antiinflamatoare demonstrate in vitro prin metode performante de analiza multiparametrica celulara si moleculara. S-a evidentiat stoparea eliberarii de citokine IL6 si IL8 in conditii de stimulare cu agenti pro-inflamatorii (forbol miristat acetat-PMA si factor necrotic tumoral-TNFα). De asemenea, Adenoprosin manifesta actiune semnificativa pe caile de semnalizare extracelulara a progresiei si invaziei tumorale inhiband citokina IL6 – mediator al morbiditatii in cancerul de prostata si VEGF – factor declansator al angiogenezei in metastazare. Studiile preclinice au evidentiat de asemenea, un profil eficacitate / toxicitate optim, remarcabil in tendintele actuale de valorificare terapeutica a materiilor prime naturale cu activitate biologica eficienta si efecte secundare minime.

In ultimii ani, patologiile rezultate din disfunctiile prostatei au o incidenta crescuta, produsul Adenoprosin acoperind o nisa terapeutica importanta in piata farmaceuticelor.

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