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PM1.1 - Advocating for Radical Excision over Chemo-Radiotherapy for Recurrent Penile Squamous Cell Carcinoma after Organ-Preserving Surgery and Adjuvant Therapy

Excizie radicală în locul chimio-radioterapiei pentru carcinomul penian cu celule scuamoase recidivat după intervenție chirurgicală conservatoare și tratament adjuvant

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Introduction and Objectives. Penile squamous cell carcinoma (PSCC) presents challenges in balancing organ preservation with oncologic control. This paper highlights the limitations of adjuvant chemoradiation therapy following conservative surgical treatment and argues for upfront radical surgery in high-risk pT2 recurrent disease.

Materials and Methods. A 68-year-old male presented with a penile lesion that was initially treated by circumcision with excisional biopsy and revealed a squamous cell carcinoma. Two months later, due to recurrent local disease, partial penile amputation was performed. Histopathology showed pT2G1 squamous cell carcinoma with negative surgical margins and no clinically palpable ilio-inguinal lymphadenopathy. Within 12 months, the patient developed a locally invasive recurrence involving the penile stump and the perineal part of the penis. Chemoradiation consisting of 66 Gy in 25 fractions and 5 cycles of Platinum-based therapy was administered, despite the patient still having an organ confined disease, with no signs of regional or distant metastases.

Results. With clinical progression after failed Chemo-Radiotherapy, a radical total penectomy with perineal urethrostomy was performed as salvage treatment. Final pathology confirmed clear surgical margins and a prophylactic ilio-inguinal lymphadenectomy is now planned for definitive regional control.

Conclusions. There is a questionable efficacy of adjuvant chemoradiation following local recurrence after partial amputation in pT2 PSCC for preventing recurrence, especially in the absence of nodal involvement or positive margins. The rapid progression despite multimodal therapy suggests inherent resistance to non-surgical modalities, emphasizing the critical role of extensive surgical resection in achieving local control. The decision to pursue total amputation ultimately provided definitive oncologic resolution, reinforcing the superiority of radical excision over chemoradiation in this context.

PM1.2 - Incidence and Clinical Outcomes of Bladder Cancer Following Nephrectomy for Renal Cell Carcinoma: A Retrospective Cohort Study

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IIntroduction. Renal cell carcinoma (RCC) is a distinct malignancy that may share common risk factors with bladder tumors. This study aimed to evaluate clinical outcomes in patients who underwent nephrectomy for RCC and those diagnosed with and treated for bladder tumors.

Methods: A retrospective cohort study was conducted using medical records from 2015 to 2025. The cohort included 1999 patients who underwent nephrectomy for RCC and 7523 patients diagnosed with (and treated for) bladder tumors. Within the bladder tumor cohort, 456 patients underwent cystectomy, and the remaining patients underwent transurethral resection alone. The primary outcome was the incidence of bladder tumors following RCC treatment.

Secondary outcomes included median age, gender distribution, time between nephrectomy and bladder tumor diagnosis, tumor staging, and risk factors such as aristolochic acid exposure.

Results: Among the 1999 patients treated who underwent nefrectomy, 2.4% (47 patients) subsequently developed bladder tumors. The median interval between nephrectomy and bladder tumor diagnosis was 4.5 years. The median age at bladder tumor diagnosis was 68 years, with a male predominance of 68%.

Within the subgroup of 47 patients who developed bladder tumors following nephrectomy, 1 had a T1a tumor, 5 had T1b tumors, 9 had T2a, 19 T2b, 11 T3a, and 2 a T4 tumor.

Tumor staging revealed that among those with urothelial carcinoma, 26 patients had low-grade tumors (Ta/T1), while 21 presented with high-grade invasive tumors (T2 or greater).

The Balkan Study previously demonstrated the strong association between AA exposure and UUT carcinoma, particularly in endemic regions.

Conclusion: This study identified a 2.4% incidence of bladder tumors among RCC patients, with a median onset of 4.5 years post-nephrectomy and a median diagnosis age of 68 years.

These findings suggest a potential association between RCC or UUT treatment and bladder cancer development, underscoring the need for long-term surveillance in this patient population

PM1.3 - Infiltrative tumor of the female urethra- case presentation
Tumoră de uretră infiltrativă la femeie - prezentare de caz

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Introduction: This case report presents a 61-year-old female diagnosed with urothelial cancer of urethra.

Case Description: A woman with no history of significant pathological history. The patient presented for repeated checkups in different institutions for a year, finally she came to us, she described a pain in the perineal area and a formation that she could palpate. The clinical examination revealed a urethral meatus tumor with areas of suppuration, it was decided to perform cystoscopy, which did not reveal any changes in the urethra or intravesical. Subsequently, biopsies were taken from the tumor - the histopathologic result was urothelial cancer. It was decided to perform ureterectomy with definitive cystostomy.

Discussion: Because no pathological changes were identified on imaging, no pathological changes were detected cystoscopically, no tumor infiltration was confirmed gynecologically, it was decided to perform ureterectomy with definitive cystostomy.

Conclusion: The aim in such complicated cases is patient safety, postoperative quality of life and protection of the function of organs that may be involved in various associated pathologies.

PM1.4 - Endoscopic en bloc resection of bladder tumors
Rezectia endoscopica „en bloc" a tumorilor vezicale

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Introduction: With the development of various forms of energy used in tissue excision, the possibility of "en bloc" resection of bladder tumors has emerged. We approached this technique using the Holmium laser and bipolar resection. The aim of this study is to evaluate the feasibility of the surgical technique for excising intravesical tumor formations as a single specimen.

Material and Method: We evaluated the first cases in which we applied this technique, using a Holmium laser energy source (7 cases) and bipolar electrosurgical excision (4 cases).

Results and Conclusions: The quality of hemostasis is excellent. Excision can be performed without directly manipulating the tumor tissue, with all manoeuvres carried out between the tumor base and the resection bed. The use of electric current causes tissue disruption along the direction of the instrument, making it more difficult to follow a cleavage plane or avoid cutting through the tumor base. The use of the Holmium laser, due to the shock waves produced by micro-explosions, facilitates following the tumor tissue contour, especially in the case of infiltrative tumors, likely improving the quality of excision and reducing the dissemination of tumor cells into the intravesical environment.

PM1.5 - Anterior pelvectomy en bloc with sigmoid resection and iterative colpectomy with Bricker urinary diversion and colostomy for High-grade invasive urothelial carcinoma, invading the colon and vaginal wall

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Introduction. High-grade urothelial carcinoma with invasion of the colon and vaginal wall presents a significant surgical challenge, requiring a multidisciplinary approach to optimize both oncologic and functional outcomes. Given the extensive local invasion, an en bloc resection with urinary and digestive tract reconstruction is necessary to achieve complete tumor excision and improve prognosis.

Material and Methods. A 74-year-old female patient, smoker, with a history of total hysterectomy, subtotal thyroidectomy, and ischemic heart disease, presented for evaluation of a bladder tumor detected on CT scan.
Preoperative Imaging. CT scan revealed a vegetative tumor located on the posterior bladder wall, encompassing the left pelvic ureter, with invasion of the vaginal and sigmoid wall. Tumor-like lymphadenopathy was identified in the lumbar-aortic and bilateral external iliac regions.
Surgical Approach: An en bloc anterior pelvic exenteration was performed, including:
- Radical cystectomy with resection of the posterior bladder wall.
- Pelvic lymphadenectomy for stadialisation.
- Rectosigmoid resection due to tumor invasion.
- Iterative colpectomy to ensure negative margins.
- Urinary diversion via a right Bricker ileal conduit.
- Digestive reconstruction with left colostomy and ileo-ileal anastomosis using a side-to-side linear stapler.

The procedure was conducted under general anesthesia with orotracheal intubation. Dissection was challenging due to the extensive tumor proliferation, requiring meticulous hemostasis and adherence to oncologic resection principles.
Results. Postoperative Course: The patient was admitted to the intensive care unit for advanced monitoring. Initially, she was hemodynamically stable and afebrile, with a favorable evolution. She was transferred to the general surgical ward on postoperative day 5 and discharged on postoperative day 13 without major complications.
Histopathological Findings: Final pathology confirmed high-grade invasive urothelial carcinoma (G3) with invasion of the colon and vaginal wall, lymphovascular invasion (LVI+), perineural invasion (PNI+), and WHO/ICD-O classification 8120/3. TNM staging was pT4aN2Mx (Stage IIIB).
Conclusions. This case highlights the complexity of managing invasive urothelial carcinoma with multiorgan involvement. En bloc anterior pelvic exenteration with urinary diversion and digestive reconstruction can be successfully performed in specialized centers, ensuring complete tumor resection and acceptable postoperative outcomes. A multidisciplinary surgical team and close oncologic follow-up are essential for improving prognosis and long-term survival.

PM1.6 - Non-functional bladder paraganglioma - a rare urological pathology

Paragangliom vezical non-funcțional - o tumoră urologică rară

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Introduction: Pheocromocytomas and paragangliomas are rare tumors consisting of cromaffin cells. When such tumors are located in the adrenal gland, they are called pheocromocytomas, while those of extra-adrenal localisation are called paragangliomas. We present a clinical case of this rare pathology.

Material and Methods: We present the case of a 42 years old male admitted with an intravesical mass. At presentation the patient was asymptomatic and bladder cytology showed no suspicion for malignancy. Cystoscopic evaluation described a 12/10 mm solid mass, just behind the posterior part of the bladder neck, in the proximity of the right ureteral orifice.

Results: Transurethral resection of bladder tumor was performed. Despite its position, complete removal was achieved with ease. Pathological exam and immunohistochemical stainings described a bladder paraganglioma. Nu recurrence occurred during the 24 months follow up.

Conclusions: Bladder paragangliomas are rare urological tumors. Non-functional types may lack any clinical symptomatology, being incidentally diagnosed during imaging work-up.

PM1.7 - Posterolateral Peritoneal Readaptation Following Radical Cystectomy with Ileal Urinary Diversion: Our Experience

Readaptarea peritoneului parietal după cistectomia radical cu derivație urinară ileală: experiența noastră

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Introduction. Despite advancements in surgical techniques and perioperative care, postoperative complications (like delayed bowel transit recovery, wound-related issues, and prolonged postoperative pain) related to intestinal manipulation and peritoneal integrity continue to pose significant clinical challenges after radical cystectomy with intestinal urinary diversion. Evidence indicates that preserving the posterolateral peritoneum with subsequent extraperitonealization of the urinary diversion and surgical bed may decrease the incidence of these events without compromising oncological outcomes. The aim of this paper was to present our experience regarding readaptation of the posterolateral peritoneum after radical cystectomy with ileal urinary diversion.

Material and methods. We conducted a retrospective analysis of our institutional database on radical cystectomy, selecting patients who underwent radical surgery with re-approximation of the posterolateral peritoneum around the mesentery of the ileal urinary diversion. This technique was applied in two patients (one male and one female) who underwent an ileal neobladder, while the remaining ten patients (eight males and two females) underwent ileal conduit diversion. In female patients, an additional posterior peritoneal flap was used to extraperitonize the vaginal cuff. The procedure was performed using an open extraperitoneal approach in ten cases and an open transperitoneal approach in the other two.

Results and conclusion. The median patient age was 62 years, with four individuals having an ASA score of 3 or higher. The median duration of surgery was 240 minutes, and the median blood loss was 400 mL. Bowel function resumed after a median of 2.5 days, while the median length of hospital stay was 7 days. Clavien–Dindo grade III or IV Postoperative complications occurred in three patients, and one case experienced prolonged ileus. Pathological result confirmed negative surgical margins in all cases, pT2N0 stage in nine patients, pT3N0 in two patients, and pT3N1 in one patient. Additionally, two patients developed symptomatic lymphocele requiring percutaneous drainage. Our findings highlight the importance of optimizing peritoneal readaptation techniques to enhance postoperative recovery and improve surgical outcomes.

PM1.8 - Integrative Strategies in oncologic Urology: Addressing the Challenges of Dual Diagnosis

Strategii integrative în urologia oncologică: Abordarea provocărilor diagnosticului dublu

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Introduction: Prostate cancer is increasingly common in patients initially diagnosed with bladder cancer. Recent studies have emphasized the importance of early identification and accurate imaging assessment to optimally differentiate and manage both conditions. The concurrent presence of these two cancers may alter the therapeutic approach and prognosis of the patient, necessitating a tailored diagnostic strategy.

Material and Methods: Our retrospective study included 100 cases of patients diagnosed with prostate cancer and bladder cancer, the analysis was carried out between 2020-2025. Demographic, clinical and imaging data were collected to assess the correlation between the presentation of the two cancers and the impact of imaging investigations on therapeutic decisions.

Results and conclusions: The analysis revealed that approximately 30% of patients with bladder cancer present simultaneously with prostate cancer. Imaging evaluation, especially by advanced diagnostic methods, proved essential in determining the extent of disease and in surgical planning, significantly influencing clinical outcomes.
The study results emphasize the need to include high-quality imaging assessment in diagnostic protocols for bladder cancer patients. The introduction of pelvic MRI into diagnostic algorithms is an important step in improving the diagnostic accuracy and thus the therapeutic management of patients with multiple urologic disorders.

PM1.9 - Lymphocyte to monocyte ratio as a prognostic factor in NMIBC patients

Raportul limfocite/monocite ca factor de prognostic în tumorile vezicale non-musculoinvazive

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Introduction. With around 600.000 new cases of bladder cancer each year, this pathology is ranked seventh most common form of cancer diagnosed in male population. Most of the cases are confined to the mucosa or submucosa with smoking as the most important risk factor. We must consider also occupational exposure to amines, aromatic hydrocarbons or chlorinated hydrocarbons and dietary habits.

Objectives: This study's objective is to establish the role of lymphocyte to monocyte ratio (LMR) as a possible prognostic factor for NMIBC.

Results: We included 161 patients in this study, and after applying all inclusion and exclusion criteria, 148 (100%) were admitted. The age ranged between 61 and 75 years old, with a median age of 68. Regarding the tumor size, it ranged between 5 and 40mm. The patients with advanced stages presented significantly higher tumor size compared to the other stages (Kruskal Wallis test $p<0.01$). Furthermore, we evaluated laboratory parameters, more precisely LMR (Normal value 10.69±2.91 to 11.60±3.29). Our statistical analysis showed a lower LMR values with a median of 2.07 (1.41-3.60) for pT2 tumors compared with other stages, 2.39 (1.67-3.96) for pT1 tumors and 3.79 (2.51-5.30) for pTa tumors. Our result was statistically significant with $p<0.001$. Regarding tumor grading, we observed the following: for G3 tumors, a median LMR value of 2.44 (1.63-3.69) was noticed while the median value for G2 was 3.91 and 3.01 for G1 tumors. Using Spearman correlation factor, we established a negative, mild but significant correlation between tumor grade and LMR values ($r=-0.275$, $p<0.001$).

Conclusions: Preoperative LMR can be used as an independent prognostic factor for NMIBC. Patients with low ratio can be grouped as "high risk" patients and they can have a higher rate of progression. Also, this ratio may be used to determine the need for re-intervention or additional oncological treatment.

PM1.10 - Cancer detection rate of repeat biopsies in transrectal and transperineal prostate biopsy

Rata de detecție a cancerului de prostată prin abord transrectal și transperineal la pacienții cu istoric de biopsie negativă

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Background: This study compares the efficacy of transrectal ultrasound-guided biopsies (TRUS-Bxs) and transperineal biopsies in the detection of prostate cancer, particularly in patients with prior negative biopsies but persistent clinical suspicion of malignancy. Despite a cancer detection rate of up to 56% in biopsy-naïve patients, many experience significant false-negative results, prompting multiple TRUS-Bxs. The introduction of saturation biopsies, which can be performed either transrectally or transperineally, aims to enhance detection rates.

Methods: An extensive search of the literature in PubMed, Scopus, and Web of Science was conducted between September 2010 and September 2024. We utilized a robust and comprehensive retrieval strategy including phrasing the two approaches as follows: Transrectal, transperineal, systematic, targeted biopsy, overall detection rates, clinically relevant prostate cancer detection rates, and complication rates in both biopsy-naïve and rebiopsy situations were the criteria of our study.

Results: Findings indicate that transperineal biopsies yield higher cancer detection rates (38.4%) compared to transrectal approaches (20.5%). Moreover, studies demonstrate that a combination of systematic and fusion transperineal biopsies significantly increases the detection of clinically significant prostate cancer (csPCa). Notably, mpMRI/TRUS transperineal cognitive targeted biopsies show a csPCa detection rate of 93.3%, outperforming the 78.3% rate of transrectal methods.

Conclusion: Overall cancer detection rates across studies range from 20% to 40%, with the transperineal approach providing superior outcomes, especially for csPCa and anterior region cancers. Variability in detection rates is influenced by differing biopsy setups, highlighting the advantages of the transperineal method in reducing sampling errors in critical prostate zones.

PM2.1 - Artificial Intelligence in Prostate Cancer Diagnosis: Reducing Biopsy Rates through Optimized Machine Learning Models
Inteligența Artificială în Diagnosticul Cancerului Prostatic: Reducerea Ratei Biopsiilor prin Modele Optimizate de Învățare Automată

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Introduction & Objectives: Artificial intelligence (AI) models have demonstrated considerable potential in improving diagnostic accuracy through the analysis of complex patterns within medical data. This study assesses the effectiveness of an AI algorithm designed to identify patients at risk for prostate cancer prior to biopsy, utilizing clinical and imaging data. The primary objective is to evaluate whether the integration of AI can play a significant role in the decision-making process concerning prostate biopsies (PB).

Materials & Methods: We gathered data from 1,230 patients who underwent MRI-ultrasound fusion prostate biopsy at our institution between 2017 and 2024. Key parameters, including age, PSA values, PIRADS scores, ellipsoid prostate volume, and results from digital rectal examinations, were employed to train and test various AI models. The algorithms tested included a Multi-Layer Perceptron (MLP) and several ensemble techniques, with hyperparameters optimized via cross-validation and grid search methods. Diagnostic efficacy was measured using multiple evaluation metrics such as accuracy, precision, recall, specificity, F1 score, and Area Under the Curve (AUC), with an emphasis on achieving a balance between sensitivity and the reduction of false positives.

Results: The prostate cancer (PCa) detection rate via MRI-ultrasound fusion biopsy was found to be 55.60%. The patient cohort was divided into training (80%, n=984) and testing (20%, n=246) groups. In the testing group, the random forest model with a threshold of 0.3 exhibited a high recall of 92.25% but a low specificity of 43.59%, resulting in a substantial number of false positives. Conversely, the MLP model achieved a recall of 77.52% and a specificity of 70.09%, effectively mitigating false positives. By adjusting the MLP model threshold to 0.4, the recall improved to 86.05%. Overall, this model demonstrated an accuracy of 71.54%, precision of 68.10%, recall of 86.05%, specificity of 55.56%, and an F1 score of 0.76, identifying 111 true positives, 65 true negatives, 52 false positives, and 18 false negatives out of 246 patients.

Conclusions: The AI-MLP model shows significant promise as a valuable tool in guiding the decision-making process for prostate biopsies. Its high recall rate ensures the detection of nearly all prostate cancer cases, leading to a reduction in unnecessary biopsies by 26.42%, thereby enhancing patient care and resource utilization.

PM2.2 - High resolution micro-ultrasound or MRI in the diagnosis of prostate cancer?

Microultrasonografia de mare rezoluție sau IRM-ul în diagnosticul cancerului de prostată?

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Introduction. Micro-ultrasound is an innovative high-resolution imaging technology designed to improve the accuracy of prostate cancer diagnosis compared to transrectal ultrasound-guided biopsy [1]. Micro-ultrasound operates at 29 MHz, providing up to 300% higher resolution and enabling a detailed visualization of microstructures [2]. This technology can detect and target suspicious lesions in real-time. It serves as a cost-effective alternative to multiparametric magnetic resonance imaging (mpMRI) for prostate cancer detection [3]. and enhances sensitivity and the negative predictive value for clinically significant prostate cancer [4].

Material and Methods. A prospective, monocenter study was conducted at the Clinical County Emergency Hospital of Brasov, on a group of 46 patients all with clinical and imaging suspicion of prostate cancer. The patients were divided into two groups: first group (22) underwent MRI Prostate biopsy, and the in the second group (24) the biopsies were performed on targeted lesions in micro-ultrasound. All patients underwent MRI before the procedure. PRIMUS score was interpretated by us and were performed systematic biopsies (12 cores) and target biopsies (2-3 cores) only in transperineal approach under local anesthesia. The inclusion criteria were any men with suspected prostate cancer based on elevated prostate-specific antigen (PSA) and/or abnormal digital rectal examination (DRE), with a suspicious mpMRI, PSA<20 ng/ml, only men with a prior MRI undergoing biopsy were enrolled and having at least one PI-RADS ≥ 3 lesion on mpMRI. Aim of the study: To assess the diagnostic accuracy of micro-US comparing with MRI for detecting prostate cancer and (Pca) significant prostate cancer (csPCa; ISUP≥ 2) among naïve patients.

Results and conclusions. The average age was 70.5 years in the MRI-guided biopsy group and 68 years in the micro-ultrasound group. Mean PSA levels were 9.6 ng/ml and 10.5 ng/ml, respectively, with prostate volumes of 54.5 cm^3 and 53.5 cm^3. PI-RADS scores were reclassified into PIRMUS scores in the micro-ultrasound group, where 3 patients had PIRMUS 3, 10 had PIRMUS 4, and 5 had PIRMUS 5. One patient each with PIRMUS 1 and 2 was excluded. Detection rates were 68.1% (59% csPCa) in the MRI group and 77.2% (68.1% csPCa) in the micro-ultrasound group. There are no statistically significant differences between the two groups of participants regarding the clinically significant Gleason scores 7 to 9 (p=0.06)

PM2.3 - The safety and feasibility of transperineal prostate biopsy under local anaesthesia

Siguranța și fezabilitatea biopsiei transperineale de prostată sub anestezie locală

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Objective. To evaluate the effectiveness and safety of pudendal nerve block and periprostatic anaesthesia for patients undergoing transperineal ultrasound-guided prostate biopsy.

