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PM1.1 - Laparoscopic surgery in kidney cancer treatment – Our experience
Chirurgia laparoscopică în tratamentul tumorilor renale - Experiența clinicii

A. David, A. Drocaş, O. Drăgoescu, C. Mititelu, A. Pănuş, T. Popescu, R. Mihai, D. Vasile, G. Mitroi

Urology Department - University of Medicine and Pharmacy Craiova, Romania
Urology Department - County Emergency Clinical Hospital Craiova, Romania

Introduction. Laparoscopic surgery has many advantages compared to open surgery. It requires a longer learning curve, better patient assessment and intra or postoperative complications management.

Materials and method. We retrospectively analyzed performance of our Department in Laparoscopic surgery over a period of 18 months in which we performed 40 interventions for RCC using Olympus 2D Laparoscope. We analyzed the OR time, conversion to open surgery rate, volume of blood loss, time of hospital stay and postoperative complications and case particularities.

Results. OR time decreased from 240 min to 120 min. Conversion rate: 7 interventions were converted (17.5%) - In the first 9 months, out of 22 interventions, 5 were converted to open surgery. In the second half of the study, out of 18 interventions, 2 were converted to open surgery. Intraoperative complications: 2 patients with important intraoperative blood loss; 7 patients with perinephritis who needed open surgery. Postoperative complication: 5 patients – CLAVIEN DINDO 2; 1 patient – CLAVIEN DINDO 3. Particularities of the cases: 9 patients with vascular abnormalities. Volume of blood lost during the last interventions reached an average of approximately 100 ml.

Conclusions. In conclusion, hospitalization decreased significantly, from 7 day to 4 days. OR time decreased from 240 min to 120 min. Volume of blood lost intraoperatively decreased from 400 ml to 100 ml.

PM1.2 - Laparoscopic radical nephroureterectomy for invasive urothelial carcinoma in a patient with horseshoe kidney: Case report

Nefroureterectomie pentru carcinom urotelial invaziv la pacientă cu rinichi în potcoavă: Prezentare de caz

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Introduction. The horseshoe kidney is the most common renal fusion anomaly and is characterized by the fusion of the lower poles of both kidneys. This congenital anomaly poses distinctive challenges for surgical procedures, particularly when nephroureterectomy is required. Tumors originating in horseshoe kidneys are exceedingly rare, and there is a lack of guidance on their management. Performing laparoscopic nephroureterectomy in patients with horseshoe kidney can pose technical challenges due to the presence of aberrant vessels, functional parenchyma within the isthmus, and unusual positioning.

Case presentation. A 77-year-old woman presented with asymptomatic gross hematuria for a few months. The patient underwent abdominal ultrasound, which revealed a tumor in the left renal pelvis. After that, it was confirmed by a CT scan that described a left renal pelvis mass complicated with horseshoe kidney and hydronephrosis. Initially, we performed a left flexible ureteroscopy with biopsy and urine cytology and postoperative pathology reported high-grade invasive urothelial carcinoma. On January 2024 elective laparoscopic nephroureterectomy and horseshoe renal isthmusectomy with latero-aortic lymphadenectomy were performed. She subsequently recovered well and was discharged home on postoperative day 5. The histopathological examination showed high-grade invasive urothelial carcinoma (pT3a pN2 pM1). The patient was referred to an oncologist and at the imaging follow-up from March 2024, it was revealed the presence of metastases in the lung, liver, and probably bone (skull). She is undergoing chemotherapy treatment with Carboplatin and Gemcitabine.

Results and Conclusion. One of the most intriguing technical aspects of nephroureterectomy in the context of a horseshoe kidney is the division of the renal isthmus. Among the different methods for performing isthmusectomy during the laparoscopic approach, we opted to suture the isthmus stump using the sliding clip technique. Despite the increasing popularity of robotic surgery due to its inherent benefits, nephroureterectomy can still be performed safely and effectively using a purely laparoscopic approach.

PM1.3 - Subdiaphragmatic inferior vena cava clamping - a safe approach for RCC with extended endo-caval tumor thrombus

Clamparea subdiafragmatică a venei cave - o variantă sigură la pacienții cu tumori renale care prezintă tormbi tumorali extensivi

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IIntroduction. The surgical management of renal cell carcinoma with extensive infra-diaphragmatic tumor thrombus in the inferior vena cava (IVC) can be a challenging surgical technique associated with high intra-operative morbidity.

Material and methods. We present the case of a 55-year-old male patient who was referred to our clinic being diagnosed with a large right kidney tumor mass and extensive tumor thrombus in the IVC until the level of the supra-hepatic veins. After exposing the retroperitoneum, careful dissection of the vascular pedicle of the right kidney and the IVC was performed, the supra-hepatic space was exposed after liver mobilization in anti-Trendelenburg fashion. The hepatic pedicle was dissected and isolated. Right nephrectomy was performed and IVC was clamped in the sub-diaphragmatic portion and in the infrarenal area, also Pringle maneuver was performed in order to minimize the blood loss. The tumor thrombus was dissected away from the IVC after clamping and excised 'en bloc' with the right kidney.

Results. The estimated blood loss was 500 ml, operating time was 367 min, Pringle and VCI clamping was approximately 17 min. The post-operative period was uneventful and patient was discharged 11 days after surgery.

The pathological report indicated papillary renal cell carcinoma, nucleolar grade 3 (WHO/ISUP 2022).

Conclusion. In our opinion infra-diaphragmatic clamping of IVC with associated Pringle maneuver is a safe procedure in RCC patients who have extensive tumor thrombus up to the lever of the supra-hepatic veins.

PM1.4 - Nephrectomy in emergency – atypical cases
Cazuri atipice de nefrectomie în urgență

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Introduction. Five percent of all trauma cases have renal trauma. Conservative treatment can be applied to the most prevalent causes. We aimed to present our experience in patients with spontaneous renal injury, without having trauma.

Materials and Methods. A number of 5 patients with a mean age of 49.7 years who underwent emergency nephrectomy during May 2023 and May 2024 were studied. All patients performed CT scans before surgery and arrived in an emergency, with spontaneous kidney injury without a traumatic episode in their antecedents. In three cases it was performed right nephrectomy and in 2 cases it was performed left nephrectomy. All the cases were operated in an emergency, using a retroperitoneal approach.

Results. The mean operating time was 105.2 minutes for the fully laparoscopic cases and the mean blood loss from the admission to the operatory moment was 1.8 g/dl of haemoglobin. During the intervention, the patients lost an average of 1.6 g/dl of haemoglobin. The mean hospital stay was 8.2 days. From the operated cases, 1 case presented a grade 3 renal injury, and 4 cases presented a grade 4 renal injury. The histopathology showed broken angiomyolipoma in all the cases. In all the cases a possible trauma was excluded before the inclusion in the study, the injury appearing during common activities for the cases.

Conclusions. The angiomyolipoma is well known for its way of evolution, but there was a relatively large number of cases with spontaneous broken tumors in a group of heterogenous young patients.

PM1.5 - 3D laparoscopic partial nephrectomy: Our initial experience

Nefrectomia parțială laparoscopică 3D: Experiența noastră inițială

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Introduction. Partial nephrectomy is already the gold standard for small tumors of the kidneys and it is a huge advantage to make this intervention through a minimally invasive procedure. Laparoscopic approach has comparable results with robotic approach, being preferred when surgeon's expertise allows and robotic technology is not available. The aim of this paper was to show the results of our case series in 3D laparoscopic partial nephrectomy.

Material and methods. Of 152 patients presented in our department with solid renal masses 21 underwent partial nephrectomy, 18 of them being performed by 3D laparoscopic approach. Retroperitoneoscopy was used in 4 cases, whereas the transperitoneal approach in 14 cases, respectively.

Results and conclusions. The median age of the patients was 61 years. The average operative time was 120 minutes. No patient required conversion to open surgery. In four cases an off-clamp technique was successfully used. The median warm ischemia time was 18 minutes. The median size of the tumors was 4.2 centimeters. Sixteen of 18 cases were renal cell carcinoma and 15 patients had negative surgical margins. There were no Clavien III-V perioperative complications. The bowel activity and alimentation resumed in the postoperative day 1 or 2, the drain tube was removed 48-72 hours postoperatively. The median postoperative hospital stay was 4 days. In conclusion, 3D laparoscopic approach in partial nephrectomy demonstrated to be safe and feasible in our department, with favorable oncologic and functional outcomes.

PM1.6 - Laparoscopic Partial Nephrectomy for right renal cell carcinoma: Case Presentation

Nefrectomie parţială laparoscopică pentru tumoră renală dreaptă: Prezentare de caz

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Introduction. Laparoscopic partial nephrectomy is recommended for treatment of T1-T2 N0M0 RCC; this approach for kidney cancer represents an increasingly frequent approach in renal masses.

Materials and method. Female patient, 69 y.o, with hypothyroidism, high blood pressure, mixed dyslipidemia. 1 vaginal birth, non- smoker and denied drug allergies. Patient was incidentally diagnosed with right kidney tumor after ultrasound exam performed in Endocrinology Department. Admitted in our Urology Department and an abdominal MRI was performed. It revealed Right kidney - 110 mm length, normal renal parenchymal index, without hydronephrosis, round-oval shape mass, well delimited, with a central necrosis, 31/33/35 mm in lower pole. Renal pedicle present 2 renal veins and 1 renal artery.
R.E.N.A.L. Nephrometry Score - 5p - Low complexity

Results. We perform Laparoscopic Partial Nephrectomy for right renal mass. OR time was 240 min, with 23 min warm ischemia. Blood loss was approximately 100 ml during tumor dissection. ICU time was 24h. Clavien-Dindo 1. Patient was discharged after 4 days.

Conclusions. Laparoscopic Partial Nephrectomy is indicated for T1-T2 RCC. It is used more and more frequently because it is a safe procedure.

PM1.7 - The Management of a Retroperitoneal Renal Cell Carcinoma Recurrence Case

Managementul recidivelor retroperitoneale ale carcinomului renal

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Introduction and Objectives. Renal cell carcinoma (RCC) currently comprises 3% of all cancers, higher in westernized nations with its incidence growing. It is a lethal urologic malignancy with the surgical excision as the primary treatment modality. The rates of recurrence are 2%–3% after surgical treatment, occurring locally after partial nephrectomy or locoregional after radical nephrectomy. When present, tumor recurrence is typically asymptomatic and detected on surveillance imaging 1–2 years postoperatively. The aim of this paper is to present our management of a case with retroperitoneal RCC recurrence.

Materials and Methods. We identified seven patients who underwent prior radical nephrectomy for RCC and had isolated retroperitoneal recurrence that was managed by surgical resection. Of those, four patients presented with retroperineal mass in the soft tissue of the renal fossa and three patients with retroperitoneal adenopathy after radical surgery. We present the case of a 36 years old female patient, with a past medical history of left partial nephrectomy in another medical center, with a histopathologic result of a high-grade renal carcinoma with positive surgical margins. The CT scan revealed a renal mass of 32 mm and perirenal hematoma, with no distant metastases. The tumor board decided that surgery was the recommended course of action. The patient subsequently underwent an open left radical nephrectomy. Histopathologic report revealed unclassified renal cell carcinoma pT3aN0. The third month follow-up MRI exam was without any loco-regional findings, however, at the sixth-month follow-up, three 3, 2 and 1 cm nodules with irregular borders were found in the lumbar retroperitoneal space. An open transperitoneal iterative approach was chosen in order to better access the full retroperitoneal space and carefully dissect the invaded mesocolon and adherent jejunum. The case required a mix urologic and general surgery teams, resulting in complete excision of the retroperitoneal masses, as well of performing left segmental colectomy with lateral colon anastomosis and tactical segmental enterectomy with lateral entero-anastomosis.

Results. The operating time was 190 minutes, with minimal blood loss, the postoperative course was uneventful and the patient was discharged with normal intestinal transit in the eight-day postoperative. Histologic analysis confirmed that this was a case of retroperitonal recurrence of unclassified renal cell carcinoma with multinodular pattern and extrinsic invasion in the left colon. The CT scan conducted six months later, covering the cranial, thoracic, abdominal and pelvic regions, revealed no signs of recurrence and no adjuvant treatment was needed furthermore.
Conclusions. Although we live in an era of TKI or ICI therapies for locally advanced and metastatic RCC, surgery remains a curative treatment including cases with loco-regional recurrences following radical nephrectomy and should be considered standard of care whenever possible. These procedures often requires the expertise of a skilled, multidisciplinary surgical team.

PM1.8 - Primary Renal Ewing Sarcoma in a pediatric patient - Case report
Sarcom Ewing renal primar la un pacient pediatric - Prezentare de caz

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Introduction. Ewing Sarcoma is a primary bone tumor that traditionally occurs in children and young adults. In terms of extra skeletal primary sites, the renal localization is very rare, careful differentiation being imposed with other renal masses. It is depicted with aggressive clinical features, early metastasis tendencies and poor survival rates. The patients benefit of a therapeutic multimodal approach including chemotherapy, surgical resection and/or radiotherapy.

Material and Methods. We present the case of a 15 years old male patient diagnosed with a large right renal tumor with extrarenal extension in the supradiaphragmatic vena cava, multiple metastasis and retroperitoneal lymph nodes dissemination. Subsequently performing renal biopsy and other imagistic investigations the diagnosis of a primary renal Ewing sarcoma was established. After neoadjuvant chemotherapy, the regression of the primary tumor and of the lymphatic and visceral metastases has been registered. The case was re-examined in the uro-oncological committee, which advised in the favor of radical nephrectomy.

Results. We performed right renal radical nephrectomy with preservation of the adrenal gland, cavotomy and excision of the tumoral thrombus of the inferior vena cava. The operative time was 8 hours. Postoperatively the patient was stable and was discharged on day 8 with normal renal function. The histopathological report described relics post chemotherapy of a Ewing sarcoma ypT1bNxMx. The patient started consolidation chemotherapy two weeks after surgery. Two months postoperatively the control PET/CT showed no FDG catching malignant lesions. In present the patient is in good clinical state.

Conclusions. Primary renal Ewing Sarcoma is a rare entity. The management of these patients is challenging and requires a multidisciplinary team. The optimal multimodal treatment is still to be debated, the main goal being to prolong the survival and conserve an optimal quality of life as long as possible

PM1.9 - Four partial nephrectomies for renal cell carcinoma performed in a same patient – case report

Patru nefrectomii parțiale pentru carcinom renal efectuate la același pacient– prezentare de caz

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Introduction. Renal cell carcinoma (RCC) represents 90% of kidney tumors, often incidentally found via imaging. Clear cell carcinoma, accounting for 80-90% of cases, is the most prevalent subtype. Bilateral RCC, affecting <2% of RCC patients, involves synchronous sporadic lesions. Partial nephrectomy (PN) is preferred for localized renal tumors to preserve postoperative renal function and offers similar oncological outcomes as radical nephrectomy (RN). Research indicates no significant differences between PN and RN after five years in mortality, cardiovascular events, renal function, or dialysis need. This study discusses a patient with multiple RCCs (synchronous and metachronous) over an eight-year follow-up.

Case presentation. A 64-year-old male was incidentally found to have bilateral synchronous renal tumors on ultrasound: a 20 mm tumor on the right kidney's anterior valve and a 30 mm tumor on the left kidney's posterior valve in November 2015. CT follow-up over two years showed tumor growth; the right kidney tumor increased to 25/20 mm (cT1a, nephrometry score 5) and the left to 52/47 mm (cT1b, nephrometry score 9). Bilateral partial nephrectomies were initially recommended. In December 2017, a laparoscopic retroperitoneal approach for the left kidney was converted to open surgery. In January 2018, the right kidney was exclusively treated by laparoscopic transperitoneal approach. Postoperative imaging (CT, MR) in December 2022 revealed a metachronous right renal tumor at 23/20 mm at the lower pole (cT1a, nephrometry score 5) and a left renal tumor at 30/25 mm (cT1a, nephrometry score 8), positioned at the prior nephrectomy site (metachronous or recurrence). Further bilateral partial nephrectomies were indicated. In January 2023 and March 2023, surgeries for the right and left kidneys, respectively, initially laparoscopic, were converted to open procedures. Histopathological analysis revealed for all tumors: ccRCC, Fuhrman grade 2 and negative resection margins (excepted for the second left PN - positive resection margins). MR control (July 2023) revealed no tumor recurrence and a left renal cyst Bosniak II. Postoperative renal function was preserved (eGFR 85 ml/min/1,73m2).

Discussion & Conclusion. This case demonstrates that there are patients with very high renal oncogenic potential that cannot be predicted by any means. Therefore, partial nephrectomy should be considered in any patient with renal tumor and especially in patients with bilateral renal tumors.

PM2.1 - Transurethral Resection of Bladder Tumours using Obturator Nerve Block

Rezecția transuretrală a tumorilor vezicale utilizând blocul de nerv obturator

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Introduction: Transurethral resection of bladder tumours (TUR-BT) is currently the gold standard surgical treatment procedure for non-muscle invasive bladder cancer. For tumors located on the lateral bladder walls, an obturator nerve block may be employed to reduce the risk of bleeding and bladder perforation due to obturator kick. The obturator block procedure may be performed in a cognitive manner or guided by ultrasound or Stimuplex® nerve stimulator.

Objective: Our study aims at analyzing the safety and efficacy of the cognitive obturator nerve block compared to the nerve stimulator guided method.

Materials and methods: We conducted a prospective study within the Urology Department of the Craiova Clinical Emergency Hospital. We initially analyzed 247 patients admitted for bladder cancer in our hospital between January 2022 and December 2023. Patients with muscle invasive bladder cancer (62 cases) and those with non-muscle invasive tumours not suitable for obturator nerve block due to location or type of anaesthesia (70 patients) were excluded. A total of 115 patients that underwent TUR-BT for NMIBC were therefore included in the study: 57 patients with cognitive obturator nerve block (group C) and 58 patients with Stimuplex® nerve stimulator guided block (group S).

Results: There were no significant differences between the two patient groups regarding sex, age, BMI, tumour number, size and laterality as well as operating time. All TUR-BT procedures were performed under spinal anaesthesia. Obturator nerve kicks were recorded in 44 cases (38%) the majority in group C (30 vs 14 cases, $p < 0.05$). The majority were mild and did not require stopping the procedure (21 vs 9 cases, $p<0.05$). Significant obturator kicks that led to important bleeding or bladder perforation was recorded for 14 patients (11 from group C and 3 in group S, $p<0.05$). Incomplete resection (3 cases, 5%) and bladder perforation (4 cases, 7%) were all recorded in the cognitive group. Significant bleeding was recorded in 11 cases (7 vs 3, $p<0.05$).

Conclusion: Obturator nerve block is generally a valuable tool that ensures the safety and efficacy of transurethral resection of bladder tumours located on the lateral bladder walls. The nerve stimulator guided approach leads to significantly lower risk of obturator nerve kick that prevents bladder perforation, significant bleeding or incomplete resection

PM2.2 - 3D Laparoscopic radical cystectomy with intracorporeal ileal conduit – our experience

Cistectomia radicală laparoscopică 3D cu conduct ileal intracorporeal – experiența noastră

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Introduction. Radical cystectomy represents the gold standard treatment option in muscle-invasive bladder tumours (MIBC). Minimally invasive surgery has become increasingly popular, ensuring minimal bleeding, less postoperative complications, faster recovery time for patients but also similar oncological and functional outcomes to open surgery. Intracorporeal urinary diversion is still a controversial topic due to its technical challenges, but advantages may include reduced blood and fluid loss and faster resumption of intestinal transit.

Objectives. Evaluation of the results of laparoscopic radical cystectomy with intracorporeal ileal conduit.

Materials and methods. 55 patients diagnosed with MIBC underwent laparoscopic 3D radical cystectomy with intracorporeal ileal conduit in our department between 2017-2024.

Results. Median total operative time was 410 minutes (IQR 260-540 min), with median intracorporeal urinary diversion operative time of 150 minutes. The median blood loss was 100 ml (IQR 50-300 ml). The patients were mobilized at a median of 2 days postoperatively. Bowel transit was resumed at a median of 5 days postoperatively. The nasogastric tube was removed in the first postoperative day, while the pelvic drainage was removed after a median of 3 days. Most postoperative complications were low grade, while 2 patients presented level III complications: one presented urinary fistula which was treated conservatively and the other anastomotic fistula which required resection of the ileal conduit. One case presented positive margins (at the level of the right terminal ureter). LOS was 7 days. Ureteral stents were removed after 21 days. Median follow-up was 12 months. 7 patients presented ureteral stricture at follow-up.

Conclusion. The 3D laparoscopic approach is feasible for performing radical cystectomy, with intracorporeal ileal conduit. Once the learning curve is overcome, it offers significant advantages to patients in terms of perioperative morbidity as well as rapid postoperative recovery.

PM2.3 - Double urological malignancy: an uncharted territory
Dublă malignitate urologică: un teritoriu ce necesită explorare

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Introduction: Prostate adenocarcinoma and urothelial carcinoma are two distinct types of cancer that can occur in the human body. The simultaneous occurrence of prostate adenocarcinoma and urothelial carcinoma in a single patient is a rare event that has not been extensively studied in the medical literature. There is a significant gap in the existing literature regarding the incidence, clinical presentation, and management of patients with concurrent prostate adenocarcinoma and urothelial carcinoma.

Material and method: This case study uses a qualitative research design to explore the patient's medical history and treatment outcomes. A literature review of existing research on prostate adenocarcinoma and urothelial carcinoma was conducted to provide context for the case study. Data collection involved a retrospective chart review of the patient's medical records, including pathology reports, radiology reports, and clinic notes.

Results and conclusion: The patient showed significant improvement in symptoms after the surgical intervention, with no evidence of recurrence at the time of follow-up. The results of the study were confirmed through follow-up evaluations and imaging studies, which showed no evidence of recurrence or metastasis.

PM2.4 - Simultaneous prostate and bladder cancer with collision lymph node metastasis: a case report

Tumoră prostatică și urotelială sincronă cu metastaze ganglionare de coliziune: o prezentare de caz

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Introduction. Synchronous prostatic adenocarcinoma found in patients with muscle-invasive bladder cancer (MIBC) who undergo radical cystoprostatectomy is not uncommon. However, the presence of collision metastasis, where both prostate cancer and bladder cancer involve the same lymph node, is exceptionally uncommon. We present a case of a patient diagnosed with MIBC who underwent laparoscopic radical cystoprostatectomy with extended lymph node dissection and intracorporeal ileal conduit. The final pathology revealed urothelial carcinoma as well as prostatic adenocarcinoma, while one lymph node presented metastasis from both bladder cancer and prostate cancer.

Case report. A 65-year-old patient diagnosed with pT2G3 MIBC (TUR-BT June 2023) was admitted to the Urology department in November 2023 for radical cystectomy. At the initial urological consultation, PSA was 16 ng/ml. The patient followed 6 cycles of neoadjuvant chemotherapy with Gemcitabin+Cisplatin. The staging TAP CT scan revealed an enlarged lymph node at the level of the left internal obturator fossa. We performed laparoscopic radical cystoprostatectomy with extended bilateral lymph node dissection and intracorporeal ileal conduit was performed. The final pathology report revealed urothelial carcinoma pT3bN1 as well as prostatic adenocarcinoma Gleason 7 (4+3) pT3bN1 that involved 24% of the gland as well as the involvement of the left seminal vesicle. Among the total of 8 lymph nodes removed, one showed positivity for both urothelial carcinoma and prostate adenocarcinoma. The lymph node measured 12 mm, while the metastasis within it measured 10 mm. Immunohistochemical staining for p40 and PSA was performed to confirm the presence of collision metastasis within the same lymph node. The patient underwent adjuvant chemo-radiotherapy. The follow-up at 3 months has shown no signs of disease recurrence or progression.

PM2.5 - Prostate and seminal vesicle sparing radical cystectomy: A novel surgical approach in selected patients with non-muscle invasive bladder cancer

Cistectomia radicală cu prezervare sexuală - o variantă nouă și eficace în cazuri selecționate, la pacienți cu tumori vezicale non-musculo-invazive

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Introduction: To improve the functional complications without compromising the oncological outcome of radical cystectomy with neobladder urinary diversion, different techniques of prostate and/or seminal vesicle preservation has been proposed by urologists over the last years.

Material and methods: We present the case of a 61-year-old patient diagnosed with intermediate risk non-muscle invasive bladder cancer with high-risk recurrence after BCG-maintenance therapy. Taking into consideration the age of the patient and his concern for postoperative erectile dysfunction and incontinence, prostate and seminal vesical sparing radical cystectomy with neobladder urinary diversion was proposed. Cystoscopy and prostatic urethral biopsies were performed to rule out tumoral involvement at the bladder neck and prostatic urethra. Prostate cancer was excluded by a normal DRE, normal TRUS and serum PSA value of 0.5 ng/ml. Sexual sparing radical cystectomy and Hautmann orthotopic neobladder with preservation of the prostate and seminal vesicles was performed. Erectile function, voiding and continence were evaluated postoperatively.

Results: Intra- and postoperative course were uneventful. Patient had complete daytime and night-time continence and erectile function was preserved. Patient was discharged from the hospital 21 days after surgery.

Conclusion: Prostate and seminal vesicle sparing radical cystectomy is a viable treatment option in selected patients with non-muscle invasive bladder cancer. However, prospective Hautmann orthotopic neobladder clinical trials are mandatory to evaluate the long-term benefit on functional outcomes and cancer control.

PM2.6 - Active surveillance post-chemotherapy in muscle-invasive T2 bladder cancer – A case report

Supravegherea activă post-chimioterapie în cancerul de vezică T2 – Prezentare de caz

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Introduction. Muscle-invasive T2 bladder cancer management poses challenges in balancing oncologic outcomes with patient preferences, particularly after chemotherapy-induced tumor regression. While radical cystectomy is the standard approach, active surveillance offers a patient-centered alternative, considering individual preferences and priorities, in selected cases.

Materials & Methods. We present a case report of a patient with muscle-invasive T2 bladder cancer who underwent neoadjuvant chemotherapy followed by total tumour regression highlighted by cystoscopy and MRI, who is monitored by active surveillance. The decision was based on thorough discussions with the patient, considering their values, goals, and treatment preferences. Surveillance involved regular MRI, cystoscopy and cytology to monitor disease status.

Results and Conclusions. The patient actively participated in treatment decision-making, expressing a strong preference to avoid surgery if possible. Throughout the surveillance period, there was no evidence of disease progression, and the patient reported minimal treatment-related discomfort. MRI, cystoscopy and cytology proved valuable in detecting any potential recurrence or progression. This case report illustrates the importance of patient-centered care in the management of muscle-invasive T2 bladder cancer. By considering the patient's preferences and goals, we opted for active surveillance post-chemotherapy, achieving favorable outcomes while respecting the patient's autonomy. Our findings highlight the significance of shared decision-making in optimizing treatment strategies and improving patient satisfaction and quality of life.

PM2.7 - Results of Radical Prostatectomy – Craiova Urology Department Experience

Rezultatele prostatectomiei radicale – Experiența Clinicii de Urologie Craiova

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Introduction. Radical prostatectomy (RP) is gold standard for localized prostate cancer (PCa) treatment. RP can be performed using open surgery, laparoscopic or robotic assisted surgery.

Materials and method. In our department between 2020-2023 were performed 43 RP. 41 were RRP and 2 were LRP. We had 9 patients with PSA <10 ng/ml, 32 patients with PSA 10-20 ng/ml and 2 patients with PSA >20 ng/ ml. All patients had mpMRI before biopsy. 2 patients had PIRADS III, 38 patients PIRADS IV and 3 patients PIRADS V. The biopsy was transperineal (28) or transrectal (15) echo-guided cognitive fusion. ISUP 2 (17), ISUP 3 (15), ISUP 4 (6) and ISUP 5 (5). 40 patients had ECOG score 0 and 3 patients had ECOG 1. 26 patients were classified ASA II and 17 patients ASA III. 3 patients were T1, 40 patients were T2.

Results. Postoperative complications were divided into immediate and long-term. As immediate complications we had Clavien I (41) and Clavien II (2). The follow-up was between 3 to 46 months, with an average of 18 months. We will consider only patients with a follow-up longer than 12 months and with normal erectile function before 34(43). 2 (34) patients had persistent urinary incontinence and erectile dysfunction was noticed in 11 (15) patients.

Conclusions. Hospital stay was 5 days. Average OR time was 120 minutes. In 2023, we performed 2 laparoscopic RPs.

PM2.8 -Improving continence recovery after laparoscopic radical prostatectomy by selective ligature of dorsal vascular complex: surgical technique and first outcomes

Recuperarea continenței după prostatectomia radicală laparoscopică utilizând ligatura selectivă a complexului vascular dorsal: tehnica chirurgicală și primele rezultate

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Introduction. Postoperative continence is the most important functional outcome for patients undergoing radical prostatectomy. Multiple technical modifications were proposed for laparoscopic approach in order to improve continence recovery after surgery. Placing a selective ligature on dorsal vascular complex (DVC) after prior sectioning seems to have less negative impact on urethral sphincter and therefore, on postoperative continence recovery. The aim of this study was to present the technique of selective ligature of DVC in laparoscopic RP and the continence-related outcomes.

Material and methods. We included 50 consecutive cases with localized or locally-advanced nonmetastatic prostate cancer (cT1-3aN0M0) that underwent laparoscopic RP with a selective ligature of DVC. The surgery was performed in standard fashion, except the control of DVC, which was not sutured after incision of endopelvic fascia and puboprostatic ligaments. Instead, it was incised with cold scissors just before the urethra section. The insufflation gas pressure was previously increased to 18-20 mmHg. After DVC and urethra were sectioned, the specimen was completely detached. A selective sewing of bleeding sources is performed using 3-0 barbed suture with 26 mm half circle needle. The hemostasis is controlled by decreasing the pressure to 12-14 mmHg. Continence was evaluated at 3 and 6 months by questioning the patients regarding number of pads used.