Methods. A total of 64 patients underwent periprostatic anaesthesia along with bilateral pudendal nerve block. Visual analogue scale (VAS) pain score was used to evaluate discomfort and pain at three key stages of the procedure: the infiltration of the anaesthetic, the insertion of the ultrasound transducer and the biopsy needle punctures.

Results. The median pain score for prostate biopsy under local anaesthesia was reported as 3 on visual analogue scale (VAS), demonstrating that the procedure is generally well-tolerated by patients. Among the different stages of the procedure, anaesthetic infiltration was identified as the most painful. Only a small number of the patients experienced mild complications, including LUTS, haematuria, acute urinary retention, or fever.

Conclusion. The prostate biopsy under local anaesthesia has proven to be a safe, effective, and well-tolerated method for most patients. Local anaesthesia offers an adequate level of comfort and safety, comparable to other techniques, but with reduced risks and costs. The study confirmed that most patients experience minimal discomfort and present minor complications, making this method a preferred option for prostate biopsies in clinical practice.

PM2.4 - A step forward: from transrectal to transperineal approach in performing prostate biopsy using ExactVu Micro-Ultrasound System

Un pas înainte: tranziția de la abordul transrectal la abordul transperineal în efectuarea biopsiei prostatice utilizând sistemul de microultrasonografie ExactVu

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Introduction. During the last decade there were major changes in prostate cancer diagnosis such as: prostate multiparametric MRI (mpMRI) assessment prior to biopsy, integration of targeted biopsy and transition from transrectal to transperineal approach. The aim of the current study is to present the initial results from our experience of performing transperineal MRI-microUltrasound prostate biopsy using the ExactVu System.

Material and method. Between November 2024 and February 2025, 62 patients presented for biochemical or clinical suspicion of PCa. All were assessed by mpMRI. Majority (58) of them harboured at least one lesion with PIRADS score ≥3, while four patients had negative mpMRI. Patients were positioned in lithotomy position. After the perineal asepsis, the transrectal prostate evaluation is performed using the 29MHz ExactVu probe. The procedure started with obtaining 1-4 targeted cores/lesion, followed by systematic biopsy.

Results and conclusions. The cohort mean age was 62 years and the mean PSA was 8,45 ng/ml (2,4-48 ng/ml). Lesions localization was 64,2% and 35,8% in peripheric zone, respectively in transitional area and anterior fibromuscular stroma. Overall cancer detection rate was 54,8% (34). Clinically significant PCa (ISUP ≥2) was identified in 32,2% (20) cases. PCa was diagnosed in 85%, 52,4% and 19% of PIRADS 5, 4 and 3 lesions. Two of the four patient with negative mpMRI, were found positive for PCa. In four out of the six patients previously diagnosed with PCa and under active surveillance, Gleason score was upgraded. Postoperative complications were: haematuria and hemospermia (all cases), urinary tract infection (1 case), acute urinary retention (1 case). MpMRI has become an integral part in the assessment of patients with suspicion for PCa. Microultrasound technology provides a better evaluation of prostate and suspect lesions identification. The transrectal approach reduces the risk of postoperative septic complications. Further evaluation is needed in order to determine the improvements provided by the technology.

PM2.5 - MRI-US fusion prostate biopsy – our experience
Biopsia de prostată IRM-US fusion – Rezultatele Centrului nostru

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INTRODUCTION: Prostate cancer (PCa) remains a leading cause of mortality among men worldwide. Traditional biopsy techniques have limitations in accurately diagnosing and staging prostate cancer. MRI-guided fusion prostate biopsy (FB) has emerged as a promising alternative to enhance targeting accuracy and potentially improving diagnostic outcomes. Herein we present our results performing this procedure, after an experience of 8 years.

MATERIAL AND METHOD: Between 2017 - 2025, 1798 MRI-US fusion-guided prostate biopsies were performed in our center. The majority of those procedures were done by transrectal approach. 29 were done transperineally. 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 endfire endorectal probe.

RESULTS: The median age was 66 years, with a median PSA value of 8.04ng/ml. A number of 3081 lesions were identified and biopsied. The majority of the suspected lesions were localized in the peripheral zone (PZ- 56.8%) whereas the rest in the transitional zone (TZ 36.25%), anterior zone (2.04%), central zone (0,4%) and mixed localization (PZ/TZ 2.82%; 1.52 TZ/anterior zone). The overall cancer detection rate (CDR) for both approaches was 56.03%. The CDR in relation to the PI-RADS score 3/4/5 score was 36.91%, 38.67% and 77.52%. The CDR in relation to the localization was 65.71%, 39.83%, 84.12% for PZ, TZ, respectively for anterior lesions.
For transperineal approach we obtained a CDR of 59.37%. The CDR in relation to the PI-RADS score 3/4/5 score was 22.22%, 71.42% and 83.33%.

CONCLUSION: MRI-US fusion prostate biopsy is currently the standard for the diagnosis of PCa in our center. This procedure is a safe and effective method for diagnosing prostate cancer, offering superior detection rates for clinically significant tumors while maintaining a low complication profile.

PM2.6 - Fusion biopsy versus cognitive biopsy in prostate cancer detection – initial experience

Biopsia Fusion versus biopsia cognitiva in detectia cancerului de prostata – experienta initiala

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Introduction: Fusion biopsy became the gold standard in the diagnosis of prostate cancer. This study aimed to assesses whether fusion or cognitive magnetic resonance imaging (MRI)-guided prostate targeted and systematic transperineal biopsies (TPB) increase detection of clinically significant prostate cancer (csPCa).

Materials and Methods: A retrospective analysis was completed of patients (2024–2025) undergoing multiparametric prostate MRI informing targeted (either cognitive or MIM software fusion approach) and systematic TPB. ISUP (International Society of Urological Pathology) grade group ⩾ 3 was considered csPCa.

Results: The mean age of all patients included in the study was 65.6±8.29 years. Median prostate specific antigen (PSA) level was 7.9 (5.2-12.9) ng/dL. There were no statistically significant differences between the two groups with respect to patient age, total and free PSA values, digital rectal examination and radiologic prostate volume. A total of 35 cases were included; 16 were fusion and 19 were cognitive MRI-guided biopsies. Of all csPCa found, 88.5% (n = 31) of cases were confirmed to be at the MRI-indicated location. In all, 75.0% of the fusion group were found to have csPCa, compared to 78.9.21% (n = 15) in the cognitive group. Biospy time in cognitive group was of 16.5 min versus 21.5 min in fusion biopsy.

Conclusion: Cognitive and fusion targeting had similar csPCa detection rates. However, cognitive biopsy is fast and free, but requires expertise and rigorous technique.

PM2.7 -CT-US FUSION biopsy for renal masses: preliminary experience
Tehnica CT-US FUSION în biopsia formațiunilor tumorale renale – experiența preliminară

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Introduction and Objectives. Accurate diagnosis of renal tumors is essential for determining the appropriate treatment strategy. Traditional biopsy methods are limited by challenges in targeting small or anterior located lesions, which can affect diagnostic yield and patient safety. The Real-time Virtual Sonography (RVS) system allows image-fusion of real-time live ultrasound (US) with pre-operative contrast-enhanced CT, integrating the anatomical imaging capabilities of CT with the real-time guidance of ultrasound. The objectives are to assess the feasibility and safety of this new technique for targeting renal masses.

Materials and Methods. In February 2025, we performed two CT-US fusion biopsies of renal masses. The first case was a 77 years old male patient with metastatic melanoma and concurrent 34mm left renal mass. The oncological committee recommended renal mass biopsy in order to establish the best treatment regimen.
The second case was an 82 years old male patient, with 59mm right renal mass and three concurrent neoplasia and a previous negative renal mass biopsy, for whom systemic treatment was planned.

Results. Both biopsies were performed in local anesthesia. The first patient was positioned prone, whereas the second in lateral decubitus. RVS system facilitated targeting the contrast-enhanced lesion, as it improved visualization of important anatomical landmarks. The CT-US synchronization was performed using the antero-posterior axis of the kidney at the level of the maximum diameter of the tumor. The duration time of fusion imaging was 15 min and the total time of the procedure was 45 min. There were no perioperative complications. Renal cell carcinoma was confirmed in both cases with 5/5 and 4/5 cores positive.

Conclusions. CT-US fusion kidney mass biopsy is a feasible technique, representing an important advancement in renal diagnostics, offering enhanced precision and improved safety profiles. As it continues to gain acceptance in clinical practice, further research is warranted to standardize protocols and explore its application in various clinical scenarios.

PM2.8 - Diagnostic accuracy and clinical utility of the Select MDX test in clinically significant prostate cancer: A retrospective study in a Romanian cohort

Acuratețea diagnostică și utilitatea clinică a testului Select MDX în cancerul de prostată clinic semnificativ: Un studiu retrospectiv într-o cohortă română

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Background: Prostate cancer is a major global health concern, and current diagnostic methods, such as prostate-specific antigen testing, have several limitations. SelectMDx is a urine biomarker test used to determine the risk of clinically significant prostate cancer. It has the potential to reduce the number of needless biopsies.

Methods: Between January 2022 and December 2023, 126 people were tested at a Romanian university hospital. All patients with PSA levels more than 3 ng/mL and/or abnormal digital rectal examination results performed the SelectMDx test, followed by a transrectal ultrasound-guided biopsy. The sensitivity, specificity, positive predictive value, and negative predictive value were determined, and the diagnostic performance was evaluated using ROC curves.

Results: In the group with PSA <10 ng/mL, SelectMDx showed a sensitivity of 90.6%, a specificity of 70.4%, and an NPV of 94.3%. In patients with negative DRE or PI-RADS ≤3 scores, the test worked well, minimizing needless biopsies.

Conclusions: SelectMDx has demonstrated to be an effective risk stratification tool for clinically significant prostate cancer, resulting in enhanced clinical decision-making and fewer needless biopsies. However, more research is needed to prove its effectiveness across multiple demographics.

PM2.9 -Postoperative Complications of Transperineal Prostate Biopsy: Outcomes With and Without Antibiotic Prophylaxis

Complicațiile postoperatorii ale biopsiei prostatice transperineale: comparație între pacienții cu și fără profilaxie antibiotică

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Introduction. Transperineal prostate biopsy carries a significantly lower risk of infectious complications compared to the transrectal approach. Due to this lower risk, the necessity of periprocedural antibiotics for this procedure has been called into question.

Materials and Methods. A prospective randomized study was conducted in our department, including 82 patients who underwent transperineal prostate biopsy between June 2024 and January 2025. Patients were divided into two groups: the control group (n = 39) received 500 mg of intravenous Amikacin one hour before the biopsy, while the study group (n = 43) did not receive prophylactic antibiotherapy. The median age of participants was 70 years (range: 52–88). All biopsies were performed under ultrasound guidance using a standard transperineal approach. Local anesthesia with 20 ml of 1% lidocaine was administered five minutes before the procedure. A biplanar transrectal ultrasound probe was used for visualization, and systematic sampling was performed with an 18G biopsy needle, obtaining 10–12 core samples per patient. Patients were monitored for 15 days post-procedure to assess the incidence of infectious complications, including urinary tract infections, urinary retention, soft tissue infections, prostatitis, fever, and sepsis. Follow-up assessments included telephone interviews after three days.

Results and Conclusion. No significant differences were observed between the two groups regarding the incidence of infectious complications. None of the patients developed urinary tract infections, culture-confirmed prostatitis, or sepsis. Mild febrile episodes (>37.5°C) occurred in 4% of patients in the control group and 8.6% in the non-antibiotic group. Other post-biopsy complications, such as dysuria (64% vs. 71.4%), urinary frequency (54% vs. 60%), and hematuria (38% vs. 42.8%), showed no statistically significant differences between the groups. These findings suggest that transperineal prostate biopsy can be performed safely without antibiotic prophylaxis, as there was no increase in infection-related complications in the absence of antibiotics.

PM2.10 - Evaluation of Diagnostic Precision of Gleason Score in Prostate Cancer: A Comparison between PBP Fusion and Radical Prostatectomy

Evaluarea preciziei Diagnostice a Scorului Gleason în Cancerul de Prostată: O Comparatie între PBP Fusion și Prostatectomie Radicală

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Introduction: The Gleason score is essential in the staging of prostate cancer and in determining the treatment plan. This paper aims to evaluate the diagnostic consistency of the Gleason score obtained through Fusion prostate biopsy in relation to the results obtained from radical prostatectomy.

Methodology: The study included 44 patients diagnosed with prostate cancer through Fusion PB and who subsequently underwent radical prostatectomy in 2024; all patients were treated at the same clinic. The data were analyzed to determine discrepancies between the Gleason scores established by the two methods.

Results:

1. **Gleason Score 3+3=6:** Out of 10 patients, 6 were classified differently, resulting in a percentage of 60%.
2. **Gleason Score 3+4=7:** Out of 16 patients, 2 were classified differently, with a percentage of 12.5%.
3. **Gleason Score 4+3=7**: Out of 8 patients, 4 were classified differently, resulting in a percentage of 50%.
4. **Gleason Score 4+4=8**: Out of 6 patients, 2 were classified differently, with a percentage of 33.33%.
5. **Gleason Score 4+5=9**: Out of 4 patients, no differences were recorded.

In total, 16 out of 44 patients (36.36%) were classified differently between Fusion PB and radical prostatectomy. The average time from the Fusion biopsy to the radical prostatectomy was 86.27 days across all patients. For patients who experienced upstaging (Gleason 3+3, 3+4, 4+3, 4+4) post-prostatectomy, the average time from biopsy to surgery was 79.5 days, while for patients whose Gleason score remained the same, it was 90 days.

Conclusion: The results suggest a significant variability in the classification of patients with prostate cancer, highlighting the importance of careful evaluation of Gleason scores. The study emphasizes the need for more accurate diagnostic methods to improve the staging of prostate cancer and, consequently, the applied treatments.

PM2.11 - Ureteral metastasis from pulmonary adenocarcinoma - A case report

Metastază ureterală din adenocarcinom pulmonar – Prezentare de caz

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Introduction. Ureteral metastases from distant primary tumors are exceptionally rare, particularly when originating from the lungs. Lung cancer, the leading cause of cancer-related mortality worldwide, most commonly metastasizes to the brain, bones, liver, and adrenal glands. Involvement of the ureter is extremely uncommon, accounting for approximately 2.5% of all metastatic neoplasms.

Case report. We report the case of a 65-year-old male smoker who presented with left-sided lower back pain. Spinal MRI (august 2024), performed for evaluation of musculoskeletal symptoms, incidentally revealed grade III left hydronephrosis. Subsequent abdominal and pelvic CT identified a 45 mm spontaneously iodophilic, slightly hyperdense endoluminal lesion in the left lumbar/iliac ureter, along with a small osteolytic area in the left iliac bone and a pseudonodular 11 mm image in the lingular region of the lung (nonspecific on CT). The initial clinical staging was cT3N0M0.
On October 29, 2024, the patient underwent left nephroureterectomy with periureteral cystectomy. Histopathology revealed a poorly differentiated carcinoma infiltrating the muscular layer of the ureter and extending into surrounding adipose tissue. Additional findings included urothelial carcinoma in situ of the renal pelvis, moderate-to-severe epithelial dysplasia, and squamous metaplasia in the ureter and bladder cuff. Immunohistochemistry showed tumor cell positivity for CK7 and TTF-1 and absence of GATA3 expression, supporting the diagnosis of a metastatic pulmonary adenocarcinoma. A PET-CT scan performed on February 7, 2025, confirmed a metabolically active spiculated nodule in the inferior lingular segment of the left lung, metabolically active hilar and mediastinal lymphadenopathy, tumor tissue in the left renal fossa, and secondary bone lesions at L3 and the left iliac bone. Final staging was T1bN3M1c. The patient began systemic therapy with pembrolizumab, pemetrexed, and carboplatin (two sessions).

Conclusion. Despite its rarity, metastases in the urinary system should be suspected when a patient with lung cancer presents with signs of renal failure, ureteral obstruction, or hydronephrosis.

PM3.1 -Renal Cell Carcinoma in Presacral Ectopic Kidneys: Diagnosis vs Therapy

Carcinomul renal în Rinichi Ectopic Presacral Compararea Imagisticii Preoperatorii cu Abordarea Chirurgicală

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Introduction. Ectopic kidney is a rare congenital anomaly, with an estimated incidence of 1 in 2100–3000 autopsies. There is limited data regarding the management of renal carcinoma (RC) in pelvic kidney cases, with few cases reports available in the literature. Symptomatology can vary from abdominal pain to hematuria, with RC often being detected incidentally. Contrast-enhanced computed tomography (CT) angiography is recommended to determine the location of the renal mass, as well as the anatomy of adjacent organs and major feeding vessels. The preferred treatment option is radical nephrectomy.

Case Presentation. A 31-year-old female patient presented with diffuse abdominal pain, without hematuria. Abdominal ultrasound revealed a left ectopic kidney located in the presacral pelvic area. MRI confirmed the presence of a left kidney situated in the sacral promontory region, with tumor transformation of the lower pole, measuring 12/10/12 cm, and multiple encapsulated tumor formations, some with central necrosis. A complete set of biological analyses and an angiographic CT examination complemented the preoperative investigations. Following informed consent from the patient, a left pelvic radical nephrectomy was performed via a transperitoneal approach. A tactical hysterectomy was considered in case of insufficient access to the resection specimen. During surgery, three renal pedicles with different vascular sources were identified, and the resection specimen was accessed without requiring a tactical hysterectomy. Histopathological diagnosis confirmed chromophobe renal carcinoma (pT3aN0M0) with areas of necrosis, calcifications, and regions of osseous metaplasia. Postoperative CT controls revealed vertebral bone metastases.

Conclusions. The vascular supply of pelvic kidneys is complex, provided by adjacent blood vessels. Therefore, the surgical approach to ectopic kidneys necessitates special attention due to uncertain vascular anatomy. Detailed preoperative vascular evaluation and careful intraoperative exploration are essential to avoid vascular injury and postoperative monitoring is mandatory to detect metachronous renal tumors, local recurrence, or distant metastases.

PM3.2 - Multidisciplinary Management of Clear Cell Renal Carcinoma with Mayo Level I Tumor Thrombus

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Introduction. Renal carcinoma with vascular extension poses a significant surgical challenge, requiring a comprehensive approach to achieve complete excision of the tumor and associated venous thrombus. The management of such cases demands a multidisciplinary strategy to optimize both oncological and functional outcomes.

Material and Methods. A 63-year-old male patient from a rural area, non-smoker, occasional alcohol consumer, with a medical history of arterial hypertension and type II diabetes mellitus, was referred for evaluation of a left renal mass detected on computed tomography (CT). Imaging revealed a large tumor (12×9×14 cm) with polylobulated contours, heterogeneous tissue composition, iodophilic enhancement, necrotic areas, and calcifications. The tumor invaded the left renal vein, causing thrombosis extending up to its confluence with the inferior vena cava. Retroperitoneal inter-aortocaval and periaortic lymphadenopathy, with a maximum diameter of 1.3 cm, were also noted. A midline incision was performed, followed by: Kocher's maneuver for retroperitoneal exposure; Careful dissection of the left kidney and individual isolation of the renal vessels; Identification of a tumor thrombus within the left renal vein, extending into the Inferior Vena Cava (IVC) for less than 2 cm from the venous confluence. With the assistance of general surgeons, the liver was mobilized in an anti-Trendelenburg position, and the IVC was dissected and exposed below the suprahepatic veins. Vascular control was achieved through sequential clamping of the infrarenal IVC, the contralateral renal vein, and the IVC below the hepatic veins. The tumor thrombus was extracted en bloc along with left nephrectomy, followed by inferior vena cava reconstruction.

Results and Conclusions. The patient was admitted to the intensive care unit for close monitoring. Initially, he was hemodynamically unstable, requiring vasopressor support. His condition subsequently improved, with recovery of consciousness, hemodynamic stabilization, successful vasopressor weaning, and extubation. He was transferred to the urology ward on postoperative day 3 and discharged on day 11 without major complications. Pathology confirmed clear cell renal carcinoma, WHO/ISUP grade 2 – pT3bN1M0, with invasion into the renal parenchyma, renal sinus, capsule, and perirenal fat. Tumor emboli were detected in the renal vein, along with perineural and lymphovascular invasion. This case underscores the complexity of treating advanced renal carcinoma with vascular invasion. Radical nephrectomy with venous thrombectomy can be successfully performed in specialized centers, ensuring complete oncological resection and a favorable prognosis, provided that rigorous postoperative and oncological follow-up is maintained.

PM3.3 - Challenging the Limits: Radical Nephrectomy and IVC Thrombectomy in a Cirrhotic Patient with Level II Tumor Thrombus

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Introduction. The surgical management of renal cell carcinoma (RCC) with tumor thrombus extending into the renal vein and inferior vena cava (IVC) presents a significant challenge, especially in patients with underlying liver disease. The presence of cirrhosis and extensive collateral venous circulation further complicates perioperative planning and surgical execution.

Material and Methods. We present the case of a 66-year-old male from a rural area, known to have hepatitis-related liver cirrhosis, who presented to the emergency department with right upper quadrant pain and macroscopic hematuria for several days.
Preoperative Imaging: Emergency contrast-enhanced CT revealed a large, polylobulated, heterogeneously enhancing mass located at the upper pole of the right kidney, measuring 117 × 125 × 108 mm (craniocaudal×anteroposterior×laterolateral). The tumor contained multiple central hypodense areas suggestive of necrosis and microcalcifications. It was found to encase the right renal vein, with no clear visualization of the vessel, and extended into the IVC, forming a 73 mm-long tumor thrombus. Additionally, the tumor involved the right renal artery without significant caliber changes and was associated with extensive peritumoral, perigastric, and peripancreatic collateral venous circulation. Surgical Approach: The patient underwent radical nephrectomy with IVC thrombectomy using an open transabdominal approach, requiring extensive vascular control due to the Mayo Level II thrombus. A multidisciplinary team, including hepatic surgeons, was involved given the IVC involvement and liver cirrhosis. Surgical exposure: A midline incision with a right subcostal extension was performed to optimize access to the retroperitoneal structures. Cattell-Braasch maneuver: This was employed to medialize the right colon, providing superior exposure of the retroperitoneal structures and facilitating vascular dissection. Liver mobilization: The liver was carefully mobilized in an anti-Trendelenburg position to enable control of the suprahepatic IVC. Vascular control: Sequential clamping of the infrarenal IVC, left renal vein, and suprahepatic IVC was performed to achieve total vascular occlusion before cavotomy. Tumor thrombectomy: A partial cavotomy was performed to extract the thrombus, followed by en bloc removal of the kidney. IVC reconstruction: Primary closure of the IVC was performed after thrombus extraction.

Results and Conclusions. The surgical procedure was completed successfully without major intraoperative complications. Estimated blood loss: 1900 mL. Operative time: 380 minutes. Total vascular occlusion duration: 5 minutes. Postoperatively, the patient was admitted to the intensive care unit for close monitoring. Initial hemodynamic instability required transient vasopressor support, but his evolution was favorable. Histopathological Findings: The final pathology report confirmed clear cell renal cell carcinoma (ccRCC), WHO/ISUP grade 3, with tumor thrombus invasion of the renal vein and IVC (Mayo level II). This case highlights the complexity of treating RCC with venous invasion, particularly in patients with underlying liver disease. The Cattell-Braasch maneuver, combined with meticulous vascular control, allowed optimal surgical exposure and safe thrombus extraction. Radical nephrectomy with IVC thrombectomy can be successfully performed in specialized centers with a multidisciplinary approach, ensuring oncologic completeness while minimizing perioperative morbidity.

PM3.4 - The incidence of renal cancer among young patients (≤ 50 years)
Incidenta cancerului renal la pacientii tineri (≤ 50 ani)

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Introduction: Renal cell carcinoma (RCC) is the 9th most common cancer among men and 14th most common cancer among women worldwide, with a median age at diagnosis of 64 years. During the last two decades, the incidence of RCC increased from 9.2 to 12.5 cases per 100.000 persons/year. In Romania, yearly are estimated between 2500-3000 new cases of kidney cancer, with an incidence of 10.7 per 100,000 among men and 5 per 100,000 among women. Although specific data on the incidence of kidney cancer at patients ≤50 years in Romania is limited, a global trend has shown an increase in cancer cases within this age group .

Objective: The incidence of renal cancer among young patients treated in the Clinic of Urology Targu Mures between January 2022 – March 2025

Materials and methods: Our retrospective study, includes 136 patients (100%) median age 63 years diagnosed with renal cancer for a period between 2022-2025 and treated at the Urology Clinic of Targu Mures. From total number of patients have been selected 14 patients aged ≤50 years).

Results: From total studied patients younger than ≤50 years, the incidence by sexes was 5 women (3.67%) and 9 men (6.61%). A lower incidence of renal tumors was observed among young patients (≤50 years old) - 10.29%, 5 patients age range between 41-45 (3,67%)- 3 men (2,2%) and 2 women (1,47%) and 9 patients with age range between 46-50 (6,61%) 6 men (4,41%) and 3 women (2,20%). These results correspond with the demographic distribution of the pathology (higher incidence at males) with a median hospitalization stay 5 days

Conclusion: Although the incidence of kidney cancer among young patients (≤50 years old) is lower, it is not a negligible incidence, and must be seriously considered during differential diagnosis with other pathologies, and treated suitable

PM3. 5- Partial nephrectomy in zero ischemia
Nefrectomia partiala in ischemie "0"

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Introduction: Partial nephrectomy is the standard treatment for small renal tumors, aiming to remove the tumor and preserve renal function. Usually, the procedure involves clamping the renal artery to reduce bleeding but this can lead to ischemic damage to the kidney. Partial nephrectomy in the "0" ischemia, known as the no-clamping technique, avoids global ischemia of the kidney and is a promising option for patients.

Material and method: We utilize three advanced techniques to perform partial nephrectomy. The first involves the intravenous injection of indocyanine green (ICG) to identify the arterial branch supplying the tumor, particularly in cases with multiple arterial sources. This allows for selective clamping of the appropriate branch, thereby reducing ischemic injury. The second technique consists of using intraoperative intracorporeal ultrasound to localize the tumor in anatomically complex cases. In selected patients, a third approach - zero-ischemia partial nephrectomy - is performed without clamping the renal artery.

Results and conclusions: These techniques support safe tumor excision while maximizing renal function preservation. Zero-ischemia partial nephrectomy is a viable option for carefully selected patients and can be integrated into a minimally invasive, personalized surgical strategy without compromising oncological outcomes

PM3.6 -Surgical strategy for patients with bilateral renal tumors
Strategia chirurgicala in cazul pacientilor cu tumori renale bilaterale

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Introduction. Partial nephrectomy offers several advantages compared to radical nephrectomy, such as: preservation of renal function through targeted excision of the tumor area and preservation of healthy renal tissue, lower risk of renal failure or the necessity of postoperative dialysis, especially in patients with solitary kidney or pathology of the contralateral kidney. It is recommended for patients with comorbidities and risk of future contralateral kidney lesions or bilateral renal tumors.

Material and method. We present a case of a 71 years old female patient diagnosed with bilateral kidney tumors. Medical history includes atrial fibrillation under anticoagulant treatment and high cardiovascular risk, Hypertension, osteoporosis, obesity (BMI=37). Abdominal ultrasound and uroCT revealed a tumor mass located at the upper pole of the right kidney having dimensions of 50/55 mm and another of 72/52 mm located at the lower pole of the left kidney without lymph nodes or metastases. First, we performed partial right nephrectomy with right supararenalectomy and 3 months later left partial nephrectomy was performed using transperitoneal laparoscopic approach for both surgeries.

Results. Operating time was 120 min with ischemia time of 22 min for the first surgery and 110 min with ischemia time of 19 min for the second. Intraoperative blood loss was below 100 ml in both surgeries and we had no significant incidents. Postoperative drainage tube was removed on the 3th postoperative day, the length of hospitalisation was 4 days after the first surgery and 5 days after the second. The creatinine value after the second surgery was 0,97 mg/dl. Histopathological result revealed: Clear cell renal carcinoma of the right kidney pT1bR0, and clear cell renal carcinoma of the left kidney pT2aR0.

Conclusions. Conservative surgery should be considered even for large tumors to preserve the remaining healthy parenchyma. Partial nephrectomy should be considered first, before proceeding to radical nephrectomy. This procedure offers the possibility of preserving renal function, improved surgery outcomes and patient's quality of life.

PM3.7 - The role of salvage lymph node dissection for nodal recurrence after radical prostatectomy - case series

Rolul limfodisecției de salvare pentru recurența ganglionară după prostatectomie radicală - serie de cazuri

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Introduction. Biochemical recurrence (BCR) after radical prostatectomy and adjuvant treatment can be more accurately assessed by developing imaging investigations, more specifically by PSMA-PET/CT. In the case of oligorecurrent prostate cancer (PCa), through the identification of pelvic nodes, salvage lymph node dissection (SLND) may have a curative role, but it can especially delay androgen deprivation therapy (ADT) and clinical recurrence in a certain category of patients. Given that these patients should be considered at high risk of systemic dissemination at the time of diagnosis, the aim of the paper is to highlight the role of "salvage" surgery as part of the multimodal treatment of Pca.

Material and method. We performed a retrospective analysis of patients undergoing SLND during 2020-2024. Of the 15 patients, by applying the exclusion criteria (presence of retroperitoneal or at least 3 pelvic lymph node recurrences, preoperative PSA > 2 ng/ml), we analyzed a group of 10 patients. The median follow-up after SLND was 37 months. Of the 10 patients, 4 presented with 2 pelvic adenopathies, respectively 6 of them with only 1. The median preoperative PSA was 1.5 ng/ml. After SLND, postoperative PSA, BCR and, implicitly, ADT-free survival were followed. The median postoperative PSA was 0.075 ng/ml (80% of patients achieved a biochemical response, which was defined as PSA < 0.2 ng/ml at 6 weeks after salvage therapy). In the 8 patients, adjuvant treatment was not performed until BCR was detected, with a median ADT-free survival of 25.5 months (20% no BCR at long-term follow-up after surgery).

Results and conclusions. In terms of morbidity, patients did not suffer from Clavien-Dindo grade III-IV complications. Salvage surgery may be an opportunity for cure or improved survival in the absence of adjuvant treatment, the oncological benefit being limited to specific groups of patients. The patient selection criteria are not clearly defined, the main beneficiaries being patients with pelvic adenopathies, limited in number and with a relatively low preoperative PSA.

PM3.8 - Clinical case: suprarenal tumor at 7 years from a left nephroureterectomy for an upper urinary tract tumor

Caz clinic: formatiune tumorala suprarenaliana stanga la 7 ani de zile de la nefroureterectomie stanga pentru tumora uroteliala inalta

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Introduction. Local recurrence for upper tract urothelial carcinoma typically occurs within 2 years post-surgery. We report a case of left suprarenal tumor 7 years after left nephroureterectomy.

Case presentation. A 67-year-old male was referred to our urology department for a left ureteral tumor. The surgical specimen of the left nephroureterectomy revealed urothelial carcinoma at the pT2 stage. Seven years post-nephroureterectomy, a routine CT scan revealed a mass lesion in the left retroperitoneum and a urinary bladder recurrent tumor. It was performed a TURis-BT which revealed a stage pTaG2 tumor. In a second time we performed a medial laparotomy with the excision of a left retroperitoneal tumor. The patient was diagnosed with left suprarenal tumor by invasion from a kidney clear cell tumor, initially unidentified during histopatological examination. During all this period of seven years the patient was under the oncological supervision and did not present at the anterior CT scan any sign of suspicion.

Conclusion. The importance of follow-up is undoubtful important. The decision-making process for treating malignant tumors, might be difficult and sometimes, even in well managed cases, it could appears new aspects that impose therapeutic flexibility.

PM3.9 - Urothelial undifferentiated carcinoma presenting as ureterohydronephrosis: A case of retroperitoneal tumor mimicking sarcoma

Carcinom urotelial nediferentiat evidentiat prin ureterohidronefroza: Caz de tumora retroperitoneala cu suspiciune de sarcom

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Introduction: Ureterohydronephrosis and retroperitoneal tumors are rare but significant causes of lumbar pain. This case report highlights the clinical presentation and management of a 62-year-old female with a complex medical history, including hypertension, pericarditis, hyponatremia, and smoking, who presented with left lumbar pain.

Case Presentation: A 62-year-old female with a history of hypertension, pericarditis, hyponatremia, and smoking presented with left lumbar pain. Initial echography revealed ureterohydronephrosis, prompting further investigation. A subsequent CT scan identified a retroperitoneal mass (88 × 76 × 168 mm) infiltrating the left ureter and raised concern regarding the diagnosis of retroperitoneal sarcoma due to the tumor's size and characteristics. However, histopathological examination of the resected tumor confirmed the diagnosis of urothelial undifferentiated carcinoma with a high grade of invasiveness. The carcinoma demonstrated invasion into periureteral adipose tissue and retroperitoneal structures.

Management and Outcome: Given the tumor's location and extent, a radical nephrectomy was performed as the treatment of choice. The complex surgical procedure included a left hemicolectomy due to the mass's involvement with adjacent structures. Post-operative recovery was closely monitored, and the patient's multiple comorbidities required careful management throughout the surgical process.

Conclusion: This case emphasizes the importance of considering retroperitoneal tumors as a differential diagnosis in patients with unexplained lumbar pain, particularly those with multiple comorbidities. Imaging, especially CT, plays a critical role in accurate diagnosis. A multidisciplinary approach is essential for managing large, invasive tumors, and despite the complexity, surgical intervention remains the gold standard in such cases. The initial suspicion of retroperitoneal sarcoma was ruled out, with histopathological findings revealing urothelial undifferentiated carcinoma with high invasiveness and retroperitoneal invasion, highlighting the aggressive nature of this malignancy.

PM3.10 -The Neutrophil-to-Lymphocyte Ratio as a Predictive Inflammatory Marker in Testicular Germ Cell Tumors: A Retrospective Study

Raportul Neutrofile/Limfocite - Marker Inflamator Predictiv în Tumorile Testiculare cu Celule Germinale: Un studiu Retrospectiv

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Objective. This study aimed to investigate the association between the neutrophil-to-lymphocyte ratio (NLR) and testicular germ cell tumors (TGCT), and to assess the potential role of NLR as a non-invasive serum biomarker in stratifying disease stage and monitoring surgical response.

Materials and Methods. A retrospective cohort study was performed involving 60 patients diagnosed with TGCT who underwent radical inguinal orchiectomy between January 2022 and December 2024. Based on radiological and biochemical assessment, patients were categorized as having either localized or invasive disease. Histopathological evaluation classified tumors as seminomatous, non-seminomatous, or mixed. Pre- and one-month postoperative complete blood counts were used to calculate NLR, defined as the ratio of absolute neutrophil to lymphocyte counts.

Results. Among the 60 patients, 16 (26.7%) had seminomatous tumors, 31 (51.7%) were non-seminomatous, and 13 (21.7%) exhibited mixed histology. Twenty-seven patients (45%) presented with localized disease, while 33 (55%) had invasive forms. A statistically significant postoperative decline in NLR was observed across the cohort ($p = 0.002$). Invasive disease was associated with elevated NLR values both preoperatively and postoperatively ($p < 0.0001$). Seminomatous cases also demonstrated a significant reduction in NLR following surgery ($p = 0.0003$). No statistically significant difference was noted in preoperative NLR between seminomatous and non-seminomatous groups ($p = 0.87$). The optimal preoperative NLR threshold for identifying invasive disease was 2.57 (AUC = 0.48).

Conclusions. The neutrophil-to-lymphocyte ratio represents a cost-effective and readily available inflammatory biomarker that correlates with disease burden and therapeutic response in TGCT. The postoperative decrease in NLR - particularly among patients with seminomatous tumors and localized disease - underscores its potential application in early postoperative surveillance. Further prospective studies are warranted to confirm these findings and define its role in clinical decision-making.

PM3.11 - Transversus Abdominis Plane (TAP) Block in Radical Cystectomy: Postoperative Outcomes and Multidisciplinary Collaboration – Initial Experience of The Clinic

Blocul de Plan Transvers Abdominal în Cistectomia Radicală: Rezultate Postoperatorii și Colaborare Multidisciplinară – Experiența Inițială a Clinicii

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Background: The Transversus Abdominis Plane (TAP) block is a regional anesthesia technique used for a better control of the postoperative analgesia. Although radical cystectomy provides good oncological outcomes, it is, however, associated with significant postoperative pain. Thus, effective pain management is a crucial aspect in the postoperative setup of the patients who undergo surgical treatment of bladder cancer. This study aims to evaluate the impact of TAP block on postoperative outcomes and assess the role of multidisciplinary collaboration in patients undergoing radical cystectomy.

Methods: A prospective cohort study was conducted on 10 patients who underwent radical cystectomy with prior TAP block. In terms of urinary diversion, seven patients underwent an ureteroileostomy (Bricker) while in the other three patients a continent orthotopic ileal diversion (neobladder) was performed. Outcomes measured included pain levels, opioid consumption, the timing of the first postoperative bowel movement, early mobilization, and length of hospital stay.

Results: Only one patient out of ten required opioid analgesia postoperatively. Regarding gastrointestinal recovery, 6 patients experienced the first passage of stool within 36 hours following surgery, while 4 patients exhibited the first bowel evacuation between 36 and 48 hours postoperatively. Furthermore, 9 out of 10 patients presented early mobilization following surgery – in the first 36 hours. The use of TAP block was associated with better pain management, a reduction in opioid use, and the promotion of early postoperative recovery.

Conclusion: The TAP block appears to be an effective technique for managing postoperative pain following radical cystectomy, contributing to reduced opioid consumption and promoting early recovery, including the timely return of bowel function and early mobilization. The integration of a multidisciplinary approach further enhances patient outcomes. Further research with larger sample sizes is, however, necessary to confirm these findings and evaluate long-term effects.

PM3.12 - Neobladder substitution in the treatment of muscle-invasive bladder tumors: Experience in our center. Case raport.

Neovezica de substitutie in tratamentul tumorilor vezicale musculo-invazive -experienta in centrul nostru. Prezentare de caz.

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Introduction. This presentation illustrates the clinical experience and surgical technique employed in treating muscle-invasive bladder tumors through radical cystectomy with neobladder substitution. The approach is highlighted by the case of a 47-year-old patient who presented with repeated episodes of macroscopic hematuria, impaired general condition, and associated symptoms that raised the suspicion of bladder cancer.

Material and Methods. Following a comprehensive diagnostic workup, the patient underwent a series of paraclinical investigations including urine analysis, urine culture, cystoscopy, TUR-B for staging, and abdominopelvic computed tomography with contrast. These investigations confirmed the diagnosis of a muscle-invasive tumor (pT2bG3M0N0). The surgical intervention consisted of performing a radical cystectomy with complete resection of the affected bladder accompanied by a meticulous ilio-obturator lymphadenectomy. The reconstruction phase involved isolating a 60-cm segment of the ileum, approximately 25 cm from the ileocecal valve, which was then detubularized by creating two mesenteric windows.

Results and Conclusions. The distal portion of the detubularized ileal segment was reconfigured into a "W"-shaped intestinal plate. This newly formed plate was used to reconnect the ureters and perform the urethral anastomosis, thereby establishing an orthotopic neobladder substitution (Hautmann-Pounch). The technique proved to be safe and effective, contributing to both the prevention of cancer spread or recurrence and the preservation of urinary continence. In addition, the procedure enabled rapid postoperative recovery and early socio-professional reintegration. This case demonstrates that radical cystectomy with neobladder substitution is an advanced therapeutic option in the management of muscle-invasive bladder cancer. The success of the intervention hinges on rigorous patient selection and the adherence to high technical standards. Furthermore, the multidisciplinary approach and the utilization of modern surgical technologies are crucial in optimizing clinical outcomes and enhancing the quality of life for patients

PM3.13 - Urothelial Carcinoma Following Chronic Ketamine Abuse – Case Report
Carcinom Urotelial in urma Consumului Cronic de Ketamina – Prezentare de caz

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Introduction: Primarily used in medicine as an anesthetic, analgesic and antidepressant, Ketamine is nowadays used frequently as a recreational drug although it presents multiple urinary side effects including ketamine induced cystitis, bladder fibrosis, decreased compliance and, in rare cases, Ketamine-Induced Uropathy (KIU).

Material and Methods: This case report presents a 23-year-old female who was admitted in our center with macroscopic hematuria and histuria, frequency and storage LUTS. Prior to admittance in our Department, she was diagnosed and treated for Substance Use Disorder - after using Ketamine for the last 3 years, Major Depressive Disorder and Gastritis. After admission, ultrasound exam and CT scan were performed which revealed a circumferentially thickened bladder wall suggesting an inflammatory/infectious disease, without ruling out bladder cancer. Laboratory findings included urine culture which ruled out an infectious cystitis, urinalysis that underlined the presence of hematuria and histuria and a complete blood count which showed normochromic, normocytic anemia. Cystoscopy was conducted under spinal anesthesia and showed multiple areas of flat erythema and mucosal irregularity suggestive for Ketamine Induced Cystitis (KIC). Transurethral resection (TUR) of all visible suspect areas was performed.

Results. The condition of the patient in the period following the surgical operation was favorable so that the patient was discharged 3 days after surgery. Histopathological examination revealed "Urothelial carcinoma in situ" (CIS) in all bladder biopsies. The patient is currently under endovesical immunotherapy with BCG. Cessation of ketamine use was suggested in order to potentially reduce the risk of cancer progression and ameliorate urinary symptoms.

Conclusion: Ketamine induced cystitis represents an uncommon risk factor for bladder cancer. It is crucial for urologists to be aware of the potential side effects of ketamine on the urinary tract, including bladder cancer.

PM3.14 - Diagnostic accuracy of ultrasound-guided renal biopsy in the evaluation of renal masses

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Introduction. Ultrasound-guided renal biopsy is used for the evaluation of inconclusive renal masses, offering a minimally invasive alternative to surgical and CT-guided diagnosis. Our study assesses the diagnostic accuracy, safety and clinical utility of ultrasound-guided needle core biopsy in the evaluation of uncertain renal masses.

Methods. A retrospective review was conducted on 118 patients who underwent ultrasound-guided core biopsy of renal masses in our department between 2022-2025. In all patients, needle biopsies were done percutaneously with an 18-gauge needle under local anesthesia in prone position with ultrasonography guidance. 3 to 5 cores were taken from each tumor. We evaluated diagnostic accuracy and periprocedural complications.

Results. The average renal mass size biopsied was 4.7 cm (2.1-18.6 cm). Ultrasound-guided core biopsy demonstrated high diagnostic performance, 116 (98.3%) biopsies were diagnostic for a malignant (95) or a benign (21) tumor and 2 were nondiagnostic (normal, inflammatory or fibrotic tissue). Larger tumor size and multiple core samples were significant predictors of a diagnostic result. Significant biopsy related complications were noted in only 2 patients classified Clavien 2 (clot urinary retention, retroperitoneal hematoma). Overall, the procedure was well tolerated by the patients, with discharge at 24 h postprocedural.

Conclusion. Ultrasound-guided renal biopsy is a reliable, accurate and safe method for evaluating renal masses. It provides high diagnostic performance for renal masses, excellent histological concordance, and a low complication rate, supporting its role in guiding clinical management and potentially avoiding unnecessary surgical interventions.