Results and conclusions. Median operative time 210 min. Conversion to open surgery, when considered, was not due to uncontrolled DVC bleeding. Mean blood loss was 400 mL. The number of patients who required blood transfusions was 5 (10%). Bladder-neck preservation was completed in 85% of patients. Only one patient had severe incontinence and 15 patients had moderate incontinence at 6 months. In conclusion, selective ligature of DVC in laparoscopic RP has a positive effect on postoperative continence without compromising oncological safety.

PM2.9 - Primary clear cell adenocarcinoma of the urethra: surgical approach and report on the literature

Adenocarcinomul uretral primar cu celule clare: abordarea chirurgicală și raportare la literatură

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Introduction. Clear cell adenocarcinoma of the urethra is a very rare case of malignity accounting for less than 1% of the genitourinary tract tumors. Of all the female urethral tumors, the clear cell adenocarcinoma has the poorest outcome regardless the treatment applied. Furthermore, the proximal tumors are associated with an even poorer response than the distal ones.

Material and Methods. We report the case of a 65 years old woman presenting with macroscopic hematuria, diagnosed on the MRI performed in another hospital with a tumoral mass involving the bladder neck, urethra and the anterior vaginal wall. The biopsy revealed the diagnosis of clear cell adenocarcinoma of the urethra invading the bladder neck and anterior vaginal wall. The patient underwent anterior exenteration with ileal conduit urinary diversion. Postoperative course was uneventful and the patient was discharged 10 days later. Pathology examination revealed pT4 pN0 M0 G3 clear cell adenocarcinoma of the urethra invading the bladder neck and anterior vaginal wall.

Results and Conclusions. Postoperatively the patient was referred for oncological follow up and 6 months later she was diagnosed with local recurrence on the vaginal wall and pulmonary metastases and she received palliative pelvic radiotherapy and systemic chemotherapy with Carboplatine and Paclitaxel. She is currently scheduled for TAP CT.

PM3.1 - Comparing treatment modalities: Extracorporeal shock wave lithotripsy vs. Flexible ureteroscopy for small and intermediate urinary stones

Compararea modalităților de tratament : Litotriția extracorporeală cu unde de șoc vs. Ureteroscopie flexibilă pentru calculi urinary mici și medii

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Introduction. The management of urinary stones, particularly those of small to intermediate size, presents a clinical challenge with multiple therapeutic options available. Extracorporeal Shock Wave Lithotripsy (ESWL) and Flexible Ureteroscopy (fURS) are commonly employed modalities, each with its distinct advantages and limitations. This retrospective study aims to compare the efficacy, safety, and patient outcomes between ESWL and fURS for the treatment of small and intermediate urinary stones within a single center, providing a comprehensive analysis to guide clinical practice.

Material and methods. A retrospective analysis was conducted on patients who underwent either ESWL or Flexible Ureteroscopy for small and intermediate urinary stones at our institution between March 2023 and March 2024. Patients were divided into two groups based on the treatment received. Relevant data, including stone characteristics, treatment outcomes, complications, and follow-up information, were extracted from medical records. Statistical analysis was performed to compare stone size, location, treatment sessions and treatment efficacy, stone clearance rates, complication rates, follow-up outcomes between the two treatment modalities.

Conclusions. The study found that both ESWL and fURS are effective treatments for small and intermediate urinary stones, with comparable success rates. The two groups were comparable in terms of baseline characteristics. However, fURS demonstrated a higher stone-free rate in a single session, particularly for stones >10mm and those located in the lower renal pole. ESWL was associated with fewer complications and a shorter hospital stay, highlighting its non-invasiveness. The choice between ESWL and fURS should be individualized, considering stone characteristics, patient preference, clinical circumstances and physician expertise. Our findings contribute valuable insights into the optimal management of urinary stones, emphasizing the need for tailored therapeutic approaches.

PM3.2 - In the flexible ureteroscopy era is ESWL dead?
A murit SWL-ul în era ureteroscopiei flexibile?

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Introduction. In recent years, flexible ureteroscopy with Ho LASER lithotripsy has emerged as a treatment method for renal stones smaller than 2.5 cm. Extracorporeal shock wave lithotripsy (SWL) remains a minimally invasive treatment method preferred by most patients due to its outpatient nature and requiring no anesthesia.

Patients & Methods. The study included 89 patients treated at a private center (Gral Medical) during the year 2022. The criteria for patient selection were primarily based on patient preference and, medically, on the size of the calculi (most patients presenting calculi of 9-15mm), and the hardness of the calculi, evaluated using computed tomography the calculi density being of 700-1200 (HU). For calculi larger than 2 cm or those with densities above 1200HU, flexible ureteroscopy or percutaneous nephrolithotomy was chosen as the treatment method. The location of the calculi was pelvic in 55 cases, upper calyceal in 20, and lower calyceal in 14.

Results. The maximum number of procedures was 5; only in one case was the 5th procedure performed (at the explicit request of the patient), but without achieving a "stone-free" status. The success rate was 50.34% (25 cases) for a single procedure, and due to the increase in the number of procedures, it increased to 76.08% for 2 procedures, 93.4% for 3 procedures, and 97.8% for 4 procedures. After one procedure, 1 patient requested flexible ureteroscopy, after 2 procedures, 6 patients, after 3 procedures, 2 patients, and after 4 procedures, 1 patient (9 patients in total). All patients who underwent ureteroscopy had hard calculi (over 1000UH), 8 with lower calyceal localization. The "stone-free" status was confirmed by ultrasound and renal radiography, and in selected cases by computed tomography.

Conclusion. In the era of flexible ureteroscopy, SWL remains a viable treatment option for renal calculi in selected cases, offering patients rapid recovery and minimal discomfort, often being the first option requested by patients. Success rates increased with each additional procedure, highlighting the efficacy of SWL in achieving a "stone-free" status, reaching up to 97.8% after four procedures. In cases of hard calculi, or at the request of patients, flexible ureteroscopy with laser lithotripsy was performed.

PM3.3 - Renal Stone Disintegration with the New Dornier Thulio Laser: Initial results from "Saint John" Hospital, Bucharest

Dezintegrarea calculilor renali cu noul laser Dornier Thulio: rezultate inițiale de la Spitalul „Sfântul Ioan", București

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Introduction. In kidney stone lithotripsy, holmium:YAG lasers and thulium fiber lasers are mainly used, but limitations still exist. A pulsed-thulium:YAG (Tm:YAG) laser has also been proposed for kidney stone lithotripsy as a potential solution to both Ho:YAG and TFL limitations. Our goal was to evaluate the efficacy, safety, and laser settings of Tm:YAG laser during retrograde intrarenal surgery (RIRS).

Material and Methods: A prospective study was conducted on the initial 40 patients diagnosed with ureteral and renal stones, who underwent Retrograde Intrarenal Surgery (RIRS) utilizing the Thulio system (pulsed-Tm:YAG, Dornier©, Germany) at a single center. Laser fibers of 272 µm were used during the procedures. Parameters including stone dimensions, density, laser-on time, and laser settings were meticulously documented. Furthermore, assessments were made on the ablation speed (mm3/s), Joules/mm3, and laser power (W) for each procedure. Stone-free rate (SFR) was also meticulously recorded.

Results: A cohort of 40 patients was meticulously examined. The median range age stood at 57 (34-75) years. Stone volume demonstrated a median of 1864 (728-4536) mm3, with a corresponding median stone density of 986 (566-1184) Hounsfield Units (HU). Pulse energy, pulse rate, and total power exhibited median values of 0.6 (0.6-0.8) J, 15 (15-20) Hz, and 12 (9-16) W, respectively. Throughout all procedures, "Captive Fragmenting" pulse modulation was employed. The median J/mm3 was 14.5 (6-20), while the median ablation rate was 0.72 (0.43-1.9) mm3/s. Three postoperative complications arose (one steinstrasse and two urinary tract infections). Stone-free rate (SFR) was recorded at 93%.

Conclusion: The pulsed-Tm:YAG laser stands out as a secure and efficient laser option for lithotripsy within the realm of RIRS, characterized by its utilization of low pulse energy and frequency.

PM3.4 - Holmium laser versus ballistic lithotripsy in semirigid ureteroscopy
Laserul Holmium versus litotriția balistică în ureteroscopia semirigid

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Objective: The lithotripsy of the ureteral calculi was also a debatable topic in terms of efficiency and complications. We aimed to investigate whether semirigid ureteroscopic ballistic lithotripsy (SUBL) and semirigid ureteroscopic holmium laser lithotripsy (SUHLL) are safe and effective for treating impacted ureteral calculi (IUC).

Material and method: Retrospective data collection and analysis was conducted on 1325 patients in our institution between April 2023 and May 2024, comprising 658 cases from the SUHLL group and 667 instances from the SUBL group. Two groups of people were involved in the collection and analysis of the general clinical data, operation time, intraoperative bleeding volume, hospital stay, stone-free rate (SFR), and surgical complications.

Results: The hospitalization cost was higher in the SUHHL group because of the cost of the single-use laser fiber compared to the SUBL group. However, the operation duration of the SUHLL group was significantly reduced (38.2±8.4 vs 45.9±10.7, $p<0.05$). The SUHLL group had a considerably higher total SFR (93.4% vs. 82.6%, $p<0.05$) than the SUBL group. In terms of proximal ureteral calculi, the SUHLL group's SFR was substantially higher (88.7% vs. 71.5%, $p < 0.05$) as compared to the SUBL group. There was no statistically significant difference in SFR (95.1% vs 94.7%, $P =0.65$) between the SUHLL and SUBL groups for distal ureteral calculi. The two groups' complications from local mucosal injury, haematuria, febrile UTI, ureteral perforation, and urinary sepsis did not differ significantly.

Conclusions: According to this study, SUHLL and SUBL can treat ureteral calculi safely and effectively. However, SUHLL has the advantage of having a higher SFR and a shorter operating time.

PM3.5 - Influence of Holmium laser lithotripsy over intrarenal temperature
Influența litotriției laser Holmium asupra temperaturii intrarenale

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Introduction: Intrarenal temperature during laser lithotripsy is a controversial issue. The aim of our study was to evaluate in an ex vivo setting the impact of the Holmium laser settings over the temperature of the irrigation fluid.

Material and Methods: We recorded temperature changes in an ex vivo porcine model during laser activation using dusting (18Hz, 0.6J, 10.8W) and fragmenting settings (8Hz, 2J, 16W). The temperature was recorded for each of these modes in three settings: without irrigation or access sheath, with irrigation but no access sheath and with irrigation and a 10/12 F access sheath in place.

Results: Using dusting settings, the maximum recorded temperatures were 42.3 degrees Celsius (no irrigation, no sheath), 37.3 degrees Celsius (with irrigation but no access sheath) and 36.2 degrees Celsius (with irrigation and access sheath). In fragmenting mode, the maximum recorded temperatures were 52 degrees Celsius (no irrigation, no sheath), 43.1 degrees Celsius (with irrigation but no access sheath) and 42.9 degrees Celsius (with irrigation and access sheath).

Conclusions: In certain conditions (no irrigation, more watts) temperature may increase to dangerous levels. However, in closer to real-life settings (with irrigation and especially when ureteral access sheath are employed) the magnitude of this effect is limited, rendering the flexible intrarenal laser lithotripsy a reasonably safe procedure

PM3.6 - Is double J stents placement using live renal ultrasonography a safe and feasible technique?

Montarea stenturilor dublu J sub control ecografic – O metodă sigură și eficientă?

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Introduction. The double J stent represents a well-known device in urological activity, especially in the last decades, due to its frequent use and efficiency. At the same time, several placement techniques have been used and presented in the literature, by urologists from all over the world, some of them being part of the international medical guidelines established as a primary recommendation.

Materials and methods. This paper summarizes and analyzes existing research, as well as national and international urological guidelines. It also presents the experience of the Urology Department of the Central Military Emergency University Hospital Carol Davila in Bucharest regarding the efficiency and safety of double J stents placement using ultrasound, radiological or mixed assessment of the urinary tract, obstruction location and double J stent position in 01.08.2023 – 27.03.2024. The evaluation of the complementary effects on patient, medical staff and the healthcare unit, taking into account the clinical significance, the efficiency, the associated risks and complications, the development in ultrasound field in terms of knowledge and technology, short- and long-term exposure to radiation and, last but not least, the costs of the procedures.

Conclusions. It analyzes the dynamics of the recommendations of the specialized guidelines from the last decades and the possibility of their reinterpretation, adaptation or, on the contrary, of the recognition and strengthening of the current aspects. In any case, in addition to the objective of the paper to evaluate the degree of feasibility of using ultrasound control in the placement of double J stents, the idea of debating, updating and communicating the clinical experiences of recent years is considered appropriate.

PM3.7 - Impact of JJ stent length on lower urinary symptomatology
Impactul lungimii stentului urinar JJ asupra simptomatologiei urinare joase

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IIntroduction: Adapting the length of the JJ stent to the height of the patient is essential to ensure good tolerability and therefore a minimal impact on the quality of life. The medication therapies studied so far are: alpha blockers, antimuscarinics and beta-3 adrenergic agonists.

Material and methods: We conducted a prospective, randomized study from 01.01.2021 to 01.03.2024 at the Clinic of Urology in Iaşi. During the study, patients were evaluated upon admission and after stent removal by completing the Questionnaire for Evaluation of Discomfort Generated by JJ Stent, created in our clinic. The patients were divided into 4 groups according to JJ stent position and 5 groups according to recommended treatment: Tamsulosin, Solifenacin, combined treatment (Solifenacin+Tamsulosin), Mirabegron and control group.

Results and conclusions: 193 patients were enrolled and were divided into 4 groups according to JJ stent position: A – position 1 (the distal loop in the ipsilateral hemibladder) – 81 patients, B – position 2 (the distal loop corresponds to the pubic symphysis) – 79 patients, C – position 3 (the distal loop in the contralateral hemibladder) – 33 patients. At discharge, the patients received one of the following treatment- Tamsulosin, Solifenacin, combined treatment (Solifenacin+Tamsulosin) or Mirabegron and the control group. The average score related to the severity of symptoms was significantly higher in patients with inadequate JJ stents (B:1.81 and C:1.96 versus A:1.31). We noticed that the patients with JJ stents with adequate length (group A) presented a significantly lower average score of urinary urgency (0.95) compared to the patients in groups B (1.05) and C (1.31). Polakiuria was significantly more evident in patients from groups B (1.98) and C (1.58), compared to patients from group A (1.35). Patients with JJ stents position 2 or 3 who were treated with Mirabegron had lower symptomatic scores (1.1) compared to patients treated with Tamsulosin (1.55), Solifenacin (1.4), combination therapy (1.30) or control group (2.1). The severity of urinary complaints is closely correlated with the length of the JJ stent, thereby necessitating its adjustment based on the patient's height. The patients in the control group had more severe urinary symptoms compared to the patients who received medication. The administration of the combined treatment can be effective in reducing the symptoms scores. When the combined treatment was with moderate success, the use of Mirabegron significantly improved the symptoms.

PM3.8 - Complications associated with stents in post-Covid-19 lithiasis pathology

Complicațiile asociate stenturilor din patologia litiazică post pandemia cu Covid-19

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Introduction: Renoureteral lithiasis was one of the most common pathologies associated with SARS-CoV-2 infection during the pandemic. The aim of this study was to evaluate the complications associated with neglected stents inserted for renoureteral lithiasis during the pandemic.

Material and Methods: Between March 2022 and August 2022 we conducted a retrospective study in the Urology Department of the Emergency Clinical Hospital "Saint John" in order to evaluate the complications arising from the neglect of stents for a period of more than 3 months, inserted for renoureteral lithiasis during the Covid-19 pandemic.

Results: We included in the analysis 44 patients who were admitted with stents mounted more than 3 months ago, with an average age of 58.3 years. Of these, 32 (72.7%) have mounted double J stents, and 12 (27.3%) are percutaneous nephrostomy. Of the total number at 40 (90.9%) patients the pathology was unilateral, while 4 (9.1%) showed bilateral stents. The main complications were urinary tract infection, as follows: 26 (68.4%) patients were infected with E. coli, 5 (13.2%) with Klebsiella, 4 (10.5%) with Proteus and 3 (7.9%) with other bacterial species. Other complications were urinary obstruction, calcification, haematuria and fragmentation of stents.

Conclusions: Forgotten the stents in position associated with renoureteral lithiasis can have important complications, urinary tract infection being the most common.

Pm3. 9- Comparative analysis of kidney stone composition and dietary habits between two geographical regions in Romania

Analiza comparativă a compoziției litiazei urinare și a obiceiurilor alimentare între două regiuni geografice din România

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Introduction: Kidney stones are a prevalent disease. Knowledge of the stones' composition and eating habits is necessary for effective metaphylaxis. Our study compared these two elements in patients from the northeast and south of Romania.

Material and method: We included the patients in whom FTIR analysis of urinary lithiasis was performed. They filled out a questionnaire with 70 questions about eating habits. They were divided into two groups: those from the Bucharest area (south of Romania) and those from the Iasi area (northeast). We analyzed the demographic, stone composition, and dietary habits data.

Results and conclusion: 522 patients were included (63 from the south), 337 males and 185 females, with no difference between genders (p=0.92). 186 were from rural areas, and the difference between groups was significant (p=0.01). In the entire group of patients, the mean BMI in the southern region was 27.79, while in the northern region, the mean BMI was 28.20 (p=0.17). The most predominant stone composition was calcium oxalate dihydrate (26.75% vs 26.20%, p=0.12), followed by calcium oxalate monohydrate (28.78% vs 27.20%, p=0.2) and uric acid (28.05% vs 29.20%, p=0.15), with no difference between groups. Regarding dietary habits, those from the south are eating significantly more fast food (40% vs 18%, p=<0.05), while those from the northeast, eat significantly more potatoes (5% vs 77%, p=0.05). There were no differences regarding liquid intake, protein and vegetable consumption or excess of salt. Our preliminary results highlighted that although the stone composition is relatively identical in different regions of our country, there are some dietary differences. Further studies with larger cohorts are necessary to outline the profile of the lithiasis patient in Romania.

PM3.10 -Citrate therapy – Enhanced perspectives for renal calculi
Terapia cu citrați – Perspective îmbunătățite pentru litiaza renală

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Introduction. Almost all developed and developing countries are affected by nephrolithiasis, which is a global health care problem. There is a need to take more seriously the prevention of new and recurrent stone formations.

Material and methods. Stone size and location determine surgical removal strategies such as ESWL, ureteroscopy, and percutaneous nephrolithotomy. It remains a concern, however, that the stone may recur after removal. Alkaline citrate, particularly potassium citrate, is used to prevent kidney stones. AUA, EAU, CUA, and UAA recommend alkalinizing urine in patients with recurrent calcium stones, hypocitraturia, uric acid stones, and cystine stones.

Results and conclusions. Depending on the dosage, potassium citrate is administered in a variety of ways (EAU recommends 3–10 mmol twice daily or three times a day, then CUA recommends 30–60 mEq divided into 2 or 3 doses). Rather than conservative care, potassium magnesium citrate therapy and vitamin B-6 prophylaxis therapy prevent stone formation based on clinical and biochemical responses. This therapy restores normal citrate excretion and increases urinary pH in order to prevent calcium stone formation. Urinary pH should be between 6.0 and 6.5 (AUA, CUA, and UUA) for uric acid stone formers, and between 7.0 and 7.5 for cystine stone formers. Despite significantly lower costs, the citrate and alkali equivalents of over-the-counter oral alkalinizing agents are reduced. In order to determine their cost-effectiveness, further research is required.

PM3.11 - The usefulness of the LAMPA questionnaire in the metaphylactic strategy of the lithiasis patient

Utilitatea chestionarului LAMPA în strategia metafilactică a pacientului litiazic

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Introduction: Studies support the individualized metabolic assessment of patients with urinary tract stones according to the type of stone and severity of the disease. Using a questionnaire developed in our clinic, we assessed the correlations between eating habits, obesity, and lithiasis disease.

Materials and Methods: We developed the LAMPA questionnaire in the clinic, in which we record important information about the patient's personal and hereditary history of lithiasis, previous urological interventions, eating habits and fluid consumption, chronic medication, and other pathologies. We analyzed the information obtained by completing questionnaires over a period of four years.

Results and conclusions: We analyzed 1000 questionnaires and obtained the following results: gender distribution: female: 47.2%, male: 42.8%; 40% were from rural areas and 60% from urban areas; 75% of patients did not practice any sport. Increased salt intake was identified in 58% of cases, and predominant meat consumption was identified in 63%. White bread consumption: more than 5 slices/day in 24.8% and potato consumption between 2-4 times a week was recorded in 42% of participants. A family history of lithiasic pathology was evidenced in 27.6% of patients, and urinary tract infections were found in 26.2% of patients. Obesity was present in 65% of participants. Morphological and spectroscopic analysis of urinary calculi was performed in 78% of patients. Stone analysis should be performed in recurrent stones during each stone episode, even if the original stone composition is known, as changes in stone content have been reported in recurrent stones. Individuals at low risk of stone formation may benefit from treatment by taking general preventive measures regarding fluid and nutritional intake, as well as improving lifestyle. For those at high risk of stone formation, a specific metabolic assessment is needed to guide individual treatment and prevent stone relapse.

PM3.12 - LChallenges in the treatment management of the lithiasis patient suffering from obesity

Dificultăți în abordarea paientului litiazic care suferă de obezitate

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Introduction: The negative impact of both nephrolithiasis and obesity on the quality of life has been well documented, however the relationship between them the has not been determined in a systematic manner. The coexistence of lithiasis and metabolic syndrome makes the clinicians task more difficult, hence a different treatment approach is needed. This study aims to show the difficulties encountered when treating and implementing diet or lifestyle changes, such as the deficiency of dietitians in hospitals, the lack of communication between healthcare professionals and patients, the coexistence of multiple pathologies, the high rate of urolithiasis recurrence, improper hydration, inadequate urinary pH monitoring, the mismatch between the diet recommended for weight loss and diet guidelines for the lithiasis patients

Materials and method: We evaluated patients that were referred to the Department of Urology at "C. I. Parhon" Hospital with urolithiasis and excess body weight. They were included in a follow-up program (urine pH, body measurements, diet changes) between January 2022 and February 2024.

Results and conclusions: 498 patients were initially evaluated. 33.34% (n=166) of patients agreed to examined by a dietitian. Patients were aged between 18 and 73 years (mean of 51,59±11.24) with the BMI values ranged between 25.8 and 42.1 (mean of 32.2± 3.9) and the waist size ranged between 91 and 136 cm (mean of 107.6 ± 8.8). 39.75% (n=66) of patients started an adequate diet for both weight loss and nephrolithiasis prevention. 24.24%(n=16) of patients weighted within 10kg of the ideal bodyweight and 16.67%(n=11) of patients weighted within 5kg of the ideal bodyweight (mean weight loss was 16.68±3.85kg). Despite the data that support the relationship between obesity and lithiasis and the beneficial effect of weight loss from the perspective of lithiasis recurrence, addressability to nutritionists remains low. A efficient implementation of a complex nutritional programme may become a useful strategy in the treatment of the obese lithiasic patient.

PM3.13 - Urinary stones in diabetic patients – A morphological and spectroscopic analysis

Litiaza renală la pacienții diabetici – Analiză morfologică și spectroscopică

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Introduction: The composition of urinary stones varies significantly and is influenced by associated conditions, genetic factors, and environmental and nutritional factors. This research aimed to emphasise the biochemical characteristics of stones in patients with diabetes.

Material and methods: We analysed the stone composition in diabetic patients referred to our clinic between April 2017 and January 2024. The study involved diabetic lithiasic patients, with stones collected from spontaneous ureteral passages and fragments retrieved after extracorporeal lithotripsy, retrograde ureteroscopy, or percutaneous nephrolithotomy. All patients completed a comprehensive assessment questionnaire LAMPA covering demographic factors, dietary habits, and associated pathologies, followed by the calculi analysis through FTIR.

Results and conclusion: 128 out of 785 analysed stones were from diabetic patients. The mean age of 53.5 years (SD ±15.8), 79 men and 49 women. Observed comorbidities were obesity or overweight (66%), arterial hypertension (52%), and chronic kidney disease (28%). Spectroscopic analysis of calculi composition in these patients revealed that 53.9% (n=69) stones were mainly composed of uric acid, 11.7% (n=15) stones were mainly composed of sodium urate, 10.9% (n=14) were pure uric acid calculi, 12.5% (n=16) calcium oxalate dihydrate, and 10.9% (n=14) calcium oxalate monohydrate. Patients with type I diabetes had a higher occurrence of pure uric acid calculi compared to those with type II diabetes. Conversely, mixed uric acid calculi were more common in patients with type II diabetes, and this difference was statistically significant (p=0.05). 74.2%(n=95) have visible signs of active metabolic lithiasis. The mean urine pH in these patients was 5.5 (±0.5), and 74.2% (n=95) had a urinary pH below 5.5. Analysis of the LAMPA questionnaires revealed that 60.9% of patients had low fluid intake (below 2 litres of water per day), 52.3% were in the recurrent lithiasis stage, 65.6% had an increased meat intake, and over 70.3% had a reduced intake of citrus fruits. In our opinion, once diagnosed with diabetes, the patient must be informed about measuring the urinary pH and the important risk of developing lithiasis.

PM3.14 - Urinary pH value in renal lithiasis methaphylaxis
Valoarea pH-ului urinar în metafilaxia litiazei urinare

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Introduction: Urolithiasis metaphylaxis aims to adopt different measures to reduce the recurrence of kidney stones. One of the key factors in urinary lithiasis metaphylaxis is maintaining an optimal urinary pH.

Material and methods: We analyzed the link between urinary pH and urinary lithiasis. We performed stone composition analysis trough FTIR and urinary pH assessment for 785 cases. According to the results, a specific treatment was initiated. Each patient was instructed how to monitor urinary pH values.

Results: In 413 cases (52.61%) urinary pH was between 5 and 5.8. In 148 cases (18.85%) urinary pH was between 6.2-7.5. In 219 cases (27.89%) we identified a urinary pH between 5.8 and 6.2. In the group of patients with acid pH (5-5.8) the composition of stones was distributed as follows: Calcium oxalate monohydrate 24.5 %(n=105) Calcium oxalate dihydrate 47.4% (n=196), Uric acid 21.3% (n=88) Urate 2.9% (n=12) the rest being completed by Phosphate, Struvite, Cystine or Brushite stones (3%). In the group of patients with alkaline pH (6.2-7) the composition of calculi was as follows: Calcium oxalate monohydrate 37.16% (n=55), Calcium oxalate dihydrate 19.7% (n=65), Phosphate 10.8% (n=16), Struvite 8.1% (n=12). In patients with pH between 5.8-6.2, calculus composition was as follows: Calcium oxalate monohydrate 51.14% (n=112), Calcium oxalate dihydrate 31.5% (n=69), Uric acid 4.5% (n=10), Phosphate 4.5% (n=10), Urate 3.19% (n=7).

Conclusions: Maintaining an optimal urinary pH can reduce the recurrence of urinary stone formation and can be achieved by dietary changes, supplementation or medication, measures that follow careful monitoring of urinary pH in clinical practice. The vast majority of laboratories consider normal urinary pH between 5 and 7, which confuses patients a lot!

PM3.15 - Procalcitonin - A useful marker in predicting the result of urine culture in patients with obstructive ureteral lithiasis

Procalcitonina – Un marker util în predicția rezultatului uroculturii la pacienții cu litiază ureterală obstructivă

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Introduction: Sepsis resulting from ureteral obstruction by a stone is a urological emergency that requires prompt diagnosis and treatment. Urine culture is the standard diagnostic test used to detect urinary tract infection. However, it takes 24-72 hours to obtain the results. Therefore, we aimed to determine the parameters that are associated with the likelihood of a positive urine culture in this category of patients.

Material and methods: We investigated patients who were referred to the Department of Urology at 'C. I. Parhon' Hospital with obstructive urinary lithiasis between January 2021 and August 2023, and in which drainage of the urinary tract was performed, either by inserting a JJ stent or by percutaneous nephrostomy.

Results and conclusion: We included 205 patients with obstructive hydronephrosis. The median age was 53 years (19-87). JJ stents were placed in 191 (93.1%) out of 205 patients. Patients in whom the urine culture was positive were characterized by significantly higher values of WBC (16.600/mmc vs 18.100/mmc, p=0.03), procalcitonin (4.54 ng/ml vs 13.75 ng/dl p=0.0002) and CRP (35.8 mg/L vs 95.3 mg/L, p=0.005). Our data showed that starting from a cut-off value of 2.8 ng/ml, procalcitonin presents a sensitivity of 71.2%, a specificity of 82% and a positive predictive value of 61.2%, for infected hydronephrosis superior to CRP, for which our data revealed a sensitivity of 73% and a specificity of 48%, while the positive predictive value for CRP was 43.9%. Regarding other markers that are associated with the probability of positive urine culture, our data showed that the presence of nitrites in the urine increases the risk by 2.82 times, while that of proteins in the urine by 1.6 times. Our results suggest that procalcitonin is a better marker for predicting positive urine culture in patients with ureteral lithiasis than classic biological parameters such as C-reactive protein or blood count.

PM4.1 - f-URS – The Impact of The Learning Curve in Stone Free and Complication Rates

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Introduction and objectives. With the advancement in technology and endoscopic techniques since 1980, flexible ureterorenoscopy (f-URS) has nowadays become a quite popular approach for managing reno-ureteral lithiasis, especially kidney stones under 20 mm. The approach gained field because of its suitable stone free rate (SFR) compared to the complications, but like any other surgical procedure, it has a learning curve defined as the period of time and the number of cases an average surgeon requires in order to perform the surgery with acceptable success and complication rates. The purpose of this study was to investigate the learning curve in f-URS and its impact on the outcomes, mainly success and complication rates.