PM4.1 - Percutaneous nephrolithotomy as treatment of kidney stones in children – the experience of the Urology Clinic of the Sibiu County Emergency Clinical Hospital

Nefrolitotomia percutanata ca tratament al litiazei renale la copil – experienta Clinicii de Urologie a Spitalului Slinic Judetean de Urgenta Sibiu

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Introduction. Although pediatric percutaneous nephrolithotomy is not a frequent necessity, it has been a routine procedure at the Sibiu County Emergency Clinical Hospital's Urology Clinic since its implementation in 2000. This paper aims to share the clinic's therapeutic experience with this method in children.

Materials and methods. A 14-year retrospective analysis (January 2010 - December 2024) examined 15 pediatric patients (9 male, 6 female), aged 5 to 18, who underwent PCNL. Ten patients presented with staghorn calculi, and five with lower calyx stones. The percutaneous access was achieved under guidance, using rigid or flexible instrumentation, and stones were fragmented with electrohydraulic, ultrasonic, or Nd:YAG laser lithotripters.

Results and conclusions. Complete stone removal was achieved in all pediatric patients undergoing PCNL, which is a safe and feaseable procedure. Post-operative follow-up (6, 12, and 18 months) showed normal pyelocaliceal systems and reduced hydronephrosis in 15 patients. Single-tract access was sufficient in 13 cases, while two required dual access. Complications occurred in 20% of patients (3 cases), primarily complications were minor hemorrhage and infection. There was no need for hemostatic nephrectomies and there was no mortality reported. PCNL is a valuable tool for managing renal calculi in children. Establishing percutaneous renal access is the most critical step in the procedure and requires a thorough understanding of renal, retroperitoneal, and thoracic anatomy to minimize the risk of complications. Additionally, access to fluoroscopy and appropriate equipment are essential to ensure complete stone removal. Though age is not a significant risk factor, thorough preoperative evaluation, considering stone number, volume, and complexity, is essential for optimal outcomes.

PM4.2 - Semi-rigid RIRS after PCNL attempt
RIRS semirigid post tentativa NLP

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Introduction: We will present the case of a 69-year-old patient with a 2.5cm right superior calyceal calculus, with a history of right pyelolithotomy, postoperative eventration of the right lumbar region, diabetes and hypertension. The case required several operating times, initially right PCNL was attempted, later right semi-rigid RIRS was practiced.

Material and methods: We investigated the patient C.B., 69 years old, clinically, biologically and with imaging. Following the investigations, the diagnosis of a 2.5cm right superior caliceal calculus was established, with a history of right pyelolithotomy and postoperative eventration in the right lumbar region. The pathology was approached in several surgical stages, initially a right PCNL was attempted - an unsuccessful attempt to puncture the superior caliceal calculus due to postoperative eventration in the right lumbar region. Subsequently, a right RIRS was performed in 2 surgical stages, with lithotripsy of the calculus.

Results: Laser lithotripsy of renal lithiasis was achieved through the right RIRS technique (after right PCNL attempt).

Conclusions: The RIRS technique is an alternative for patients who experience complications or which has contraindications with the PCNL technique. Large stones can be addressed in multiple surgeries to achieve "stone free" status

PM4.3 - Effect of hydroxycitric acid on stone fragmentation in non-obstructive renal lithiasis: A prospective study

Efectul acidului hidroxicitric asupra fragmentării calculilor în litiaza renală non-obstructivă – Studiu prospectiv

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Introduction: ESWL is a standard noninvasive approach for kidney stones, but its efficacy depends on stone composition, density, and patient factors. Hydroxycitric acid (HCA), a compound derived from Garcinia cambogia, has been suggested to enhance stone dissolution by altering crystal structure and chelating calcium, potentially improving fragmentation rates. This study aims to evaluate the impact of HCA on stone fragmentation rates during ESWL in patients with non-obstructive renal lithiasis, assessing its potential to enhance treatment efficacy and reduce the need for multiple ESWL sessions.

Material and method: A total of 75 patients aged 22 to 68 years diagnosed with non-obstructive renal stones were included in the study. All patients underwent non-contrast computed tomography (CT) for stone size and density assessment. Patients were divided into two groups: 35 received Garcinia cambogia extract with 60% hydroxycitric acid, 900 mg per two tablets) for three weeks, while 40 served as controls. SWL was performed using the Dornier Sigma device at Dr. C.I. Parhon Hospital, Iași, with all procedures carried out by the same urologist specialised in extracorporeal lithotripsy. Stone-free status was assessed via ultrasound one month post-treatment, and patients refractory to SWL were referred for alternative therapeutic approaches.

Results and conclusion: At one-month follow-up, 75.0% of patients in the control group were stone-free compared to 82.9% in the HCA group, as assessed by ultrasound. Patients in the HCA group required significantly lower energy levels for ESWL (10.2±2.1 kV vs 12.8±2.5 kV, $p<0.05$), fewer treatment sessions (1.5±0.3 vs 1.7±0.3, $p<0.05$), and a reduced number of shock waves per session (1500±200 vs 1800±250, $p<0.05$). These findings indicate that hydroxycitric acid enhances stone fragmentation, improving ESWL efficacy and reducing treatment burden. Given the non-invasive nature and affordability of HCA supplementation, this approach could represent a promising adjunct therapy for stone management.

PM4.4- Multimodal treatment of coraliform lithiasis on calcified stent: Case report

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Introduction. We are presenting a complex case of a coraliform lithiasis on congenital single kidney, which benefited from ureteral stenting in the context of pregnancy hydronephrosis, which was neglected for about 2 years, with deterioration and calcification. The case required a multimodal management, with bladder and ureteral pathology being addressed first in order to unblock and resume diuresis, secondly resolving the renal pathology by removing the coraliform calculus and the proximal fragment of the damaged stent.

Material and Methods. We evaluated clinically, paraclinically and bioumorally the patient SB aged 25 years, investigations revealing a coraliform lithiasis of left kidney of approx 24/15mm, calcified and damaged stent, 1 st grade Left Hidronephrosis, Acute obstructive left pyelonephritis. Surgical treatment consisted in multiple operative times, first addressing the damaged and calcified ureteral stent by extracting bladder and ureteral fragments by cystolithotripsy and retrograde semiflexible ureteroscopy. Furthermore, the renal calculus was addressed by percutaneous nephrolithotomy technique.

Results. Laser Cystolithotripsy was practiced to break and extract the calcified bladder fragment, followed by retrograde semi-rigid Ureteroscopy with removal of the remaining ureteral fragments. In a different operative time, the Percutaneous Nephrolithotomy was practiced with ballistic lithotripsy of the left coraliform lithiasis with removal of the fragments and the calcified proximal segment of the ureteral stent. Percutaneous nephrostoma placed after the procedure led to improvement in renal function (Serum creatinine 3.45mg/dl on admission, 2.2 mg/dl thereafter).

Conclusions. The complex lithiasic pathology on a single congenital kidney, added to the presence of a neglected, damaged and calcified ureteral stent required multiple interventions as well as various surgical manoeuvres and techniques. These led to an improvement in the patient's general condition, as well as achieving stone-free status in the left pyelocaliceal system.

PM4.5 - Ultraselective embolization treatment of hemorrhage after percutaneous nephrolithotomy

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Introduction. Percutaneous nephrolithotomy (PNL) is an effective and safe method that has replaced open surgical techniques, especially in the treatment of large kidney stones. Although PCNL has improved significantly over the years, serious complications such as bleeding can still occur. The most common presentation is the onset of active, macroscopic, and intermittent delayed hematuria after discharge, leading to emergency department visits. Technological advancements in interventional radiology have allowed for superselective arterial embolization (SAE), which preserves most of the renal parenchyma by using smaller microcatheters and embolic agent, this procedure are effective and safe in the management of renal bleedings.

Materials and methods. This study presents our experience in Urology department Sibiu, for patients with post-PCNL hemorrhage treated through superselective embolization (SAE) in the interventional radiology room. A total of 278 patients with kidney stones treated by PCNL were selected during the period from 01.01.2022 to 01.01.2025, and 3 patients with severe renal bleeding and hemodynamic instability were treated by super-selective renal artery embolization (SAE). This procedure is carried out in interventional radiology department room, first of all we performed selective renal arteriography. Catheter or microcatheter was placed through the renal artery to approach the lesion as closely as possible, and an embolic material was used for occlusion. Embolic materials consisted of gelatine sponge and metallic coils that were selected during the procedure based on the lesion diameter and type of hemorrhage. Angiography was repeated to verify occlusion of the bleeding point. The catheters were subsequently pulled, and the procedure was finalized. Clinical success was defined as clinical and radiographic absence of bleeding and hemodynamic stability.

Results. Bleeding was successfully controlled in all 3 cases, after SAE patients are not showed hemodynamic instability, absence of hematuria. The success rate after embolization was 100%. All the patients were followed up for 3, 6, and 12 months after embolization, and no hematuria occurred again, and no sustained and serious renal insufficiency. No major complications were observed in any of the patients after the procedure. Minor complications associated with post-embolization syndrome, such as fever or flank pain, were not observed in any of the patients.

Conclusion Ultraselective arterial embolization (SAE) of the injured vessel is an effective, minimally invasive and relatively easy procedure in experienced centres, with high rate of success and immediate benefits, thus saving the patient from the morbidity that results from severe renal bleeding.

PM4.6- Ultrasound-Guided Ureteroscopy to reduced of Rx expose

Ureteroscopie ghidata ecografic pentru reducerea expunerii la radiatii.

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Introduction. Ureteroscopy plays a key role in the surgical treatment of ureteral stones. While fluoroscopy is traditionally used for intraoperative guidance, there is increasing focus on reducing exposure to ionizing radiation for both patients and staff. We have developed a radiation-free method for ureteroscopy using ultrasound guidance to manage ureteral stones. To the best of our knowledge, this is the first randomized trial to evaluate its safety and efficacy.

Materials and Metod. At the Urology Clinic in Sibiu, in the last 3 years, there have been 1,012 cases of ureteroscopy for patients with lithiasis, ureteral strictures, or malignant conditions. Among these 1,012 cases, fluoroscopic guidance was used in 15 cases due to the inability to advance the ureteroscope or the lack of ultrasound visualization of the guidewire.

Result and Conclusion. In this feasibility study, we demonstrated that ureteral stones and other disease can be effectively, safely, and promptly managed without the use of ionizing radiation in the general population, utilizing this innovative ultrasound-guided ureteroscopy technique. This technique guided by ultrasound proves to be a useful and safe tool with significant advantages for both the patient and the surgeon, primarily due to the minimization of X-ray exposure. The use of ultrasound for guiding ureteral catheterization in pregnant patients has become a standard practice due to the teratogenic risk associated with X-ray radiation

PM4.7 -Mini-percutaneous nephrolithotomy with vacuum-assisted access sheats - Initial clinical experience

Nefrolitotomia percutatană cu mini-perc și teacă de aspirație - experiența inițială a clinicii

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Introduction. The vacuum-assisted access sheath is a novel tool for treating large kidney stones through mini-percutaneous nephrolithotomy. We aimed to evaluate the safety and efficacy of this technique after the first cases in our clinical hospital.

Materials and Methods. Data from our first patients who underwent vacuum-assisted mini-percutaneous nehprolithotomy (vmPCNL) with a 14 Fr ClearPetra™ sheath between January 2024 and February 2025 were retrospectively analyzed. We gathered operative data, stone characteristics and patient's demographics. Efficacy was assessed by "stone-free" rate and operative time. The modified Clavien classification was used to grade the complications. All patients were assessed with a CT scan before and four weeks after the intervention.

Results. We performed a total of thirty-six vmPCNL. Mean age of patients was 51.3 years old. Twenty-six patients (72.2%) had multiple calculi and the mean stone volume was 2.27 cm^3. The median operative time was 109 min and the median lithotripsy and lapaxy time was 64 min. Twenty-nine patients (80.5%) were "stone-free" after the procedure, while 7 patients who did not obtained "stone-free" status had residual fragments under 10 mm. Eleven patients (30.5%) had post-operative complications, but only one was Clavien 3. There were no sepsis and no transfusion was needed. Postoperative fever was observed in 4 patients (11.1%).

Conclusions. We found a satisfactory stone clearance rate and a good safety profile for vmPCNL. The technique's low risk and ease of suction-mediated stone fragment removal are its most intriguing aspects.

PM4.8 - New technologies in flexible ureteroscopy – what is the limit now of the stone removal?

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Purpose: The objective of this study was to evaluate the results of vacuum-assisted lithotripsy with Thulium Fiber Laser using a flexible vacuum-assisted ureteral access sheath (FV-UAS) with traditional flexible ureteroscopic lithotripsy in patients with kidney stones between 2 and 3 cm.

Approach: A cohort of 97 patients who underwent fURL treatment and achieved successful outcomes were included in the study. The patients were categorized into two groups: the standard fURL group and the FV-UAS group. The outcomes of both groups were compared using a 1:1 propensity score-matched approach. Furthermore, stratified analyses were performed, taking into account both the size and position of the stones.

Material and methods: We conducted a retrospective analysis of 97 consecutive patients who had big solitary kidney stones (with a stone burden ranging from 2 to 3 cm) throughout the period from January 1, 2023, to December 31, 2024. The patients were categorized into two groups: group 1 (consisting of 50 patients) underwent retrograde flexible ureteroscopic lithotripsy with vacuum-assisted ureteral access sheath, whereas group 2 (also consisting of 47 patients) underwent traditional flexible ureteroscopic lithotripsy. Stone characteristics and anatomical data were observed based on the computed tomography (CT) and/or KUB (Kidney-ureter-Bladder) radiography imaging archive.

Results: For statistical analysis, we used the p-value for Student's t-test and the Mann-Whitney U test. The patient demographics, preoperative clinical characteristics, and renal stone properties of both groups were comparable and showed no significant differences. Regarding the location of the stones, the distribution was as follows: for the FV-UAS group ,22 (44%) lower calyx, 13 (26%) renal pelvis, 11 (22%) middle calyx and 4 (8%) superior calyx, and for the UAS group, 18 (38,3%) lower calyx, 12 (25,53%) renal pelvis, 9 (19,15%) superior calyx and 8 (17,02%) middle calyx. Compared to the traditional UAS group, the FV-UAS group demonstrated significantly higher stone-free rates (90% vs 74,47 %; P=0,044). Compared to the traditional UAS group, the FV-UAS group exhibited significantly shorter operative times (83,9 min s. 73,2 min; $P < 0.01$). The traditional UAS group had a significantly higher incidence of fever (11.9% vs. 5.9%; $P = 0.001$). The traditional UAS group had a significantly higher incidence of fever (17,2% vs. 2%; $P = 0.01$)

Conclusion: With the new flexible ureteroscopy technologies, we are able to safely manage increasingly larger stones. According to our outcome, compared to traditional UAS during RIRS for treating bigger renal stones, FV-UAS has a higher SFR. In addition, FV-UAS has contributed to shorter operative time and fewer complications.ted in the younger patients. No procedure related severe complication was noted in these cases.

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 2021-2024, 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 Uscope3022 disposable flexible digital ureteroscope represents a viable alternative in the flexible endoscopic treatment of kidney stones, demonstrating good safety and efficacy.

PM4.10- Concomitant uretero-renal stones treated with single-use RIWO D-URS – our first experience

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Introduction: The optimal approach for managing ureteral and renal calculi remains a subject of ongoing debate. Rigid ureteroscopes offer superior access and maneuverability in the ureter, while flexible ureteroscopes provide better navigation within the renal collecting system. The RIWO D-URS (Richard Wolf TM) represents a novel hybrid approach, combining the advantages of both rigid and flexible ureteroscopes in a single instrument: a semi-rigid shaft with a flexible distal tip. This innovative design potentially allows for efficient treatment of both ureteral and renal calculi, streamlining the procedure and potentially improving outcomes. This study investigates the efficacy and feasibility of this novel device.

Materials and Methods: This prospective study was conducted at Saint John Clinical Emergency Hospital, Bucharest, Romania, over a three-month period. Seven patients with both renal and ureteral calculi and pre-existing JJ stents were enrolled. All procedures utilized the new RIWO D-URS ureteroscope, a semi-rigid ureteroscope with a flexible distal tip. Key features of the new ureteroscope include: a unique continuous irrigation system in a flexible ureterorenoscope; a third channel for constant irrigation backflow, even without a ureteral access sheath; maintained continuous irrigation flow even with laser fiber insertion; and a 9.0 Fr outer diameter with a 3.6 Fr working channel for auxiliary instruments and a 1.65 Fr channel for laser fibers, compatible with 9.5 Fr ureteral access sheaths. The device incorporates special boreholes on the distal tip to reduce intrarenal pressure. Laser Mega Pulse 70 Richard Wolf was used for lithotripsy. Data collected included operative time, stone-free rate (SFR) at three weeks post-operatively (assessed via non-contrast CT), and the incidence of complications.

Results: A total of 7 cases of ureteral and renal lithiasis with prior JJ stenting were performed. Stone density was measured by CT with mean HU between 720 and 1280. Mean operative time was 55.5 minutes (range 45-75 minutes). All cases were performed without a ureteral access sheath - no-touch technique. Postoperative complications were minor; transient, mild hematuria (Clavien I-II) occurred in 2 patients (28.5%), and a JJ stent was placed for two weeks in 4 patients (57.1%). Minor residual fragment (3 mm) was observed in one patient (14.28%) in the inferior calyx but deemed clinically insignificant. No other complications occurred in the study group.

Conclusions: This prospective study demonstrates the feasibility and efficacy of the RIWO D-URS ureteroscope in managing both ureteral and renal calculi. The unique continuous irrigation system and flexible distal tip enabled efficient stone removal with minimal complications and acceptable operative times, even without the use of a ureteral access sheath. The results suggest that the RIWO D-URS effectively combines the advantages of rigid and flexible ureteroscopes, potentially improving outcomes for patients with complex urinary calculi. Further larger-scale studies are warranted to confirm these findings.

PM4.11 - fURS performed under Spinal Anesthesia - One Day Surgery

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Introduction. fURS is the most modern treatment for kidney stones. At the beginning fURS was performed under General Anesthesia but with experience, operating time (OT) and results are improved and surgeons started to perform more often surgery under spinal anesthesia (SA) in one day surgery.

Materials and method. Our retrospective study included 401 patients who underwent 414 fURS between 2020-2023. We evaluate patients postoperative after 45 days. All patients included in our outpatient program were evaluated by anesthesiologists and select only patients with ASA I and II. We analized different parameters like operating time, access sheat use, VAS score, require of hospitalization and stone free rate. We routinely used prestenting and insert JJ stent after laser fragmentation. Postoperatively, all patients received analgesia and were discharged within 4 to 5 h after the surgical procedure, following a joint decision with the anesthesiologist. The SFR was assessed 45 days postoperatively using ultrasound or computer tomography (CT) imaging.

Results. None of the patients reported a VAS score above 4. Out of 401 patients, 159 reported no pain, 220 (55%) reported mild pain and 22 (5%) reported moderate pain during fURS procedure. All patients that reported VAS scores of 3 or 4 underwent procedures of at least 45 min. 335 patients (84%) experienced mild or no complications following fURS under SA procedure (D-C grade I) and 66 patients (16%) experienced D-C grade II,III or IV. Complications classified D-C III or IV had procedure duration of 75 minutes or more. SFR was not achieved in 2 patients and 13 patients required 2 procedures.

Conclusions. fURS 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. Also fURS under SA seems to be safer because surgeons can adjust intrarenal pressure to minimize infectious complications

PM4.12 - Predictive factors for renal angioembolization succes post PCNL
Factori predictivi pentru succesul angioembolizarii dupa NLP

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Introduction: Percutaneous nephrolithotomy (PCNL) is currently recommended as the first-line treatment for large and multiple renal stones. This study aims to evaluate and assess predictive factors in the success or failure of angioembolization after PCNL.

Materials and methods: We retrospectively analyzed 51 patients who underwent angioembolization after PCNL between January 2020 and January 2025. We assessed variables such as age, body max index, stone location and dimension, punction site, number of access ports, comorbidities, and usage of anticoagulant and antiplatelet agents.

Results: Out of the 51 patients, 13 had unsuccessful outcomes. The mean age was 60.85±7.186. The mean BMI was 29.38±4.073. Two patients (15,4%) were on anticoagulant therapy. Nine patients (69,2%) were using antiplatelet medication. In 8 patients (61,5%), the stone was located in the left kidney, and in 5 patients (38,5%), the stone was located in the left kidney. Two patients (15,4%) had vascular malformations. Nine patients (69,2%) were treated for UTI. Six patients (46,2%) underwent multiple punctions and two PCNL tracts. Four patients (30,8%) had single renal arteries, and 9 patients (69,2%) were documented to have renal accessory arteries. The tract dilations were performed using fascial dilators in all patients. The access site was through the inferior Calix in 7 patients (53,8%), inferior + middle Calix in 2 patients (15,4%), and inferior + superior Calix in 4 patients (30,8%). Out of 13 patients who experienced postoperative bleeding, 2 (15.4%) bled on day 3, 9 (69,2%) on day 4, and 2 (15.4%) on day 7. All of the patients presented arterio-venous fistula. Seven patients (53,8%) underwent embolization using vascular coils, and for 6 (46,2%) patients, gelaspon was used. Embolization of a segmental artery was performed in 8 patients (61,5%), and in 5 patients (38,5%), inferior polar artery embolization was performed.

Conclusions: No pre-operative factors were statistically significant in assessing the outcome of selective angioembolization following PCNL.

PM4.13 - The role of ESWL in the treatment of lower calyx stones in elder patients (≥ 65 years)

Rolul ESWL in tratamentul calculilor caliceali inferiori la pacientii de peste 65 ani

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Introduction: The efficacity and safety studies of ESWL have focused more on the middle-aged group, elderly stone formers with a different metabolic profile (uric acid stones formers, hypertension, diabetes) and a multitude of associated therapy, are less studied. The aim of this study is to emphasize the place of ESWL in the treatment of lower calyx stones in case of patients older than 65 years.

Materials and Methods: This retrospective study includes 280 patients, who underwent ESWL for lower pole stone, between 2022 and 2024, at the Clinic of Urology Targu Mures. Factors affecting stone-free rate and complications were analysed in elder patients with multiple comorbidities, obesity, and the age-related progressive glomerulosclerosis affecting the acoustic impedance of the kidney tissue.

Results: From the total of 280 patients who underwent ESWL for lower pole stone in the Urology clinic of Targu Mures: 140 men (50%), 140 (50%) women, 51 (18,21%) patients were older than 65 years with a maximum of 80 years old, 9,129±2,823 mm. In the studied group, average stone size, with 27,11± 4,168 kg/m2 average BMI. Associated pathology:10 patients- diabetes, 13 -hypertension, 72-obesity, 4-CIC, 4 -BPH. The stone-free rate (SFR) was 70,35%, no statistically significant difference between the older (≥65 years) and the younger group (chi-square test (p=0,0977). Double J stent were placed preESWL in 4 cases for patients ≥65 years. The average length of hospital stay after all ESWL sessions was 1,59 days, with statistically significant difference between the elder and the younger group (Mann-Whitney test, p=0,0073).

Conclusions: Lower pole kidney stones can be successfully and safely treated by repeated ESWL session in case of patients older than 65 years.

PM5.1 - To Dust or To Rubble" – Comparison of Thulium Fiber Laser (TFL) Efficiency in Dusting versus Fragmentation for Ureteroscopic Lithotripsy (F-URS)

"To Dust or To Rubble" – Comparație între Eficiența Dusting versus Fragmentation în Litotriția prin URS-F

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Objective: To compare the efficiency of Thulium Fiber Laser (TFL) in dusting versus fragmentation mode for ureteroscopic lithotripsy (F-URS) in a single-center retrospective study.

Materials and Methods: We analyzed patients who underwent F-URS for urolithiasis, using data obtained from medical records and operative protocols. Stone volume was considered a more relevant parameter than maximum stone diameter. In cases with multiple stones, we summed the maximum diameters of each stone. Fragmentation mode was defined as high-energy, low-to-intermediate frequency laser application, while dusting mode involved high-frequency, low-energy impulses. The procedures were performed under fluoroscopic guidance, allowing for the assessment of radiation exposure through dose area product (DAP) values. The procedures were performed by seven surgeons with variable experience levels in a single surgical room. Procedural time was limited to 60 minutes for non-infected cases and 90 minutes for infected or previously infected patients, with termination upon encountering purulent material.

Results: A total of 326 cases were analyzed. Dusting was associated with a significantly longer operative time (59.5 min vs. 37.3 min) and laser activation time (49.3 min vs. 28.2 min) compared to fragmentation. The stone-free rate (SFR) was higher in fragmentation (79.5%) than in dusting (67.4%). Post-operative stenting was significantly more frequent in the dusting group (85.9% vs. 51.8%). Complication rates were higher in the dusting group (38.5% vs. 16.3%), with a higher mean Clavien-Dindo classification score.

Conclusion: Fragmentation resulted in shorter operative and laser activation times, a higher stone-free rate, and fewer post-operative complications compared to dusting. Dusting was associated with increased post-operative stenting requirements. These findings suggest that fragmentation may offer a more efficient and safer approach for ureteroscopic lithotripsy using TFL. Further statistical analysis will determine the significance of these differences.

PM5.2 - Comparison between Thulium and Holmium laser lithotripsy for the management of upper urinary lithiasis in patients with renal structural malformations

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Introduction: The current gold standard for the management of urolithiasis located at the level of the upper urinary tract is represented by lithotripsy using laser as method of fragmentation or dusting. An important category of individuals is represented by patients with kidney anomalies such as horseshoe kidney or ectopic kidney. In this study we aimed to compare the performance, safety and efficiency of laser lithotripsy using holmium:yttrium-aluminum-garnet (Ho:YAG) and thulium fiber laser (TFL) for the management of upper urinary lithiasis in patients presenting with kidney anomalies.

Materials and Methods: We performed a retrospective analysis of patients that underwent laser lithotripsy between January 2023 and December 2024. Patient data were collected regarding age, sex, type of kidney anomalies, calculus characteristics, surgery duration, type of laser used, use of ureteral access sheath, evidence of lesions at the level of renal pelvis or ureter, intraoperative complications, eGFR at 3 and 6 months, "stone-free" rate at 3 months.

Results: A total of 24 patients were divided into 2 groups, 12 patients in the Ho:YAG group and 12 patients in TFL group. The mean age was 46.8 years, with a mean stone diameter of 17 mm, mean surgical duration 60.21 min; We could not find an association between the type of laser, type of renal anomaly and stone-free status at 3 months. The average duration of the intervention was slightly longer for Thulium LASER (62.50 ± 11.18 min) compared to Holmium LASER (57.92 ± 11.00 min), but without statistical significance. Within this sample of 24 patients, the logistic regression model did not demonstrate a significant association between the energy source used and the type of renal malformation and achieving stone-free status at 3 months postoperatively.

Conclusions: The results suggest that Holmium LASER and Thulium LASER have similar efficacy in the treatment of renal lithiasis in patients with renal anomalies, with no significant differences in terms of lithiasis dimensions, number of stones, duration of intervention, or postoperative success rate.

PM5.3 - Comparison of traditional and suctioning ureteral access sheath during retrograde intrarenal surgery for renal stones in patiens with horseshoe kidney

Comparatie intre teaca de acces traditionala si cu aspiratie in timpul ureteroscopiei flexibile pentru pacientii cu litiaza renala si rinichi in potcoava

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Introduction: Horseshoe kidneys are the most prevalent renal fusion anomaly, affecting approximately 1 in 500 individuals. They are frequently associated with complications due to ureteral obstruction and impaired urinary drainage. The aim of this study is to compare the effectiveness and clinical outcomes between traditional access sheaths and aspiration sheaths for patients with renal stones and horseshoe kidneys.

Material and methods: A retrospective analysis was performed between July 2022 and December 2024. 36 patients with horseshoe kidney and renal lithiasis were treated with RIRS. Lithotripsy was carried out using a Holmium:YAG LASER. All patients underwent a CT scan before the surgery. The patients were divided into two groups, the suctioning UAS group - 19 patients and the traditional UAS group - 17 patients. The perioperative parameters were compared.

Results: No significant differences were observed in the stone-free rate: 18 out of 19 patients (94.7%) in the suctioning UAS group were stone-free compared to 16 out of 17 (94.1%) in the other group ($p = 0,935$). The mean stone size was 16.5 mm in the suctioning UAS group vs 17.9 mm in the traditional UAS group ($p = 0,190$). The mean operative time in the group that used the aspiration UAS was significantly shorter (38.58 min vs 47.59 min), with the difference being statistically significant ($p < 0,001$). The mean postoperative hospital stay was similar between the two groups: 3 days in the suctioning UAS group and 3.29 days in the traditional group, with no statistically significant differences ($p = 0,140$). Hematuria was reported in 19.4% of patients in the first group compared to 13.9% in the other group ($p = 0,637$). Urosepsis was rare and occurred with similar frequency in both groups: 5.6% in UAS group vs 8.3% in traditional group ($p = 0,537$). Septic shock was observed only in the traditional group in two cases, but the difference was insignificant ($p = 0,124$).

Conclusions: The utilization of the aspiration ureteral access sheath provides a notable clinical advantage by substantially reducing operative time. This may have a positive impact on therapeutic strategies in contemporary urological practice.

PM5.4 - F-URS using Suction UAS in Abnormal Kidney: A Comparative Study

F-URS cu teaca de acces ureterală de aspirație la rinichii anormali: un studiu comparativ

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IIntroduction: Flexible ureteroscopy with suction (URSFs) is a minimally invasive technique for managing renal lithiasis. This prospective comparative study examines the differences between URSFs in patients with normal and abnormal anatomical kidneys.

Materials and methods: The study comprised 74 patients analyzed between 01.06.2023 and 31.12.2024 at Prof. Dr. Th. Burghele Clinical Hospital. They were divided into 2 Groups (Group 1: 37 cases - normal kidneys, and Group 2: 37 with malformations, including 25 identified with horseshoe kidneys and 12 with ectopic kidneys). The comparison investigation examined fluoroscopy time, intervention length, surgical complication rates, stone-free rate, urinary infection occurrences, stone distribution, and using the JJ stent preoperatively and postoperatively.

Results: The gender distribution was uniform in both groups, with 22 females (59.5%) and 15 males (40.5%). The stone laterality was comparable across the two groups: 48.6% in the left kidney and 51.4% in the right kidney. Preoperative infections occurred more frequently in individuals with renal malformations (37.8% compared to 27%). Preoperatively, a JJ stent was inserted in 28 cases (75.7%) of patients with normal kidneys and in 34 cases (91.9%) of patients with deformed kidneys. The incidence of failure to access the stone was greater in defective kidneys (16.2% compared to 5.4%). The operative time was longer in patients with malformed kidneys, averaging 81.95 min., in contrast to 68.35 min. for those with normal kidneys ($p = 0.001$). The fluoroscopy time was also longer (77.7 seconds compared to 63.56 seconds – $p=0.16$), indicating heightened technical complexity. Surgical complications exhibited no statistically significant differences (13.5% vs 5.4%, $p = 0.456$), and the residual stone rate was similarly statistically insignificant (18.9% vs 10.8%, $p = 0.16$).

Conclusions: Patients with renal malformations had longer operative time and fluoroscopy exposure, but there was no increased incidence of surgical complications or statistically significant differences in stone-free rates.

PM5.5 - Comparison of Aspiration-Assisted Ureteral Access Sheaths versus Traditional Sheaths in the Context of TFL Lithotripsy: One Year Surgical Experience of the Clinic

Comparație între tecile de acces ureterale asistate prin aspirație și tecile tradiționale în contextul litotripsiei cu laser thulium: Experiența chirurgicală a clinicii la un an.

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Background: Ureteral access sheaths (UAS) facilitate endoscopic procedures such as thulium fiber laser (TFL) lithotripsy, improving irrigation and stone fragment evacuation. Aspiration-assisted UAS have been introduced to enhance fragment clearance and potentially reduce complications. This study aims to compare aspiration-assisted UAS and traditional UAS in TFL lithotripsy over one year of clinical experience.

Methods: A retrospective analysis was performed on patients undergoing TFL lithotripsy with either aspiration-assisted or traditional UAS. Data on laser activation time, stone-free rate (SFR), complication rates, lithotripsy completion percentage, and re-intervention rates were compared between the two groups.

Results: A total of 326 patients were included in the study (156 in the aspiration-assisted group and 170 in the traditional group). The aspiration-assisted UAS group demonstrated a slightly reduced average laser activation time (34.3 vs. 36.5 minutes). The stone-free rate was higher in the aspiration-assisted group (80.8% vs. 71.8%), while complication rates were comparable between groups (26.3% vs. 25.3%). The completion of lithotripsy was similar (89.9% vs. 90.6%), but the aspiration-assisted group had a lower re-intervention rate (19.2% vs. 26.5%).

Conclusion: Aspiration-assisted UAS in TFL lithotripsy demonstrated a higher stone-free rate and lower re-intervention rates compared to traditional UAS, with similar complication rates and lithotripsy completion. These findings suggest that aspiration-assisted UAS may improve surgical efficiency and patient outcomes. Further studies with larger sample sizes are warranted to confirm these benefits.

PM5.6 - The Role of Direct In-Scope Suction (DISSTM) in Renal Stone Management: A Comparison with Suctioning Bendable Access Sheaths

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Introduction: Minimally invasive techniques for renal stone management are constantly evolving. Direct In-Scope Suction (DISSTM) technology from PusenTM offers improved intraoperative visualization and aspiration during flexible ureteroscopy (fURS). This study examines the efficacy of DISS (using a 3.6 Fr working channel) alone, compared to its combination with suctioning bendable access sheaths (FANS), in managing renal calculi.

Materials and Methods: A retrospective analysis of 75 consecutive patients undergoing fURS for renal calculi ≤25 mm at Saint John Clinical Emergency Hospital, Bucharest, Romania between March 1, 2024 and July 31, 2024, was performed. Patients were divided into two groups: Group 1 (DISS with standard access sheath, n=35), and Group 2 (DISS with FANS, n=35). Outcomes assessed included stone-free rates (SFR) at three weeks post-operatively, operative time, need for postoperative stenting, and complication rates. Stone density measured in HU was between 460 and 1380, with a mean value of 980. In all cases Pusen PU3033A fURS with 3.6 Fr working channel was used with direct in-scope suction DISSTM. Clear Petra (WelleadTM) or Elephant II (YiGao MedTM) FANS were used. For lithotripsy we used Laser Mega Pulse 70 Richard Wolf.

Results: The study demonstrated that DISS alone (Group 1) presented high SFR, operative time, and complication rates. However, the combination of DISS with FANS (Group 2) yielded superior results across all parameters. Specifically, Group 2 showed the highest SFR 1 case of residual stones (2.85%) compared to 4 cases (11.42%) in Group 1, the shortest operative, and the lowest rates of postoperative stenting only 2 cases (5.71%) compared to 8 cases (22.85%) and overall complications – only 2 cases of mild hematuria compared to 4 cases of mild hematuria and one case of postoperative fever. In terms of visualization both groups presented excellent visualization during stone lithotripsy, considering the important help of dust suction through the scope in DISS technique alone.

Conclusions: While DISSTM technology with a 3.6 Fr working channel offers significant advantages over standard fURS for renal stone management, combining DISS with FANS provides demonstrably superior outcomes. The synergistic effect of improved visualization and enhanced aspiration provided by FANS further optimizes stone removal, minimizes operative time, reduces complications, and improves overall patient experience. These findings support the clinical utility of integrating FANS technology into fURS protocols for managing renal calculi. Further research with larger, prospective, randomized studies is warranted to definitively establish the comparative effectiveness of these techniques.

PM5.7 - A Retrospective Analysis of Direct In-Scope Suction (DISS) with FANS for Renal Stone Removal

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Introduction: Flexible ureteroscopy (fURS) has significantly advanced, with in-scope aspiration (DISSTM) improving stone removal efficacy. This study investigates the combined use of DISSTM and specialized ureteral access sheaths with integrated suction (FANS) to optimize complete stone clearance in patients with smaller residual stones.

Materials and Methods: This retrospective study analyzed 46 patients treated at "Saint John" Clinical Emergency Hospital, Bucharest, Romania between March 1, 2024, and January 1, 2025, for renal calculi ≤ 25 mm. Male to female ratio was 26:20 with an average age of 52.4 years. Procedures employed Pusen™ 7.5 Fr single-use ureteroscopes (3.6 Fr working channel) with DISS technology and either Clear Petra (WelleadTM) or Elephant II (YiGao MedTM) FANS. System laser Laser Mega Pulse 70 Richard Wolf was used. Data collected included operative time, stone-free rate (SFR) at three weeks post-operatively (assessed via non-contrast CT), and the incidence of complications.

Results: Stones density was measured via CT with mean HU between 890 and 1450. A total number of 35 patients (76.1%) presented preoperative JJ stent. The mean operative time was 48.5 minutes (range 35-85 minutes). The combined DISS and FANS technique demonstrated a high SFR – 43 cases (97.8%) at three weeks post-operatively. Postoperative complications were minor; transient, mild hematuria (Clavien I-II) occurred in 3 patients (6.5%), and a JJ stent was placed for two weeks in 4 patients (8.7%). No major complications, such as urinary tract infections, were observed. One patient exhibited residual fragment (4 mm), but this was considered clinically insignificant. No patient presented postoperative UTI. No other complication was determined in the studied group.

Conclusions: This study suggests that the combination of DISS and FANS is a safe and effective technique for the management of renal calculi ≤25 mm, achieving a high SFR with minimal complications and reasonable operative times. The improved visualization and aspiration facilitated by the combined approach contributes to more efficient stone removal. Further prospective, comparative studies are needed to validate these findings and to directly compare this technique with standard flexible ureteroscopy, but preliminary results are encouraging to be the best combination for intrarenal stones.

PM5.8 - Outcomes Of Using FANS For F-URS In Large Volume Lithiasis

Rezultatele utilizării tecilor de acces ureteral navigabile cu sucțiune în ureteroscopia flexibilă pentru litiaza renală voluminoasă

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Introduction and Objectives. Renal lithiasis is a common pathology with a rising global incidence, with minimally invasive therapeutic methods under continuous evolution and scrutiny. F-URS (flexible ureteroscopy) has become in many cases the first-line approach surgical treatment. However, managing large volume stones remains challenging due to prolonged operating times (OT), fragmentation efficiency and complications rates. Recently, FANS (flexible and navigable suction ureteral access sheaths) technology, presented by many authors as a "game-changer", was introduced to enhance F-URS's outcomes, facilitating rapid fragment clearance while reducing the complication risks. This study aims to observe the outcomes in using FANS for F-URS in large volume lithiasis focusing on SFR (stone-free rate), OT and safety profile, especially since commune literature has explored FANS mostly in moderate-sized lithiasis.

Material and Methods. A retrospective analysis was performed on patients with large volume renal lithiasis (> 2 cm3) who underwent FANS-F-URS in our center, between December 2023 and December 2024. Patients and stone characteristics – HU (Hounsfield Units), Stone Volume - calculated by the sphere volume formula, procedural details, SFRs - at one month using KUB (kidney-uretero-bladder) X-ray and ultrasound (US), subsequently at 3 months using abdominal and pelvic CT (computed-tomography) scan, and complications were subjected to statistical analysis.

Results. A total of 13 patients who underwent the procedure for large volume lithiasis in our center were assessed. Mean stone volume was 4,41 cm3 (maximum diameter was 4,56 cm), while mean HU was 1069. 150 W HPL (High-Power Ho:YAG Laser) was used in all patients, using a maximum output power of 24 W. Mean OT was 77 ± 15 min, mean laser time 38 ± 20 min and mean fluoroscopy time was 104 ± 60 seconds. The average SFR at 1-month post-op was 81.9%, while at 3 months the mean SFR reached 97%. Five patients only needed one procedure, while eight patients suffered two procedures. Complication rates (Clavien-Dindo Scale) were 30,76 % for Grade 1-2, with no severe intra- nor post-op complications recorded and no SIRS.

Conclusion. FANS assisted F-URS for large volume lithiasis is a safe treatment option, associated with efficient stone clearance and acceptable operative times, with potentially lower complications' rate compared to PCNL (percutaneous nephrolithotomy). These results underline the potential of FANS as an effective and reliable tool for F-URS, even for large volume stones. However, further prospective studies on larger groups are required for sustaining these outcomes.

PM5.9 - The experience with 5.1 Fr. working channel with suction single-use flexible ureteroscope PU 400A and bendable access sheath 12/14 Fr. in complete 2 cm renal stone removal – A single centre experience

Experienta cu ureteroscopul single-use PU 400A cu canal de lucru de 5.1 Fr. si cu suctiune impreuna cu teaca de acces ureterala flexibila 12/14 Fr. in extragerea completa a calculilor renali de pana in 2 cm – experienta single-centre

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Introduction: Renal lithiasis continues to represent a frequent pathology, so the technology improvement is essential for developing new methods of treatment that are less invasive and more effective. The aim of this study was to evaluate the single-use flexible ureteroscopes PU 400A with a 5.1 Fr. working channel with suction and a bendable access sheath 12/14 Fr. in patients having 2 cm renal stones.

Material and Methods: We enrolled 74 cases, which were operated using a single-use digital flexible ureteroscope Pusen PU400 9.2 Fr. with a suction system (5.1 Fr. working channel). The stones were fragmented using a Laser Mega Puls70 Quanta System with a 200-µm laser fibre and an energy setting of <30 W. The suction pressure was controlled at 80–120 mmHg. A 6-Fr indwelling double-J stent was placed postoperatively and retained for 2–4 weeks, depending on the condition of the ureter. The pyelocaliceal kidney stones had maximum dimensions between 11 mm and 23 mm, HU between 1,120 and 1,480. Average age 52.6 years. 69 patients (93.2%) were previously stented.

Results: The suction system was used both during the lithotripsy, improving visualization, and at the end to achieve a complete stone-free status in real time. Operative time (OP) was between 31 and 88 min (average 47.7 min). In 21 cases (28.3%) mild hematuria was described (Clavien I-II). No urinary tract infections (UTI) were found. No other complication was determined in the studied group. The evaluation of the postoperative stone-free status was performed in all cases 3 weeks after the date of the procedures by renal ultrasound or kidney ureteral bladder radiography (KUB). Residual fragments are considered significant if they are larger than 3 mm; in cases where residual fragments are detected, non-enhanced computed tomography is performed to evaluate them and determine the further therapeutic protocol. The stone-free rate at 3 weeks was 91.9 % (68 cases).

Conclusions: Preliminary data seem to be favourable, with significant improvement in terms of safety and of the stone-free rate, but larger multicenter studies are necessary for determining the best place of this method in the urological field.

PM5.10 - First Experience Using Combination of 6.3 Fr HU30M and 9.5 Fr Bendable Access Sheath in Complete Renal Stone Removal

Experiența inițială cu ureteroscopul flexibil de unică folosință de 6,3 Fr (HU30M) și teaca de acces flexibilă de 9,5 Fr în managementul complet al calculilor renali

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Introduction: Recent advancements in flexible ureteroscopy, specifically the 6.3 Fr single-use flexible ureteroscope (HU30M) and a 9.5 Fr bendable access sheath, have significantly enhanced stone clearance by improving irrigation efficiency, maneuverability, and fragment removal capabilities. This study assesses the clinical effectiveness of these instruments in achieving complete renal stone clearance.

Methods: This prospective, single-center study involved 40 patients with renal stones ≤ 2 cm who underwent flexible ureteroscopy with thulium laser lithotripsy under general anesthesia. The impact of the 9.5 Fr bendable access sheath on operative efficiency, irrigation flow, and stone fragment evacuation was evaluated. The postoperative stone-free rate (SFR) was determined through CT scans one-month post-operation, and operative times were meticulously recorded.