Material and methods. This study conducted a prospective analysis of 60 patients from a tertiary care urology clinic who underwent f-URS. All f-URS procedures were performed by a single surgeon under general anaesthesia with oro-tracheal intubation. The patients were divided into two study groups of 30 each based on the time of the surgery: group 1 containing the first 30 patients operated between 1st of October 2018 and 30th of April 2019 and group 2 the last 30 ones operated between 1st of May 2019 and 25th of August 2019. Demographics, characteristics of the stones, f-URS-related parameters, hospital stay time, SFR and complications were gathered into a database, that was used for comparison and statistical assessment of the differences.

Results. The groups were similar regarding demographics (gender, age, body mass index) and stone characteristics (location, density, sizes). Operative parameters and surgical outcomes such as time until the introduction of the f- ureteroscope, fluoroscopy time and operative time showed improvement by shortening progressively with the gained experience. Time passed until the introduction of the flexible ureteroscope was 18.5 min (group 1) vs 12.4 min (group 2) (p=0.001). The fluoroscopy time was 40.8 sec (group 2) versus 83 sec (group 1)(p = 0.001). The operative time has remarkably decreased from 49.2 min to 32 min in group 2 (p = 0.001). SFR was also significantly improved in the second study group - 86.66% versus 66%, but with no major difference in hospital stay or complications rate.

Conclusion. According to the outcomes, this minimally invasive surgical procedure requires experience and surgical skills gained after overpassing the learning curve, a suitable level of performance regarding operative times and outcomes being obtained after at least 30 surgeries. Further trials need to be conducted to better characterize the precise learning curve.

PM4.2 - Comparison in Single-Use fURS Between Young Resident and Senior Urologist

Studiu comparativ fURS Single-Use între medic rezident urolog și medic senior urolog

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Introduction. Flexible ureterorenoscopy (fURS) is standard for kidney stones under 2 cm and ureteral stones. Surgeon expertise usually determines surgical outcomes. This study aims to compare the results of young urologist resident using single-use fURS with those of a senior doctor.

Materials and Methods. This prospective study was conducted between 1 January and 30 June 2023 in "Prof. Dr. Theodor Burghele" Clinical Hospital, Bucharest, Romania. The comparative data was analyzed after fURS performed by a resident urologist in the training (Group 1) programme and a senior doctor with over 10 years of experience (Group 2). All the endoscopic interventions were performed using the Single-Use Flexible Ureteroscope Innovex US-31D-12-EU from AnQuing Medical. The surgical protocol respected the same strategy for all performed interventions. The imagistic evaluation for diagnosis and postoperative evaluation was made using a non-contrast CT scan. Only fragments bigger than 3 mm were considered residual fragments. Complications were classified using Clavien-Dindo modified system for urologic procedures.

Results. The demographic data revealed a mean age of 53.9 years old for Group 1 and 46.1 in Group 2. Sex distribution revealed more male patients in the first group (52.5% compared to 47.5%). The imagistic obtained data showed a very small difference between stone dimensions (1.45 cm in Group 2 vs. 1.56 cm in Group 2). The mean stone density measured in HU was smaller in the resident doctor's group (788.58 vs 841.06). Most of the stones were located in the renal pelvis (59.8% in Group 1 vs. 68.5%). Two types of access sheaths were used during surgery (11/13 Fr. and 12/14 Fr.). The overall mean flexible ureteroscopy time was smaller in the senior urologist group (67.35 min vs. 58.38 min). Most of the complications were Clavien I and II. Only 2.8% and 2.2% of the cases were registered with Clavien III.

Conclusion. Although the operating time may be longer in the case of a resident doctor regarding flexible ureteroscopy, he can record very good results regarding the stone-free rate, with a small percentage of complications.

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PM4.3 - fURS for horseshoe kidney stones - one day surgery: Case Presentation

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Introduction. Due to advantages of fURS surgery and laser fragmentation, this approach for kidney stones represents an increasingly frequent approach in outpatient surgery.

Materials and method. Male patient, 53 years old, presented in Emergency Department for intense left lumbar pain, nausea and vomiting. Initially is diagnosed using ultrasound with left UHN grade II and modification of kidney anatomy suggesting horseshoe kidney. Uro - CT was performed. It revealed horseshoe kidney, left UHN grade II and one proximal ureteral stone by 10/8 mm and 2 kidney stones located in lower calyx (6mm and 9 mm).

Results. Initially we perform Retrograde Ureteroscopy with pushback and Double JJ stent insertion. After 14 days we perform under spinal anesthesia fURS for all 3 stones located in the left kidney. OR time was 60 min, we used access sheet, Holmium:Yag laser with 365 um reusable fibers and digital flexible single use ureteroscope. Admission duration was 6 hours and patient was discharged with no complication Clavien Dindo and recommendations: home escorted and not stay alone in the first night following surgery, able to respect post-surgery recommendations.

Conclusions. fURS for complicated cases is a safe procedure and suitable to be performed under spinal anesthesia and outpatient surgery by experienced endoscopic surgeons in centres with high number of cases and increased expertise.

PM4.4 - Flexible ureteroscopy under general anesthesia or locoregional anesthesia

Ureteroscopia flexibilă sub anestezie generală sau anestezie locoregională

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Introduction: Flexible ureteroscopy gives the ability to approach a kidney stone located in a location that is difficult to reach with the semi-rigid ureteroscope. The challenge is to adjust with the patient's respiratory movement. Thus, in the present study, the variables in flexible ureteroscopy performed under general anesthesia and locoregional anesthesia are analyzed from the perspective of the surgeon.

Materials and Methods: We performed a retrospective analysis of patients that underwent flexible ureteroscopy between July 2023 and December 2023. At the end of each intervention, the surgeon completed a questionnaire with 13 questions with a maximum score of 55 points regarding the mobility of the kidney and comfort in surgical gestures. Patient data were collected regarding age, sex, calculus characteristics, surgery duration, "stonefree" rate subjectively assessed by the operator at the end of the intervention, type of anesthesia and questionnaire score.

Results: A total of 30 patients were included. The mean age (years) was 47.7 years, with a mean stone diameter (mm) of 15.1, mean surgical duration (min) 55.9; general anesthesia n=18, locoregional anesthesia n=12. The average score of the questionnaire was 42.7, 48.75 points for the general anesthesia group and in the group with locoregional anesthesia 38.72. The duration of the intervention (min) is significantly related to the Calculus Diameter (MM).

Conclusions: In summary, our study demonstrated that there is no difference between general anesthesia and locoregional anesthesia in terms of duration of the surgery, being strongly related to the diameter of the calculus. From a subjective point of view, the surgeons preferred general anesthesia in terms of ergonomics and comfort.

PM4.5 - Assessing the Performance of Flexible-Tip Suction Ureteral Access Sheaths Versus Traditional Ureteral Access Sheaths in F-URS: A Preliminary Investigation

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Introduction and Objectives. In the realm of managing reno-ureteral lithiasis, flexible ureterorenoscopy (F-URS) has emerged as a prominent modality, especially with technological enhancements like bendable tip suction ureteral access sheaths, which augment outcomes while mitigating risks. This study endeavors to scrutinize the inaugural encounters of a tertiary care facility's urological surgery division concerning the efficacy and safety of a proprietary suction-sheath (termed "S-UAS") vis-à-vis conventional ureteral access sheaths ("T-UAS") in the milieu of F-URS for treating pyelocaliceal system (PCS) lithiasis, a minimally invasive intervention.

Materials and Methods. A retrospective exploration was conducted on two cohorts, each encompassing 15 patients with akin stone burdens undergoing F-URS for PCS stones. One cohort adopted the S-UAS, while the other adhered to T-UAS. Patient demographics, stone attributes, procedural specifics, stone-free rates (SFR), and untoward events were compiled and subjected to statistical scrutiny for comparisons.

Results. The two cohorts exhibited congruent demographics, stone parameters, and procedural outcomes. However, the S-UAS cohort manifested abbreviated total operative and laser durations relative to the T-UAS cohort, with average spans of 51.78 minutes versus 65 minutes and 23.28 minutes versus 32.8 minutes, respectively. Furthermore, the SFR at one-month post-procedure was superior in the S-UAS cohort (86.6%) versus the T-UAS cohort (80%), with no occurrences of systemic inflammatory response syndrome (SIRS) observed in the former, while two instances arose in the latter.

Conclusion. The utilization of a proprietary suctioning ureteral access sheath (S-UAS) for F-URS appears to confer advantages over conventional ureteral access sheaths (T-UAS), evincing superior immediate SFR at one-month post-procedure, alongside diminished operative durations and ostensibly fewer infectious complications.

PM4.6 - Combined Direct In-Scope Suction (DISSTM) Flexible Ureteroscopy with bendable access sheets for complete stone removal

Combinarea directă a sucțiunii prin ureteroscop cu tecile de acces flexibile pentru îndepărtarea completă a calculilor

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Introduction. Flexible ureteroscopy has undergone significant improvements in the last decade, offering smaller, more efficient instruments with extremely useful properties such as in-scope aspiration, which used together with bendable access sheaths have greatly improved postoperative stone-free rates.

Materials and method. Between 1st July and 31st December 2023, 10 cases of single-use fURS using Pusen USCOPE 7.5 Fr single-use with suction DISSTM in the treatment of retrograde intrarenal surgery of renal stones, together with bendable flexible access sheets 10/11 Fr were performed at the "St John" Clinical Emergency Hospital in Bucharest.

Results and Conclusions. Gender ratio M=3, F=7. Average age 54.3 years. Intrarenal stones were treated in all cases. Average stone size 10-16 mm (average 12.7mm). 8 patients (80%) were previously stented. In all cases, the pyelocaliceal access was successful. Holmium:YAG laser (dusting mode) was used in all cases. The DISSTM system was used both during the lithotripsy, improving visualization, and at the end to achieve a stone-free status in real time. In all cases, flexible access sheaths were used to access the stone, for better irrigation control, improved visualization and aspiration of stone fragments resulting from lithotripsy. OP time 35-75min (average 48.5min). In 6 cases (60%) postoperative JJ stent was placed for 2 weeks. In 4 cases (40%) mild hematuria and one case of post-operative fever (Clavien I) were treated conservatively. In uncomplicated cases - 24h hospitalization. All cases were stone-free at control KUB. The major advantage of combining fURS with in-scope aspiration together with bendable flexible access sheets is that it offers an improved intrarenal visualization by aspirating the dust resulting from lithotripsy, it ensures the true stone-free status of patients in selected cases, aspirating all fragments resulting under direct endoscopic visualization.

PM4.7 - Bendable-tip suction ureteral access sheath: a comparison with standard ureteral access sheath

Teaca de acces ureteral cu sucțiune și capăt flexibil: o comparație cu teaca de acces ureteral standard

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Introduction: Improving the stone-free rate is a major objective during flexible ureteroscopic approach. The flexible-tip suctioning ureteral access sheath (UAS) is a accessory instrument with great potential that has recently entered in the therapeutic armamentarium of this intervention. The aim of the study was to evaluate this sheath model by comparison to the standard model.

Material and methods: We evaluated 88 patients who underwent retrograde flexible ureteroscopic approach for single pyelocaliceal stones: 44 consecutive patients in whom we used ClearPetra 10/12F UAS (Well Lead Medical Co, Guangzhou, China) and 44 consecutive patients in whom the retrograde flexible ureteroscopic approach was performed with a standard 10/12F UAS. The mean operative time, the stone-free rate on the first postoperative day and at 1 month, and the complication rate were evaluated. Assessment of the stone-free status was performed using ultrasonography and KUB on the first postoperative day, respectively by CT examination at one month postoperatively.

Results: The average size of the stones was similar: 14 mm (7-19 mm) in group 1, respectively 15 mm (7-22 mm) in group 2 (p=0.14). The average operative time was longer in the suction ureteral access sheath group: 29 minutes versus 25 minutes in group 2 (p=0.004). Stone-free rates on first postoperative day were 97.7% in group 1 versus 88.6% in group 2 (p=0.044), and those at one month postoperatively were 97.8% and 95.5%, respectively (p=0.32). Complications occurred in 27.3% in group 1 (all Clavien I and II), and 29.6% in group 2 (Clavien I and II in all cases except one in which a Clavien III complication was encountered).

Conclusions: The flexible tip suction access sheath allows rapid achievement of the stone-free status. Although not statistically significant, the complication rate was lower in patients in whom the flexible sheath was used.

PM4.8 - The impact of new ureteral access sheath used without vacuum over the flexible ureteroscopic approach septic complications

Impactul noii teci de access cu vârf flexibil utilizate fără vacuum asupra complicațiilor septice ale ureteroscopiei flexibile

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Introduction: The ClearPetra bendable-tip suction ureteral access sheath (Well Lead Medical Co, Guangzhou, China) is one of the newest accessory instruments to enter armamentarium of flexible ureteroscopic approach. The aim of the study was to evaluate the effectiveness of using this sheath model without suction in the prevention of septic complications.

Material and methods: We evaluated 30 patients who underwent retrograde flexible ureteroscopic approach with the ClearPetra 10/12F access sheath but without suction and 30 patients who underwent retrograde flexible ureteroscopic approach with a standard 10/12F access sheath. We assessed the overall rate of complications, as well as the rate and severity of septic complications.

Results: According to the standard operating recommendations, the conventional access sheath was positioned with the distal end just below the ureteropelvic junction, while the flexible sheath was advanced to the proximity of the calculus. The overall complication rate was 26.7% after the use of the flexible sheath versus 23.3% in the group in which the standard sheath was used. However, when analyzing only the incidence of septic complications, they occurred in 6.7% in the flexible sheath group versus 16.6% in the standard sheath group. The distribution by severity was as follows: 100% Clavien I and II complications in group 1, compared to 80% Clavien I and II complications and 20% Clavien III complications in group 2.

Conclusions: The optimized drainage of irrigation fluid provided by the novel flexible ureteral access sheath, even when used without suction, appears to provide a protective effect over the standard access sheath. The evaluation of a larger number of cases is necessary for a better understanding of this effect.

PM4.9 - Single-use ureteroscopy in the treatment of renal lithiasis

Ureteroscopia de unică folosință în tratamentul litiazei renale

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Introduction Single-use flexible ureteroscopes were developed as an alternative to reusable ureteroscopes. The purpose of this study was to analyze the effectiveness and safety of Pusen Uscope UE 3022.

Material and method. A randomized prospective study was carried out in the Urology department of St. John's Hospital between 2021-2023, using the Pusen Uscope 3022 disposable flexible ureteroscope. The patients were analyzed in three groups according to the size of the kidney stones: group I with stone size <10 mm, group II 10-20 mm, group III > 20 mm but not greater than 40 mm. In the first group of 54 patients, after one procedure, the success rate was 94%, which represented a number of 51 patients completely resolved. For the remaining 3 patients, a second flexible ureteroscopy intervention was performed, subsequently obtaining the success rate for all. In the second group, 34 flexible ureteroscopies were performed, achieving a success rate status of 88.2%, representing 34 completely resolved patients. In the 3rd group, 12 flexible ureteroscopes were initially performed with a stone free rate of 75%, representing 9 patients. The rest required a second endoscopic procedure reaching Stone-free status in 83.3% of cases. 2 patients required a second flexible ureteroscopic intervention with a success rate of 91.7

Conclusion. This study demonstrated that the Pusen Uscope 3022 disposable flexible digital ureteroscope represents a viable alternative in the flexible endoscopic treatment of kidney stones, demonstrating good safety and efficacy.

PM4.10 - Single-use Direct In-Scope Suction (DISSTM) Flexible Ureteroscopy in suctioning of disintegrated renal stones

Ureteroscopia flexibilă de unică folosință cu aspirația directă în ureteroscop pentru calculii renali dezintegrați

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Introduction. Flexible ureteroscopy (fURS) has become the gold standard in the treatment of renal lithiasis, offering the best results in relation to the safety of the surgical act. In the last decade, the remarkable technological advance has made possible the creation of more miniaturized and better performing instruments in the desired success of the stone-free status. Direct In-scope Suction (DISSTM) from PusenTM offers the advantage of a miniaturized, efficient instrument with the possibility of real-time suction of the fragments resulting from laser dusting, offering the opportunity to obtain the true stone-free status in real time at the end of the lithotripsy procedure.

Materials and method. Between 1st July and 31st December 2023, 15 cases of single-use fURS using Pusen USCOPE 7.5 Fr single-use with suction DISSTM in the treatment of retrograde intrarenal surgery of renal stones were performed at the "St John" Clinical Emergency Hospital in Bucharest.

Results and Conclusions. Gender ratio M=4(26.6%), F=11(73.3%). Average age 52.7 years. Intrarenal stones were treated in all cases. Average stone size 8-16 mm (average 11.46mm). 5 patients (33.3%) were previously stented. In all cases, the pyelocaliceal access was successful. Holmium:YAG laser (dusting mode) was used in all cases. The DISSTM system was used both during the lithotripsy, improving visualization, and at the end to achieve a stone-free status in real time. OP time 35-75min (average 45.3min). In 10 cases (66.6%) postoperative JJ stent was placed for 2 weeks. In 5 cases (33.3%) mild hematuria (Clavien I) was treated conservatively. In uncomplicated cases - 24h hospitalization. All cases were stone-free at control KUB. This new real-time aspiration technology offers both the advantage of a better visualization intraoperatively and consequently a shorter procedure time, as well as the opportunity to achieve true stone-free status at the end of the intervention.

PM4.11 - Safety and efficacy of URSF in geriatric patients
Siguranța și eficacitatea URSF la pacienții geriatrici

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Introduction: In this retrospective study, we aimed to comparatively evaluate the efficacy and safety of URSF procedure on an age-based manner in patients younger and above 65 years.

Material and Method: A total of 189 patients undergoing URSF procedure for renal stones were divided into two groups on an age-based manner namely; Group 1 (n=132) patients aging < 65 years and Group 2 (n=57) patients aging above 65 years. Demographic and clinical data regarding the stone free rates, complication rates and need for secondary procedures were retrospectively evaluated.

Results and Conclusions: Of all the patients undergoing RIRS for kidney stones, 132 were below the age of 65 (69.8%) and 57 were above the age of 65 (30.2%). Mean age value for the patients aging more than 65 years was 74.16 ± 3 years. Although there was no statistically significant difference with respect to the operative duration (Group 1 - 60 minutes vs Group 2 - 62 minutes), stone-free rates (SFR 79,7% vs 63,6%; p = 0,038) and hospitalization period (Group 1 - 2 days vs Group 2 - 2 days) between the two groups, both complication rates and the need for additional interventions were higher in the older patient group. All complications noted in the both groups were minor (Grade I) complications according to the Clavien classification system. URSF procedure can be applied as an effective and safe treatment alternative for the minimal invasive management of renal stones in relatively older patients (> 65 years) with similar hospitalization as well as stone free rates noted in the younger patients. No procedure related severe complication was noted in these cases.

PM4.12 - Ureteroscopy in Elderly Patients: Evaluating Safety and Functional Outcomes

Ureteroscopia la pacienții vârstnici: evaluarea siguranței și rezultatelor funcționale

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Introduction:The aging population, especially those aged ≥70 in the European Union, is increasing. Globally, there's a growing prevalence of urinary tract stones, particularly among this demographic. Due to heightened comorbidities and associated risks, ensuring the safety of urinary stone treatments is crucial for urologists.

Methods:A retrospective analysis was performed on patients aged ≥70 years who underwent Ureterorenoscopy (URS) for urinary stone disease between January 2020 and December 2023. All procedures were conducted under either general or spinal anesthesia, the use of a ureteral access sheath was at the discretion of the surgeon, and lithotripsy was carried out using a Holmium:YAG laser. Urine cultures were obtained preoperatively, with appropriate antibiotic treatment administered in cases of positive cultures at least two days before the procedure.

Results:Ninety-seven patients were included, with a median age of 74 years and a male-to-female ratio of 1.5:1. The majority of patients had an ASA score of 3. The mean stone diameter was 10.6±4.8 mm, with half of the stones located on the left side and 4 cases being bilateral. Preoperatively, 72.0% of patients were drained, primarily with a DJ stent. Preoperative urine culture was positive in half of the cases. The mean operative time was 78±54 min, with an access sheath used in 43% of procedures. Postoperatively, all cases received either a DJ stent or a ureteral catheter, with a urethral catheter left indwelling in all cases. The overall 30-day complication rate was 26%.

Conclusions:In summary, our study demonstrates that URS is a safe and effective treatment option for urinary stone disease in elderly patients aged ≥70. Positive preoperative urine cultures emphasize the importance of administering antibiotics before the procedure. Despite the advanced age and comorbidities, the overall 30-day complication rate of 26% indicates satisfactory outcomes in terms of safety and efficacy.

PM4.13 - TRIRS vs. miniPERC in CKD patients with ≤ 3 cm renal stones
RIRS vs. miniPERC la pacienții cu BCR și litiază renală ≤ 3 cm

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Introduction: Urolithiasis is commonly encountered among patients with chronic kidney disease. The primary goal for these patients is to stabilize renal function to delay the need for renal replacement therapy. This study aims to compare the safety and efficacy of retrograde intrarenal surgery (RIRS) and miniPERC for kidney stones up to 3cm in patients with chronic kidney disease.

Material and methods: A retrospective analysis was performed between September 2022 and August 2023. 43 patients with CKD and renal calculi up to 3cm were treated with RIRS. Another 13 patients receiving miniPERC. The estimated glomerular filtration rates (GFR) were <60ml/min * 1.73 m2. Lithotripsy was carried out using a Holmium:YAG laser. The perioperative parameters were compared. The main outcomes were stone-free rate, complications, surgery time, haemoglobin drop and hospital stay. All patients were followed up for at least 6 months.

Results: miniPERC and RIRS had stone free rates of 92.3%and 90.69% respectively at the 3 months follow up. Longer operation time was observed in the RIRS group vs miniPERC (53,27 min vs 41,35 min), with less drop hemoglobin level (0,42 g/dL vs 1,47 g/dL). Postoperative fever was present in 3 patients with RIRS compared with 1 patient with miniPERC. Hospital stay was 1,82 days for RIRS compared to 2,46 days for miniPERC.

Conclusions: The stone free rate of kidney stones is increased for both surgical methods, with a low complication rate. RIRS requires an increased surgery time, although it is associated with a lower haemoglobin drop and a shorter hospital stay

PM4.14 - The effectiveness of supine Mini PCNL in our experience
Eficacitatea Mini-NLP în poziție supine în experiența clinicii

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Introduction. The ongoing experience with the Mini-PCNL showed that this technique is not only a miniaturization but also a different method to remove the stones, as the stones come out of the calyceal system only by means of the irrigation flow without any further need of forceps or baskets. These advantages are enhanced using supine position (Valdivia and its modified variants). The aim of this paper was to show the favorable outcomes of supine Mini-PCNL in our experience.

Material and methods. One hundred patients underwent Mini-PCNL in supine position (Valdivia and Galdakao modified Giusti). In 93 cases the indication was renal urolithiasis and for the other 7 cases this technique was used for treatment of complications in patients with urinary diversion. In all cases we used combined fluoroscopic and ultrasound guidance. We used a 12 Fr nephroscope and 15/16Fr access sheaths. All procedures finished with placing a nephrostomy tube. 10 cases needed Double J stenting.

Results and conclusions. The median patients age was 53 years (range 27-73 years). The median operative time was 60 minutes (range 30-150 minutes). Mean postoperative hospital stay was 2.4 days. The stone free rate was 82% evaluated by abdominopelvic computed tomography. The renal pelvis injury was encountered in two cases successfully managed by Double J stenting. Postoperative hemorrhage didn't require blood transfusion or any other surgical intervention. Two other cases had CLAVIEN II complication (fever and sepsis, respectively). In conclusion, Mini PCNL in supine position is a safe and effective treatment for renal stones. Valdivia position and its variants increased the stone free rates and decreased organ injury when compared with the results of other approaches, according with literature data. The future will show us what kind of further miniaturization of the Mini-PCNL procedure will be appropriate.

PM4.15 - Voluminous bladder lithiasis secondary to neglected ureteral stenting

Litiaza vezicală voluminoasă secundară stentului ureteral neglijat

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Introduction. JJ ureteral stents are routinely used nowadays in many urological surgeries requiring post-interventional ureter drainage or in various pathologies that modify the ureter structure by extrinsic compression. JJ stents can become a real problem when they are not removed within the recommended time frame.

Case presentation. Patient aged 59 years, known history of cervical neoplasm for which total hysterectomy was performed 20 years ago followed by radio-chemotherapy, JJ ureteral stent fitted 11 years ago for grade III ureterohydronephrosis. Currently presenting for polakidisuria. Reduced left parenchymal ultrasound, grade III-IV ureterohydronephrosis, ureter visible up to lower pole without visualizing JJ probe. Plain renal radiograph shows left JJ catheter with upper loop projecting over sacroiliac joint on same side and twisted lower portion over a 65/60mm inhomogeneous calcification.
Surgical intervention under spinal anaesthesia and cystolithotomy with removal of bladder lithiasis along with JJ ureteral stent. The patient was discharged 7 days postoperatively. The urethro-vesical catheter was removed 12 days postoperatively.

Conclusions. It is very important to explain the whole recovery process to the patient in order to increase adherence to treatment, failure to follow a control period may lead to a minimally invasive intervention such as removal or exchange of a ureteral stent to a larger surgery.

PM5.1 - Training of transrectal ultrasonography skills for students using medical simulation

Dezvoltarea competențelor de ultrasonografie transrectală pentru studenți utilizând simularea medical

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Introduction: Transrectal ultrasonography (TRUS) plays a pivotal role in the diagnosis and management of various urological conditions. Understanding transrectal ultrasonography (TRUS) is helpful for future practitioners. However, traditional training methods might not fully provide sufficient exposure to transrectal ultrasound. Medical simulation offers a great way to enhance students' skills in a controlled setting. This study aimed to evaluate the effectiveness of a medical simulation-based training program for students in acquiring and refining transrectal ultrasonography skills.

Materials and Methods: Our study focused on the experience of 20 students with previous participation in ultrasound courses who took part in 4-hour workshops, divided into groups of six to eight. A urologist led the workshop, which included a 1-hour theoretical component and 3 hours of exercises on the simulator. Before and after completing the training, participants were requested to complete a questionnaire assessing the impact of the training on their knowledge, as well as to conduct a self-assessment of their confidence and skill levels before and after the training, using a 5-point scale.

Results: Prior to the workshop, participants were asked to complete a survey regarding their knowledge of TRUS, using a 10-question test, and the majority answered correctly to 5 questions. However, after the workshop, the majority of participants accurately answered eight questions. The participants recognized that this type of training is beneficial for fostering the practical skills necessary for their careers.

Conclusion: Transrectal ultrasonography (TRUS) is crucial for diagnosing and treating urological issues. Using medical simulations can help improve students' skills in a safe setting. This study aimed to assess the effectiveness of a simulation-based training program for students in better understanding TRUS, which proved to be successful.

PM5.2 - Assessment of live urodynamics introductory concepts workshop
Evaluarea atelierului de noțiuni introductive în urodinamică

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Introduction: Functional urology encompasses the study and management of urinary tract dysfunctions, focusing on the physiological aspects of bladder and sphincter control. This area of study delves into the intricate mechanisms involved in maintaining urinary continence, facilitating voiding, and managing urinary storage functions. We aim to explore how participation in a functional urology workshop influences participants' knowledge and self-confidence.

Materials and Methods: In this workshop, 50 participants engaged in a comprehensive exploration of introductory concepts in functional urology, comprising a three-hour theoretical session followed by two hours of live practical demonstrations based on three randomly selected patients. After the training session, participants were requested to complete a questionnaire assessing the impact of the training on their understanding of functional urology, along with a self-assessment of their confidence and skill levels before and after the training, using a 5-point scale and basic questions.

Results: Prior to the workshop, 37 participants completed a pre-workshop test consisting of eight questions assessing their understanding of fundamental concepts. Following the workshop, 24 participants responded to a post-workshop test, reflecting on the same set of questions. Analysis revealed a notable evolution in participants' responses, indicative of enhanced comprehension and knowledge retention. Moreover, feedback from participants was overwhelmingly positive, highlighting the efficacy of the workshop format in facilitating learning and skill acquisition.

Conclusion: The workshop on introductory concepts in functional urology proved to be beneficial in enhancing participants' understanding of key principles in the field. Both the theoretical and practical components of the workshop contributed to knowledge retention and skill acquisition among participants. Overall, the workshop serves as a promising platform for advancing clinical practice and ultimately improving patient care outcomes in the field of urology.

PM5.3 - Training urology residents through simulation: Suprapubic catheterization

Pregătirea rezidenților în urologie prin simulare: Cateterizare suprapubică

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Introduction: Suprapubic catheterization (SPC) is considered an essential skill for urology residents to master. Traditionally, this procedure is predominantly taught through direct patient engagement. This study seeks to investigate the effectiveness of utilizing a simulation-based training model for suprapubic catheterization in enhancing the skills and confidence of urology residents.

Materials and Methods: Twenty-three urology residents took part in learning SPC on an affordable, custom-built simulation model, made with accessible materials. To reconstruct the different resistances of the abdominal wall one has to penetrate in order to reach the urinary bladder, materials with different densities were used (silicone, latex, sponge) as a cover for the silicone mold representing the bladder. The participants' performance was evaluated through ten multiple-choice questions. Additionally, a self-assessment and feedback form were employed to assess the subjective influence of the training.

Results: All participants (n=23) successfully finished the surgical procedure, with their hands-on performance scores ranging from 5.8 to 8.8, achieving an average rating of 7.234 +/- 0.7345 out of 10. Every participant agreed that the training was helpful for learning how to insert a suprapubic catheter, and the feedback collected from them was notably positive, suggesting that the training not only met but possibly exceeded expectations.

Conclusion: In summary, our assessment of the training program highlights the advantages of simulation-based learning in urology residency training. By improving procedural skills, knowledge, and confidence levels, this approach offers valuable benefits for future urology professionals. Integrating simulation-based methods can enhance educational strategies, better equipping residents for clinical practice, and ultimately improving patient care in urology.