Results: Utilizing the combination of the 6.3 Fr ureteroscope and 9.5 Fr bendable access sheath yielded a high stone-free rate (SFR) of 93.1%, demonstrating exceptional stone clearance efficiency. The mean operative time was documented at 58.1 minutes (range: 54–96 minutes), indicating an improved workflow and reduced intraoperative delays. The mean laser time was 32 minutes (range: 21–51 minutes), with a total energy usage averaging 19.9 Watts (range: 9–36 W). Stone volume averaged 1362.8 mm^3 (range: 698–3950 mm^3), with a mean stone count of 1.5 (range: 1–4 stones) and a mean Hounsfield unit (HU) of 1059 (range: 850–1875 HU). The average patient age was 54.4 years (range: 25–75 years). Complications were minimal, with only one case classified as Clavien-Dindo grade 1 and another as grade 2, with no severe complications reported.

Conclusion: The integration of the 6.3 Fr single-use ureteroscope with a 9.5 Fr bendable access sheath presents a highly effective method for achieving complete renal stone removal. The improvements in irrigation flow, superior fragment clearance, and reduced operative time underscore the significance of this combination in optimizing flexible ureteroscopy outcomes

PM5.11 - Initial Experience with No Touch Technique Using Single-Use Flexible Ureteroscope 6.3 Fr HU30M in Renal Stone Disintegration

Experiența inițială cu tehnica No-Touch utilizând ureteroscopul flexibil de unică folosință de 6,3 Fr (HU30M) în fragmentarea calculilor renali

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Introduction: The No-Touch technique in flexible ureteroscopy aims to reduce ureteral trauma and maintain high stone-free rates. This study evaluates the safety, efficacy, and minimal invasiveness of using a 6.3 Fr single-use flexible ureteroscope (HU30M) for renal stone disintegration.

Methods: A prospective, single-center study was conducted on 40 patients with renal stones ≤ 2 cm. All patients underwent flexible ureteroscopy with thulium laser lithotripsy under general anesthesia. The No-Touch technique was used to minimize ureteral trauma by avoiding direct mechanical dilation or manipulation with guidewires or stents. Postoperative stone-free rate (SFR) was assessed via CT at one month, and complication rates were recorded using the Clavien-Dindo classification.

Results: The combination of the 6.3 Fr single-use flexible ureteroscope (HU30M) and the No-Touch technique resulted in an SFR of 94.7%, indicating effective stone clearance. The mean operative time was 61.8 minutes (range: 42–96 minutes), demonstrating procedural efficiency while maintaining minimal invasiveness. The mean laser time was 31.3 minutes (range: 22.3–58.9 minutes), and the total energy used was 20.4 Watts (range: 14–38 W). The mean stone volume was 1225 mm^3 (range: 657–4093 mm^3), with a mean stone count of 1.7 (range: 1–4 stones) and a mean Hounsfield unit (HU) of 1218 (range: 875–1686 HU). The mean patient age was 48.4 years (range: 24–77 years). Complications were minimal, with 2 cases classified as Clavien-Dindo grade 1 and 1 case as grade 2, with no severe complications.

Conclusion: The No-Touch technique, combined with the 6.3 Fr single-use ureteroscope, provides an effective and minimally invasive approach to renal stone disintegration. The high SFR, reduced operative time, and low complication rate suggest that this approach may have potential benefits in modern endourology. Further studies with larger sample sizes and varying ureteroscope diameters should explore its application in broader clinical scenario.

PM5.12 - No-touch technique: first experience using a single-use flexible ureteroscope PU 400A with 5.1 Fr. working channel with suction in renal stones between 1-2 cm

Tehnica no-touch: experienta initiala cu ureteroscopul flexibil single-use PU 400A cu canal de lucru cu suctiune de 5.1 Fr., in calculi renali intre 1 si 2 cm

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Introduction: A lot of studies demonstrated that a ureteral access sheath is a very useful tool, but it also presents a lot of intraoperative and postoperative complications. The aim of this study was to evaluate our experience using a 5.1 Fr. working channel with suction (single-use flexible ureteroscopes PU 400A) in renal stones between 1-2 cm (complete removal).

Material and Methods: A total of 79 patients with a single pyelocaliceal stone (largest diameter between 11 and 19 mm) underwent flexible ureteroscopy using single-use flexible ureteroscopes PU 400A: 36 without ureteral access sheath (Group 1) and 43 using a 12/14 Fr ureteral access sheath (Group 2). The stones were fragmented using a Laser Mega Puls70 Quanta System with a 200-µm laser fiber and an energy setting of <30 W. The suction pressure was controlled at 80–120 mmHg. In the cases from the Group 2 and in some selected cases from the Group 1, a 6-ch double J stent was placed after the intervention.

Results: Successful access sheath insertion was noted in 86.6% (37 cases) from Group 2, and successful ureteroscope insertion was noted in 89.2% (31 cases) from Group 1. The average operative time was slightly lower in Group 1 vs. Group 2 (39 vs. 45 min). Stone-free rates (SFRs) were overall lower in Group 1 (79.4% vs. 89.6%) at 1 month. Superficial mucosal ureteral wall lesions were found in 42.3% of patients from Group 2 and 5.1% from Group 1. Hospitalization periods were longer in Group 2 vs. Group 1 (26 vs. 36 hours, respectively). Concerning the complications rate, in Group 1 it was 11.4% Clavien I, while in Group 2 it was 32.7% Clavien 1 and 12.9% Clavien 2, with significantly higher rate of complications in ureteral access sheath group.

Conclusions: No-touch technique could represent a viable option in selected cases, with a reduced rate of complications and with reduced hospital stay. When it is accompanied by a single-use ureteroscope with suction, the outcomes could become even better

PM5.13- The retrograde ureteroscopic approach with ultra-thin semi-rigid ureteroscopes

Abordul ureteroscopic retrograd cu ureteroscoape semirigide ultra-subtiri

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Introduction: Technological progress, especially the miniaturization of endoscopes, has the potential to change the paradigm of the upper urinary tract retrograde ureteroscopic approach. The aim of the study was to compare the retrograde ureteroscopic approach using ultra-thin ureteroscopes with that employing standard ones.

Material and Method: We evaluated twenty consecutive cases of ureteral lithiasis, in which retrograde ureteroscopy with an ultra-thin ureteroscope (6F) and laser lithotripsy were performed (Group I). This group was compared with a control group of 20 consecutive cases where the procedure was performed with standard ureteroscopes (Group II). The success of the intervention was defined as the extraction of all stone fragments larger than 2 mm.

Results: Ureteral orifice dilation was performed in 0% in Group I and in 95% in Group II. Access to the stones was possible in 100% of cases in Group I and in 80% of cases in Group II. The success rate of the retrograde ureteroscopic approach was 95% in Group I and 81.3% in Group II. The complication rate was 10% in Group I and 12.5% in Group II.

Conclusions: The retrograde ureteroscopic approach with ultra-thin ureteroscopes is a safe and effective treatment method for ureteral lithiasis. Dilation of the ureteral orifice does not seem to be a necessary maneuver in these interventions.

PM6.1 - The Therapeutic Strategies for Stage 4 Lichen Sclerosus Male Patients
Strategiile terapeutice pentru pacienții cu lichen scleros în stadiul 4

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Introduction and Objectives. Lichen sclerosus is a chronic inflammatory skin disorder that affects predominantly the genital region. Although less prevalent in males, it can progress into far more severe forms. The clinical presentation of male lichen sclerosus has been divided into four evolutionary stages, according to its complications. The last and most advanced stage encompasses malignant transformation into penile or urethral tumors, and has been proven to account for up to 15% of all lichen sclerosus cases, appearing even after 30 years from the inception of the disease. The aim of this paper is to present the optimal treatment strategies for stage 4 lichen sclerosus male patients.

Materials and Methods. Beginning in 2017 throughout 2022 a total of 132 male patients have been prospectively diagnosed with lichen sclerosus in our clinic. Of them, 20 had already progressed to the fourth and final stage of the disease. 2 patients presented with preputial tumors, 16 had various forms of penile tumors and the last 2 urethral tumors, all associated with lichen sclerosus lesions. After an initial CT / MRI scan 6 cases of penile tumors were diagnosed with regional lymph node metastases, while no patient exhibited any distant metastases. We performed 2 radical circumcisions, 2 simple penile tumor resections, 6 glansectomies (with glans reconstruction in 4 instances), 8 partial penile amputations (6 of which also required bilateral inguinal and pelvic lymph node dissection) and 2 total penile amputations.

Results. The 2 patients with preputial tumors had pT1aG2 squamous cell carcinomas and registered no recurrence. We performed simple tumor resections in 2 cases of atypical penile lesions, as excisional biopsies, that proved to be completely resected pT1G1 penile squamous cell carcinomas, though one patient developed local recurrence requiring glansectomy with glanuloplasty. The 6 glansectomy patients had 4 pT1G1 verrucous penile carcinomas, a pT1G2 and a pT2G2 keratinized penile squamous cell carcinomas, the latter registering enlarged regional lymph nodes imposing a lymphadenectomy. The 8 partial penile amputations revealed penile squamous cell carcinomas ranging from pT2N0G2 to pT3N3G3. The most advanced case, pT3N3G3, although receiving adjuvant platinum-based chemotherapy, developed pulmonary and cutaneous metastases and subsequently died. The urethral tumors were pT3G3 and pT4G3 urethral squamous cell carcinomas and had no recurrence after total penectomy.

Conclusions. Although there are many conservative treatment options for small penile tumors, glansectomy should be performed in cases integrated in stage 4 lichen sclerosus, as it removes both the tumor and the lichen lesions, reducing the risk of recurrence, while a glanuloplasty ensures good cosmetic results. Prophylactic inguinal lymph node dissection has significant survival benefits in more advanced lichen sclerosus associated tumors, but the complications of such a debilitating intervention are hard to be accepted by the patients. Lichen sclerosus cases should receive long term annual follow-up in order to swiftly diagnose eventual stage 4 malignant transformation.

PM6.2- A rare cause of intermittent priapism: retropubic mass compressing the venous plexus of Santorini

O cauză rară de priapism intermitent: formațiune retropubiană care comprimă plexul lui Santorini

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Introduction and Objectives. Priapism is a persistent penile erection that continues beyond four hours, or is unrelated to sexual stimulation. Priapism requires a prompt evaluation and an emergency management. There are two types of priapism: 1) ischemic (veno-occlusive or low-flow), which is found in 95% of cases, and 2) nonischemic (arterial or high-flow). Stuttering (intermittent or recurrent) priapism is a recurrent form of ischemic priapism.

Materials and Methods. We present the case of a 50-year-old male patient with a history of intermittent priapism who referred to our emergency department for prolonged erection >6h. We have ruled out other causes of priapism such as sickle cell disease, blood cancer (leukemia), thalassemiasis, penile cancer and injuries of the spinal cord or genital area. The diagnostic assessment was completed with a penile ultrasound examination, which confirmed the suspicion of ischemic, low-flow priapism. The symptoms began 2 months prior, for which 2 aspiration drainages of the corpus cavernosum were performed. The patient's comorbidities were hypertension and prostate adenoma. Pelvic MRI evaluation identified a 2 cm retropubic, compressive nodular mass on the Santorini complex.

Results. Laparoscopic excision of the retropubic tumor was performed through a properitoneal approach. Intraoperatively, a nodular tumor was identified, which prolapsed from the pubic symphysis, with a compressive effect on the Santorini complex. At the end of the surgery, aspiration drainage of the corpora cavernosa was performed, together with adrenaline injection, with remission of the priapism. Postoperatively, the patient presented another two episodes of prolonged erection. Aspiration of the corpora cavernosum was performed and treatment with 5-alpha reductase and digoxin was initiated. Further on, there were no other episodes of priapism and the patient returned to physiological sexual intercourse. Pathological examination of the retropubic tumor confirmed the benign character.

Conclusions. We present a rare cause of intermittent priapism due to a retropubic tumor compressing the Santorini plexus. Pelvic MRI should be taken into consideration in patients with priapism and no other identifiable cause.

PM6.3- Fournier's Gangrene: Challenges and Perspectives in the Evaluation, Treatment, and Monitoring of Patients in the Context of Modern Clinical Practice

Gangrena Fournier: Provocari si Perspective in Evaluarea, Tratamentul si Monitorizarea Pacientilor in Contextul Practicii Clinice Moderne

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Introduction. Fournier's gangrene is a rare, necrotizing fasciitis of the external genitalia, perineal or perianal regions. The disease has a higher incidence in males and risk factors for development include diabetes, HIV, alcoholism and other immune-compromised states. The aggressive disease process is associated with a high mortality rate of 20-30%. In addition, the increasing age and prevalence of diabetes in the population, begs the need for increased clinical awareness of Fournier's gangrene with emphasis on early diagnosis and management. This paper aims to present our department's experience in the treatment of the Fournier syndrome and to highlight the mortality-associated comorbidities and common etiologies.

Material and method. We studied retrospectively 57 patients between January 2021 and December 2024 that presented in the Emergency Department of the "Sf. Ioan" Emergency Clinical Hospital of Bucharest, with Fournier Gangrene. Medical and surgical conditions were recorded, as well as the epidemiology data.

Results. Immediate broad-spectrum antibiotic therapy and urgent surgical debridement are the core managerial principles of Fournier's gangrene. The survival rate of the patients diagnosed with Fournier Gangrene in our department was 71.92% (41 patients), the mortality rate being 28.07%. The mean hospitalization days amongst the surviving patients was 20.08 days, whereas the mean age was 61.84 years. 78.94% of the patients diagnosed with Fournier Gangrene presented diabetes, and 56.14% presented heart disease. The main bacteria found in the cultures were E. Coli (54.38%), Klebsiella Spp (26.31%), other (Pseudomonas, Enterococcus, Proteus, Streptococcus) (10.52%), not found (8.79%).

Conclusion. Fournier's gangrene is a urological emergency with a high mortality rate despite advances in the medical and surgical fields. The aggressive nature of the infection advocates the need for early recognition allowing immediate surgical intervention. Many patients with Fournier's gangrene have medical or surgical conditions, which are predisposing factors to this disease or its more severe or fatal course. These comprise diabetes mellitus, hypertension, alcoholism and advanced age.

PM6.4 - Hemospermia in urological emergencies

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Introduction. The presence of blood in semen is an alarming symptom for both patients and healthcare professionals. In addition to benign conditions, it can also be a sign of urological emergencies that require immediate attention.

Material and methods. In younger patients, this condition has been described as benign and self-limiting due to infectious causes. An evaluation should be performed on patients over the age of 40 as well as those with high risk factors.
Hepatosplenomegaly and increased size of the kidney should be assessed with detailed examination, including measuring blood pressure and palpating the abdomen. A genital examination should be performed to check for testicular lumps and urethral discharge, as well as a rectal examination to check for prostate cancer.

Results and conclusions. A transrectal ultrasound is helpful in diagnosing prostatic pathologies. It is useful for diagnosing calculi, cysts, varicose veins in the prostate, inflammatory channges, and for treatment of hematospermia caused by cysts or abscesses that are drained. Examination and history are essential for complex investigations. In the context of hematospermia, MRI plays a vital role in ruling out rare causes. Hemospermia is a worrying symptom for many men, but understanding its causes and treatment options can help ease their anxiety. For effective treatment outcomes and to maintain reproductive health, early diagnosis and appropriate management are essential.

PM6.5 - From chaos to clarity: RZCHECK'S role in resident activities and surgical training tracking

De la haos la claritate: Rolul RZCHECK în activitățile zilnice ale rezidenților și a intervențiilor chirurgicale

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INTRODUCTION: A standardized training and assessment system for medical residents is vital for developing proficient physicians. While Romania's residency program follows standardized protocols, the implementation of these standards often faces challenges, including the complexity of the assessment process and the considerable time required for effective evaluation.

MATERIALS AND METHODS: Our objective is to develop a mobile-compatible application to enhance the management framework for assessing residents. This application will include a daily checklist system and a personal logbook for documenting surgical interventions performed by medical residents throughout their training. A specialized team of software developers was engaged for this purpose. We implemented a cloud-based database to ensure universal access to critical surgical and patient information, bolstered by security improvements from the Firebase authentication system. The Residency Coordinator has access to all information provided by the residents.

RESULTS: We have created rzCheck™, a mobile application available free of charge to urologists, facilitating the monitoring of daily checklists and personal tracking of surgical procedures performed by residents. The daily checklist consists of five essential steps: (1) reviewing patients before rounds and alerting the coordinating physician to overnight issues; (2) completing the operating room checklist and documenting surgical tasks; (3) conducting patient follow-up and preparing the discharge documents; (4) engaging in personal study; and (5) performing surgical exercises on simulators. This structured approach allows residents to accurately record their roles during surgical interventions and receive feedback from supervising physicians.

CONCLUSION: By providing a structured daily checklist and a robust tracking system for surgical procedures, rzCheck™ effectively addresses challenges in standardized assessments. This application streamlines residency evaluations, reduces administrative burdens, and aids in developing competent, confident physicians, ultimately contributing to enhanced healthcare outcomes in urology.

PM6.6 - The influence of double-J stent position and length on urinary symptoms and quality of life: A prospective study on position optimization and pharmacological management

Influența poziției și a lungimii stentului JJ asupra severității simptomelor urinare și a calității vieții: Studiu prospective asupra optimizării poziționării și a managementului farmacologic

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Introduction: Double-J ureteral stents are commonly used to maintain urinary drainage but often cause significant urinary symptoms and discomfort. The length and position of the stent are key factors influencing symptom severity, while pharmacological therapy may affect patient tolerance. This study aimed to assess the impact of stent position on urinary symptoms, pain, and quality of life, comparing the efficacy of different therapeutic regimens in symptom management.

Materials and Methods: This prospective study was conducted at Dr. C.I. Parhon Hospital, Iasi, between January 1, 2023, and January 1, 2025. A total of 402 patients were enrolled, of whom 27 were excluded, resulting in 375 patients. Patients were divided into six therapeutic groups based on the administered treatment: tamsulosin, mirabegron, solifenacin, desloratadine, combination therapy, and a group without treatment. The stent position was classified as follows: position 2: correctly positioned bladder loop, 3: loop touching the midline, and 4: loop crossing the midline.

Results and conclusion: Stent position significantly influenced symptom severity ($p<0.001$). Patients with stents in position 3 or 4 experienced more severe urinary symptoms than those with stents in position 2 ($p=0.001$). The pain was significantly higher in positions 3 and 4 compared with position 2 ($p=0.0005$). Stent length also significantly affected general health and additional problems ($p=0.014$ and $p=0.016$, respectively). No significant differences were found regarding sexual function among groups ($p=0.502$). Combination therapy was the most effective in symptom reduction compared to the untreated control group ($p=0.0209$). Incorrect positioning of the ureteral stent leads to significantly more severe symptoms, increasing both pain and urinary discomfort. It also negatively impacts general health. Combination therapy proved to be the most effective in reducing symptoms. Therefore, optimal stent positioning should be a priority in managing JJ stent patients, while personalized pharmacological treatment can significantly improve their quality of life.

PM6.7 - An overview of chronic prostatitis associated with infertility in a mountain town in North-Eastern Romania

O prezentare generală a prostatitei cronice asociate cu infertilitatea într-un oraș de munte din nord-estul României

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Introduction: Chronic prostatitis (CPPS) is an increasingly prevalent condition influenced by prolonged exposure to low temperatures. Also, chronic inflammation of the prostate is associated with infertility. Our investigation aimed to identify the incidence of these pathologies in a mountain town in Northeastern Romania.

Material and method: Patients aged between 30 and 50 years old who addressed the urology office of Gura Humorului Hospital (Suceava County) and from 15 neighboring localities between 1st January 2023 and 31 December 2024 for lower urinary tract symptoms and/or infertility were evaluated.

Results and conclusion: Of the 14761 patients, 2077 were men aged between 30 and 50, 1093 in 2023 and 984 in 2024). Of these, 720 (34.66%, 348 in 2023 and 372 in 2024) were diagnosed with CP/CPPS upon evaluation. Of the patients with CP/CPPS, 10.27% (n=74) also had infertility problems, and 23.61% (n=170) reported erectile dysfunction. Compared to the period of the year, 35.6% of consultations in men during the cold season were for CP/CPPS. Regarding occupational exposure to cold, 45.6% worked in agriculture, forestry and fishing, 15.3% in industry, 11.9% in trade, 6.2% in transport, and the rest in other fields without significant exposure to cold (education, health, public administration, etc.). Our study highlights a substantial incidence of CP/CPPS among men in a mountainous region of Northeastern Romania, with a notable association between cold exposure and prostatitis-related symptoms. A considerable proportion of patients with CP/CPPS also experienced infertility and erectile dysfunction, emphasizing the broader impact of this condition on male reproductive health. These findings suggest the need for increased awareness, preventive measures, and targeted interventions, particularly for individuals with occupational exposure to low temperatures.

PM6.8 - Large calyceal diverticulum with renal cyst-like appearance: difficulties in differential diagnosis and treatment – case report

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Introduction: Differentiating between large renal cysts and calyceal diverticula can be challenging, particularly when the diverticulum presents radiologically as a cyst. This case presentation highlights the diagnostic and therapeutic difficulties encountered in a patient with a large calyceal diverticulum mimicking a renal cyst.

Materials and Methods: A 26-year-old female presented with a 7-year history of a progressively enlarging (2x2 cm to 7x8 cm) cyst-like renal lesion. Initial imaging (abdominal MRI and CT) and annual renal ultrasound examinations consistently reported the lesion as a Bosniak II renal cyst (with thickened walls). In November 2024, she presented to a provincial hospital with ipsilateral lumbar pain, fever, and chills, consistent with sepsis. Imaging suggested a renal abscess within the pre-existing cyst-like lesion. A percutaneous nephrostomy tube (mono-J drain) was placed under ultrasound guidance, yielding frank pus. After stabilization, the patient was discharged.