PM5.4 - The impact of attending a robotic surgery workshop on the decision to pursue a career in robot-assisted surgery

Impactul participării în cadrul unui atelier de chirurgie robotică asupra deciziei de a urma o carieră în chirurgia asistată de robot

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Introduction. Robotic surgery has rapidly evolved as a prominent technique in various surgical specialties, including urology. With its precision, minimally invasive nature, and enhanced visualization, robotic-assisted procedures offer unique advantages over traditional surgical approaches. We aim to investigate the impact of participation in a robotic surgery workshop on participants' inclination towards pursuing a career in robot-assisted surgery (RAS).

Materials and Methods. Our study focused on the experience of 22 urological residents who took part in 4-hour workshops, divided into groups of six to eight. A surgeon led the program, which included a 1-hour theoretical component and 3 hours of exercises on the robotic surgery simulator. Following the training, participants were asked to fill out a questionnaire gauging their views on how the training influenced their decision to pursue a career in RAS, along with a self-assessment questionnaire of their confidence and skill levels before and after the training, utilizing a 5-point scale.

Results. At the time of the workshop, all participants successfully completed surgical steps and procedures. Prior to the workshop, only 27.3% were interested in pursuing a career in RAS. However, subsequent to the workshop, there was a significant increase in interest in RAS, with 63.7% indicating a stronger inclination towards this path. Participants acknowledged that this form of training aids in developing practical skills essential for surgery.

Conclusion. The robotic surgery workshop had a positive impact on the interest of urological residents in RAS, enhancing perceptions and fostering motivation. These educational interventions have the potential to significantly influence career decisions among residents and contribute to reducing the future shortage of RAS-oriented surgeons.

PM5.5 - Ultrasound guided transperineal vs. transrectal prostate biopsy: a comparison of significant cancer detection rate and complications

Biopsia prostatică ecoghidată transperineală vs transrectală: o comparație a ratelor de detecție a cancerului de prostată semnificativ clinic și a complicațiilor

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Introduction: Prostate cancer is the second most frequent cancer in men and the fourth most frequent cancer worldwide. In 2020, the new prostate cancer cases number was estimated at 1.4 million, from 1.27 million in 2018. (Globocan 2018, 2020). Prostate biopsy is still the gold standard for prostate cancer diagnosis. Transrectal prostate biopsy (TR) was the first ultrasound-assisted way of performing prostate biopsy, while the transperineal prostate biopsy (TP) method has decreased risk of infectious complications and has been proven to achieve superior sampling of the anterior and apical regions.

Material and Methods: The prospective study took place between January 2022 and January 2024. A total of 310 (178TP, 132TR) patients from Craiova Emergency Hospital scheduled for ultrasound guided prostate biopsy were enrolled in this study in accordance with standard inclusion criteria (i.e. elevated PSA or suspicious DRE and PIRADS score 3-5 on mpMRI). The primary outcome assessment was clinically significant prostate cancer detection rate (Gleason score > 6/ISUP ≥2) while the secondary endpoint was the evaluation of the complication rates.

Results: There were no significant differences between the two patients groups samples regarding age, BMI, symptoms (IPSS), prostate volume, PSA value, PIRADS score, Gleason score or T staging. Pathology reports showed that overall prostate cancer detection rate was 55.80% (173 cases). Clinically significant prostate cancers were 47.09% (146 patients). TP and TR biopsies had a similar result in terms of clinically significant prostate cancer detection rate (TP: 49.44% vs. TR: 43.94%; p = ns.). However, TR biopsy had a significantly higher complication rate (TP: 6.74% vs TR: 14.39%, $p<0.05$). Complications included urinary retention, hematuria or prostatitis.

Conclusions: Our findings indicate that while transperineal and transrectal ultrasound guided prostate biopsy methods have a similar detection rate of clinically significant prostate cancer, transrectal approach has a significantly higher complication rate. We conclude that the ultrasound guided transperineal prostate biopsy should be considered as the preferred technique for prostate cancer diagnosis

PM5.6 - The most accurate method of diagnosing prostate cancer – magnetic resonance imaging transrectal ultrasound fusion targeted prostate biopsy

Cea mai precisă metodă de diagnostic al cancerului de prostata – biopsia ecoghidată țintită transrectală a prostatei cu fuziune prin rezonanță magnetică nucleară

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Introduction. Prostate cancer (PCa) is the third most common cause of death among malignancies in men. Magnetic resonance imaging transrectal ultrasound (MRI-TRUS) fusion targeted prostate biopsy is the standard approach to diagnose PCa as it is widely available, quick and relatively less expensive. We evaluated the role of MRI-TRUS fusion biopsy in detection of PCa comparing to 12 core systematic biopsies.

Materials and methods. 68 men with suspected PCa underwent MRI-TRUS fusion targeted biopsy of the suspicious lesions and 12 standard systematic biopsies from July 2023 to March 2024 in our department. All the patients underwent multiparametric MRI before the biopsy. The suspected lesions were graded using PI-RADS scoring system.

Results and conclusions. The median prostate specific antigen (PSA) was 11,94 ng/ml ranged from to 0,63 to 45,13 ng/ml and the mean age was 66,4 ranged from 47 to 79. We detected PCa in 39 patients (57%). Of these 39 patients, 5 patients (12,8%) were detected with standard core biopsy only, 7 patients (17,9%) with MRI-TRUS fusion biopsy only and 27 patients (69,2%) by both techniques. PCa was found on either MRI-TRUS fusion biopsy or standard 12 core biopsy in 15,3%, 48,7% and 33,3% patients of suspicious lesions of highest PI-RADS score 3,4 and 5. In conclusion, MRI-TRUS fusion targeted prostate biopsy improve cancer detection rate when combined with standard 12 core biopsy.

PM5.7 - First 3 months of MRI-TRUS Fusion Prostate Biopsy – Does Experience offer an Advantage?

Primele 3 luni de Biopsie Prostatică Fusion IRM-US – oferă experiența un avantaj?

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Introduction. Biopsy for prostate cancer is usually done either transrectally or transperineally using live transrectal ultrasound as guidance, with the collection of 12 core from the peripheral area – systematic biopsy. This technique has been the gold standard for years, showing around 30% yield for an initial biopsy. Techniques such as Fusion MRI-TRUS Biopsy are now developed to increase the diagnostic yield. The objective of this study was to evaluate if previous experience with systematic TRUS biopsy determines a higher yield of positive cores for PCa.

Materials and methods. Our prospective study included a number of 42 biopsy naive patients that presented to "Prof. Dr. Theodor Burghele" Clinical Hospital between October and December 2023. All patients had suspicion of prostate cancer based on high serum PSA level and/or abnormal digital rectal examination (DRE) and a multiparameter MRI of the prostate which showed the presence of lesions with PIRADS score ≥ 3. All patients underwent Fusion MRI-TRUS biopsy using the BkFusion® system for targeted biopsies followed by a 12-core systematic biopsy. Between 2 and 5 targeted cores per suspected lesion were collected. All targeted cores were labeled accordingly and sent to pathological examination using BxChip® support in order to have an adequate tracing. 22 of the 42 patients had their biopsy performed by an experienced urologist with over 15 years of TRUS Biopsy (Group A), while 20 patients had their biopsy performed by either a final year resident or a specialist urologist with <5 years experience (Group B).

Results. The mean age of the patients in Group A was 67.5, and in Group B was 67.05. The mean serum PSA evaluated before biopsy was 10.38 ng/ml for Group A, and 8.81ng/ml for Group B. The diagnostic rate of the targeted MRI-TRUS Fusion biopsy was 62.5% for Group A and 45.12% for Group B. For the Systematic biopsy cores the positivity rate was 35.9% in Group A and 30.41% in Group B. There were 2 cases (9.09%) in Group A, and 4 cases (20%) in group B in which the diagnosis was determined only by the targeted biopsy. 1 case from each group (4.54% and 5%, respectively) were diagnosed only by Systematic biopsy. 2 cases from Group A (9.09%) and 5 cases from Group B (25%) had cores negative for malignity in both targeted and Systematic Biopsy. All positive cores showed PCa ISUP grade ≥2.

Conclusion. Fusion biopsy increases the yield of positive cores for clinically significant prostate cancer and increases the diagnostic accuracy in combination with systematic biopsy in patients evaluated by both experienced and inexperienced urologists. Our results show that previous experience does play in important role in diagnostic yield of prostate biopsy for both targeted and systematic biopsy. Fusion MRI-TRUS Biopsy offered a greater advantage for the diagnostic yield in patients that had their punction performed by an urologist that still is on the ascending part of the learning curve.

PM5.8 - MRI-TRUS Fusion Prostate Biopsy – initial experience and results vs. systematic TRUS biopsy

Biopsia Prostatică Fusion IRM-US – experiența inițială și rezultate vs. biopsia sistematică

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Introduction. Biopsy for prostate cancer is usually done either transrectally or transperineally using live TRUS as guidance, with the collection of 12 cores. The area that is biopsied is the peripheral zone – a technique called systematic prostate biopsy, with a yield of around 30% for an initial biopsy. For this reason, multiparameter MRI of the prostate started to be used as a way of increasing chances for a successful biopsy through techniques known as Fusion MRI-TRUS Biopsy. The objective of this study was to evaluate the results from the first 3 months of using this technique in our department.

Materials and methods. This study included 42 biopsy naive patients that presented to our clinic between October and December 2023 with suspicion of prostate cancer. This suspicion was determined either by a high serum PSA level and/or abnormal digital rectal examination (DRE) and a multiparameter MRI of the prostate which showed the presence of lesions with PIRADS score ≥ 3. All patients underwent Fusion MRI-TRUS biopsy using the BkFusion® system for targeted biopsies followed by a 12-core systematic biopsy. Between 2 and 5 targeted cores per suspected lesion were collected. All targeted cores were labeled accordingly and sent to pathological examination using BxChip® support in order to have an adequate tracing.

Results. Mean age of the patients was 67.2 years. Mean serum PSA evaluated before biopsy was 9.51 ng/ml. The diagnostic yield of MRI-TRUS Fusion biopsy was 54.83% (102 positive cores from a total of 186 targeted cores collected) while for the Systematic biopsy, the positivity rate was 33.3% (168 cores from a total of 504 collected cores) – which is in accordance to the yield presented in literature. In 6 cases (14.28% of the patients) the diagnosis was determined only by the targeted biopsy and 2 cases (4.76%) where diagnosis was determined only by systematic biopsy. For 3 patients (16.66% of the patients) cores were negative for malignity in both targeted and systematic biopsy. All positive cores showed PCa ISUP grade ≥2.

Conclusion. Fusion biopsy increases the yield of positive cores for clinically significant prostate cancer and increases the diagnostic accuracy in combination with systematic biopsy. The results might improve even more with time, as our imaging doctors get more experience for contouring and as the urologists get more used the MRI-TRUS fusion biopsy system in our clinic.

PM5.9 -MRI-TRUS Fusion prostate biopsy: Our experience
Biopsia de prostată IRM-TRUS Fusion: Rezultatele centrului nostru

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Introduction. Real time fusion of the prostate MRI images with ultrasound allows urologists to progress from blind, systematic biopsies to a more accurate and targeted approach. Studies have shown a significant advantage in terms of diagnostic accuracy for MRI-guided prostate biopsy as compared to systematic sampling. MRI-US fusion guided prostate biopsy was implemented in our center in 2017. Herein we present our results with this procedure.

Materials and Method. Between 2017 – 2024, 1626 MRI-US fusion guided prostate biopsies were performed in our center. All biopsies were performed by transrectal approach with local anaesthesia. All patients had either clinical or biochemical PCa suspicion and had at least one nodule PIRADS 3 or higher on multiparametric MRI. All biopsies were performed with the Fujifilm Hitachi Arietta 70A system with end fire endorectal probe.

Results. The mean age was 65 years with a mean PSA of 9.33ng/ml. The most commonly found PIRADS score was 4. The majority of the lesions were located in the peripheral area. The overall detection rate of PCa was 55.16%. Considering the PIRADS score categories, PCa detection rate was as follows: PIRADS 3 – 38.2%, PIRADS 4 – 57%, PIRADS 5 – 72%. The detection rate of prostate cancer in our center has increased in the last years: 47% in 2020, 49.5% in 2021, 50% in 2022, 54% in 2023 and 55.16%.

Conclusion. MRI-US fusion prostate biopsy is currently the standard for the diagnosis of PCa in our center. We observed an increased diagnosis rate together with increased experience in MRI and in performing the real-time fusion of the images.

PM5.10 - Atypical presentation of prostate cancer: Diagnostic and management dilemmas - case presentation

Prezentare atipică a cancerului de prostată: Dilema de diagnostic și management - prezentare de caz

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IIntroduction: This case report presents a 54-year-old male biochemically diagnosed with prostate cancer and atypical MRI presentation.

Case Description: Patient being followed up for BPH, presents to the clinic for elevation of PSA indexes, digital rectal examination shows prostate with irregular structure and palpable nodular lesion in the right lobe. The indication was to perform multiparametric MRI of the prostate, native and with contrast substance which revealed a tumour formation extending beyond the prostatic capsule, multinodular in appearance, infiltrating the rectum over a length of 21 cm with central areas of necrosis. Subsequently he was advised to undergo PBP and colonoscopy. PBP result attests prostatic acinar adenocarcinoma, Gleason score (3+3=6), group grade 2. Colonoscopy does not describe any tumour formation in the rectum or other part of the colon.

Discussion: Because imaging was unclear whether the tumour was overtaking the capsule, it was decided to perform radical prostatectomy. Postoperative histopathological result indicates invasion of the right seminal vesicle and negative resection limits, 1 metastasis in the regional lymph nodes.

Conclusion: Sometimes the image and imaging interpretation can be wrong, so it is necessary to carefully consider the steps and therapeutic plan in each case separately

PM5.11 - Histopathological aspects in prostatic adenocarcinoma
Aspecte histopatologice în adenocarcinomul prostatic

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Introduction. Prostate adenocarcinoma is the most common malignant tumor of the male urogenital tract, representing 7.3% of malignancies, according to the 2020 edition of the Global Cancer Statistical Report published by the World Health Organization (WHO) International Agency for Research on Cancer, reporting 1,414,259 new cases in 2020.

Material and methods. In a retrospective study, we included a group of patients with prostate adenocarcinoma who were treated with radical prostatectomy with pelvic lymph node dissection, between December 2022 and December 2023, analyzing the distribution by age, Gleason score, presence of cribriform pattern and intraductal adenocarcinoma, perineural invasion, extraprostatic extension, and nodal invasion.

Results. 185 patients with prostate adenocarcinoma were included, aged between 40 and 77 years (mean age 67.1 years). The patients were divided into 7 groups based on the Gleason score, with the majority (n=119) falling into the grade 2 prognostic group ISUP/WHO 2016 (Gleason score 3+4). Cribriform pattern is an independent negative prognostic factor and was found in 29% of patients. Prostatic intraductal carcinoma is a negative prognostic factor, identified in 11 patients (6%). Perineural invasion was found in 150 patients (81%). Multifocal extraprostatic extension was identified in 19 cases (10%), all of which were associated with perineural invasion, with 17 of them presenting cribriform pattern. Nodal metastases were present in 12 cases (6%), all showing cribriform pattern and perineural invasion.

Conclusion. The majority of patients (n=119) were classified in the grade 2 prognostic group ISUP/WHO 2016 (Gleason score 3+4). Cribriform pattern and prostatic intraductal carcinoma were present in 29% and 6% of the evaluated prostatectomies, respectively. Perineural invasion was observed in 81% of the evaluated prostate specimens. Extraprostatic extension (10% of cases) and nodal metastases (6% of cases) correlated with the presence of cribriform pattern, prostatic intraductal carcinoma, and perineural invasion.

PM6.1 - Advancements in diagnosis and treatment of penile carcinoma: Insights from the frontier of urological oncology

Progrese în diagnosticul și tratamentul carcinomului penian: Perspective de graniță în oncologia urologică

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Introduction. Penile carcinoma poses significant challenges in diagnosis and management, necessitating continuous advancements in urological oncology. This abstract highlights recent developments in diagnostic modalities and treatment strategies for penile carcinoma, emphasizing the importance of a multidisciplinary approach in optimizing patient care.

Materials and Methods. A comprehensive review of the literature was conducted to identify recent advancements in the diagnosis and treatment of penile carcinoma. Key findings from clinical studies, imaging studies, and molecular research were synthesized to provide insights into emerging trends in urological oncology.

Results. Recent advancements in diagnostic imaging, including magnetic resonance imaging (MRI) and molecular imaging techniques, have enhanced our ability to accurately stage penile carcinoma and assess lymph node involvement. Moreover, novel biomarkers and molecular targets have been identified, enabling personalized treatment approaches and improved prognostication.

Discussion. The integration of multimodal treatment strategies, including surgery, radiotherapy, chemotherapy, and immunotherapy, has revolutionized the management of penile carcinoma, offering patients more effective and personalized therapeutic options. Furthermore, the adoption of a multidisciplinary approach, involving collaboration between urologists, oncologists, radiologists, and pathologists, has led to enhanced treatment outcomes and improved quality of life for patients with penile carcinoma.

Conclusion. Advances in the diagnosis and treatment of penile carcinoma represent a significant milestone in urological oncology, underscoring the importance of ongoing research and collaboration in improving patient outcomes. By leveraging innovative diagnostic techniques and therapeutic modalities, we can continue to push the boundaries of knowledge and provide more effective care for patients affected by penile carcinoma.

PM6.2 - Case report: Surgical approach of testicular teratoma-neuroendocrine tumor

Prezentare de caz: Abordul chirurgical al teratomului neuroendocrin testicular

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The purpose of the paper: Neuroendocrine tumors consist of a spectrum of malignancies that can arise from neuroendocrine cells throughout the body. Testicular neuroendocrine tumors account for less than 1% of all testicular neoplasms. This scientific paper aims to address the challenges faced in the treatment of a testicular mass in a 46-year-old patient.

Materials and methods: We present the case of a 46-year-old patient with ne lower pole, right testicular mass. The imagistic investigations (Ultrasound, MRI and TC) showed one cystic heterogenous mass located at the inferior pole of the right testis. Serum tumor markers (beta-HCG, AFP and LDH) were within normal limits. The case was discussed during the tumor board and taking into consideration multiple factors such as the uncertain character of the lesion and the fact that the patient did not have any children and was interested in preserving fertility, the partial orchiectomy with extemporaneous examination was the preferred therapeutical option. The patient underwent a partial orchiectomy with intraoperative histopathological examination followed by a radical orchiectomy.

Results: Under spinal anesthesia, a partial orchiectomy was performed after cord clamping at the level of the internal inguinal ring. As a result of the intraoperative histopathological examination (neuroendocrine testicular teratoma, pT1b) it was decided to perform a radical inguinal orchidectomy with division of the spermatic cord at the internal inguinal ring. No perioperative complications were recorded

Conclusion: Radical inguinal orchidectomy with division of the spermatic cord at the internal inguinal ring is the gold standard for diagnosis and local treatment of testicular malignancies. Partial orchiectomy is an option to decrease morbidity in men with testicular masses of unknown etiology.

PM6.3 - Undescended testis associated with testicular torsion - Case report
Testicul necoborât asociat cu torsiune testiculară - Prezentare de caz

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Introduction: Even if testicular torsion is an urological emergency, torsion of the testis in cryptorchidism is a rare pathological combination. The patient presents with unspecified clinical signs, which can be misleading and represents a diagnostic issue. A late diagnosis can lead to adverse outcomes.

Material and methods: Our aim is to present the case of a sever mentally retarded 21 years old boy with complex cerebral macrochephaly, flaccid tetraparesis who presented with a painful, progressively enlarged, tender left sided inguinal mass with an acute onset. Clinical examination revealed absence of the left testicle in the scrotal sac. Colour doppler showed a 5x3 cm hypoechoic, inhomogeneous mass without colour flow in left inguinal region. The abdominal computed tomography described an undescended left testicle, partially in the femoral canal, partially intraabdominal, with peripheral iodophilia and a hypocapturing center. An exploratory surgery was performed, where a 360 degrees intravaginal rotation of the spermatic cord, with ischemia of testis was found. Left inguinal orchidectomy was done. Histopathology results reported parenchymal testicular haemorrhage with necrosis. The remained patient's course was uneventful.

Conclusion: In the case of clinical suspicion of testicular torsion in undescended testis colour Doppler, computed tomography or MRI are helpful, but the surgical exploration is of utmost importance in the correct diagnosis.

PM6.4 - Zinner's syndrome: two cases with a rare urogenital anomaly treated with laparoscopic excision of seminal vesicle cyst

Sindromul Zinner: două cazuri cu o anomalie urogenitală rară, tratate prin excizia laparoscopică a chistului de veziculă seminală

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Introduction. Zinner Syndrome is a rare developmental anomaly that belongs to the broader category of congenital anomalies of the kidney and urinary tract (CAKUT). First described by Zinner in 1914 and is characterized by a unique triad of unilateral findings: renal agenesis, ipsilateral seminal vesicle cysts, and ejaculatory duct obstruction. The exact incidence of Zinner Syndrome is not well-established although there are more than 200 cases described in the literature. The first line of treatment for symptomatic seminal vesicle cysts is the excision of the lesion. Other methods (transrectal or transurethral puncture and aspiration or transurethral resection of the seminal colliculus and vas deferens) have a higher risk of recurrence.

Case presentation. We present two cases of Zinner Syndrome. Both patients presented with dysuria, and increased frequency of urination while one of them experienced also abdominal and perineal pain. The diagnosis was suspected by the clinical exam which revealed a palpable, tender, elastic consistency mass in the lower abdomen, which was also palpable by DRE and ultrasonography which revealed the absence of the kidney from the renal loja and ipsilateral voluminous cyst in the pelvis, posterior to the urinary bladder. CT and MRI scans confirmed the diagnosis. Because the patients presented significant symptoms, they qualified for surgery, and a laparoscopic removal of the seminal vesicle cyst was undertaken. No difficulties were encountered during dissection and the transperitoneal approach was suitable and provided enough working space. The symptoms were completely resolved after the surgery and at the 12-month follow-up, they remained symptom-free.

Results and Conclusion. Imaging studies such as echography, CT scan, and MRI provide information for diagnosis and future surgical planning. For asymptomatic patients diagnosed with Zinner Syndrome, an acceptable strategy is periodical follow-up. For those who are symptomatic, surgical treatment is indicated, and the laparoscopic excision of the seminal vesicle cyst has rapid overall recovery and lower recurrence.

PM6.5 - Primary isolated echinococcal cyst of the seminal vesicle: A rare case
Chist hidatic primar de veziculă seminală – Prezentare de caz

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Introduction. Hydatid disease of the organs other than liver and lung is extremely rare. We report a rare case of hydatid cyst in a young male primarily involving the seminal vesicle and aim to highlight the management of such cases.

Material and method. A 40-year-old male presented with urinary symptoms such as dysuria, polachyuria. MRI scan showed a cystic mass located in the right seminal vesicle. Antibodies IgG anti-Echinococcus granulosus were increased.

Results. Patient was put on Albendazole (10 mg/kg/day) and surgical excision of the lesion was carried out with careful removal of the cyst to prevent any bursting and spillage, leaving the seminal vesicle preserved. The cystic lesion was subjected to histopathological examination. Histopathology confirmed the diagnosis of hydatid disease. Postoperative period was uncomplicated and patient was discharged on seventh postoperative day.

Conclusion. Hydatid cyst of seminal vesicle is rare and should be kept in differential diagnosis of a cystic lesion in pelvis especially in regions where hydatid disease is endemic. Proper surgical and medical management to avoid any recurrences, and a regular follow-up, are of utmost importance to detect any late complications such as local recurrence of the disease and development of hydatidosis at the primary sites

PM6.6- Is priapism still a challenging emergency pathology?
Este priapismul o patologie de urgență dificilă de actualitate?

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Introduction. When a penile erection lasts for longer than four hours and is not related to sexual stimulation or interest, then it is classified as priapism. In urology, priapism is a common emergency.

Material and methods. There are three types of priapism: ischemic, recurrent ischemic (stuttering), and non-ischemic. The main cause of ischemic priapism is occluded venous outflow from the corpora cavernosa. This prevents arterial inflow, causing tissue ischemia, endothelial damage, and damage to smooth muscles. An ischemic priapism that is characterized by periodic prolonged erections is known as stuttering priapism. There are two types of non-ischemic priapism: those caused by perineal or penile trauma, and those that can result from shunt procedures for ischemic priapism. Fistulas form between the sinusoidal spaces in the corpora cavernosa and the artery.

Results and conclusions. Aspiration and intracavernous injection of diluted phenylephrine are the most common methods of treating ischemic priapism within the first 24 hours. Surgical intervention is usually necessary if conservative management fails after 24 hours. Distal shunts between the corpora and the glans may be created percutaneously (Ebbehoj or Winter shunt, T-shunt) or openly (Al-Ghorab). A hormone therapy or PDE5 inhibitor is used to treat stuttering priapism.The reduction of circulating testosterone improves stuttering priapism. GnRH agonists, 5-alpha reductase inhibitors, or ketoconazole can be used. In cases of non-ischemic priapism, autologous clots or gel foam are used for temporary arterial embolization, or coils or n-butyl-2 cyanoacrylate are used for permanent arterial embolization.

PM6.7 - Handling Penile Entrapment within household objects – A true urologic emergency

Tratamentul blocării penisului în obiecte de uz casnic – O adevarată urgență urologică

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Introduction: Penile ring entrapment is a rare but serious urological emergency requiring immediate attention. While rings are used to maintain erections, prolonged use can cause swelling, tissue death, and even penile loss. This report aims to raise awareness and assess safe removal methods for this condition.

Materials and Methods: From January 2023 to March 2024, 6 cases of penile ring entrapment were diagnosed and treated at Saint John Clinical Emergency Hospital. We examined patient demographics, presentation patterns, entrapment types, and treatment modalities. All cases were evaluated clinical and with blood and urine analysis. All procedures for the treatment were performed within the first few hours of the presentation gradually using the same methods

Results: The mean age of the patients was 56 years. All six patients included were diagnosed with penile entrapment in the first 6 hours after strangulation. Three patients had their penis entrapped in water bottle necks, two in metal rings (bearing) and one in a wedding ring. In the treatment of some of these cases the hospital maintenance team was called upon, and they utilized a specialized iron cutter to fracture the ring. The mean intervention time was 1.2 hours. The mean hospitalization time was 3 days.
Conventional protocols or guidelines for extracting an entrapped penile ring are lacking, and removal can be achieved using non-medical tools.

Conclusion: Swift management is imperative, focusing on the prompt removal of the obstacle while safeguarding the underlying tissue. Treatment strategies are tailored to the severity of the case and the resources available to the physician.

PM6.8 - Assessment of the treatment effectiveness of EreVil in erectile dysfunction

Evaluarea eficienței tratamentului cu EreVil în disfuncția erectilă

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Introduction. Erectile dysfunction refers to the inability to obtain and maintain an adequate erection for satisfactory sexual performance. It affects physical and psychosocial health and can have a significant impact on patients' quality of life. EreVil is an alternative in the therapy of erectile dysfunction. It is prepared from herbs with synergistic action and long-lasting effects. The aim of the study is to evaluate the effectiveness of EreVil over a period of six months using the SHIM questionnaire (IIEF-5).

Material and Method. A retrospective study was conducted including 50 patients treated between February 2023 and February 2024 at the "Prof. Dr. Th. Burghele" Clinical Hospital in Bucharest. Group I (50 patients) consisted of patients who administered EreVil for three months, while Group II (25 patients) received treatment for six months. Several clinical data was compared and statistically analysis was performed.

Results. The age of patients in both groups ranged from 25 to 75 years. Half of the subjects in the first group had associated comorbidities, while 58% in the second group had comorbidities. Most participants in both groups were non-smokers. According to the SHIM score about 76% of patients in Group I and 67% in Group II initially had moderate dysfunction. Approximately 6% of patients in group I and 12% in group II started with severe dysfunction. At three months after receiving therapy, patients in both groups no longer reported severe dysfunction, with moderate and mild dysfunction predominating. Regarding the SHIM score evaluation after an interval of six months, 58% of patients in Group II had mild dysfunction, and 8% no longer had erectile dysfunction.

Conclusion. EreVil is an effective treatment for a wide range of patients with erectile dysfunction, including men with multiple comorbidities. It improves quality of life and satisfaction, is well-tolerated with a favorable safety profile.

PM6.9 - The efficacy of the USS-PROM questionnaire in detecting post-reconstructive urethral surgery failure

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Introduction. Urethroplasty surgeries have shown effectiveness and cost-efficiency in managing urethral strictures. However, the success of reconstructive procedures is not assured, with the potential for failure and subsequent urethral restenosis. Many relapses occur within the first year post-surgery. This study aims to explore the viability of using the USS - Patient Reported Outcome Measurement to identify instances of surgical failure. Partial results were presented during Central European Meeting 2024 in Vienna.

Materials and Methods. This prospective study enrolled 29 patients who had undergone urethroplasty for various types of urethral strictures at "Prof. Dr. Th. Burghele" Clinical Hospital, Bucharest, between January 1, 2022, and April 30, 2022. Each patient underwent assessments including retrograde urethrography, uroflowmetry, IPSS, IIEF 5, and USS-PROM questionnaires to evaluate patient-reported outcomes related to urethral strictures and treatment effectiveness. Mandatory postoperative follow-up visits were scheduled at 3 and 6 months. Follow-up assessments included uroflowmetry, ultrasound, estimation of postvoid urine volume, IPSS, IIEF5, and USS-PROM.