Results: Six weeks later, the patient sought a second opinion at Saint John Clinical Emergency Hospital. Ultrasound revealed resolution of the previously identified mass. Approximately 25 mL of serous-citrin fluid was noted within the nephrostomy tube drainage bag. A repeat CT scan was unremarkable. Diagnostic retrograde ureteroscopy and retrograde ureteropyelography were performed under general anesthesia. Increasing contrast pressure revealed retrograde opacification of the mass, consistent with a large calyceal diverticulum communicating with the collecting system. Intraoperative methylene blue injection confirmed the communication. Laser incision of the diverticular neck, internal diverticular exploration (with removal of the nephrostomy tube), and placement of a JJ stent with a loop within the diverticulum were undertaken. The nephrostomy tube was removed three days postoperatively, and the patient was discharged on postoperative day four. The JJ stent is scheduled for removal at three months.

Conclusions: This case highlights the difficulties in differentiating large calyceal diverticula from renal cysts, particularly when complicated by infection. While initial imaging and clinical presentation may be misleading, retrograde ureteroscopy with contrast injection is crucial for definitive diagnosis. This approach, combined with direct visualization and intraoperative methylene blue injection, allows for precise identification of the communication and effective management, even in the setting of a large diverticulum. Further studies are required to establish optimal management strategies for similar cases.

PM6.9 - Vesico-uterine fistula: a rare case of urinary incontinence

Fistula vezico-uterina: caz rar de incontinenta urinara

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Introduction. Caesarean section is common in our region, and it is not uncommon for a woman to have two or more such procedures during her lifetime. We present a particular case of vesico-uterine fistula (VUF) that occurred after a second caesarean section and in which urinary incontinence was the only symptom.

Material and method. A 30-year-old woman who had undergone a second caesarean section 3 weeks before the consultation had vaginal fluid leakage with a decrease in urine volume 5 days postoperatively, so a Foley urethral catheter was inserted after the vaginal leakage was stopped. An abdominopelvic computed tomography (CT) scan with contrast showed the presence of a communication between the bladder and uterus. Cystoscopic examination revealed an ulcerated and inflamed area on the postero-superior wall. As soon as the bladder was filled with saline, a fluid leaked from the vagina. As the fistula persisted 2 weeks after insertion of the Foley urethral catheter, it was decided to treat the VUF surgically. Intraoperative findings included an ascending urinary bladder adherent to the anterior surface of the uterus, with inflammatory edema at this level and multiple Vycril sutures on the uterus that also passed through the bladder wall. Dissection of the posterosuperior bladder wall and the anterior uterine wall was performed, highlighting the fistula. The bladder wall was then separated from the uterine wall and excised along with the inflamed edges of the fistula at both the bladder and uterine levels. Cystorrhaphy was performed in two planes with Vycril, and the tightness of the suture was checked by filling the bladder with serum and methylene blue.

Results. Conclusions. In cases of urinary incontinence after multiple cesarean sections, VUF must be considered in the differential diagnosis. In this case, early surgical intervention may be a good choice and shorten the patient's suffering.

PM6.10 - Placenta percreta with invasion of the urinary bladder: case report

Placenta percreta cu invazie in vezica urinara: studiu de caz

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Introduction. Placenta percreta is a rare condition that can cause serious problems due to its hemorrhagic potential. It occurs in patients who have previously had a cesarean section. We present a particular case of placenta percreta with bladder invasion and secondary hematuria.

Material and methods. A 33-year-old female patient, who was 27 weeks pregnant and had a previous cesarean section, was urgently admitted to our clinic because of urinary retention due to blood clots as a result of massive macroscopic hematuria. The hemoglobin level dropped rapidly from 11.4 g/100 ml to 5 g/100 ml during the hospital stay. Obstetric ultrasound revealed a 13/9 cm bladder mass without Doppler vascularization (clot) and a placenta previa with anterior extension on the old uterine scar. An urgent cystoscopy was performed, during which the clots were removed, venous ectasia from the posterior bladder wall was coagulated and 4 units of isogroup blood were administered, with hemoglobin reaching 7g/100ml. The hematuria initially resolved but recurred after 2 days and decreased again to 5.4 g/100 ml.

Results. Conclusions. After endoscopic insertion of two ureteral catheters, an emergency cesarean section was performed, followed by hemostatic hysterectomy and partial cystectomy. A hypogastric ligation and a two-level bladder suture were also performed. The baby, weighing 980 grams, survived. Postoperative evolution was without complications, the Foley catheter was removed on postoperative day 14 and the double-J catheters at postoperative week 8. In the context of massive hematuria during pregnancy, we must consider the presence of a placenta percreta. In these situations, a mixed surgical team consisting of a gynecologist and a urologist is essential for the correct resolution of these cases.

PM6.11 - Aspects of emergency urological pathological
Complicații ale endoprotezării ureterale

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Introduction. Ureteral stents are frequently used to maintain urinary drainage; however, inadequate management can lead to severe complications, especially in cases of insufficient monitoring. According to the guidelines of the European Association of Urology (EAU), ureteral stents should be regularly monitored and replaced to prevent calcification, obstruction, recurrent infections, hematuria, and, in extreme cases, obstructive renal failure.

Material and method. This study analyzes three clinical cases of neglected ureteral stents retained for 2, 3, and 5 years, highlighting progressive complications ranging from calcified deposits to severe renal function deterioration and uroperitoneum.

Results. Various extraction methods were employed, including minimally invasive and classical surgical approaches. Despite the complexity of these cases, urinary tract integrity was preserved in most instances, with favorable long-term outcomes.

Conclusions. Close monitoring of patients with ureteral stents is crucial, as a life-saving procedure can turn into a life-threatening complication if neglected. Educating patients on the importance of regular follow-ups is a key element in preventing such situations.

PM6.12 - Intermittent hematuria as a diagnostic challenge: surgical management of a rare uretero-caval fistula

Managentul chirurgical al unei rare fistule uretero-cave în contextul hematuriei intermitente, o provocare diagnostică

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Introduction. Uretero-vascular fistula is a rare complication that is difficult to diagnose and manage, primarily encountered after complex surgical interventions or aggressive oncological treatments. We present the case of a patient with a history of invasive squamous cell carcinoma of the cervix, treated with radio-chemotherapy and pelvic exenteration.

Methods. The patient, a 50-year-old woman, with a percutaneous ureterostomy and bilateral JJ stents in situ, was admitted to our clinic for intermittent hematuria through the percutaneous ureterostomy and anemia syndrome. Imaging investigations (contrast-enhanced CT, retrograde pyeloureterography, and renal arteriography) performed successively during hospitalization did not identify an active source of bleeding. Given the persistence of symptoms—intermittent macroscopic hematuria, especially triggered by minimal physical effort—an exploratory laparotomy was performed.
Intraoperatively, the right ureter was found to have reduced mobility, located anterior to the inferior vena cava and aorta, and was entrapped in significant fibrotic adhesions. Ureteroscopic exploration revealed a discontinuity defect of the ureteral wall near the inferior vena cava, confirming the diagnosis of an intermittent uretero-caval fistula. Surgical intervention involved ligation of the right ureter both medially and laterally to the identified defect, along with the placement of a right percutaneous nephrostomy, leading to a favorable postoperative evolution and resolution of macroscopic hematuria.

Results and Conclusion. This case highlights the diagnostic challenge of intermittent macroscopic hematuria and the necessity of a multidisciplinary surgical approach in managing complex complications after radical oncological treatments. Although uretero-caval fistula is rare, it should be considered in the differential diagnosis of recurrent hematuria in patients with a history of pelvic oncological surgery.

PM6.13 - Emergency Surgical Management of Penile Fracture: Case report
Managementul chirurgical de urgență al fracturii de penis: Prezentare de caz

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Introduction. Penile fracture, defined as the rupture of the tunica albuginea of the corpora cavernosa during erection, is a urological emergency requiring prompt diagnosis and surgical intervention. Delayed treatment increases the risk of complications such as erectile dysfunction and penile deformity. We present a case series of four patients who sustained penile fractures during sexual intercourse and underwent emergency surgical repair.

Methods. Four male patients (aged between 29-56 years) presented to the Emergency Department of SUUMC with acute penile pain, significant edema, and hematoma, all occurring on the same day following sexual intercourse. Physical examination revealed penile swelling, ecchymosis ("eggplant sign"), and deformity. Emergency surgical exploration was performed in all cases, revealing localized rupture of the tunica albuginea in one of the corpora cavernosa. Surgical management involved: Evacuation of hematoma and blood clots, Identification of the tunical defect, Primary repair of the tunica albuginea using sutures. No urethral injuries were detected. Postoperative evolution was favorable in all patients, with resolution of symptoms.

Results and Conclusion. This case series emphasizes the importance of early surgical intervention in penile fractures to prevent long-term complications. Clinical examination remains the cornerstone of diagnosis, and immediate surgical repair offers excellent functional outcomes. Penile fracture should be considered in any patient presenting with acute penile pain and swelling following trauma during intercourse.

PM6.14 - Assessment of EreVil as a Therapeutic Option in Erectile Dysfunction – A Multicenter Analysis

Impactul terapiei cu EreVil ca opțiune terapeutică in disfunctia erectila - studiu multicentric

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Introduction: Erectile dysfunction (ED) is a common condition with significant psychological and relational implications. In recent years, a clear epidemiological trend has emerged, with an increasing proportion of younger men being affected. This multicenter prospective observational study aimed to assess the efficacy of oral EreVil therapy in improving erectile function, while also evaluating the impact of age and comorbidities on treatment outcomes.

Materials and Methods: Between 2024 and 2025, 170 male patients aged 19–78 years with varying degrees of ED were enrolled across multiple urological centers in Romania. Erectile function was assessed using the SHIM (Sexual Health Inventory for Men) score at baseline and at 3 and 6 months after initiation of EreVil. Additional data collected included age, smoking status and comorbidities (hypertension, diabetes, dyslipidemia, obesity, prostatic pathology).

Results: Nearly one-fourth of patients (24%) were under 40 years old. The mean SHIM score increased from 13.14 at baseline to 17.48 at 3 months and 18.42 at 6 months, with a mean improvement of 5.28 points ($p < 0.001$). The proportion of patients without ED rose from 1.8% to 24.3%. Severe ED decreased from 10% to 3.6% and moderate ED from 67.6% to 29.3%. Among those with initial mild ED, favorable outcomes doubled (42.9%). Younger patients (<30 years) showed the greatest improvement (+9.27), while those >60 years improved modestly (+3.76). A favorable or excellent outcome was reported in 65% of cases. Approximately 55% had at least one comorbidity. Patients without comorbidities achieved superior results—nearly 90% reached mild or no ED. The most common comorbidities were hypertension (45.9%), hypercholesterolemia (17.8%) and diabetes (15.8%).

Conclusions: This multicenter study confirms the effectiveness of EreVil in improving ED severity across all age groups, particularly in younger and systemically healthy patients. EreVil may represent a reliable, non-invasive treatment option in personalized ED management.

PM7.1 - HOLEP – the surgical technique of Holmium laser enucleation of the prostatic adenoma

HOLEP – tehnica chirurgicală de enucleorezecție laser HOLMIUM a adenomului prostatic

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Introduction. As life expectancy increases, almost every man faces a choice regarding his prostatic adenoma (BPH- benign prostatic hyperplasia) management. Urologists also explore treatment options and choose which one to invest in to surpass the learning curves and provide optimal outcomes. Even though many surgical options are available, Holmium laser enucleation has become more popular nowadays because of its promising results.

Materials & Methods. Using a photocollage, the poster presents the surgical techniques for Holmium laser enucleation of prostatic adenomas - different prostate volumes with adapted surgical approaches. Technical tips and tricks for enucleation and postoperative management are discussed.

Results & Conclusions. After more than 350 cases performed by our team, technical and functional results validate the HOLEP technique as safe and feasible. Even more, the minimal hemorrhagic risks, a few days of hospitalization and rapid social reintegration along with grade I Clavien-Dindo complications at 30 days, insignificantly recurrence rate and optimal functional outcomes, favor the HOLEP treatment for BPH. Even so, the learning curve remains steep and the size of the prostate requires adaptation of the surgical technique along with different stages of experience.

PM7.2 - HoLEP – functional recovery after HoLEP
HoLEP – recuperarea funcțională dupa HoLEP

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Introduction. A golden rule for surgical treatment is to clearly discuss with our patients the indication and surgical treatment options for their disease in the context of their expectations and personal case history. This applies even more so for HoLEP (Holmium laser enucleation of the prostate) as the postoperatory period presents with LUTS, urge incontinence, retrograde ejaculation and perceived changes in erectile function.

Materials and methods. Using a photocollage the hereby poster discusses technical intraoperative tips to improve functional outcomes after 350 cases. Postoperatory LUTS, incontinence and erectile function is discussed for clinical scenarios – different prostate sizes, uroflowmetry parameters, bladder and erectile status, along with therapeutic management. These aspects are discussed in parallel with bTUR-P.

Results and conclusions. HoLEP presents a safe and feasible profile with optimal functional, even though the immediate postoperatory symptoms may be more daunting for the patient compared to TUR-P. In the long run, however, HoLEP presents a lower risk towards recurrence of obstructive symptoms after the postoperatory recovery period has ended, with remission of LUTS, incontinence (if no other associated pathology exists – OAB, preoperative incontinence). 1 year follow-up shows no difference between preop and postop erectile function.

PM7.3 - Thulium Laser Enucleation of the Prostate (ThuLEP) - One-Year Surgical Experience of the Clinic

Enucleerea prostatei cu Laser Thulium (ThuLEP) – Experienta clinicii la un an

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Background: Thulium Laser Enucleation of the Prostate (ThuLEP) has gained recognition as a minimally invasive and highly effective surgical approach for the treatment of benign prostatic hyperplasia (BPH). Known for its precision, minimal bleeding, and rapid postoperative recovery, ThuLEP is emerging as a preferred alternative to traditional surgical techniques. This abstract summarizes the one-year experience at our clinic, focusing on surgical outcomes, procedural efficiency, and the overall impact on patient care.

Methods: We conducted a retrospective review of 150 patients who underwent ThuLEP for BPH over a 12-month period. Evaluations included pre- and postoperative assessments using uroflowmetry to monitor urinary flow, the International Prostate Symptom Score (IPSS) for symptom severity, and a standardized sexual health questionnaire to assess the effects of surgery on erectile function. All procedures were performed using the Sirius™ thulium laser system (Rocamed) with consistent energy settings and surgical technique. Key perioperative parameters - such as operative time, enucleated tissue volume, catheterization duration, and hospitalization length - were documented. Follow-up assessments were conducted systematically to evaluate functional outcomes and patient satisfaction.

Results: The surgical and functional outcomes achieved during the one-year study period were very favourable and clinically optimal. Patients demonstrated notable improvements in urinary function, a marked reduction in lower urinary tract symptoms, and a positive trend in postoperative sexual health and overall quality of life. The complication profile was favourable, with only one isolated case of urinary incontinence, which was addressed through established conservative and surgical management strategies.

Conclusion: Our institutional experience confirms that ThuLEP is a safe, effective, and reliable technique for the surgical management of BPH. The procedure consistently delivers excellent clinical outcomes and represents a valuable addition to contemporary urological practice.

PM7.4 - Single-Stage or Multi-Stage Urethroplasty: What's the Best Choice for Panurethral Strictures?

Uretroplastia într-o singură etapă sau uretroplastia în etape: Care este cea mai bună soluție pentru stricturile panuretrale?

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Introduction. Panurethral strictures pose a significant surgical challenge, with treatment options including single-stage and multi-stage urethroplasty. This study aimed to compare the outcomes of single-stage Kulkarni urethroplasty and multi-stage urethroplasty to determine which procedure is more effective in improving urinary flow and symptom relief.

Materials and Methods. This prospective study was conducted on 40 patients: 16 underwent single-stage dorsal buccal mucosa graft (BMG) urethroplasty using the Kulkarni technique, and 24 underwent multi-stage urethroplasty (ventral BMG for bulbomembranous strictures and the staged procedure for penile strictures). All procedures were performed at Prof. Dr. Th. Burghele Clinical Hospital, Bucharest. Preoperative evaluation included retrograde urethrography, uroflowmetry, International Prostate Symptom Score (IPSS), and the International Index of Erectile Function (IIEF-5). Postoperative assessments at 3 and 6 months measured uroflowmetry, residual urine volume, IPSS, and IIEF-5 scores.

Results. The mean preoperative Qmax for the Kulkarni group was 4.46 ml/s, while for the multi-stage group it was 4.28 ml/s. Mean IPSS scores were 13.5 and 17.5 for the Kulkarni and multi-stage groups, with corresponding IIEF-5 scores of 21 and 16. At the 3-month follow-up, the mean Qmax improved to 19.5 ml/s (Kulkarni) and 19.4 ml/s (multi-stage), with mean residual urine volumes of 24 ml and 34 ml. Mean IPSS scores were 2.8 (Kulkarni) and 4.7 (multi-stage), while IIEF-5 scores were 21 and 17.8. At the 6-month follow-up, the mean Qmax was 20 ml/s (Kulkarni) and 19.3 ml/s (multi-stage), with residual urine volumes of 16.2 ml and 20 ml, respectively. Mean IPSS scores were 1.8 (Kulkarni) and 4.9 (multi-stage), and IIEF-5 scores were 21 and 17.7. Statistical analyses were performed using t-tests or paired t-tests, with significance set at $p<0.05$.

Conclusion. Both techniques resulted in improvements in urinary flow and symptom relief, with no statistically significant difference between them. Further studies with larger cohorts are needed to assess long-term outcomes. The choice between these techniques depends on factors such as the complexity of the stricture, the surgeon's experience, and patient preferences.

PM7.5 - Surgical treatment of recto-prostatic fistula after transvesical adenomectomy

Tratamentul chirurgical al fistulei recto-prostatice post adenomectomie transvezicală (tehnica York-Manson)

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Introduction. Rectoprostatic fistula is an abnormal communication between the rectum and the prostate, being a rare complication that can occur after pelvic surgery, trauma, infections or as a result of chronic inflammatory diseases. It manifests itself through fecaluria and recurrent urinary tract infections. Surgical treatment of rectoprostatic fistula is essential for restoring the functionality of the affected organs and improving symptoms. The York-Mason procedure is a surgical technique that has proven to be an effective option in the management of this pathology.

Material and methods. We retrospectively reviewed the medical records of all patients who underwent acquired recto-urethral or rectovesical fistula repair at our institution since 2021-2024. A total of 3 patients have undergone York-Mason recto-urinary fistula repair at our institution during this time. We investigated the patient C.I, 80 years old with operated prostate adenoma and bladder lithiasis by transvesical adenomectomy, clinically with fecaluria and pollakiuria. The diagnosis is based on a colonoscopy which reveals a recto-prostatic fistula of about 1.5 cm. Left colostomy is practiced and during the 2nd operation every 2 months, it is decided to correct the fistulous tract by the York - Manson procedure.

Results. Since our last case in 2024, we have performed this procedure an additional 2 times. We continue to have good results, with 3 of these patients having resolution of their fistulae after one procedure. Failures in the updated cohort were radiation-induced fistulae. We continue to find no evidence of faecal incontinence or stenosis after this procedure.

Conclusions. Over a period of 3 years, the York-Mason posterior, transanal, transrectal correction of iatrogenic recto-urinary fistula has been highly successful, reliable and safe, when used for fistulae occurring after prostate surgery.

PM7.6 - Efficacy and safety in combined therapy of α-blocker and Tadalafil 5mg for benign prostatic hyperplasia associated LUTS

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Introduction and Objectives. Tadalafil 5mg is licensed for the treatment of lower urinary tract symptoms (LUTS) in patients diagnosed with benign prostatic hyperplasia (BPH) with or without erectile dysfunction (ED). The aim of this paper is to assess the efficacy of combined α-blocker and Tadalafil therapy for patients previously treated with Tamsulosin 0,4 mg and inadequate response to monotherapy.

Materials and Methods. This clinical trial was conducted on outpatients diagnosed with BPH, who presented for periodic follow-up urological consults, in Country Emergency Clinical Hospital of Sibiu, from 1.02.2024 to 30.04.2024. The response to Tamsulosin 0,4 mg was clinically evaluated and the patients who had moderate symptoms despite the α-blocker medication were proposed for the study. The monitored parameters before and after the treatment with Tadalafil 5mg were International Prostate Symptom Score (IPSS), International Index of Erectile Function (IIEF-5) score, blood pressure, and heart rate. Adverse side effects were reported during and at the end of the trial.

Results. There were 42 patients included in the analysis. At the beginning of the study, they had an IPSS between 8 and 19, with the average score being 12. On average, the IIEF-5 score was 13, and the majority of patients reported a score between 12 to 16. Of the 42 patients with LUTS, a total of 38 completed the trial. Only one patient dropped out of the study due to adverse side effects, the rest of the three did not return for the follow-up, most probably because of personal reasons. After a month of combined Tamsulosin 0,4 mg and Tadalafil 5 mg, the patients presented clinical amelioration of both LUTS and erectile dysfunction, as shown by their significant improvement in IPSS and IIEF-5 score. Neither the blood pressure nor the heart rate were modified after the treatment. The side effects of adding Tadalafil 5mg to their BPH management, were present in a minority of patients (3 of 42) and were minimal (headaches, nausea, and muscle aches).

Conclusions. The association of chronic α-blocker medication with Tadalafil 5 mg, may improve LUTS and sexual life in patients with inadequate response to monotherapy. No hypotension reaction to this combination was reported, and the safety profile was very good in the selected patients.