Results. The mean age was 59.4 years old. Mean bodyweight was 91.8 kg and mean height was 1.77m. The mean body-mass index of 29 and thus rendering our study population overweight. Preoperative mean maximum urine flow (Qmax) was 4,88ml/s, with overall values between 1,5ml/s and 7,9ml/s, with a mean post-void urine volume of 104,7 ml. Mean IPSS preoperatively was 20.1 points, reflecting a study population with severe lower urinary tract symptoms. Mean IIEF 5 was 13,4 points with a minimum of 5 points to the patients who had no sexual activity and a maximum of 25 points. Mean Preoperative PROM score was 18.13, most of the patients declaring a terrible quality of life. The Urethral Stricture Score was used to record stricture characteristics, including stricture length. Thus, mean USS was 9.12 points and mean stricture length was 4,67 cm, with a minimum length of 3,3cm and a maximum length of 6,23cm. Type of surgical techniques used were recorded, and most cases were buccal mucosa graft ventral on lay procedure, 26/29 cases. The mean Qmax at 3 months follow-up was 17,17 ml/s, with a mean post-void urine volume of 42,48 ml. Mean IPSS score at three months was 6.86 points. Mean IIEF 5 score was 13,24 points, similarly with the preoperative score which suggest that this type of surgery does not associate erectile disfunction post-operatory. Mean PROM was 2.34 points. Regarding quality of life, after 3 months, most of the patients responded with being satisfied and delighted. Mean differences were statistically tested using t tests or paired t tests, and all were shown to be significant ($p<0.05$), except IIEF 5 score ($p=0,75$). At the six-month postoperative visit, the mean Qmax was 21,78 ml/s, mean post-void urine volume was 32,05 ml, mean IPSS was 8.44 points, IIEF 5 score was 13.68 points, and the PROM mean score was 3.41 points. Correlation analysis was performed using the PROM scores and maximum flow rates and showed that at 3 months postoperative, we have an inversely proportional relation of the PROM score with Qmax, Pearson's $R = -0,42$, $p=0,024$. The exact correlation was run using the 6 months of data, but Pearson's $R = -0,357$, $p=0,05$.

Conclusion. The USS-PROM appears to be a promising non-invasive tool for detecting potential surgical failure following reconstructive urethral surgery. These findings are preliminary and are part of an ongoing study, which will include a larger patient cohort and a minimum follow-up duration of one year.

PM6.10 - Case study: Urethroplasty – The boundary between urology and plastic surgery

Studiu de caz: Uretroplastia – Granița dintre urologie și chirurgia plastică

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Introduction. A common problem facing urologists worldwide is urethral stricture disease. In cases of strictures greater than 2 cm, urethroplasty is preferred. A substitution urethroplasty involves harvesting a graft with suitable characteristics and placing it at the recipient site to reconstruct the strictured urethra.

Material and methods. A 65-year-old male patient presented to the ER with necrotic penile skin, purulent urine, genital pain and fever. The conduit was immediate surgery. A cistostomy tube was placed and then the necrotic tissues were removed. This included 3 cm of the damaged penile urethra at the navicular fossa level. It was decided to send the patient to the plastic surgery department for closure of the wound after 1 week of conservative treatment. As a result, the patient was discharged with a cystostomy tube in place. Due to fibrosis, the urethra defect had closed by the time the patient returned for a retrograde urethrogram after 2 months. Substitution urethroplasty was decided.

Results and conclusions. Substitution urethroplasty with harvested buccal mucosa grafts was performed by a mixed team comprising urologists and plastic surgeons. A 20CH Foley catheter was left in place and changed after 3 weeks. At the same time the cystostomy tube was removed. The Foley catheter was removed three weeks later. Even if it takes time and effort, interdisciplinary communication is necessary to solve complex pathologies

PM6.11 - Dorsal onlay urethroplasty with buccal mucosal graft for bulbar stricture with subsequent TUR-P in liver transplant receiver

TUR-P dupa uretroplastie cu mucoasă bucală grefată dorsal la pacient transplantat hepatic

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Introduction. Bulbar urethral strictures are one of the most common urethral condition. The gold standard treatment for this pathology is urethroplasty with dorsal on-lay buccal mucosa graft. This procedure can be challenging in selected group of patients.

Material and method. We present the case of a 53 years old patient with a history of liver transplant for hepatic cirrhosis with B+D viral infection in 2010. The patient presented in our clinic with a diagnosis of 42 ml prostate adenoma and bulbar urethral stricture which was treated in another hospital with multiple internal optical urethrotomies and suprapubic cystostomy. At bipolar urethrography a bulbar urethral stricture 1.4 cm in length was diagnosed. The immunosuppressive regimen was changed from Sirolimus to Tacrolimus, 21 days prior to the planned surgery. Urethroplasty with dorsal on-lay buccal mucosa graft was performed. Postoperative course was uneventful. Catheter was removed after 14 days. PVR was 90 ml and Tamsulosin treatment was initiated, without benefit. 6 weeks later, urethrocystoscopy was performed which revealed completely healed buccal mucosal graft and kissing lobes prostate adenoma. We performed TUR-P, with uneventful course and catheter removal after 4 days. PVR was absent with a Q-max of 18 ml/s.

Results and conclusions. Follow-up time is one year and the patient is well with physiological micturition and normal liver function. In conclusion, urethroplasty with dorsal on-lay buccal mucosa graft is a feasible option in the transplant population, with careful management of the immunosuppressive treatment because of the higher complication rates reported for these patients.

PM6.12 - The Conservative Surgical Treatment of a Giant Condylomata Acuminata Buschke-Löwenstein Disease – Case Presentation

Tratamentul conservator al condilomatozei gigante Buschke-Löwenstein – Prezentare de caz

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Introduction. Buschke-Lowenstein tumors (BLT) or giant condylomata acuminata represent a rare anogenital pathology. Despite its benign histopathology, they can have an aggressive evolution, with a significant potential for infiltration of the adjacent structures and recurrence. BLTs are frequently found in patients with primary or secondary immunological deficiencies, their development being associated with low-risk human papillomavirus (HPV) infections, mainly HPV-6 and HPV-11.

Material and method. The purpose of this paper is to highlight the role of the surgical approach as a defining part in the treatment of Buschke-Lowenstein tumors. Treatment in such cases is on the border between extensive excisions, within safety limits, while preserving a favorable local appearance. We present the case of a 62-year-old patient, diagnosed by biopsy in a dermatology service with a tumor, its histopathological appearance compatible with the diagnosis of Buschke-Lowenstein giant condylomata. Clinical examination of the patient identifies multiple vegetative, prominent formations, invasive in corpora cavernosa, extended from the glans to the penoscrotal junction. We mention that the patient has proximal penile hypospadias with permanent urethro-vesical catheter. En bloc excision of tumor lesions with adjacent penile tegument, excision of hypospadias meatus formations, while preserving the corpora cavernosa and penile urethrostomy were performed.

Results and conclusions. The patient had a favorable surgical evolution, being discharged on the second postoperative day. The immunohistochemical tests, correlated with the classical microscopic appearance support the diagnosis of giant condylomata acuminata. Six months postoperatively, the patient presents a favorable local evolution, with no signs of recurrence. The management of this pathology has no defined standard treatment protocols. If in the case of small or medium-sized lesions, the combination of local treatment and surgical treatment is recommended, in cases of extensive formations the„gold standard"is represented by surgery. BLTs often represent a continuous surgical challenge due to the high incidence of recurrences and it requires a rigorous follow-up.

PM6.13 - The Perceived Versus Real Incidence of Lichen Sclerosus among the Urologic Male Patients

Incidenta inițială și cea reală a lichenului scleros între pacienții urologici

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Introduction and Objectives. Lichen sclerosus is probably the most commonly underdiagnosed urologic pathology. Being often considered a simple skin condition that only produces white hypomelanotic lesions, it is discarded or unrecognized by a good number of physicians. Literature data finds this disease to be as rare as 0.07% to 0.0014% of men. The aim of this paper is to better assess the prevalence of lichen sclerosus among all the male patients of the department of urology.

Materials and Methods. During a period of six years, from 2017 to 2022, out of the 362 685 male patients of Fundeni Clinical Institute and the 60 012 male patients of the department of urology, 66 were diagnosed at admission with a form of lichen sclerosus. 4 had an uncomplicated disease, 23 had secondary phymosis, 29 had associated urethral strictures, and 10 had evolved into penile or urethral tumors. We then performed a retrospective study on all the 255 phimoses, 755 urethral strictures and 194 penile and urethral tumors treated during the same sex year period, reviewing histopathological results and clinically reassessing the patients, in order to discover potentially undiagnosed cases of lichen sclerosus.

Results. The initial 66 cases translated into a prevalence of 0.018% among the general male patients of the hospital, and 0.11% for the department of urology, numbers that are relatively close to literature data. After the retrospective study, we found lichen sclerosus in another 149 phimoses, 42 urethral strictures, and 96 tumors. Which brings the total number of patients to 353, and the corrected prevalence to almost 0.1% of the general population, and 0.59% among the department of urology.

Conclusions. Lichen sclerosus is a severely underdiagnosed condition. It gets ignored because many physicians still consider it a simple skin disorder, and do not link it to its evolutive complications, like phimosis, urethral strictures and penile or urethral tumors. In our study we found a 5.3 to 1 ratio between the final and initial diagnosed cases of lichen sclerosus. The true prevalence is yet to be identified.

PM6.14 - Stentless TM: Mobile App to track ureteral stents – Results after 200 cases

Stentless App: Aplicație mobilă pentru evidența stenturilor ureterale – Rezultate după 200 de cazuri

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Introduction. One of the most common urological emergencies is renal colic / obstructive pyelonephritis, which requires emergency insertion of the JJ ureteral stent. Studies in recent years have shown that 13 out of 100 fitted stents are forgotten and neglected, leading to an increase in the risk of infection, obstruction, haematuria, fever or sepsis. We aimed to develop a smartphone app to have better control over patients with ureteral stents and to decrease the rate of inlaid ureteral stents by sending an automatic message to patients and their general practitioner when they are going to exceed the deadline for ureteral stent replacement or suppression.

Materials and Methods. For the development of the app, we worked with a specialized team of programmers. To facilitate universal access to the complete patient database, a cloud-based database was implemented. This system enables users to securely access the patient database from any account, regardless of their location. The application also utilizes the security benefits of the Firebase authentication mechanism to enhance the system's overall security. We consecutively enrolled all patients who underwent ureteral stent insertion for any indication by six urologists from June 01, 2023, to March 01, 2024. Data extracted included patient demographics, diagnosis, procedure, and stent characteristics.

Results. We included a total of 200 patients with a mean age of 54.9 years; 41% (82/200) were male and 59% (118/200) were females. This cohort represented 146 ureteral stent care plans with 21 patients (21/200; 10,5%) having bilateral stent placement. The most common procedure performed was ureteroscopy (150/200; 75%) for a diagnosis of a ureteral stone. The median indwelling ureteral stent time was 17 days (interquartile range: 14-21 days). A total of two patients (2/200) did not return for their scheduled extraction, but were identified only through the app. Each patient was contacted, resulting in effective removal of all ureteral stents in the office.

Conclusion. By notifying the patient and general practitioner with a mobile phone text message automatically transmitted from the app, there is the potential to increase patient compliance, reduce the rate of those who have a JJ stent and no longer return for control, respectively to reduce the rate of patients presenting for complications due to stent encrusting.

PM7.1 - Nephrectomy and Kidney Cyst using Laparoscopic Surgery: Case Presentation

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Introduction. Due to advantages of Laparoscopic surgery, this approach for kidney tumors and cysts represents an increasingly frequent approach.

Materials and method. Male patient, 62 years old, presented in our Urology Department with right lumbar pain and asthenia, without haematuria. Initially is diagnosed using ultrasound with simple cyst located in lower pole of right kidney and renal mass in upper pole. Uro-CT revealed upper pole right kidney tumor of 60/60mm with enhancement, T1bN0M0 and Bosniak I cyst of 61/64mm in lower right kidney pole.

Results. We performed Laparoscopic cyst excision initially and continued with right nephrectomy. Case specific was existing in 2 concomitant tumors in the kidney. Surgery time was 120 min with Clavien-Dindo 0. Patient was discharged 4 days after surgery. Pathologic report describes chromophobe carcinoma.

Conclusions. Laparoscopic Surgery represent a very efficient and safe method for kidney tumors treatment, with low complication rate and short hospital stay for patients

PM7.2 - TLaparoscopic approach of a large renal hydatid cyst (case report)
Abordarea laparoscopică a unui chist hidatic voluminos

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Introduction: Hydatid cyst is one of the most important zoonotic diseases made by Cestoda Echinococcus, especially Echinococcus granulosus. Liver (50–70%) and lungs (20–30%) are mostly involved organs in hydatid cyst, but it is rarely seen in other organs like heart, breast, thyroid, the soft tissue of neck and kidney. Surgical treatment involves excision of the cyst with all its contents. In the actual study, we present a case of a young patient diagnosed with a giant renal hydatid cyst. The aim of this study was to report a case initially diagnosed with simple large right renal cyst that intraoperatively was diagnosed with renal hydatid cyst.

Method and patient: We report a case of a 38-year-old male patient, initially diagnosed by abdominal ultrasound and abdominal CT scan with a simple large right renal cyst (12 cm diameter). The diagnosis of hydatid cyst was established intraoperatively during laparoscopy cyst resection. The fluid was aspirated and while the outer layer of the cyst, together with the proligerous membrane and the daughter vesicles were resected and removed by endobag. The adequate measures to prevent dissemination and recurrence were taken and the laparoscopic procedure was finalized followed by secondary administration of oral Albendazole. Ultimately, due to a large and persistent urinary fistula caused by the hydatid cyst penetrating into the collective system, we performed right total nephrectomy. Postoperative follow-up at one month revealed no significant symptoms and normal kidney function. The hydatid cyst diagnostic was pathologically confirmed.

Conclusion: The laparoscopic approach may be used for the initial surgical treatment of renal hydatid cysts. However, the selection of the optimal cases for laparoscopic approach requires comprehensive imaging analysis as well as judicious clinical assessment prior to surgery in order to minimize the risk of dissemination, recurrence and other complications.

PM7.3 - Posterior retroperitoneoscopic adrenalectomy: surgical technique and our experience

Suprarenalectomia prin retroperitoneoscopie posterioară: tehnica chirurgicală si experiența noastră

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Introduction. Laparoscopic adrenalectomy is the standard of care for most of the adrenal lesions with surgical indications. The posterior retroperitoneoscopy has several advantages over much frequently used transperitoneal approach, being preferred particularly when bilateral adrenalectomy is required. The aim of this paper was to show an illustration of our surgical technique and the results of our case series in posterior retroperitoneoscopic adrenalectomy.

Material and methods. Thirty patients underwent adrenalectomy using posterior retroperitoneal laparoscopic approach by the same surgeon. One case was bilateral, 18 cases on the left side and 11 cases on the right side, respectively. We used the surgical technique described by Walz, with several variations.

Results and conclusions. The median patients age was 49 years (range: 29-70 years). The median operative time was 100 minutes (range: 35-200 minutes) and the blood loss was minimal. Four cases required conversion to open approach. Median tumor diameter was 5 cm (range: 3-8 cm). Major cardiovascular and endocrinologic complications were prevented by multidisciplinary team including anesthesiologist and endocrinologist. No high-grade perioperative complications (Clavien III-IV) occurred. The bowel activity and alimentation resumed in postoperative day 1, as well as the removal of the lumbar drain tube. The median length of hospital stay was 48 hours. In conclusion, the posterior retroperitoneoscopy represents a feasible and safe approach to perform adrenal surgery. It provides a direct, fast, cosmetic and painless procedure, also making bilateral adrenalectomy easier

PM7.4 - Neutrophil-to-lymphocyte ratio – An early diagnostic marker in patients with urinary sepsis

Raportul neutrofile-limfocite – Marker de diagnostic precoce la pacienții cu sepsis urinar

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Introduction: Early diagnosis and effective management are crucial for patient with urinary sepsis. In recent years, the neutrophil-to-lymphocyte ratio (NLR) has emerged as a potential diagnostic tool for assessing the severity of sepsis. This study aimed to assess the efficacy of NLR in evaluating patients with urinary sepsis.

Material and methods: We evaluated patients referred to the Department of Urology at 'C. I. Parhon' Hospital with obstructive urinary lithiasis between January 2020 and August 2023. Baseline patient characteristics, including age, sex, comorbidities, laboratory values, and clinical scores, were retrospectively collected from medical records.

Results and conclusion: We included 625 patients, with an average age of 48.3 years (±14.3 SD). 17.28% of patients (n=108) had a NLR between 1-3, 10.4% (n=65) had an NLR between 3-5, and 72.32% (n=452) had an NLR 5. Urine cultures indicated positive results in 14.82% (n=16) of patients with NLR 1-3, 41.54% (n=27) of patients with NLR 3-5, and 63.5% (n=287) of patients with NLR 5, the difference being statistically significant ($p<0.05$). We also found that only 13.8% (n=15) of the patients with normal NLR presented renal insufficiency, compared to 76.54% (n=346) of the patients with pathological NLR. Patients with normal NLR levels had an average C-reactive protein of 33.5 ±18.5, mg/L, while patients with an NLR 5 had an average value of 108.5 ±35.6 mg/L. Patients with normal NLR (<3) had shorter hospitalisation (average of 3.7 days, 1.3 days in the ICU) compared to 7.5 days (3.5 days in the ICU). The ROC analysis, revealed that the NLR had a sensitivity of 53% and specificity of 84%, with an AUC of 0.753 ($p < 0.05$) in sepsis detection. NLR can be a valuable tool for assessing patients with infected ureteral lithiasis who require urinary drainage. It is cost-effective, easy to use, and demonstrates satisfactory sensitivity and specificity. This simple blood test, routinely performed upon admission, may potentially become an alternate option for evaluating sepsis severity.

PM7.5 - Simplified Diagnosis of Urosepsis by Emergency Ultrasound Combined with Clinical Scores and Biomarkers

Diagnosticul simplificat al urosepsisului utilizând ecografia de urgență combinată cu biomarkeri și scoruri clinice

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Introduction: Urosepsis is a life-threatening medical condition due to a systemic infection that originates in the urinary tract. Early diagnosis and treatment of urosepsis are critical to reducing mortality rates and preventing complications. Our study was aimed at identifying a fast and reliable method for early urosepsis diagnosis and severity assessment by combining prognostic scores such as SOFA and NEWS with ultrasound examination and serum markers PCT and NLR.

Materials and methods: We performed a single-center prospective observational study in the Craiova Clinical Emergency Hospital. It initially analyzed 204 patients admitted for sepsis of various origins in our hospital between January and December 2023. Those with urological conditions that were suspected to have urosepsis have been selected for study evaluation so that finally 76 patients were included as follows: the severe cases with persistent hypotension requiring vasopressor were enrolled in the septic shock group (15 patients - 19.7%), while the rest were included in the sepsis group (61 patients - 80.3%). Mortality rate in our study was 10.5% (8/76 deaths due to sepsis).

Results: Both prognostic scores SOFA and NEWS were significantly elevated in the septic shock group, as were the sepsis markers PCT and NLR. We identified a strong significant positive correlation between the NEWS and SOFA scores (r = 0.793) as well as PCT and NLR (r=0.417). Ultrasound emergency evaluation proved to be similar to CT scan in the diagnosis of urosepsis (RR = 0.944, p=0.264). ROC analysis showed similar diagnostic performance for both scores (AUC = 0.874 for SOFA and 0.791 for NEWS), PCT and NLR (AUC = 0.743 and 0.717).

Conclusion: Our results indicate that an accurate and fast diagnosis of urosepsis and its severity may be accomplished by combining the use of simpler tools like emergency ultrasound, the NEWS score and NLR which provide a similar diagnosis performance as other more complex evaluations.

PM7.6 - Multidrug-resistant urinary tract infections with Klebsiella – Comparative analysis between two hospitals in the region of Moldova

Infecțiile urinare multidrog rezistente cu Klebsiella – Analiză comparative între două spitale din regiunea Moldovei

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Introduction: The increasing prevalence of multidrug-resistant urinary tract infections due to Klebsiella pneumonae is becoming a significant concern worldwide. We aimed to compare the characteristics of patients with this condition from "CI Parhon" hospital in Iasi with those from Neamț County Hospital

Material and methods: Baseline patient demographics, including age, gender, comorbidities, laboratory values, and antibiotic sensitivity, were retrospectively collected from the medical records of the two hospitals between January and December 2023.

Results and conclusion: Of the 10,806 outpatients (10,008 in Iasi) and 3,915 inpatients (394 in Neamt), 133 patients with Klebsiella UTI-MDR (101 from Iasi) have been identified. Patients were aged between 18 and 87 years, with a mean age of 66.49±13.46, and those from Iasi being significantly younger (65.81 vs 75, p=0.031). Most were males (58.71%), with no difference between hospitals (p=0.46). The majority were from rural areas (54.12%), with no difference between groups (p=0.99). There was no difference regarding the prevalence of diabetes or hypertension. 58.71% had different urinary catheters, but with no statistical difference between hospitals (60.39% vs 37.5%, p=0.27). The analysis of antibiotic sensitivity revealed a significantly higher resistance to carbapenems in patients from Neamt. Overall resistance to imipenem was 9.17%, and to meropenem, 15,59%, while in those from Neamt, it was 37.5% for both antibiotics (p=0.02, respectively p=0.07). Overall, resistance to ciprofloxacin was 63.30%, significantly higher in those from Iasi (67.32%, p=0.003), while to ceftriaxone, it was 52.29%, also higher in those from Iasi (54.45%, p=0.27). Resistance to TMX-SMX was 59.21%, higher in patients from Neamt (75%, p=0.7). The highest resistance was for ampicillin (79.81%), in those from Neamt being 100%. Treating Klebsiella UTI-MDR is becoming more difficult. Our data highlighted different sensitivity patterns between two hospitals in the same area. Knowing these patterns can influence the initiation of the treatment until obtaining the antibiogram.

PM7.7 - Obesity, diabetes mellitus and the risk of bladder cancer

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Background: Urinary bladder carcinoma among other malignancies shows an increasing incidence, so does obesity and diabetes mellitus (DM). Since the global cancer burden is growing, researchers around the world get another step closer to conquering cancer, by revealing hidden triggers such as associated DM and excessive body weight.

Objective: This study aimed to explore the association between bladder cancer and diabetes, hypertension and obesity and to establish the correlation between the histopathological staging and the prevalence of diabetes mellitus.

Material and methods: A retrospective, descriptive study has been conducted on a sample of 139 patients (100%), aged between 40 and 90 (mean age being 70), all of them diagnosed with bladder cancer after undergoing TUR-B procedure at the Urology Clinic of Targu Mures, Romania, between July 2022 and November 2022.

Results: In our study, 62 patients (44.6%) associated type II DM (12 females and 55 males) and 83 patients (59.71%) were overweight (average BMI=33.6). Hypertension should be considered, as almost 90% of our patients (122 out of 139) associated high blood pressure (24 females and 98 males). It is important to note that 24 out of 26 females included all the considered comorbidities (BC, diabetes, hypertension and obesity), even though BC is a men-specific disease. The most common histopathological type was G2pT1 (51.79%), while 10.79% suffered from invasive cancer affecting healthy surrounding tissues (G3pT2) and 41% had non-invasive papillary carcinoma (pTa). Additionally, it should be recalled that 33 patients (23.74%) have been smoking during our study, while tobacco smoking is the main known risk factor for BC worldwide.

Conclusions: Men are more likely to have urothelial carcinoma but we would like to accentuate the fact that almost 50% of female patients with BC, associated diabetes; 92.3% of them included hypertension and 70% were overweight. The most notable fact, diabetic females suffered from high grade carcinoma (G3). It is really important to point out that metabolic syndrome has a negative impact in women with BC regarding incidence and histopathological results.

PM7.8 - Delayed repermeabilization of arteriovenous fistula post angioembolization. Rare case of active hematuria

Repermeabilizare întârziată a fistulei arterio-venoase. Caz rar de hematurie activă

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Introduction: Percutaneous nephrolithotomy (PCNL) is currently recommended as the first-line treatment for renal stones bigger than 2 cm in diameter. Delayed bleeding with vascular complications, such as pseudoaneurysm (PA) and arteriovenous fistula (AVF), occurs in less than 1% after PCNL. Selective angioembolization (SAE) has a high success rate and low complication rate, avoiding prolonged hospitalization time and major renal surgery.This case report emphasizes the importance of early recognition of PA and AVF as a cause of active hematuria, developed at a signifiant period of time after SAE.

Case presentation: A 43-year-old woman with a history of ESWL for a right ureteropelvic junction kidney stone in 2012, underwent PCNL for a large right pyelic stone in 2016 (largest diameter 2.3 cm on urography). Surgery was performed in prone position under general anesthesia. 48 hours post-procedure the patient developed arteriovenous fistula and underwent selective angioembolization. After 8 years the patient presents at the emergency room for active hematuria and clot retention. Contrast computed tomography angiography (CTA) showed an active arterial bleeding in the right kidney lower pole in the vicinity of metal clips used for the previous SAE, with a contrast stain up to 10 mm, hydronephrosis, and hyperdense material in the pyelum, ureter, and bladder. Upon arriving at our hospital, she was hemodynamically stable; laboratory investigation showed a hemoglobin of 11.3 g/dl and slightly modified APTT. The patient started 2 months ago a in vitro fertilization treatment scheme. Transradial angiography was performed, confirming the PA and AV fistula. The afferent artery was selectively catheterized with a 4F Cobra catheter with visualization of an early venous return, suggestive of PA with associated AVF. The neck of the PA was embolized with 2 VortX Diamond 6x7.7mm with good mechanical occlusion and no residual filling of the PA on control angiography. The patient recovered quickly and was discharged on the postoperative 4th day.

Conclusions: Late AVF after SAE can represent an unusual cause of active hematuria. Rapid identification pose an excellent diagnostic exercise and often impose immediate therapeutic actions. In the presented case selective angioembolization was the right therapeutic option for late AVF developed at an interval of approximately eight years after SAE.

PM7.9 - The Management of Uretero-Arterial Fistulae – Case Presentation
Managementul fistulelor uretero-arteriale – Prezentare de caz

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Introduction and Objectives. Uretero–arterial fistula (UAF) represents a life-threatening rare condition, consisting of an abnormal communication between arterial vessels and the ureter. The most common location is at the crossing of the ureter with the common iliac artery. UAF generally occur after radical pelvic surgery with urinary diversion and radiotherapy, and manifests as intermittent or massive hematuria. The management of these complicated conditions requires a collaboration between urologists, vascular surgeons and interventional radiologists. The aim of this paper is to present our experience in treating a male patient with two consecutive fistulas in the course of 3 months.

Materials and Methods. A 67 years old male patient was transferred to our clinic with the diagnosis of right UAF after ureteral stent mobilization. The patient had undergone a radical total pelvic exenteration with terminal colostomy and cutaneous ureterostomy for a bladder invasive rectal tumor 3 years prior, with neoadjuvant radiotherapy. Due to acute arterial hematuria at the level of the cutaneous ureterostomy we performed a double ligation of the right ureter, closing it as a patch on the common iliac artery, and right percutaneous nephrostomy. A month later, the patient returned for bleeding at the cutaneous orifice of the already ligated right ureter. The CT scan did not identify any signs of fistula, revealing only a small aneurysm at the suture area of the right iliac artery. We opted for an endovascular management of the situation. During angiography, the interventional radiologist identified a small communication with the common iliac artery when injecting contrast dye into the stump of the right ureter. An endovascular graft stent was mounted along the entire length of the right common iliac artery.

Results. There were no complications registered during the open surgery nor during the endovascular procedure. The patient was discharged with an optimal status after each procedure within one week.

Conclusions. Uretero–arterial fistulas represent life-threatening complications that must be treated in specialized centers with urology, interventional radiology and vascular surgery. Angiography and stenting are good options for the diagnosis and treatment of these conditions, but some cases can only be managed in an open surgical setting.

PM7.10 - The utility of DEPROX® in the therapeutic strategy of pelvic pain syndrome in young adults

Utilitatea DEPROX® în strategia terapeutică a sindromului dureros pelvin la adultul tânăr

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Introduction: Pelvic pain syndrome is a frequent encounter in daily practice. Although it significantly affects the quality of life, no standardized treatment exists. We aimed to evaluate the impact of Graminex (Deprox® 500) as mono or combination therapy in these patients.

Material and method: We have included the patients diagnosed with chronic pelvic pain syndrome referred to our clinic between March 2023 and December 2023. After completing the NIH-Chronic Prostatitis Symptom Index questionnaire, they were randomly included in four groups (A- Graminex and alpha-blocker- tamsulosin 0.4 mg, B- Graminex, NSAID and tamsulosin 0.4 mg, C- NSAID and alpha-blocker, D-Graminex). They were re-evaluated three months later.

Results and conclusion: 108 patients have been included, aged 37-65 years, with a mean age of 51.6 ±8.17 years. The distribution of patients in groups has been A-59, B-14, C-17, D-18. The mean age was not significantly different between groups (p=0.23). Statistical processing of the initial data – pain, micturition, QoL – did not show statistically significant differences between groups. Three months after the treatment initiation, the pain score indicated the most significant improvement was in groups A and B (decrease on average by 22.6% vs 13.08 vs 8.53 vs.11.61, p=0.002). The overall improvement regarding micturition was 27.39%. However, group A also had the most significant (average decrease of 35.6% compared to group C 6.21%, p=0.002). Group A also showed the best improvement in QoL (mean a decrease of 23.55% vs 10,38%vs 7,21%vs 21,78%, p=0.004). The overall improvement score of QoL was 18.61%. The initial results of our ongoing study highlighted that the combination of Graminex and tamsulosin has the most significant impact in improving the symptoms regarding pain, micturition, and overall quality of life in chronic prostatitis patients.

PM7.11 - Functional urodynamic assessment following laparoscopic reconstructive pelvic urological surgeries

Evaluarea urodinamică funcțională după intervenții chirurgicale laparoscopice reconstructive urologice pelvine

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Introduction. Urodynamics is a diagnostic test that helps evaluate different aspects of bladder function such as pressure, flow, and capacity. We hypothesized that urodynamics would be helpful patients who underwent pelvic reconstructive surgery, to assess the presence of LUTS in order to maximize treatment outcomes and improve the patient's quality of life after surgery.

Materials and methods. Our study comprised 9 patients, with 3 undergoing laparoscopic ureteral reimplantation, 5 receiving laparoscopic surgery for vesicovaginal fistula, and 1 patient undergoing both ureteral reimplantation and vesicovaginal fistula surgery. The urodynamic assessment included keeping a bladder diary over a period of 3 days, a medical history interview, and an invasive urodynamic procedure.

Results. Eight out of the nine patients were female, with an average age of 47.9 years and an average postoperative period of 26.3 (CI: 15.51-37.71) months. Seven of them experienced lower urinary tract symptoms (LUTS), while two were completely asymptomatic. The bladder diary revealed an average of 8.8 (CI: 6.6-8.1) micturitions per day, with a median volume of 385ml (CI:264-400). Invasive urodynamic tests during the filling phase indicated that the mean first sensation volume was 106ml, the maximum cystometric capacity was 289ml (CI: 216.9-420) (below the normal range), and the maximum vesical capacity was 758ml with a minimum of 158ml. One patient exhibited altered compliance due to previous pelvic radiotherapy. The mean maximum detrusor pressure during filling was 6.5cmH2O (CI=12.1-30.4). Effort urinary incontinence was confirmed in only one patient, occurring at a bladder pressure of 38cmH2O. During voiding, urination patterns varied - 4 patients had a normal flow, 4 had a flattened flow, and one had a staccato flow. The average flow rate was 21 ml/s, with no signs of obstruction according to the Bladder Outlet Obstruction Index (BOOI). Two patients showed altered detrusor contractility as per the bladder contraction index calculation. The mean post-void residual was 13 ml (CI: 5.5-21).

Conclusion. Urodynamics is a valuable tool in assessing bladder function post-urologic reconstructive surgery. Ultimately, two patients were diagnosed with low-volume post-radiotherapy bladders, four with stress incontinence (either clinical or urodynamic), and one with clinical overactive bladder and we were able to tailor treatment for each one of them.

PM7.12 - Trial without catheter – When do we do it, and for which category of patients?

Proba sondei – Când o facem și la ce categorie de pacienți?

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Introduction: Low urinary tract symptoms are a sign of progressive benign prostatic hyperplasia (BPH). Some patients can experience acute urinary retention. Our study sought to determine the best trial without catheter (TWOC) therapy method and the parameters linked to complete urinary retention recurrence.

Material and method: Patients who are referred to our clinic without previous treatment and diagnosed with BPH and complete urinary retention have been enrolled. After inserting the urinary catheter, the patients received tamsulosin 0.4 mg/daily. Afterwards, they were randomly enrolled into four groups depending on when they were called A (3-7 days), B (7-14 days), C (14-21 days), and D (over 21 days).

Results and conclusion: 170 patients over 50 years old have been enrolled. There were no differences between groups in terms of mean age (p=0.53), severity of symptoms before the urinary retention episode (p=0.75), mean prostatic volume (ml) (94.6 vs 85.5 vs 89.2 vs 55.5, p=0.23). The success of TWOC in each group was A-70.90%, B-36.95%, C- 36.84%, and D- 38.70% (p=0.0007). TWOC was most successful in patients aged 51-60 years (64.28%) compared with those aged 61-70 years (54.21%) or over 71 years (22.22%), p= 0.0001. Intravesical prostate protrusion did not influence the outcome (p=0.1). Subgroup analysis showed that additional NSAID treatment favored the success of TWOC only in patients aged 61-70 years (p=0.02, OR =2.71). A prostatic volume under 50 cm3, was a positive predictive factor in all age groups (p=0.04). When treating patients with complete urinary retention and benign prostatic hyperplasia, TWOC is a suitable alternative. Nonetheless, several variables affect how effective this treatment strategy is. Unfavorable prognosis variables include age over 70 years, prostatic volume greater than 50 ml, and prolonged urinary catheterization lasting more than seven days.

PM7.13 - Comparison of preoperative and postoperative outcomes and assessment of quality of life in patients with Bricker type urinary diversion via laparoscopic and robotic approaches

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Introduction. Radical cystectomy is considered the gold standard treatment for muscle-invasive bladder tumors. The optimal type of urinary diversion can be chosen according to patient comorbidities, age, tumor staging and tumor location. The aim of the study is to compare preoperative and postoperative outcomes and assess the quality of life following radical cystectomy with Bricker-type cutaneous ureterostomy performed via laparoscopic and robotic approaches.

Material and Methods. A retrospective study was conducted including 36 patients treated between February 2019 and February 2024 at the "Prof. Dr. Th. Burghele" Clinical Hospital Bucharest, Cluj-Napoca Clinical Hospital and Regina Maria Hospital Cluj-Napoca. Group I (30 patients) comprised patients with urinary diversion via laparoscopy. Group II (6 patients) includes patients with urinary diversion via robotics. Several preoperative and postoperative data was compared and statistically analysis was performed. The European quality of life EQ-5D-5L questionnaire was applied.

Results. Approximately 14% of Group I patients and 17% of Group II patients have a preoperative haemoglobin value <11 g/dl. Postoperatively, the majority in both groups had levels >11 g/dl. Regarding glomerular filtration rate, there were no significant statistical differences preoperatively or postoperatively in Group II. Postoperatively, 13% of Group I patients progressed from stage II to stage III. The average operative time was 415 minutes for Group I and 465 minutes for Group II. Most patients in both groups had a hospital stay <10 days. Regarding preoperative staging, most patients in both groups had T2G3. Postoperatively, most Group I patients were reported as T3a, while Group II had T1a and T3a. About 78% of Group I patients reported no mobility issues compared to 83% of Group II. Regarding self-care, 67% of Group I patients had no problems compared to 83% of Group II. Approximately 33% of Group I patients had no difficulties in performing usual activities compared to 67% of Group II. In Group I, 39% reported no pain, while 17% of Group II patients didn't. 44% of Group I respondents did not experience anxiety while 16% of Group II patients did not. Approximately 22% of Group I subjects rated their health status >90, while 33% of Group II patients rated >90 EQ-VAS (100= best imaginable health state).

Conclusions. Various methods can be employed for urinary diversion depending on the patient's ability to care for a continent stoma, accessibility of the terminal ileum, and the extent of the procedure. The optimal urinary diversion can be chosen for the benefit of both the patient and the surgeon.

V1.1 - Penile reconstruction with scrotal flap after intrapenile silicon injection: Case presentation

Reconstrucție penianǎ cu lambou scrotal post injecție penianǎ de silicon: Prezentare de caz

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Introduction. Siliconoma represents an inflammatory tissue response to extravasated silicon. Most of the publications report complications including negative effects on penile appearance and function which require corrective procedures. Penile circumferential skin and siliconoma excision with skin grafting has been described in multiple case reports and series as an effective and feasible option to remove the silicone and achieve good esthetic results.

Material and Methods. We describe a case of penile siliconoma with excision and reconstruction of penile skin using scrotal flap. Patient in 34 years old with no medical history consults in our clinic with a large penile masse after penile silicon injection 4 years ago. He describes no urinary symptoms, but very painful and very difficult sexual intercourse, rarely possible with fort penetration. The surgical intervention with excision of siliconoma and reconstruction with scrotal flap was performed some weeks after.

Results. The duration of the surgery was 2 hours and 35 minutes. The dressing and the urinary catheter were removed at day 4. The hospitalization time was 5 days. Level I and II painkillers were used during the hospitalization. The dressing was changed every 1-2 days at home by a nurse during 2 weeks following the intervention. A favorable functional and aesthetically aspect of the penis was achieved at control consultation at 2 months.

Conclusion. The excision of penile skin and siliconoma with defect reconstruction with scrotal flap is feasible with good functional and cosmetic outcomes

V1.2 - MRI-US fusion prostate biopsy – Step-by-step

Biopsia de prostată IRM-TRUS Fusion – Step-by-ste*p*

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Introduction. MRI guided prostate biopsy has become the gold standard for prostate cancer diagnosis (PCa). Of all the modalities to guide the biopsy, platforms that allow a real-time fusion between MRI and US are currently the most commonly used worldwide. Basic understanding of prostate MRI and ultrasound (US) is imperative to perform this procedure, in addition to familiarity with the image processing methodology unique to each device. The technique must be standardized in order to guarantee the highest levels of diagnosis accuracy. Being a high-volume center, we present our standardized technique of MRI-US fusion prostate biopsy.

Materials and Methods. Since 2017, we performed more than 1600 MRI-US fusion guided prostate biopsies. All procedures were done in local anaesthesia using a real-time software-based MRI-US fusion system with rigid registration.

Results. The patient is positioned in left lateral decubitus with the knees bent. Local anaesthesia is performed using intrarectal lidocaine gel. For the biopsy, T2WI in sagittal and axial plane are selected and imported into the machine. Registration between the two planes is performed in order to have a 3D representation of the prostate. On MRI, each suspicious lesion and the urethral axis are marked on axial and sagittal planes, respectively. Endorectal ultrasound is performed in sagittal view, aiming to find the urethral axis in the same plane as on the MRI. When the ultrasound and MRI planes are identical, real-time fusion of the volumes is performed. The location of the suspicious lesion is overlapped on the ultrasound images and targeted puncture can be performed.

Conclusion. Basic MRI knowledge is mandatory to perform MRI-US fusion prostate biopsy. Using a standardized technique, urologists can achieve good diagnostic accuracy even from the first cases.

V1.3 - Laparoscopic pyeloplasty for recurrent ureteropelvic obstruction associated with kidney lithiasis

Pieloplastia laparoscopică pentru stenoza de joncțiune pielo-ureterală recidivată cu litiază renală asociată

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Introduction. Laparoscopic pyeloplasty has become a standard therapeutic option for ureteropelvic obstruction, providing a safe and effective approach that relieves pain, prevents kidney failure, and improves patients' quality of life.

Material and method. We present a 28-year-old male patient diagnosed with recurrent left ureteropelvic junction obstruction and voluminous pelvic stone who was admitted in the Urology Clinic from Targu Mures with intermittent left lumbar pain for more than 6 months. Medical history reveals left pyeloplasty in 2014 and multiple left flexible ureteroscopy. Blood results without significant modifications. Ultrasound and Computer Tomography revealed an ureteropelvic junction obstruction with third degree of hydronephrosis and lower pole crossing vessel on the left kidney and a pelvic stone image of 3x2 cm. Transperitoneal laparoscopic Hynes-Anderson pyeloplasty was performed with stone extraction and double "J" ureteral catheter insertion.

Results. Operating time was 210 min. There were no intra or postoperative complications. The lumbar drain was removed on the 3rd postoperative day and the patient was discharged on the 4th day. Four weeks after the surgery the ureteral stent was removed and the patient was asymptomatic.

Conclusions. Laparoscopic pyeloplasty represent a feasible surgical treatment option of ureteropelvic junction obstruction even in complex cases. This approach is preferred over endopyelotomy or open surgery because complex reconstruction can be performed, even in the presence of postoperative scar tissue, local inflammatory syndrome, kidney lithiasis or aberrant crossing vessels. Laparoscopic pyeloplasty is a minimally invasive surgical technique that provides durable clinical results similar with open pyeloplasty but with minimal risk of complications and quick recovery.

V1.4 -Robotic-assisted uretero-ileal reimplantation for benign ureteral strictures in patients with prior minimally-invasive radical cystectomy and intracorporeal urinary diversion

Reimplanterea uretero-ileală prin abord robotic în cazuri de strictură ureterală benignă post cistectomie radicală cu derivație urinară intracorporeală prin abord chirurgical minim-invaziv

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Introduction. The aim of the current paper is to present the surgical technique and outcomes of robotic ureteral reimplantation in ileal conduit (IC) and neobladder (NB) in patients with prior minimally-invasive radical cystectomy and intracorporeal urinary diversion, who developed benign uretero-ileal anastomotic strictures

Material and Method. We report on a multiinstitutional cohort of 10 patients (7 IC, 3 NB) who had 12 uretero-ileal strictures (8-unilateral, 2-bilateral) causing hydronephrosis and renal function deterioration, who underwent robotic uretero-ileal reimplantation in referral centers for robotic surgery between 2016 and 2022. Median age was 67.5 years([IQR]: 66-69). The stricture was diagnosed at a median of 6 months (IQR 5-10) from the initial surgery. Robotic uretero-ileal reanastomosis started with adhesiolysis, followed by the identification of the ureters and urinary diversion, facilitated by the use of intracavitary saline or ICG. When dissecting the ureters, a „no touch" technique was used, in order to minimize devascularization and ischemia. Localization of the ureteral stricture was critical. The excision of the entire ischemic segment was performed until signs indicative of adequate tissue trophism were found. At the same time, consideration was given to spare sufficient length of the ureteral stumps to allow for a tension-free anastomosis. Direct anastomosis using monofilament resorbable suture, with insertion of mono J or double J stent was performed with both ileal conduit and neobladder.

Results and conclusions. The median operative time for robotic uretero-ileal reanastomosis was 152 minutes (IQR 120-180) and the median blood loss was 50 ml (IQR 40-70). No intraoperative complications occurred. Median length of hospital stay was 4.5 days (IQR 3-6). Two Clavien-Dindo II (20%) postoperative complications were registered (urinary tract infection and acute kidney injury). The mean length of ureteral catheterization for reimplantation in IC was 20.7 days (±4.29). For patients with NB, the mean ureteral and urethral catheterization times were 54.3 days (±22.8) and 19.3 days ±11.08), respectively. The ureteral stents were removed in all patients. At a median of 16 months follow-up, 2 patients (one IC and one NB) had persistent hydronephrosis. In patients requiring surgery for benign ureteral strictures following cystectomy, robotic surgery allows for safe and efficient ureteral reimplantation in urinary diversion.

V1.5 - 3D Laparoscopic left ureteroneocystostomy with Boari flap for post-ureteroscopy ureteral stenosis

Ureteroneocistostomie stângă laparoscopică 3D cu lambou Boari pentru stenoză ureterală post-ureteroscopie

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Introduction. Ureteroneocystostomy is a surgical procedure used to reconstruct a ureter that has been damaged or obstructed. The Boari flap is a surgical technique used in ureteroneocystostomy to reconstruct a damaged or obstructed ureter by creating a new connection to the bladder. The Boari flap itself consists of a segment of bladder tissue that is mobilized and tailored to bridge the gap between the ureter and the bladder.

Methods. The case involves a 47-year-old male experiencing recurrent episodes of left renal-ureteral colic and undergoing left ureteral endoscopic lithiasis treatment. Subsequently, he developed a narrowing of the middle part of the left ureter corresponding to the iliac vessels, confirmed by a CT scan with excretory phase revealing a 30 mm stricture. A decision was made to proceed with a 3D laparoscopic procedure for left ureteroneocystostomy. Following identification and dissection of the left ureter and excision of the stenosed segment, challenges arose with achieving a tension-free anastomosis due to insufficient length. Consequently, a Boari flap technique was employed. The surgical intervention involved incising the anterior bladder wall and mobilizing the flap to reach the distal ureteral end. Subsequent to placing a ureteral stent, the Boari flap was anastomosed to the ureter, enclosing circumferentially the stent completely. Closure of the bladder wall was then performed using a double-layer continuous suturing technique.

Results. Total operative time was 335 minutes. Following the surgical procedure, the patient exhibited favorable postoperative progress. The pelvic drain was removed on the second day post-surgery. Subsequently, the bladder catheter was discontinued two weeks postoperatively, followed by the removal of the ureteral stent at six weeks. Following stent removal, the patient remained asymptomatic with no reported complaints and absence of hydronephrosis signs.

Conclusion. Performing laparoscopic Boari flap surgery requires specialized training and expertise in laparoscopic urologic procedures. Laparoscopic Boari flap surgery combines the benefits of minimally invasive techniques with the principles of reconstructive urology to provide a viable option for ureteral reconstruction especially for lesions located in the middle part of the ureter

V1.6 - 3D Laparoscopic ureteroplasty using autologous buccal mucosa following iatrogenic proximal ureteral injury

Ureteroplastia laparoscopică 3D folosind mucoasă bucală autologă în urma unei leziuni ureterale iatrogene la nivelul ureterului proximal

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Introduction. Ureteroplasty with autologous buccal mucosa graft is a surgical procedure used to repair or reconstruct the ureter. The use of autologous tissue helps reduce the risk of rejection or complications associated with foreign materials. Ureteral lesions located at proximal level have a high incidence of developing subsequent hydronephrosis with loss of renal function. Treatment options are limited and have a high risk of recurrence.

Methods. We present the case of a 37-year-old female who underwent endoscopic treatment for right ureteral lithiasis and subsequently developed a ureteral stricture in the proximal ureteral. Initially, a nephrostomy was inserted, which was later replaced with a double J stent. A CT scan with excretory phase revealed a 20mm stricture at the proximal level of the right ureter, beneath the right pyeloureteral junction. A collaborative team comprising urologists and maxillofacial surgeons was assembled. Maxillofacial surgeons conducted the extraction of buccal mucosa from the internal left cheek and prepared the graft by excising the underlying adipose tissue. Subsequently, the buccal defect was closed. The harvested mucosal graft was intraperitoneally introduced using a 3D laparoscopic approach, with prior preparation of the right ureter. The ureter was dissected, the stricture was identified through a combined ureteroscopic approach and by using Indocianin Green, and longitudinally incised. A 4 cm graft was then sutured to the site of the defect, with the anastomosis safeguarded by the intraoperative placement of a double J stent.

Results. The operative time was 275 minutes. Following the procedure, the patient exhibited positive progress: the lumbar drain was extracted on the second day, the bladder catheter was removed by the second week, and the right double J stent was taken out at 8 weeks postoperatively. A follow-up CT scan with excretory phase revealed the absence of hydronephrosis.

Conclusion. By using the patient's own tissue, we were able to promote better tissue integration and healing, ultimately restoring proper function to the ureter. Laparoscopic ureteroplasty with autologous mucosal graft is one of the few options for ureteral lesions located at proximal level and having done the procedure minimally invasive compared to traditional open surgery we had shorter recovery times, less pain, and quicker return to normal activities.

V1.7 - Minimally invasive treatment of vesicoureteral reflux in children
Tratamentul minim invaziv al refluxului vezico-ureteral la copii

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Introduction and objectives. Vesicoureteral reflux is one of the most frequent urinary tract abnormalities affecting 1-2% of the pediatric population and 25-40% children with a history of febrile urinary tract infection. There is a range of severity and management regimes from observation with or without continuous antibiotic prophylaxis to active surgical intervention. We present the experience of our Pediatric Urology Department in minimally invasive treatment of vesicoureteral reflux in children.

Material and method. Between June 2015 and March 2024 in the pediatric Urology services of the Municipal Clinical Hospital and the Regina Maria Hospital Cluj-Napoca respectively we performed endoscopic antireflux uni- or bilateral subtrigonal injection with Vantris in 16 patients. The minimally invasive treatment was performed in case of relapse of febrile urinary infections during antibiotic prophylaxis, decrease of renal function on DMSA renal scintigraphy or parental option. In parallel, behavioural therapy was instituted for associated poor elimination syndrome. We recorded postoperative complications and the relapse rate of urinary infections.

Results. A total of 16 children between the ages of 1 and 11 were treated by minimally invasive approach. No intra or postoperative complications were recorded. The duration of postoperative hospitalization was 24 hours for all patients. Behavioral therapy included bladder rehabilitation by mictions at fixed hours, adjustment of the volume of fluid intake, treatment of constipation, weight loss. Subsequent uro-pediatric examinations revealed the absence of febrile urinary infections in patients who benefited from this therapeutic approach.

Conclusions. The endoscopic minimally invasive treatment of the vesicoureteral reflux has a good success rate (75-83%) with short hospitalisation, limited trauma, repeatability, quick recovery and low incidence of complications. The simultaneous therapeutic approach of all risk factors for recurrent urinary tract infections allows good results with minimal risks for patients.

V1.8 - Laparoscopic adrenal sparing surgery for aldosterone secreting adenoma

Suprarenalectomia parțială pentru adenom secretant de aldosteron

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Introduction and Objectives. Hereditary pheochromocytoma, Conn's syndrome, Cushing's syndrome, and non-functional suspicious adrenal masses represent the current indications for performing adrenalectomy. However, Adrenal insufficiency represents a debilitating condition which mandates lifelong steroid replacement and which is associated with significant long-term morbidity.Partial adrenalectomy could be a possibility in selected cases, aiming to preserve the remaining functional gland.

Materials and Methods. We present the case of a 62-year-old female patient who was referred to our department for secondary hypertension. She had a past medical history of left total nephrectomy with adrenalectomy for pyonephrosis. The computer tomography (CT scan) revealed a nodule of 11mm located at the level of the right adrenal gland. The aspect was suggestive for adrenal adenoma. The laboratory results showed high plasma aldosterone concentration (32.8ng/ml) and the plasma renin concentration was below the limit (<0.5µUI/mL). In this way, the presumptive diagnosis was suggestive for hormonally active adenoma. We performed 3D laparoscopic partial adrenalectomy by transperitoneal approach.

Results. The surgery was performed by transperitoneal approach using 4 trocars. The nodule was identified on the anterior part of the adrenal gland in close contact to the adrenal main vein and it was gently isolated using Harmonic scalpel. The enucleation was realized by a combination of blunt and monopolar dissection. In the end the hemostasias was fully achieved by pin-point coagulation, Hem-O-Lok® clip on the tributary artery of the nodule and hemostatic agent (Surgicel®). The operative time was 60 minutes. The blood loss was minimal. There were no major intra or postoperative complications. The patient was discharged on day 4 after surgery. The histopathological diagnosis was an adrenal adenoma. Three months after the surgery, the number and the dose of anti-hypertensive drugs have been reduced significantly. The plasma aldosterone became to normal values.

Conclusions. Adrenal-sparing surgery is safe, effective and highly indicated in cases of hormonally active adenoma and unique adrenal gland.

V1.9 - Renal Urolithiasis in Pediatric Patients - Therapeutic approach

Litiaza renală la copii - Abordare terapeutică

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Introduction. The treatment of urinary lithiasis in children represents a challenge for the urologist due to technical features, especially the smaller size of the urinary tract. Retrograde intrarenal surgery allows natural access to the pyelo-calyceal system, limited trauma, repeatability, quick recovery, low incidence of complications and excellent safety in this group of patients. We present the experience of the Pediatric Urology Department regarding the endoscopic retrograde approach of renal lithiasis in the pediatric patient.

Material and method. The standard protocol involves preparing the urether by inserting an ureteral stent, followed two weeks later by the retrograde intrarenal surgery with Holmium LASER lithotripsy of the kidney stones. An 8 Ch digital ureteroscope is used, without an ureteral access sheath. The lithotripsy is done by 200-micron LASER fiber using a frequency of 30-40 Hz and 0.3-0.5 Joules with stone stabilizing technology (virtual basket). In case of significant stone burden multiple therapeutic procedures become necessary.

Results. Between July 2018 and March 2024 there were 15 children 7 to 17 years old treated by endoscopic approach. One therapeutic session was necessary for 12 patients, two sessions for 2 patients, respectively 6 sessions for one patient (cystinuria). Stone-free status was obtained for 14 patients; one patient needed ESWL due to failure of endoscopic approach (in the context of horseshoe kidney); one patient required completion of the treatment by rigid ureteroscopy. There were no intra or postoperative complications registered. Postoperative hospitalization time was 24h for all patients.

Conclusions. Retrograde intrarenal surgery allows safe treatment of kidney urolithiasis in children; some associated congenital anomalies may generate technical difficulties which could impose using other therapeutic methods.

V1.10 - ROBOTIC partial nephrectomy in ZERO ISCHEMIA for complex cases – technology optimizing functional results

Nefrectomia parțială ROBOTICĂ cu ZERO ISCHEMIE în cazuri complexe – tehnologia optimizează rezultatul funcțional

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A renal cancer diagnosis is not automatically linked with a solitary kidney status, as partial nephrectomy is becoming feasible for complex cases, with the aid of robotics.
This video collage presents different techniques to optimize the functional results of partial nephrectomy- Indocyanine Green dye usage, and intra-operatory ultrasound. ZERO ischemia tumor excision and nephropathy are exemplified on a PADUA 9 case highlighting surgical tips and tricks.
The robot benefits from on-point dissection/ coagulation/ suturing with minimal mechanical and thermal damage to the tissue. This makes the ZERO ISCHEMIA technique feasible in offering not only an oncologic-safe partial nephrectomy but also optimal postoperative renal function. This being said, the surgical moment does not irreversibly modify the prior renal function of the patient.

V1.11 - Robotic assisted partial nephrectomy and concomitating neprolithotomy for obstructed caliceal dyverticulum and secondary infection stones

Nefrectomie parțială asistată robotic pentru diverticul caliceal obstruat cu litiază secundară de infecție

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Introduction. Robotic assisted partial nephrectomy is minimally invasive alternative to open surgery in cases with obstructed caliceal diverticulum and secondary lithiasis.

Case presentation. A 47 years old female, with staghorn calculi for which she underwent 2 retrograde intrarenal surgeries (RIRS) in another department presents for recurrent pyelonophritis and intermittent flank pain. The CT scan describes an antero-inferior calyx diverticulum with secondary infection stones (HU 600) and a maximum diameter of 17mm, a significant reduced renal parenchyma (RPI: 5mm) in the inferior renal pole and a postero-inferior calyx stone - 12,5mm (HU 1100). Flexible retrograde ureteroscopic evaluation has shown a narrow calyx infundibulum that cannot be bypassed and the procedure is abandoned and a JJ stent is inserted. Due to the narrowed caliceal infundibula and significant reduction of the renal parenchyma PCNL cannot be performed due to high risk of urinary fistula. We performed robotic assisted left lower pole partial nephrectomy with closure of the antero-inferior caliceal infudibulum and nephrolithotomy on the posteroinferior calyx. Total time of the surgery was 140 minutes with console time 105 minutes. Estimated blood loss recorded was 150ml. Length of stay was 3 days with no post-operative complications. Bladder catheter was removed after 3 days.

Conclusions. Robotic assisted partial nephrectomy and nephrolithtomy may be on option for managing complex stones in caliceal diverticulum with a narrow infudibulum.

Introduction. Robotic assisted simple prostatectomy (RASP) is minimally invasive alternative to open simple prostatectomy, with potential advantage of reduced morbidity, bleeding and infection risk in patients with large prostate glands suffering from moderate to severe LUTS.

Case presentation. A 71year old patient, male, investigated for severe LUTS, diagnosed with benign prostatic obstruction due to a large prostatic gland, urinary tract infection and a large bladder diverticulum. Two years ago, the patient underwent a TURP for moderate LUTS, with limited impact on voiding symptoms and recurrent urinary tract infections. Ultrasonography showed a large prostate gland (117cc), a 180ml post-void residual volume (PVR) and a 70mm posterolateral bladder diverticulum next to

the right ureteric orifice. Uroflowmetry was performed with a Qmax of 9.4 ml/s. We performed Retzius sparing transvesical robotic assisted simple prostatectomy with concomitant diverticulectomy. Intraoperative the bladder diverticulum was facile to dissect, with a clear view of the ureter and the circular fibers which are around the diverticular neck due to the highly sensitive movements and high-resolution image. Total time of the surgery was 160 minutes with console time 110 minutes. Estimated blood loss recorded was 385ml. Length of stay was 3 days with no post-operative complications. Bladder catheter was removed after 10 days.

Conclusions. Robotic assisted prostatectomy (RASP) can provide excellent outcomes in patients with large prostate gland and concomitant bladder diverticulum. This minimally invasive procedures decrease the morbidity of the procedure and can ensure the early recovery after surgery.

V2.1 - Bladder tumors in children - therapeutic approach
Tumori vezicale la copii - abordare terapeutică

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Introduction. The authors present the experience of the Department of Pediatric Urology in addressing bladder urothelial tumors in children, a pathology very rarely found in this age group.

Method. Between 2013-2023 we treated in our service 4 pediatric patients with bladder urothelial tumors (14-16 years). The diagnosis was made incidentally (3 cases) and respectively after macroscopic haematuria (one case). We performed transurethral resection of bladder tumors; the uro-oncological monitoring program included ultrasound examination, uroCT and cystoscopies at standard intervals.

Results. The histopathological report revealed two cases of urothelial papilloma (PUNLMP) and two cases of superficial urothelial tumor with low malignancy pTaG1 and pTaG2, respectively. We did not find intra and postoperative complications. We have not identified tumor relapses during the follow-up period.

Conclusions. Urothelial tumors are very rare in children; they have different pathophysiology from the ones found in adults, low malignancy, and endoscopic resection is curative. Given their low incidence, no recommendations are yet available in pediatric guidelines related to post therapeutic management and follow-up of cases

V2.2- 3D laparoscopic partial cystectomy for myofibroblastic tumor of the bladder in a pediatric patient

Cistectomie parțială laparoscopică 3D pentru tumoră vezicală miofibroblastică la un pacient pediatric

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Introduction. Myofibroblastic tumors of the bladder are rare, benign tumors due to the reactive proliferation of myofibroblasts. 25% of these tumors are reported in children. The diagnosis is established through US, contrast-enhanced MRI/CT and confirmed after TURB. The histopathological report must carefully differentiate this tumor from rhabdomyosarcoma. The treatment of choice is the complete resection of the tumor and a conservative surgical approach. No recurrences or metastatic lesions are reported in children after excision. In this video we present the experience of our department regarding minimally invasive approach for partial cystectomy in a pediatric patient.

Materials and Methods. We report a case of a 15 years old female patient with a myofibroblastic tumor of the left lateral bladder wall with predominant extravesical growth. 3D laparoscopic transperitoneal partial cystectomy was performed using 4 abdominal trocars. We obtained a good cleavage plane with the left ureter and no JJ ureteral stent was needed to be inserted.

Results. The operative time was 4 hours. Blood loss - 50 ml. Patient was mobilized and resumed bowel movement early. The drainage was removed in day 7. Patient was discharged on day 9. The urethro-vesical catheter was removed 6 weeks after surgery. The histopathological report described myofibroblastic inflammatory pseudotumor with negative resection margins. Two months postoperatively the control contrast-enhanced MRI shows no intra- or extravesical bladder tumor.

Conclusions. Minimally invasive surgery is a feasible option in pediatric patients. In centers with experience in laparoscopic surgery good oncologic outcomes and good QoL can be obtained through this approach

V2.3 - 3D laparoscopic radical cystectomy with extracorporeal ileal conduit
Cistectomia radicală laparoscopică 3D cu conduct ileal extracorporal

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Introduction: Radical cystectomy is currently the gold standard treatment for muscle-invasive bladder cancer (MIBC). Minimally invasive techniques, such as 3D laparoscopic radical cystectomy, have gained traction for their potential to reduce morbidity and enhanced outcomes. This report details our approach to 3D laparoscopic radical cystectomy with extracorporeal urinary diversion utilizing a Wallace type B ileal conduit in a male patient with MIBC.

Materials and Methods: We present the case of a 57-year-old male patient, hospitalized through the emergency department for recurrent macroscopic hematuria and severe anemia. CT urography revealed a 8 cm tumor with a broad base of implantation involving intramural segment of the left ureter, and resulting in grade III left ureterohydronephrosis. The procedure began with incising the posterior parietal peritoneum to identify the ureters, followed by dissection towards the bladder embossment. Bilateral extensive pelvic lymphadenectomy ensued, along with dissection of the posterior plane up to the prostate apex. Lateral dissection, conducted without nerve preservation, involved opening the endopelvic fascia. The dorsal venous complex was sutured with Monocryl 1 thread, and the urethra was incised at the prostatic apex followed by detachment of the cystoprostatectomy specimen. Subsequent steps involved left ureter transposition through sigmoid meso, Alexis trocar insertion, terminal ileum segment mobilization, and extracorporeal isolation of approximately 15 cm of ileal loop, 20 cm proximal to the ileocecal valve using mechanical staplers. Ureters were spatulated, stented with Mono-J catheters, and sutured in a Wallace B fashion using Monocryl 4/0 thread.

Results: The procedure was successfully completed in 410 minutes with blood loss of 120 mL. Postoperative recovery was uneventful, with drain tubes removed on postoperative days 4 and 5, and discharge on postoperative day 7.

Conclusion. These outcomes validate the feasibility and safety of the laparoscopic approach for radical cystectomy in MIBC patients.

V2.4 - 3D laparoscopic anterior pelvectomy with intracorporeal ileal conduit

Pelvectomie anterioară cu derivație urinară tip conduct ileal laparoscopică 3D

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Introduction: Muscle invasive bladder tumors have been known to carry a worse prognosis and requires radical surgery, provided the disease is localized. While in most centers the open approach is most common, minimally invasive radical cystectomy with intracorporeal diversion is being increasingly performed worldwide and has shown interest.

Material and Methods: We present the case of a 58-year-old female diagnosed with pT2G3 bladder tumor. The patient underwent a neoadjuvant chemotherapy regimen with Gemcitabin and Cisplatin. 3d laparoscopic anterior pelvectomy with intracorporeal ileal conduit was performed.

Results: The patient was positioned in dorsal decubitus. Standard 5 trocar transperitoneal approach was chosen. The ureters were identified and dissected bilaterally. The posterior plane was performed to remove the uterus and the anterior vaginal wall en-bloc with the cystectomy specimen. The lateral dissection was performed by incising the parietal peritoneum and caudal dissection with opening of the endopelvic fascias. Bladder pedicles were sectioned. The urethra was identified. The dorsal complex was selectively sutured, followed by sectioning of the urethra. The anterior vaginal wall was closed with barbed suture in horizontal manner and fixed to the peritoneum of the Douglas pouch. Bilateral extended lymphadenectomy was performed. The last ileal loop was identified and 15 cm of small intestine was excluded using the intestinal stapler. The ureters were implanted into the ileal conduit in Bricker manner after pre-stenting with Mono-J catheters. The operating time was 540 minutes and blood loss was minimal. There were no major peri-operative complications. The patient was mobilized in the first post-operative day. Bowel movements resumed on the 3rd day post-operatory. The hospital length of stay of 13 days, and the patient was discharged 7 days after the surgery. The ureteral catheters were removed 21 days post-operatively. The histo-pathological result showed urothelial carcinoma G3, pT3bN0/12MxL0V0Pn1R0.

Conclusions: Laparoscopic approach is safe and feasible for performing complex procedures, such as intracorporeal urinary diversions, leading to minimal perioperative morbidity and fast patient recovery.

V2.5 - 3D laparoscopic radical cystoprostatectomy with intracorporeal ileal orthotopic neobladder

Cistoprostatectomie radicală laparoscopică 3D cu neovezica ileală ortotopică intracorporeală

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Introduction: Radical cystectomy with urinary diversion stands as the standard of care for muscle-invasive bladder cancer (MIBC). Among the spectrum of urinary diversion techniques, the neobladder enables the possibility to preserve continence, body image and quality of life. This study aims to outline our surgical approach in addressing this clinical imperative.

Materials and Methods: We present the case of a 45-year-old male smoker diagnosed with MIBC. The patient underwent neoadjuvant chemotherapy with MVAC protocol. Subsequently, 3D laparoscopic radical cystoprostatectomy with intracorporeal ileal orthotopic neobladder was performed. The surgery commenced with identification and isolation of the ureters, followed by dissection of the posterior plane up to the apex of the prostate. Lateral dissection was performed with the preservation of the neuro-vascular bundles, without opening the endopelvic fascia. Bilateral pelvic lymphadenectomy was conducted. Subsequently, a terminal ileal loop was identified and tractioned towards the pelvis. The anastomosis between the urethral stump and the neobladder neck was performed. The bowel loop that was used to construct the neobladder was excluded using mechanical staplers as follows: 15 cm for the distal loop and 25 cm for the proximal loop. The intestinal segment was then detubularized and the neobladder was created using Studer technique. The ureters were spatulated, stented with Mono-J catheters, and implanted into the neobladder using Bricker technique.

Results: The procedure lasted 450 minutes with minimal blood loss. Postoperative recovery was uneventful, featuring early mobilization and restoration of bowel movements. The nasogastric tube was removed on the 2nd postoperative day. Mono-J catheters and the urethro-vesical catheter were scheduled for removal at 3- and 4-weeks post-intervention, respectively.

Conclusion. 3D laparoscopic approach is feasible for highly-complex procedures. The possibility to perform a completely intracorporeal approach for radical cystectomy with neobladder aims to decrease the perioperative morbidity and enhance patient recovery.

V2.6 - Robotic radical cystectomy with intracorporeal orthotopic neobladder: our technique

Cistectomia radicală robotică cu neovezică ortotopică: prezentare de tehnică

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Introduction. Radical cystectomy is the gold standard treatment for muscle-invasive bladder tumors (MIBC). The most frequent urinary diversions are the incontinent ileal conduit or the continent orthotopic neobladder, due to the advantages they possess on the quality of life of the patients. Furthermore, advancements in robotic surgery techniques have led to a transition towards performing the urinary diversion entirely intracorporeal, offering minimal bleeding, faster mobilization, fewer postoperative complications, faster patient recovery. We present our technique for robotic radical cystectomy with intracorporeal orthotopic neobladder.

Matherials and methods. The surgery began with the isolation of both ureters from the level of their crossing with the iliac vessels and up to their junction with the urinary bladder. Ureteral sampling was performed at the level of the terminal ureter, with frozen section examination. The dissection of the posterior plane was performed, at the level of Denonvilliers' fascia to the apex of the prostate. Subsequently, lateral plane dissection was performed up to the level of the endopelvic fascia, and anterior plane dissection through the urachus incision. The prostatectomy was performed in a nerve-sparring manner. Ligation of the dorsal venous complex was performed, followed by its sectioning, isolation of the urethra, clipping, and sectioning of the urethra, detaching the piece of radical cystoprostatectomy. Standard lymphadenectomy was performed with the removal of obturator nodes, internal and external iliac nodes. The intracorporeal neobladder was constructed using 40 cm of the terminal ileum by the modified Studer technique. Anastomosis with the urethra was performed using the van Velthoven method. Ureters were anastomosed in a Wallace 2 manner, and then percutaneously catheterized by inserting mono-J stents. Ureteral stents were inserted into the neobladder through the anterior abdominal wall. The reservoir's tightness was checked using 100 ml of saline.

Results. Total operative time for the entire procedure was 500 minutes with 350 minutes for the orthotopic neobladder. Blood loss was 150 ml. The nasogastric tube was removed in the first postoperative day and the pelvic drainage was removed in the second day. Patient mobilization occurred in the 2nd day. Time to flatus was 5 days. The patient was hospitalized for 7 days. Mono J stent were removed at 21 days. Bladder catheter was removed at 10 days. Pathology report showed urothelial carcinoma pT2G3N0M0. The patient did not present complications at the initial follow-up.

Conclusions. With increased experience, robotic approach is becoming the standard of care for complex urological surgeries such as radical cystectomy with orthotopic neobladder.

V2.7 - Laparoscopic radical prostatectomy with unilateral nerve-sparing
Prostatectomia radicală laparoscopică cu nerve-sparing unilateral

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Introduction. Radical prostatectomy (RP) is the treatment of choice for localised prostate cancer (PCa). Due to the difficult access in the male pelvis, minimally invasive approach is preferred for performing RP. In the current video paper, we present our standard technique for laparoscopic radical prostatectomy.

Material and method. A 58-year-old male patient was diagnosed with prostate adenocarcinoma (ADKP) Gleason 7 (3+4) using MRI-TRUS Fusion biopsy (left lobe 2 positives cores, iPSA=11ng/ml, 4/6mm, peripheric zone, left lobe lesion with a PIRADS 4 score). The PCa was staged as cT2aN0M0. Briganti nomogram showed a 2.3% risk of lymphovascular extension. Patient was positioned dorsal decubitus. A suprapubic 3cm incision was performed and access to the Retzius space was obtained. Gaur dissection was done and 5 trocars were placed. After the defatting of the anterior prostatic face, the endopelvic fascia was open bilateral. Santorini plexus was sutured using 2-0 V-lock suture. Bladder neck was incised, followed by the dissection of the deferrent ducts and seminal vesicles. Dissection of the posterior plane was continued with the right-side dissection in a nerve-sparing manner and without nerve preservation on left side. After the Santorini plexus was incised and the urethra was dissected and cut at the prostatic apex. Urethro-vesical anastomosis was done in van Vethoven manner using 3-0 Quill barbed suture.

Results and conclusions. The operative time was 220 minutes. The blood loss was 200cc. The drain tube was removed on postoperative day 2, and the patient was discharged on day 4. The pathological diagnosis was ADKP pT2(c)N0M0L0V0R0. Cystography revealed no leakage at 9 postop and bladder catheter was removed. At 1 month postoperatively, PSA value = 0.015ng/ml and the patient fully recovered the continence. Laparoscopic radical prostatectomy is an accessible minimally invasive approach for the prostate cancer treatment with good oncological and functional results.

V2.8 - DaVinci Xi radical prostatectomy with bilateral nerve-sparing in a young 43 years old patient

Prostatectomia radicală robotică DaVinci Xi cu nerve-sparing bilateral în cazul unui pacient în vârstă de 43 de ani

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Introduction. Prostate cancer incidence in young male patients increased more than 10 times during the last 3 decades. When treatment alternatives are discussed, functional results play an important role for the patient choice. Robotic radical prostatectomy (RRP) is the optimal modality in order to have both good oncological results and to preserve the continence and the potency.

Material and method. A 43-year-old patient presented with a elevated PSA (17ng/ml) and the mpMRI revealed a 12mm PIRADS 3, apical, left lobe lesion. MRI-TRUS Fusion biopsy showed prostate adenocarcinoma (ADKP) Gleason 7 (3+4) (8 positives cores). The PCa was staged as cT1cN0M0. The Briganti nomogram revealed a 3,2% risk of lymphovascular extension. Patient was positioned dorsal decubitus and a transperitoneal access was performed, followed by the docking of the DaVinci Xi robot. After urachus incision and Retzius space dissection the prostate was exposed. The endopelvic fascia was preserved bilateral. Bladder neck was incised, followed by the dissection of the deferent ducts and seminal vesicles. Dissection of the posterior plane was continued laterally in bilateral nerve-sparing manner. Anterior dissection was performed the urethra dissection and cut at the prostatic apex. Dorsal venous complex was closed using 2-0 V-Lock suture. A Van Velthoven urethro-vesical anastomosis was done using 3-0 Stratafix sutures.

Results and conclusions. The surgery lasted 230 minutes. The blood loss was 150cc. The drain tube was removed on day 2 postoperatively, and the patient was discharged on day 4 postoperatively. The pathological diagnosis was ADKP pT2(c)N0M0L0V1R1(1mm). Bladder catheter was removed after cystography confirmed no leakage at 7 days postoperative. At 1 month postoperatively, PSA value = 0.01ng/ml and the patient fully recovered both the continence and potency. Robotic radical prostatectomy offers optimal results in obtaining good oncologic and functional results.

V2.9 - Laparoscopic vesico-urethral re-anastomosis after radical prostatectomy

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Introduction & objectives. Laparoscopic radical prostatectomy (LRP) is a challenging minimally invasive procedure that requires a high level of experience, particularly for intracorporeal suturing. However, persistent urinary leakage with disruption of vesico-urethral anastomosis is a very uncommon complication. Vesico-urethral re-anastomosis is a potential treatment alternative for such cases.

Materials & methods. We present the case of a 63-year-old male patient with a history of non-nerve sparing LRP with pelvic lymphadenectomy in our department for pT3aN0M0R0, ISUP 2 prostate adenocarcinoma. On postoperative day (POD) 15, a retrograde cystography was performed to assess the integrity of vesico-urethral anastomosis (VUA) and identified a 7cm urinary leakage of the anastomosis. A conservative management was decided and the urethral catheter was maintained. On POD 28, the repeat cystogram revealed malposition of the Foley balloon catheter below the bladder neck, but without visible extravasation. A CT cystography was performed and raised the suspicion of VUA disruption and an 8cm fluid collection located in the right iliac fossa. The fluid collection was drained percutaneously. Flexible urethro-cystoscopy confirmed the diagnosis of VUA disruption. The vesico-urethral re-anastomosis was performed by transperitoneal laparoscopic approach, using 4 trocars, three months after the LRP. The anterior wall of the bladder neck was opened and a complete disruption of the posterior anastomosis was identified. Circumferential dissection of the bladder neck with the excision of devascularized tissue was performed. The anastomosis was performed using Van Velthoven's running technique, with a 3.0 Stratafix barbed suture.

Results. The operative time was 105 minutes, with minimal blood loss and without postoperative major complications. The drainages were removed on day 3 and day 5. The urinary Foley catheter was removed on POD 14 after no extravasation confirmed on retrograde cystography. At 4 months after the surgery the patient is continent.

Conclusion. Laparoscopic re-anastomosis for vesico-urethral disruption after radical prostatectomy is a challenging, but feasible procedure, achieving good functional results.

V2.10 - HOLEP- the optimal treatment and moment of BPH management
HOLEP - momentul și tratamentul optim al HBP

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As life expectancy has increased, BPH has become an unavoidable pathology for men. Luckily, technology has aided treatment options optimizing the functional results of surgical treatments.
This paper challenges the status quo of when and how to surgically treat BPH, going in-depth with – surgical indication, surgical options, and advantages of HOLEP technique, using a video format.
Therefore, surgical treatment, ideally HOLEP, should not be postponed, to optimize functional post-operatory aspects and to obtain a fast social reintegration with a mild impact on the patient's overall state of being.

V2.11 - HOLEP technique - the center with > 150 cases and > 3 years of experience

Tehnica HOLEP – centrul cu > 150 cazuri și > 3 ani de experiență

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With >150 HOLEP cases, we present the surgical technique highlighting key technical strategy, using an intra-operatory video collage.
HOLEP has become a more and more popular technique due to its elegance in completely excising the adenoma with minimal blood loss and respecting the peripheric prostatic tissue. The long-term results with minimized risk of adenoma recurrence promote HOLEP as an ideal treatment that should not be postponed to reduce the adaptive postoperative period with irritative symptoms.

V2.12 - ROBOTIC totally intracorporeal orthotopic ileal neobladder – maximizing functionality respecting oncologic safety

Neovezica ileală total intracorporeală ROBOTICĂ - maximizarea funcționalității respectând siguranța oncologică

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We report 93 cases of totally intracorporeal (laparoscopic and robotic) orthotopic ileal neobladder in treating bladder cancer patients.
Using a video collage, the surgical technique of the robotic approach is presented, highlighting reconstructive aspects.
One of the most complex surgeries can be safely performed totally intracorporeal using the robotic system, offering patients not only cancer control (safe oncologic excision) but also functionality. Reconstructive surgery crucially benefits from robotic surgical technology. The surgical results are being pushed forward, using technology to offer a dignified life as close to normal as possible.

V2.13 - ROBOTIC radical prostatectomy - exploring technical aspects
Prostatectomia radicală ROBOTICĂ - explorarea aspectelor tehnice

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Prostate cancer surgery is a vast world to explore in Urology and many centers worldwide have specialized on radical prostatectomy only.
Using a video collage, technical steps of radical prostatectomy are discussed, using the properitoneal approach, based on >20 years of experience. Even though quite a standardized and well-studied procedure, there are many tips and tricks to optimize functional results.
Besides oncologic control, as surgeons, we should strive for optimal functional results and reduce at minimum post-operative incontinence and erectile loss. The robot offers gentleness and precision in tissue manipulation and this translates in minimal mechanical and thermal damage, and later on in better functional results

V2.14 - Robotic assisted simple prostatectomy and diverticulectomy for large prostate gland with secondary bladder diverticulum

Adenomectomie transvezicală cu diverticulectomie asistată robotic pentru hiperplazie benignă de prostată și diverticul vezical secundar

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Introduction. Robotic assisted simple prostatectomy (RASP) is minimally invasive alternative to open simple prostatectomy, with potential advantage of reduced morbidity, bleeding and infection risk in patients with large prostate glands suffering from moderate to severe LUTS.

Case presentation. A 71year old patient, male, investigated for severe LUTS, diagnosed with benign prostatic obstruction due to a large prostatic gland, urinary tract infection and a large bladder diverticulum. Two years ago, the patient underwent a TURP for moderate LUTS, with limited impact on voiding symptoms and recurrent urinary tract infections. Ultrasonography showed a large prostate gland (117cc), a 180ml post-void residual volume (PVR) and a 70mm posterolateral bladder diverticulum next to the right ureteric orifice. Uroflowmetry was performed with a Qmax of 9.4 ml/s. We performed Retzius sparing transvesical robotic assisted simple prostatectomy with concomitant diverticulectomy. Intraoperative the bladder diverticulum was facile to dissect, with a clear view of the ureter and the circular fibers which are around the diverticular neck due to the highly sensitive movements and high-resolution image. Total time of the surgery was 160 minutes with console time 110 minutes. Estimated blood loss recorded was 385ml. Length of stay was 3 days with no post-operative complications. Bladder catheter was removed after 10 days.

Conclusions. Robotic assisted prostatectomy (RASP) can provide excellent outcomes in patients with large prostate gland and concomitant bladder diverticulum. This minimally invasive procedures decrease the morbidity of the procedure and can ensure the early recovery after surgery.

V3.1 - Right laparoscopic partial nephrectomy and left hemi-nephrectomy in a patient with synchronous bilateral renal masses. Case report

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Introduction: Renal cell carcinoma represents a 3% out of all cancers, with a decreased mortality in western countries. Synchronous bilateral renal masses (SBRM) represent a low percentage out of all renal tumors and behave less aggressively than metachronous tumors. There is no clear indication for managing this kind of tumors, partial nephrectomy (PN) being the preferred therapeutic option.

Materials and methods: We present the case of a 74 years old female patient diagnosed with SBRM admitted in our clinic in November 2023. The patient's clinical examination revealed a BMI=37.83. The patient had multiple cardiovascular diseases, including atrial fibrillation and osteoporosis, with a very high cardio-vascular risk. The abdominal ultrasound and contrast enhanced computed tomography revealed SBRM (cT2aN0Mx). The tumor located on the left kidney was 72/52mm, situated on the inferior renal pole; the right one was located on the superior renal pole, with a 75/60mm diameter.

Discussions: Transperitoneal laparoscopic bilateral partial nephrectomy was the optimal therapeutic approach. First surgery took place in November 2023 (right PN) and the second surgery in march 2024 (left PN). For both surgeries there were no significant intraoperative incidents and the blood loss was minimal (around 100ml for each surgery). Drains were removed in the 3rd day after the surgery and the average length of hospitalization was 5 days. Postoperative histopathological results: RCC ISUP 3, pT1bR0.

Conclusions: Knowing the fact that there is a small incidence of SBRM, partial nephrectomy should be the preferred surgical approach. However, nephron sparing surgery should be considered even for totally endophytic tumors for minimizing the excision of healthy parenchyma. The management of these cases is still challenging for surgeons and different approaches are feasible. The 3D laparoscopic PN offered us a safe option for removing both tumors for its better visualization of anatomical structures, minimal blood loss, less postoperative complications and need for antalgic drugs, less hospitalization days and faster recovery than in a classic open partial/radical nephrectomy.

V3.2 - Laparoscopic right partial nephrectomy for a voluminous tumor on single kidney

Nefrectomie parțială laparoscopică pentru o tumoră renală voluminoasă și rinichi unic chirurgical

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Introduction. Laparoscopic partial nephrectomy (LPN) has improved the management of small renal tumors by providing a minimally invasive alternative to open approach. This procedure allows the preservation of renal function, significantly improving the quality of patient's life.

Material and Method. This presentation is a case report of a 66-year-old male patient diagnosed with right kidney tumor cT1bN0M0 who was admitted in the Urology Clinic from Targu Mures. Medical history includes a left open nephrectomy in 2011 for RCC, TUR P in 2017, Gr. 1 Obesity. Abdominal ultrasound and computed tomography revealed a tumor mass in the middle part of the right kidney of 50/65 mm without lymph nodes or distant metastases. We performed right partial nephrectomy using a transperitoneal laparoscopic approach.

Results. Operating time was 118 min with an ischemic time of 25 minutes. We did not have significant intraoperative incidents and the intraoperative blood loos was minimal (100 ml). Postoperative the evolution of the patient was favourable with the exception of a prolonged drainage (100-200 ml/24 h). The tube was removed on the 4th after the surgery when the quantity of drainage was minimal. The length of hospitalization was 6 days. Value of creatinine after the surgery was normal. Histopathological result was right kidney papillary carcinoma WHO/ISUP-3 pT1bR0

Conclusions. Laparoscopic partial nephrectomy has become a good therapeutic option for kidney tumors, offering significant benefits to patients by preserving renal function, quick recovery, and improving quality of life. Careful patient selection intraoperative fine tissue dissection and optimal visibility of the structures are essential to achieve optimal results

V3.3 - Synchronous Partial Nephrectomy and Hysterectomy Using Robot Assisted Laparoscopy

Nefrectomie parțială și histerectomie într-un singur timp chirurgical prin abord laparoscopic asistat robotic

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Introduction and Objectives. In the preoperative staging of tumors it could be detected, in rare cases, the existence of synchronous neoplams. The surgical treatment of such cases could be divided in sequences or practiced in a single surgical intervention. The advantages of minimally invasive surgical procedures in terms of morbidity and length of hospitalization are more pronounced while simultaneously managing the tumors.

Materials and Methods. We are presenting the case of a 64-year-old female patient, initially diagnosed in a gynecology department with endometrial adenocarcinoma, well differentiated and subsequently staged by MRI imaging. The imaging showed an uterine tumor of approximately 2,5 cm and simultaneously a left renal tumor of approximately 2 cm – cT1a. The decision of the oncological committee was for a synchronous excision of the tumors. The favorable preoperative staging was an argument for the use of laparoscopic assisted robotic approach. The first surgical stage was represented by the partial left nephrectomy, using right lateral decubitus and linear docking of DaVinci XI robot (1 optical trocar and 2 working trocars at the edge of rectus abdominis muscles) and 1 assisting trocar on the anterior median line, 2-3 cm superior of the umbilicus, with the subsequent placement of the excision piece in the specimen bag. The second surgical stage was performed dorsal decubitus and using central docking for total hysterectomy with bilateral anexectomy and pelvic lymph nodes dissection. The operative specimens were extracted by using the NOSE (Natural Orifice Specimen Extraction) technique – transvaginal, through a specimen bag and following the oncological principles.

Results and conclusions. The evolution of the patient was uneventful, being discharged on the 4th postoperative day. As part of the oncological follow-up, the periodic imaging evaluation at 6 months does not reveal signs of recurrence or metastases. Thus, the concurrent minimally invasive management of synchronous tumors represents a feasible technique, with a significant impact on morbidity, being reserved for centers of high expertise in oncological surgery.

V3.4 - Partial Nephrectomy for complex renal hilum T1b tumour

Nefrectomia parțială robotică pentru tumoră renală T1b localizată la nivelul hilului renal

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Introduction. Partial nephrectomy (PN) is the main European Association of Urology recommendation for cT1 renal tumors. Renal hilum tumour localization increases the surgery difficulty due to both the risk of vascular injuries and the renorraphy difficulty. Despite this, robotic surgery is the preferred minimally invasive approach due easier tumour dissection and more facile renorrhaphy.

Material and method. We present the case of a 63-year-old male patient diagnosed with cT1b (42/38/37mm) anterior valve renal tumour localized in the renal hilum. The PADUA score was 11. Patient was positioned in the right lateral decubitus and a 6 trocars transperitoneal access was performed. After the left colon medialisation and exposure of the retroperitoneum, renal hilum dissection was performed with the left renal artery identification posterior to the renal vein. Incision of the Gerota fascia and perirenal fat dissection was done with exposure of the renal hilum tumour. After the artery clamping, the enucleoresection was performed, followed by renorraphy in a single deep layer continuous suture using 3-0 V-Lock. Artery declamping was done after 25 minutes of ischemia. At the level of the resection bed was applied Arista haemostatic powder and Surgicel hemostat mesh, and Gerota fascia was closed using Vycril 1 in separated superficial sutures.

Results and conclusions. Total surgical time was 140 minutes. Blood loss was 250cc. No intraoperative or postoperative complications were encountered. Postoperative haemoglobin was 14.6 g/dl at successive measurements at day one and three. Drainage tube was removed on day 2 and patient was discharged on day 4. Transperitoneal robotic partial nephrectomy provides the opportunity for detailed dissection in order to avoid vascular injuries in renal hilum tumours.

V3.5 - Laparoscopic retroperitoneal partial nephrectomy

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Introduction & objectives. Partial nephrectomy is becoming the optimal decision for treatment of T1 tumors, with oncological results comparable to those of radical nephrectomy, also preserving the function of the kidney and improving the quality of life. In young patients, especially with comorbidities the "nephron-sparring" surgery is the optimal choice.

Materials & methods. We present the case of a 39-year-old male patient, HIV-positive, under treatment with antiviral therapy and also with a cT1aN0M0 left renal tumor. The CT scan and multiparametric renal MRI performed before the surgery revealed a left renal tumor (36/36/35 mm). We chose the laparoscopic retroperitoneal approach with four trocars. During the procedure, the pyelocaliceal system was opened, because the renal tumor was very close to these structures. However, we placed a double J stent anterograde and sutured the pyelocaliceal system. The complexity of the procedure was given by the proximity of the tumor nearby the pyelocaliceal system.

Results. The operative time was 100 minutes, with minimal blood loss and without postoperative major complications. The drainage was removed on day 2. The histopathological exam revealed RCC pT1aL0V0R0.

Conclusion. Laparoscopic partial nephrectomy is a very challenging procedure, which has a great learning curve, but is the optimal solution for T1 patients with RCC, and also needs to be performed only in high experience centers

V3.6 -Laparoscopic approach for voluminous kidney tumors treatment (case report)

Abordul laparoscopic în tratamentul tumorilor renale voluminoase (prezentare de caz)

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Introduction. Laparoscopic nephrectomy has become a standard procedure in the management of renal tumors, including voluminous ones. This minimally invasive approach offers a number of significant advantages over open surgery becoming an attractive option for patients.

Material and method. We present the case of a 52-year-old male patient who was admitted in the Urology Clinic from Targu Mures with left lumbar pain having an insidious debut of 6 months, aggravated by macroscopic hematuria with an acute onset a week ago. Abdominal ultrasound and computed tomography revealed a left kidney tumor masse of 14x12 cm, without lymph node or distant metastases. We performed laparoscopic total left nephrectomy.

Results. Operating time was 50 min. We did not have any significant intraoperative or postoperative complications. The blood loos was minimal (50 ml) and postoperative evolution was favourable with the resumption of intestinal transit on the 1st postoperative day, the suppression of the drain tube in the 2nd day after the surgery. The patient was discharged on the 4th postoperative day.

Conclusions. Laparoscopic approach has become an effective and safe therapeutic option for voluminous kidney tumors, offering a number of significant advantages (fast postoperative recovery, minimal trauma, optimized visualization, reduced risk of complications such as bleeding, infections, eventration) compared to open surgery.
Key words: laparoscopy, nephrectomy, kidney tumor

V3.7- Right Radical Nephroureterectomy with Perimeatic Cystectomy by 3D laparoscopic approach

Nefroureterectomia radicală dreaptă cu cistectomie perimeatică abordare laporoscopică 3D

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Introduction. This report outlines our step-by-step technique for performing nephroureterectomy with perimeatic cystectomy completely by laparoscopic approach.

Materials and methods. We present the case of a 52-year-old patient with incidental right hydronephrosis detected by ultrasound. He had a history of stage IIIS non-Hodgkin follicular lymphoma under oncological monitoring. CT urography revealed grade II right hydronephrosis with a suspected ureteral tumor of 55 mm located in the right lumbar ureter. Additionally, several latero-aortic enlarged lymph-nodes were detected. Diagnostic right ureteroscopy identified a right ureteral stenosis at the lumbar ureter level, along with urine cytology showing urothelial cells with atypia. Following the oncological work-up, no secondary lesions suspicious of malignancy were found. We performed 3D laparoscopic transperitoneal nephroureterectomy with right perimeatic cystectomy. The surgery began with the medialization of the ascending colon, followed by the identification and cranial dissection of the dilated tumoral right ureter. The renal pedicle, consisting of 3 veins and 1 artery, was identified, dissected, clipped, and incised between Hem-o-lok clips. We inserted another 5 mm trocar on the midline under the umbilicus to facilitate access into the pelvis. The procedure continued with incision of the urinary bladder, identification of the right ureteral orifice, and perimeatic cystectomy, allowing for "en bloc" removal of the specimen followed by cystorrhaphy with 3-0 Quill sutures.

Results. The total operative time was 275 minutes with minimal blood loss. Postoperative recovery was uneventful, with drain tubes removed on postoperative days 2 and 4. The patient was discharged on postoperative day 7. Retrograde cystography performed 14 days postoperatively showed no contrast substance extravasation. The final pathological report confirmed lymphoma with B-cell involvement (grade 1-2 follicular lymphoma).

Conclusion. Laparoscopic approach is feasible for multiquadrant surgery. Minimal modifications of the trocar positioning enable a full laparoscopic approach for radical nephroureterectomy with perimeatic cystectomy.

V3.8 - 3D laparoscopic right radical nephrectomy with cavotomy and thrombectomy in patient with bilateral renal tumor

Nefrectomie radicală dreaptă laparoscopică 3d cu cavotomie și trombectomie la pacient cu tumoră renală bilaterală

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Introduction. Venous tumor thrombus extensions are a unique aspects of renal cell carcinoma (RCC) with significant therapeutic and prognostic implications. It has been reported to occur in 4%–10% of patients with renal neoplasms. Bilateral kidney cancer is even rarer. It accounts for only 1–5% of all renal cell carcinomas.

Clinical Case presentation. We present the case of a 72-year-old male patient who presented in our department for incidental finding of a renal mass. He has no medical history. The CT AP scan with contrast showed a 80/80mm mass on the right kidney with venous extension in the right renal vein and inferior vena cava (IVC) and a 16/21mm mass on the left kidney. Thorax CT scan detected two lung metastases. After discussing the case within a multidisciplinary team, we decided to perform right radical nephrectomy, followed by pulmonary metastasectomy and left partial nephrectomy. We performed 3D laparoscopic right radical nephrectomy cavotomy with complete thrombectomy. Laparoscopic radical nephrectomy was done medial to lateral through a transperitoneal approach. Along the white line of Toldt, the right colon was reflected medially across the midline to provide an adequate visualization of the anterior surface of Gerota's fascia. The duodenum is kocherized until the IVC is clearly visualized. Laparoscopic thrombectomy was performed after clamping the infrarenal IVC, left and right renal veins, and infrahepatic IVC, followed by cavoraphy.

Results. The operative time was 360 minutes. The blood loss was minimal. There were no major intra or postoperative complications. The patient was discharged 6 days after surgery. Histopathological result: renal cell carcinoma (RCC) with sarcomatoid differentiation (sRCC), Fuhrman 4, ISUP 4; pT3aNxMxL1V2R0. He had left lung metastasectomy. He is undergoing first-line systemic treatment with Nivolumab and Ipilimumab.

Singularity of the case. Patient without medical history, without symptoms, with the incidental discovery of bilateral renal masses. In patients without significant comorbidities, with oligometastatic stage, we can choose a radical treatment.

V3.9 - Laparoscopic nephrectomy for a complex T3b tumor in a young male patient with inferior vena cava thrombus. Case report.

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Introduction: Renal cell carcinoma represents one of the most common solid lesions that affects the kidney, reaching a percentage of 90% of all known kidney malignancies. Recent studies have shown that approximately 40% of these carcinomas are hereditary in young patients. In the last 30 years, the incidence of asymptomatic incidental renal tumors and cysts has got a significant increased incidence.

Matherials and methods: We present the case of a 48-year-old young male patient who was admitted in our clinic as an emergency in December 2023, with right flank pain. We must mention that the patient was recently treated for pneumonia. The patient's clinical examination revealed a positive Giordano sign on the right side, while the paraclinical examinations were within normal range. The abdominal ultrasound revealed a right kidney mass around 40mm in diameter. The contrast enhanced computed tomography revealed a right kidney tumor 43/47mm extended into the right renal vein and central vena cava, splenomegaly 146/54mm, 80mm left pleurisy, bilateral thromboembolism and multiple oval nodules into the lungs with a maximum diameter of 7mm.

Discussions: We referred our patient to internal medicine and general surgery ward where he was treated for thromboembolism and pleurisy. The surgical intervention was postponed until the patient's comorbidities were stable enough for a safe procedure. We performed laparoscopic right radical nephrectomy with the excision of tumoral thrombus and cavorraphy. The postoperative patient's evolution was favorable, the drainage was minimal and removed in the 4th day, the patient being discharged in the 6th day. Postoperative histopathological results: RCC ISUP3 pT3aR0

Conclusions: The management of T3b tumors is challenging for surgeons due to high rates of complications. Laparoscopic approach in these complex cases offers us better visualization of the tumor and thrombus extension. Fine dissection of the tissues and vascular structures is superior to classic open radical nephrectomy, the blood loss is minimal and total hospitalization length is reduced.

V3.10 - 3D Laparoscopic radical nephrectomy with inferior vena cava thrombectomy

Nefrectomie radicală laparoscopică 3D cu trombectomie la nivelul venei cave inferioare

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Introduction: Incidental finding of renal tumors is becoming more and more prevalent these days, due to the availability of ultrasound and CT scans made for other indications. In 10% of the cases, a tumoral thrombus in the renal vein or inferior vena cava(IVC) is present at diagnosis. In non-metastatic cases, complete resection of the tumor and thrombus has been shown to increase survival of the patients.

Material and Methods: We present the case of a 65-year-old female with an incidentally found right renal tumor. The CT scan showed the presence of a right kidney mass measuring 105/95/90mm extending with a tumoral thrombus of 40mm into the renal vein and inferior vena cava. A secondary renal vein was present and the contralateral kidney had a coralliform calculus occupying the entirety of the pyelo-calyceal system. The spine MRI showed a single metastatic lesion localized in the lumbar segment. The disease was staged cT3bN0M1. After discussing the case in the multidisciplinary uro-oncological committee, the recommendation was to perform radical surgery.

Results: The patient was positioned in left lateral decubitus. At first the standard 4 trocar retroperitoneal approach was chosen. The renal artery was sectioned and both the posterior face of the IVC and the enlarged renal vein were dissected. Lumbar veins were clipped and sectioned. The surgery continued in transperitoneal approach with 5 trocars. The ascending colon was medialized and the ureter was dissected upwards to the renal pedicle. The lower renal vein was sectioned and the vena cava and the left renal vein were circumferentially isolated. The left renal vein and the IVC were clamped superior and inferior to the right renal pedicle Cavotomy was performed, the thrombus was identified and extracted with the nephrectomy specimen. Double layer cavorraphy was performed, with no active bleeding after declamping of the IVC. The operative time was 445 minutes, the veno-stasis time was 40 minutes and the blood loss was minimal. The histopathologic result was clear cell renal carcinoma, Fuhrman 4, ISUP 4, pT3aN0MxL0V2R0. Post-operatively the patient experienced acute renal failure, for which stenting of the left kidney was performed, with favorable outcomes.

Conclusions: The combined minimal invasive approach is an option for performing nephrectomy with IVC thrombectomy, allowing a fast access to the renal artery. Moreover, the combined approach enables a safe isolation of the IVC, decreasing the risk of intra-operative complications.

V3.11 - Radical nephrectomy for RCC recurrence after partial nephrectomy

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Introduction & objectives. Local recurrence after partial nephrectomy (PN) with negative surgical margins is a very rare event. Surgical approach is the optimal form of treatment for such cases. Local recurrence can be managed either with repeat partial nephrectomy or radical nephrectomy. However, if there is more than one recurrence, radical nephrectomy is usually recommended.

Materials & methods. We present the case of a 67-year-old male patient with a history of laparoscopic transperitoneal partial nephrectomy performed in our department for a left renal tumor. The histopathological exam after PN revealed RCC pT1bNxMxL0V0Pn0R0. 24 months after the procedure, a multiparametric renal MRI was performed, revealing multiple local recurrences (15 mm-adjacent to resection site, 7 mm-subcapsular, 9 mm- renal hilum). The case was evaluated in our urological-oncological committee and the final decision was to proceed to radical nephrectomy. We chose a transperitoneal 3D laparoscopic approach. The challenges of this intervention were and the renal vessels dissection and ligation due to the fibrotic tissue secondary to previous isolation during PN. Moreover, the upper pole dissection was increasingly difficult as there was the initial tumor location.

Results. The operative time was 110 minutes, with minimal blood loss and without postoperative major complications. The drainage was removed on day 4. The histopathological exam revealed RCC pT1aNxMxL0V1R0.

Conclusion. Laparoscopic radical nephrectomy after previous partial nephrectomy is a very challenging, but feasible procedure.

V3.12 - Robotic conservative surgery for an enlarged ureteral fibroepithelial polyp

Tratamentul conservator al unui polip alungit fibro-epitelial ureteral prin abord robotic

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Introduction and Objectives.
The tumors of the upper urinary system are usually malignant, and relatively rare benign, from which the most common type being represented by ureteral fibroepithelial polyps (UFP). They are typically smooth, approximately 1-5cm, appearing as finger-like protruding inside the lumen of the ureter. The symptoms tend to be non-specific, including back pain or hematuria. The diagnosis of these tumors is challenging, the most significant role being represented by the excretory phase of computed tomography The purpose of this case is to present the conservative management of an enlarged UFP.

Materials and Methods. We present the case of a 63-year-old female patient who was admitted in our clinic with gross haematuria. The CT scan revealed an elongated 60mm intraluminal filling defect on the left ureteral, located in the lumbar segment and a grade II left hydronephrosis. The patient underwent a retrograde diagnostic ureteroscopy, the histological report was available after 3 weeks and confirmed the diagnosis of fibroepithelial polyp of the left ureter. The urinary cytology was negative for malignancy. Robotic partial left uretherectomy was performed with end-to-end anastomosis. The tumor dimensions were 6,5x1cm.

Results. The surgery time was 90 minutes. No major complications were encountered in the postoperative setting. The patient was discharged on the 5th postoperative day with a left JJ ureteral stent. The pathological examination confirmed the diagnosis of fibroepithelial polyp. The CT scan, blood analysis, and biochemistry at 3 and 6 months post-operative showed no tumor relapse and no abnormalities in the functioning of the left kidney.

Conclusions: Fibroepithelial ureteral polyps are the most common type of benign ureteral tumor, accounting for 2%-6% of all ureteral tumors. The preoperative diagnosis of this abnormality can be difficult to distinguish from other ureteral etiologies, including UTUC, calculi, blood clots, and foreign bodies. In our case the diagnosis was revealed after the biopsy of the tumor during retrograde ureteroscopy which is mandatory in such cases. The robotic approach offers an optimal, minimally invasive resection and ureteral reconstruction.

V3.13 - The Extent of Intraoperative Ultrasound in the Minimally Invasive Treatment of Kidney Tumors
Rolul ecografiei intraopertorii în chirurgia minim-invazivă a tumorilor renale

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Introduction and Objectives. Although there is a continuous push towards nephron-sparing surgery, the complete removal of endophytic renal tumors or with "toxic" fat remains a challenge for urologists. Intraoperative ultrasound is mandatory for the optimal management of these cases, as we can precisely define the margins and extent of the tumor. In this presentation, we aim to show the role of intraoperative ultrasound (IOUS) performed in robot-assisted renal partial nephrectomy (RAPN) for intrasinusal endophytic renal tumors.

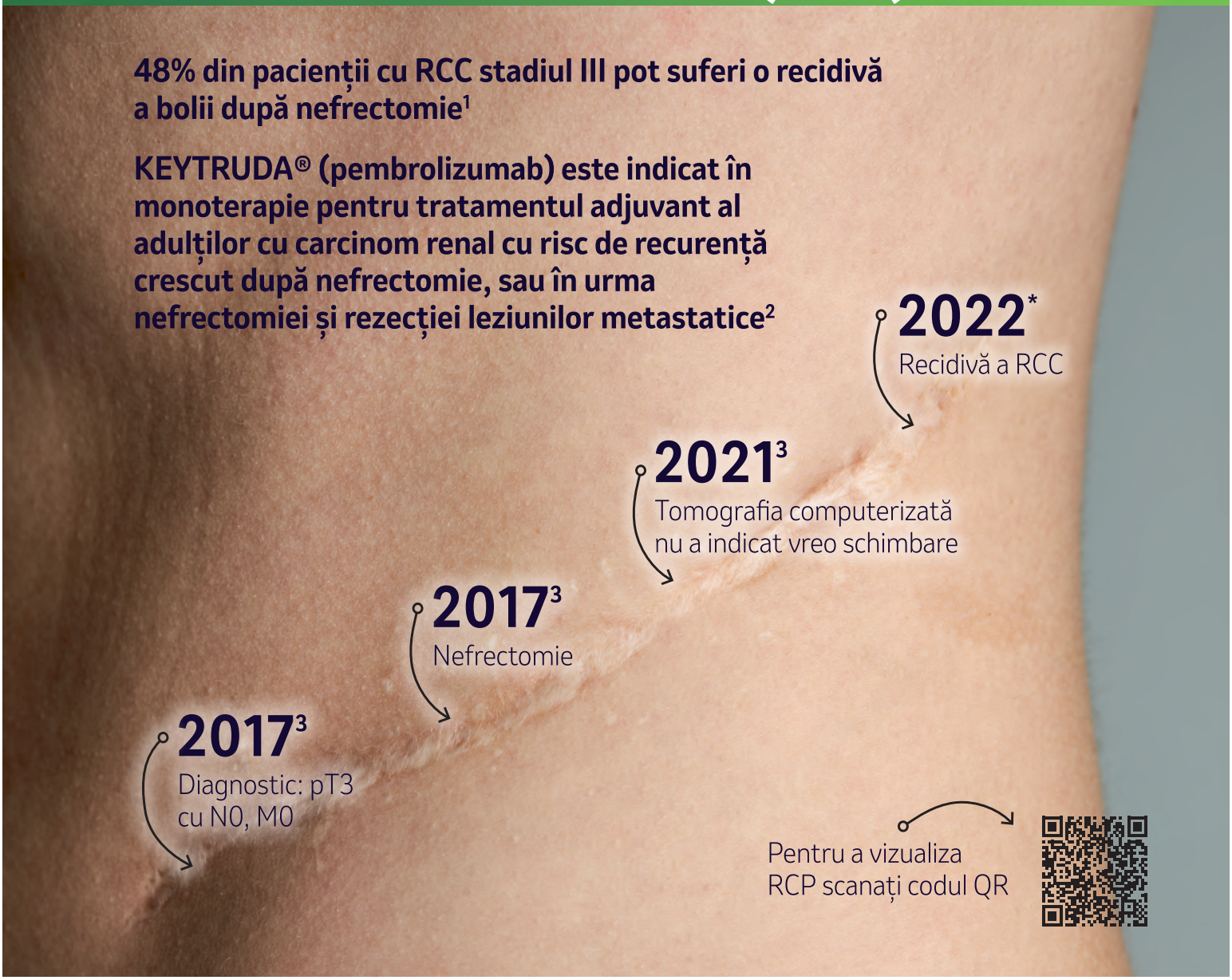
Materials and Methods. A 62 years old female patient was admitted in our clinic for a left kidney tumor incidentally diagnosed by ultrasound and confirmed with a CT scan. It was an endophytic tumor located in the renal sinus, with a RENAL nephrometry score of 10 points. Even though the case appeared challenging, we decided to opt for a robot assisted laparoscopic nephron sparing surgery. We used three working and a helper trocar. After dissecting the kidney and the renal pedicle, with the help of inoperative ultrasound, the margins of the tumor were correctly identified and the resection limits were established. The renal pedicle was clamped and the tumor was completely excised. The parenchyma was closed in a double layered manner with a running suture, and a lumbar drainage tube was placed. The tumor was extracted in an endobag through the optic trocar hole, then it was cut to observe the safety margins.

Results. Operative time was approximately 90 min. The warm ischemia time was of 22 min, and the blood loss was minimal. There were no complications registered during the surgery and the postoperative setting, the patient being discharged 4 days later. The histopathologic report revealed a pT1a clear cell carcinoma, with negative surgical margins.

Conclusions. Intraoperative ultrasound brings significant benefits and expands the limits of nephron sparing surgery.

KEYTRUDA®
(pembrolizumab) 25 mg/ml concentrat pentru soluție perfuzabilă

TRATAMENTUL ADJUVANT AL CARCINOMULUI RENAL (RCC)



48% din pacienții cu RCC stadiul III pot suferi o recidivă a bolii după nefrectomie[1]

KEYTRUDA® (pembrolizumab) este indicat în monoterapie pentru tratamentul adjuvant al adulților cu carcinom renal cu risc de recurență crescut după nefrectomie, sau în urma nefrectomiei și rezecției leziunilor metastatice[2]

2022* Recidivă a RCC

2021[3] Tomografia computerizată nu a indicat vreo schimbare

2017[3] Nefrectomie

2017[3] Diagnostic: pT3 cu N0, M0

Pentru a vizualiza RCP scanați codul QR

Abreviere:
RCC, carcinom renal

*Notă: Cazul propus în imagine este unul ipotetic. Recidiva pentru stadiul pT3N0M0 poate apărea în 35% din cazuri conform Van der Mijn J.C. et al., PLoS One. 2019; 14(12): e0226285. S-a luat în considerare situația apariției recidivei.

Referințe:
1. Cerner Envisa. Treatment patterns and outcomes, RCC, early stage. 2022; 16-24.
2. Rezumatul caracteristicilor produsului KEYTRUDA® (pembrolizumab), aprilie 2024.
3. Ghidul NCCN pentru RCC, 21 iunie 2023, disponibil la: https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf

Pentru a raporta reacții adverse, reclamații de calitate sau pentru a solicita informații medicale legate de produsele MSD, vă rugăm trimiteți solicitarea la: e-mail: dpoc.romania@merck.com, fax: +021 318 52 36. Acest material promoțional este destinat profesioniștilor din domeniul sănătății. Acest medicament se eliberează pe bază de prescripție medicală PR. Înainte de a prescrie KEYTRUDA®, vă rugăm consultați Rezumatul caracteristicilor produsului.
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KEYTRUDA 25 mg/ml concentrat pentru soluţie perfuzabilă (pembrolizumab) – Informații selectate de siguranță din RCP
Contraindicații: Hipersensibilitate la substanţa activă sau la oricare dintre excipienţi. **Atenționări și precauții:** Pentru a avea sub control trasabilitatea medicamentelor biologice, numele și numărul lotului medicamentului administrat trebuie înregistrate cu atenție. Reacţii adverse mediate imun: au apărut reacţii adverse mediate imun, incluzând cazuri severe și letale. Reacțiile adverse mediate imun au apărut și după ultima doză de pembrolizumab. Reacțiile adverse mediate imun care afectează mai mult de un aparat sau sistem pot să apară simultan. Au fost raportate cazuri de: *pneumonită mediată imun* (pneumonita suspectată trebuie confirmată prin imagistică radiografică și trebuie exclusă prezența altor cauze), *colită mediată imun* (trebuie luat în considerare riscul potențial de perforație gastro intestinală), *hepatită mediată imun, nefrită mediată imun, endocrinopatii mediate imun* (s au observat cazuri de endocrinopatii severe, inclusiv insuficienţă suprarenală, hipofizită, diabet zaharat tip 1, cetoacidoză diabetică, hipotiroidism și hipertiroidism. În cazul endocrinopatiilor mediate imun poate fi necesar tratament de substituție hormonală pe termen lung. La pacienții cărora li s-a administrat pembrolizumab a fost raportată insuficienţă suprarenală (primară și secundară), cazuri de hipofizită, cazuri de diabet zaharat tip 1, inclusiv cetoacidoză diabetică și tulburări tiroidiene, inclusiv hipotiroidism, hipertiroidism și tiroidită, care pot surveni în orice moment pe durata tratamentului. Hipotiroidismul este raportat mai frecvent la pacienții cu HNSCC care au efectuat anterior radioterapie.), *reacții adverse cutanate mediate imun* (au fost raportate reacţii cutanate severe mediate imun. Au fost raportate cazuri de sindrom Stevens-Johnson (SSJ) și necroliză epidermică toxică (NET). În cazul suspiciunii de SSJ sau NET, administrarea pembrolizumab trebuie amânată și pacientul direcționat către o unitate specializată pentru evaluare și tratament.) Pacienţii trebuie monitorizaţi pentru depistarea semnelor şi simptomelor de colită, pneumonită, a modificărilor funcţiei hepatice (la momentul iniţierii tratamentului, periodic pe durata acestuia şi la momentul indicat în funcţie de evaluarea clinică) şi a simptomelor de hepatită, a modificărilor funcţiei renale, a semnelor şi simptomelor de insuficienţă suprarenală și hipofizită (inclusiv hipopituitarism), a reacţiilor cutanate severe suspectate și trebuie excluse alte cauze. Pacienţii trebuie monitorizaţi pentru depistarea hiperglicemiei sau a altor semne şi simptome de diabet zaharat, a modificărilor funcţiei tiroidiene (la momentul iniţierii tratamentului, periodic pe durata acestuia şi la momentul indicat în funcţie de evaluarea clinică) şi a semnelor şi simptomelor clinice de tulburări tiroidiene. *Alte reacții adverse mediate imun:* În plus, următoarele reacții adverse mediate imun, semnificative din punct de vedere clinic, au fost raportate în studiile clinice sau în timpul experienței după punerea pe piață: uveită, artrită, miozită, miocardită, pancreatită, sindrom Guillain Barré, sindrom miastenic, anemie hemolitică, sarcoidoză, encefalită, mielită, vasculită, colangită sclerozantă, gastrită, cistită non infecțioasă și hipoparatiroidism. Reacții adverse legate de transplant: Ulterior introducerii pe piață, a fost raportat rejetul de transplant de organ solid la pacienții tratați cu inhibitori ai PD-1. Tratamentul cu pembrolizumab poate crește riscul de rejet la primitorii de transplant de organ solid. La acești pacienți trebuie analizat beneficiul tratamentului cu pembrolizumab raportat la riscul posibil de rejet de organ. Cazuri de boală grefă contra gazdă (BGcG) și boală veno ocluzivă (BVO) hepatică au fost observate la pacienții cu LHc la care s a efectuat TCSH alogen, după expunerea anterioară la pembrolizumab. Până când devin disponibile date suplimentare, o analiză atentă a beneficiilor potențiale ale TCSH și a riscului posibil crescut de complicații asociate transplantului trebuie efectuată pentru fiecare caz în parte. La pacienții cu TCSH alogen în antecedente, a fost raportată apariția BGcG acută, inclusiv a cazurilor letale de BGcG, după tratamentul cu pembrolizumab. Pacienții care au prezentat BGcG după procedura de transplant pot prezenta un risc crescut de apariție a BGcG după tratamentul cu pembrolizumab. La pacienții cu TCSH alogen în antecedente, trebuie luat în considerare beneficiul tratamentului cu pembrolizumab comparativ cu riscul posibil de apariție a BGcG. Reacții asociate administrării în perfuzie: s au raportat reacții adverse severe asociate administrării în perfuzie, inclusiv hipersensibilitate şi anafilaxie. **Pentru informații privind gestionarea tratamentului cu KEYTRUDA în funcție de gradul reacției adverse și tratamentul specific fiecărui risc, citiți pct. 4.2 și 4.4 din RCP complet.** Utilizarea pembrolizumab în asociere cu chimioterapie: Pembrolizumab administrat în asociere cu chimioterapie trebuie utilizat cu precauție la pacienții cu vârsta ≥ 75 ani, după evaluarea atentă a raportului beneficiu/risc potențial, pentru fiecare pacient în parte. Utilizarea pembrolizumab pentru tratamentul de primă linie al pacienților cu NSCLC: În general, s-a observat că frecvența reacțiilor adverse în cazul tratamentului cu pembrolizumab administrat în asociere este mai mare decât în cazul administrării pembrolizumab sau a chimioterapiei în monoterapie, reflectând contribuțiile fiecărei dintre aceste componente. Nu este disponibilă o comparație directă între utilizarea pembrolizumab în asociere cu chimioterapie și administrarea pembrolizumab în monoterapie. Medicii trebuie să ia în considerare raportul beneficiu/risc al opțiunilor de tratament disponibile (administrarea pembrolizumab în monoterapie sau administrarea pembrolizumab în asociere cu chimioterapie) înainte de inițierea tratamentului la pacienți cu NSCLC, netratați anterior, ale căror tumori exprimă PD-L1. În studiul KEYNOTE-042, a fost observat un număr mai mare de decese pe parcursul a 4 luni de la inițierea tratamentului, urmat de un beneficiu privind supraviețuirea pe termen lung, în cazul tratamentului cu pembrolizumab în monoterapie, comparativ cu chimioterapie. Utilizarea pembrolizumab pentru tratamentul de primă linie al pacienților cu HNSCC: În general, s-a observat că frecvența reacțiilor adverse în cazul tratamentului cu pembrolizumab administrat în asociere este mai mare decât în cazul administrării pembrolizumab sau a chimioterapiei în monoterapie, reflectând contribuțiile fiecărei dintre aceste componente. Medicii trebuie să ia în considerare raportul beneficiu/risc al opțiunilor de tratament disponibile (administrarea pembrolizumab în monoterapie sau administrarea pembrolizumab în asociere cu chimioterapie) înainte de inițierea tratamentului la pacienți cu HNSCC, ale căror tumori exprimă PD-L1. Tratamentul adjuvant al pacienților cu melanom: A fost observată o tendinţă de creştere a frecvenței reacțiilor adverse severe și grave la pacienții cu vârsta ≥ 75 ani. Datele privind siguranța administrării pembrolizumab ca tratament adjuvant pentru melanom la pacienți cu vârsta ≥ 75 ani sunt limitate. Utilizarea pembrolizumab în asociere cu axitinib pentru tratamentul de primă linie al pacienților cu RCC: La administrarea pembrolizumab în asociere cu axitinib la pacienți cu RCC avansat, au fost raportate frecvențe ale valorilor crescute de gradele 3 și 4 ale ALT și AST mai mari decât cele preconizate (vezi pct. 4.8 din RCP). Valorile enzimelor hepatice trebuie monitorizate înainte de inițierea tratamentului și periodic în timpul tratamentului. Monitorizarea mai frecventă a valorilor enzimelor hepatice comparativ cu în cazul utilizării medicamentelor în monoterapie poate fi luată în considerare. Trebuie urmate ghidurile de abordare terapeutică pentru ambele medicamente (vezi pct. 4.2 din RCP și consultați RCP pentru axitinib). Pacienți excluși din studiile clinice: vezi pct. 4.4 din RCP complet. Cardul pacientului: Toți prescriptorii KEYTRUDA trebuie să fie familiarizați cu Informaţiile pentru medic şi Ghidurile de abordare terapeutică. Prescriptorul trebuie să discute cu pacientul riscurile tratamentului cu KEYTRUDA. Pacientul va primi cardul pacientului odată cu fiecare prescripție. **Reacţii adverse:** Pentru informații suplimentare privind siguranța, atunci când pembrolizumab este administrat în asociere, se va consulta RCP pentru componentele respective ale tratamentului asociat. Atunci când pembrolizumab este administrat în asociere cu axitinib sau lenvatinib, se va consulta RCP pentru axitinib sau lenvatinib, înainte de inițierea tratamentului. **Monoterapie: foarte frecvente (≥ 1/10):** anemie, hipotiroidism, scădere a apetitului alimentar, cefalee, dispnee, tuse, diaree, durere abdominală, greață, vărsături, constipație, prurit, erupţie cutanată tranzitorie, durere musculo scheletală, artralgie, fatigabilitate, astenie, edem, pirexie; **frecvente (≥ 1/100 şi < 1/10):** pneumonie, trombocitopenie, neutropenie, limfopenie, reacție asociată administrării în perfuzie, hipertiroidism, hiponatremie, hipokaliemie, hipocalcemie, insomnie, ameţeli, neuropatie periferică, letargie, disgeuzie, xeroftalmie, aritmie cardiacă (inclusiv fibrilație atrială), hipertensiune arterială, pneumonită, colită, xerostomie, hepatită, reacții cutanate severe, eritem, dermatită, xerodermie, vitiligo, eczemă, alopecie, dermatită acneiformă, miozită, durere la nivelul extremităților, artrită, simptome asemănătoare gripei, frisoane, creştere a valorii plasmatice a alanin aminotransferazei, creştere a valorii plasmatice a aspartat aminotransferazei, creştere a valorii sanguine a fosfatazei alcaline, hipercalcemie, creştere a valorii sanguine a bilirubinei, creştere a valorii sanguine a creatininei; **mai puţin frecvente (≥ 1/1000 şi < 1/100):** leucopenie, trombocitopenie imună, eozinofilie, sindrom miastenic, epilepsie, revărsat pericardic, ulcerație gastro intestinală, psoriazis, tenosinovită; **rare (≥ 1/10 000 şi < 1/1000):** limfohistiocitoză hemofagocitică, aplazie pură a seriei eritrocitare, nevrită optică, meningită (aseptică), sindrom Vogt-Koyanagi-Harada, eritem nodos, sindrom Sjogren. **Pentru mai multe informații privind reacțiile adverse, pentru reacțiile adverse în asociere cu chimioterapie sau în asociere cu axitinib sau lenvatinib, vezi pct. 4.8 din RCP complet.** Text revizuit în **aprilie 2024**, bazat pe RCP cu data **25 martie 2024**. Pentru informații complete de prescriere, vă rugăm să citiți în întregime RCP.