PM7.7 - Renal Trauma: Insights from the Urological Emergency Department of a University Hospital

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Introduction: Renal trauma, caused by blunt or penetrating abdominal injuries, is a common reason for trauma-related hospital admissions. It ranges from minor contusions to severe, life-threatening injuries. Effective management requires timely diagnosis, monitoring and, if needed, surgery. This article explores the clinical presentation, diagnosis, and treatment of renal trauma based on experiences at Saint John Clinical Emergency Hospital.

Materials and Methods: From January 2024 to January 2025, 17 cases of renal trauma were diagnosed and treated at Saint John Clinical Emergency Hospital. Adult patients aged 18 years and older, diagnosed with renal trauma (Grade I to V) through clinical evaluation and imaging, who were admitted to the emergency department within 24 hours of injury, were included in the study. We examined patient demographics, trauma severity, grading, and treatment approaches. All cases were evaluated clinically with blood and urine analysis and multiple CT scans. Treatment procedures were performed within the first few hours of admission, based on the severity of the renal injury.

Results: Seventeen renal trauma cases were treated in 8 female patients (47.06%) and 9 male patients (52.94%), with ages ranging from 36 to 71 years and a mean age of 54. Blunt trauma was the most common cause of kidney rupture, with 6 cases resulting from motor vehicle accidents, 2 from sports injuries, 1 from physical altercations and the remaining from falls. All patients presented with flank pain, bruising, or tenderness in the renal region and 7 cases exhibited hematuria. Two patients showed signs of shock, hypotension, tachycardia, and anemia. A CT scan was performed initially for all patients, followed by a follow-up scan 24–71 hours after admission. The mean hospitalization duration was 7 days, although the actual length varied depending on the patient's health, comorbidities, and treatment response. Of the 41.18% of patients with Grade IV-V renal trauma who required nephrectomies, hospitalization was extended to 10-14 days due to the severity of the injuries and the need for post-operative care. Out of the 17 cases, 58.82% were classified as Grade I-III renal trauma, with hemodynamically stable patients treated conservatively through close monitoring, bed rest, fluid support, antibiotics, analgesics and anti-inflammatory drugs.

Conclusion: Renal trauma is effectively managed with prompt diagnosis and treatment. Grade I-III injuries were conservatively treated with good outcomes, while Grade IV-V injuries requiring nephrectomy resulted in longer hospital stays. Early imaging and monitoring are crucial for optimizing outcomes and minimizing complications, highlighting the importance of individualized treatment based on injury severity.

PM7.8 - Bacterial myocarditis secondary to urinary tract infection after major surgery follow-up is at least as important as treatment

Miocardita bacteriană secundară după o intervenție chirurgicală majoră este cel puțin la fel de importantă ca tratamentule

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Introduction: Bacterial myocarditis (BM) is an uncommon cause of infectious myocarditis. BM is frequently associated with severe sepsis or a bacterial infection. Bacterial myocarditis requires early antibiotic or anti-toxin treatment, haemodynamic support, and arrhythmia or mechanical problems treatment. We present a rare case of urinary starting point immunocompetent bacterial myocarditis and discuss its diagnosis and treatment problems.

Case report: We report the case of a 32-year-old patient with a history of splenectomy, bilateral orchiectomy, imaging-confirmed right megaureter, and right nephrostomy, who attended a consultation for specialized treatment. Clinically within normal parameters. Uroculture identified PROVIDENCIA, PROTEUS, and PSEUDOMONAS, for which specific antibiotic therapy was administered. An open surgical procedure was conducted involving right ureteral reimplantation and right ureteral tailoring. The patient was discharged 72 hours post-operation, exhibiting no subjective symptoms and in satisfactory general condition, with the uretero-vesical catheter removed 14 days after surgery. Ten days postoperatively, the patient exhibited fever and constrictive retrosternal chest discomfort. The diagnosis of bacterial myocarditis was confirmed during a cardiologic evaluation. Following an extended antibiotic regimen lasting four weeks, the patient exhibited a gradual improvement, culminating in the removal of the ureteral stent. At the 6-week assessment, the patient is stable in urological, cardiological, and infectious aspects.

Conclusions: Bacterial myocarditis as a urinary side effect is infrequent. Confirming the diagnosis swiftly requires interdisciplinary care. The clinician should always be careful of cardiac illness in infected patients, however rare. Early postoperative care is equally crucial as major urology.

PM7.9 - Erectile function after urethroplasty
Funcția erectilă post-uretroplastie

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Introduction. The aim of the study is to evaluate erectile function before and after urethroplasty, using the IIEF-5 questionnaire for assessment. Urethroplasty is considered the gold standard treatment with a success rate of over 90% and its performed with excision and primary anastomosis urethroplasty, flap/graft augmentation urethroplasty or combined methods.

Materials and Methods. The study followed 123 sexually active patients aged between 18 and 69 years (mean age: 42). The exclusion criteria are: severe preoperative erectile dysfunction (ED), an IIEF-5 score <7, strictures associated with pelvic fractures, and sexual inactivity. Out of 123 patients, 79 underwent urethroplasty with ventrally fixed buccal mucosa graft (64.23%), 5 underwent urethroplasty with dorsally fixed buccal mucosa graft (4.07%), 14 underwent urethroplasty with a fascio-cutaneous flap (11.38%), and 25 underwent multiple staged urethroplasty (20.33%).

Results and Conclusion. Patients who underwent urethroplasty with a ventrally fixed graft had a preoperative IIEF5 median score of 19, postoperative scores were 20 at 3 months, 21 at 6 months, 21 at 12 months. Those who underwent urethroplasty with a dorsally fixed graft had a preoperative IIEF5 score of 17.5, postoperative scores of 18 at 3 months, 18.5 at 6 months, 19 at 12 months. Patients who underwent urethroplasty with a fascio-cutaneous flap had a preoperative IIEF5 score of 18, postoperative scores were 17.5 at 3 months, 18.5 at 6 months, 21 at 12 months. Patients who required staged urethroplasty had a preoperative IIEF5 score of 17, which increased to 21 at 3 months, 20 at 6 months, 21 at 12 months.

The results indicate that urethroplasty does not negatively affect erectile function in the long term and that patients have a high chance of recovery and an improvement is observed at 12 months postoperatively.

PM7.10 - Is urogenital TBC pathology still present?
Tuberculoza urogenitală este încă prezentă?

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Introduction, objective. Mycobacterium tuberculosis, an acid-fast aerobic bacillus, it is the most virulent mycobacterial pathogen in humans, with secondary, urogenital tuberculosis through hematogenous spread to the kidneys, prostate, and epididymis. The objective of this study is to examine the prevalence of urogenital tuberculosis, taking into account the diagnostic approaches used.

Materials and methods. Between January 2019 – January 2025 (6 years), at the Clinic of Pneumology Târgu Mureş, a total of 1204 patients were diagnosed with tuberculosis, 109 of them with extrapulmonary localization, 8 out of them affecting the urogenital area. The significant data concerning investigations and the diagnostic microbiological results were retrospectively reviewed.

Results. From the total of 109 patients with extrapulmonary localization (100%), 8 patients (7,33%) had urogenital localization. The highest number with extrapulmonary TBC has been resulted in 2024 (28 patients - 26%), 4 patients out of them with urogenital localization (14,28%). Regarding identification in case of urogenital TBC, 6 cases with negative BK culture (75%), 4 patients (50%) BK could be detected under microscope, 3 patients (37%) had samples for histopathology with positive results, and 63% (5) without histopathological sample. In 1 case (12%), MTB could not be detected. Associated pathology: 1 case has been reported HIV/AIDS positive and 1 case was diagnosed with cancer.

Conclusion. In spite of the fact, that urogenital TBC is a rare clinical form, our study shows that it is still present and should be considered. In case of persistent LUTS, negative uroculture (sterile pyuria), urogenital TBC can be suspected, laboratory identification and histopathological sample should be performed.

PM7.11 - Premalignant lesions of the prostate: A prevalence and evolution overview.
Managementul leziunilor precanceroase ale prostatei.

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Introduction: The objective of this study is to indicate the prevalence of prostatic intraepithelial neoplasia (HGPIN) along with atypical small acinar proliferation (ASAP) and to observe the evolution of the patients who underwent a second biopsy.

Materials and methods: This study analyses the histopathological findings of 396 prostate biopsies performed over a period of two years (2023-2024) in the Department of Urology at Mureş County Hospital.

Results: From a total of 396 patients, 248 patients (62.6%) were diagnosed with prostate cancer, 97 patients (23.7%) were found to have normal prostatic tissue or a benign lesion like prostatic atrophy. A number of 51 patients out 396 (12.8 %) were diagnosed with either ASAP or HGPIN. From this total of 51 patients, 28 patients (54.9%) had either ASAP or HGPIN associated with prostatic adenocarcinoma while 23 patients (45.1%) were diagnosed with isolated HGPIN or ASAP. The average age of the patients diagnosed with precancerous lesion was 66 ± 7.5 SD vs the mean age of the patients diagnosed with a malignant disease, 69 ± 6.6 SD. A number of 15 patients out of 51 diagnosed with precancerous lesions had a second biopsy. In total, 9 cases (60%) of the patients who have done a second biopsy had isolated HPIN or ASAP, out of which 3 patients (33,3%) were diagnosed with ADKP, 1 patient (11,1%) had persistent ASAP, while 5 patients (55,5%) were diagnosed with benign lesions.

Conclusions: The patients with precancerous lesions (ASAP, HGPIN) require a strict follow-up and a rebiopsy in order to confirm or infirm the prostate cancer diagnosis. Regarding the results of the second biopsy, the study supports that isolated premalignant lesion often have positive outcomes

PM7.12 - Angiomyolipoma (AML)

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Introduction: Angiomyolipoma is the most common benign tumor of kidney. An angiomyolipoma is composed of varying proportion of vascular cells, immature smooth muscle cells and fat cells. It is usually an incidental tumor discovered at imagistic explorations. However, in 10% of cases, symptoms can occur if the tumor ruptures spontaneously or post-traumatic, causing a retroperitoneal bleeding known as Wunderlich Syndrome. This can lead to lower back pain, nausea and even vomiting.

Materials and Methods: I will present the case of a 49 yeas old womanwho was transferred from another medical unit due to imaging suspicion of fissured left renal angiomyolipoma. CT scan investigation describe a retrorenal hematoma measuring approximately 67/32 mm tr/ap, which also associates a voluminous space-replacing formation with a predominantly lipid component, clearly delimited by the proper wall, septate, multiloculated, located on the posterolateral surface of the left kidney, measuring approximately 82/60/105 mm (tr/ap/cc), with an important mass effect on the left kidney, which it displaces anteriorly. There is no evidence of active contrast material extravasation. After the exploratory laparotomy and hematoma removal, a left partial nephrectomy was performed through a pararectal approach within 15 minutes of warm ischemia. A circumferential incision was made with electrocautery in the renal capsule with a safety margin of at least 5mm around the tumor. We used a Metzenbaum scissor to dissect and excise the tumor with healthy tissue margin. The kidney suture was made with PDO 2.0 sutures supported by hemostatic material. A 3-point nephropexy was performed. The anatomopathological report of the tumor indicated angiomyolipoma.

Results and Conclusions: The overall postoperative evolution was favorable. The particularity of the case is the presence of the retroperitoneal hematoma caused by tumor rupture which occurs in a small number of cases. The surgery approach can also be considered the perfect management for this case.

PM7.13 - Factors Influencing the Costs of Surgical Management for Prostate Cancer

Factorii Asociați Tratamentului Chirurgical al Cancerului de Prostată

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Introduction: Hospital expenses of radical prostatectomies represent a significant healthcare burden, particularly as the aging population contributes to an increased incidence of prostate cancer. The aim of this study is to investigate both patient-related and perioperative factors that influence hospitalization costs in patients treated for prostate cancer.

Material and Methods: This retrospective study includes 174 men who underwent open or laparoscopic radical prostatectomy between 2016-2025 at the Urology Clinic of Targu Mures. Clinical and perioperative information were obtained from medical records, while hospitalization costs were obtained from hospital billing data. The correlation between cost and various clinical variables was determined using Pearson correlation co-efficient.

Results: The mean age of 174 (100%) patients was 66 years (ICQ: 49-78 years) with an average hospitalization of 9 days (ICQ:2-21 days). 83 (47.7%) laparoscopic and 91(52.3%) open prostatectomies were performed. The mean total hospitalization cost was 9858 RON (ICQ: 1278-32380 RON), showing a significant increase over the nine-year period, from 4321 RON in 2016 to 16061 RON in 2025. Factors significantly correlated with increased costs included longer hospital stay ($p=0.040$), extended ICU admission ($p<0.0005$), longer surgery time ($p<0.004$), positive urine culture ($p<0.006$), postoperative anaemia ($p<0.045$) and an elevated postoperative NLR ($p<0.002$). Patient's age, elevated BMI, higher Gleason score at the biopsy, higher PSA, postoperative TNM, and surgical approach (open or laparoscopic) didn't show a significant association with total hospitalization costs.

Conclusion: Hospitalization costs for radical prostatectomy are primarily influenced by surgeon-dependent and perioperative factors, including surgery duration, blood loss leading to postoperative anaemia, ICU admission and length of stay. Optimizing preoperative patient assessment and implementing structured perioperative care pathways may reduce ICU admission and length of hospitalization, thereby lowering overall treatment costs.

PM7.14 -Predictive factors of postoperative ICU admission after transurethral resections in the frail elderly population

Factori predictivi ai admiterii postoperatorii în secția de terapie intensivă după rezecțiile transuretrale la populația vârstnică fragilă

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Introduction. In the era of modern medicine, with increasing life expectancy, the patients' milieu who undergo elective surgeries are mostly characterized by frailty. In the urological sphere patients who need to undergo transurethral resection of the bladder (TUR-BT) or of the prostate (TUR-P) are mostly frail elderly, aged >65 years, with multiple, associated pathologies: such as diabetes, cardiovascular or respiratory diseases. This category of patients requires complex medical care or admission to ICU, even after shorter or less invasive elective surgeries.

Materials and methods. We retrospectively analyzed a group of patients who underwent TUR-BT and TUR-P procedures in 4 months at the Urology Department of Mures Clinic County Hospital, and selected those whose age was over 75 years, observing predictive factors of postoperative ICU admission.

Results. From 159 (100%) patients who underwent TUR-BT and TUR-P procedures our study included 49 (30.8%) patients aged 75 or more, and analyzed the possible factors that contribute to postoperative ICU admission. We divided the factors to patient related ones (such as chronic diseases, age, body mass index, sex) and other factors (surgery duration, anesthesia type). Ischaemic cardiomyopathy was a statistically significant individual risk factor for ICU admission (p=0.034), hypertension (p=0.065), heart failure (p=0.079), or history of thrombotic events (p=0.065) individually appear to have a marginal significance, but the cumulative effect of multiple comorbidities shows a strong, statistical significance (p=0.050). Age, sex, nutritional status are not statistically significant factors, neither is the surgery duration.

Conclusions. Frailty in the elderly patients appears to become quantifiable in the era of modern medicine. Taking into consideration the impact and interrelation of individual comorbidities, not individually but collectively influencing the outcome of surgery and the need of ICU admission, helps physicians have a holistic view of their patients.

PM7.15 - The therapeutic options in patients with benign prostatic hyperplasia and associated detrusor underactivity

Optiuni terapeutice pentru pacientii cu hiperplazie benigna de prostata asociata cu hipocontractilitate detrusoriana

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Introduction. Voiding process depends on bladder muscle contraction and an open urethra. Detrusor underactivity, often caused by structural or functional urinary tract abnormalities, leads to incomplete bladder emptying and bothersome symptoms. Similarly, benign prostatic hyperplasia (BPH) can decrease urinary flow both through obstruction and through decreased detrusor contractility. In most of the cases pharmacological treatment and surgery are efficient in BPH treatment, but when detrusor underactivity is associated the results remain controversial.

Material and method. This retrospective study includes 26 patients that were evaluated before the surgery based on IPSS questionnaires, prostate volume on ultrasound, postvoid residual urine volume (PVR), Prostate Specific Antigen value and urodynamic study (uroflowmetry and PFS). We performed transurethral resection of the prostate (TUR P) in all the cases. The patients' outcomes after the surgery were evaluated by IPSS questionnaires, postvoid residual urine volume (PVR), and uroflowmetry.

Results. Preoperative investigations revealed: mean prostate size: 43 cm cubs +/-17,12 SD, mean value of IPSS=26, mean PVR= 130,23 ml+/-54,18 SD, mean Qmax= 7,46 ml/s+/-5,67 SD, mean detrusor pressure = 26,97 cmH2O+/-7,62 SD, BCI=78,54+/-18,48 SD. After TUR P, we found a decrease of PVR quantity (mean value=73,34 ml+/-40,24 SD), improvement of IPSS result (mean value=14) and mean Qmax value (9,87ml/s+/-3,15 SD) in 21 patients and 5 cases needed a bladder drainage or intermittent catheterisation.

Conclusions. The removal of obstruction in benign prostatic hyperplasia can improve the symptomatology, can promote bladder emptying, improve urinary flow and the quality of life for patients with associated detrusor underactivity.

PM7.16 - Left renal artery aneurysm in a 20-year-old female treated with autotransplantation: Case report

Anevrism de arteră renală stângă la o femeie de 20 de ani tratat prin autotransplant: Prezentare de caz

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Case presentation. A 20-year-old female presented with recurrent episodes of left-sided flank pain, accompanied by hematuria and hypertension. Initial investigations, including ultrasound and computed tomography (CT) angiography, revealed the presence of a left renal artery aneurysm measuring approximately 2.5 cm in diameter. The aneurysm was causing significant renal ischemia, leading to the patient's symptoms. Given the risk of rupture and loss of renal function, surgical intervention was indicated. After a thorough evaluation, the patient was treated with autotransplantation of the left kidney. The procedure involved the resection of the aneurysmal segment of the renal artery, followed by revascularization of the kidney using the external iliac artery. The left kidney was removed, perfused, and transplanted into the iliac fossa. The renal vessels were anastomosed to the common iliac artery and vein.

Results and conclusion. Postoperative recovery was uneventful, with a significant improvement in renal function and resolution of hypertension and hematuria. Follow-up CT angiography confirmed the patency of the graft and proper functioning of the transplanted kidney. The patient remained asymptomatic at 6 months, with normal renal function and no signs of graft failure or aneurysm recurrence. This case highlights the successful management of a renal artery aneurysm in a young female using autotransplantation, a viable option in cases where the aneurysm poses a significant risk to renal viability.

PM7.17 - Harvesting of birenoaortocaval graft in brain-dead patients with chronic liver failure - presentation of the surgical technique
Prelevarea grefei birenoaortocave la pacienții în moarte cerebrala cu insuficiență hepatică cronică- prezentarea tehnicii chirurgicale

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Introduction. Kidney harvesting is a crucial step for graft survival. In the settings of multi-organ harvesting, exposure and initial dissection are performed by liver procurement team; however, in instances of chronic liver failure, the technique of kidney-only procurement can pose specific challenges.

Material and Methods. We report the surgical technique for harvesting birenoaortocaval graft in a brain-dead donor. After a midline laparotomy and exposure of the retroperitoneal spaces, the ureters were identified, dissected, and transected close to the bladder. Next, distal aorta and inferior vena cava were dissected and divided, with the inferior mesenteric artery and lumbar branches ligated and cutted. Additionally, the superior mesenteric artery, the celiac trunk along with the hepatic pedicle were ligated to reduce blood flow following cannulation, considering the fact that the liver is not harvested.
The procedure continues with dissection of thoracic aorta which was clamped just below the diaphragm after ensuring that key arteries, were ligated. The patient was heparinized, and cannulas were placed in the aorta and inferior vena cava. These cannulas were connected to an infusion system filled with cold preservation fluid infused into the renal arterial supply. The birenoaortocaval graft was removed en bloc. The kidneys were dissected free from surrounding tissues on back table. The kidneys were transplanted in the first 18-21 hours from harvesting.

Results and Conclusions. The kidney procurement surgeons must have knowledges of the operative principles of kidney-only procurement. Surgical technique must be standardized for a successful kidney transplant outcome.

PM7.18 - Cystitis Cystica Glandularis may mimic the infiltrative bladder tumor: Case Report

Cistita chistică glandulară poate mima tumora vezicala infiltrativa: Prezentare de caz

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Introduction: Pseudotumoral lesions of the urinary bladder may closely mimic malignancy on cross-sectional imaging and cystoscopic evaluation. Cystitis cystica and cystitis glandularis represent reactive urothelial alterations typically associated with chronic irritation or inflammation. Their endoscopic presentation may raise concern for urothelial carcinoma.

Case Presentation: We report the case of a 46-year-old male, without any pathological history, working in a toxic environment, who was referred for a suspicion of bladder malignancy after a computed tomography that revealed a 4 cm intravesical trigonal mass, with the implication of left ureteral orifice and dilatation of the left upper urinary tract- ureterohydronephrosis grade II-III. Cystoscopic evaluation demonstrated a pseudotumoral lesion involving trigone, posterior bladder wall, and left lateral wall, incorporating the left ureteral orifice. It was performed an extensive resection of this lesion. Histopathological examination of the specimens revealed benign lesions consisted with cystitis cystica, cystitis glandularis, and no evidence of malignancy.
A cystoscopy and a re-resection were performed six weeks after, which confirmed the initial histopathological findings. The patient was subsequently managed with chronic COX-2 inhibitor and nonsteroidal anti-inflammatory treatment. At one-year follow-up, surveillance cystoscopy revealed no residual or recurrent lesions, and no ureterohydronephrosis.

Discussions and Conclusions: This case highlights the importance of histopathological differentiation of inflammatory bladder lesions from urothelial malignancies and their possible tumoral behaviour with implication of the ureteral orifices. Accurate histopathological diagnosis is critical to avoid unnecessary radical surgical interventions. Diagnosis of these bladder entities enables conservative management and appropriate surveillance protocols.

PM8.1 - Transforming Urological Care: Our Institution's Experience with Robotic Prostatectomy"

Transformarea îngrijirii urologice: experiența spitalului nostru cu prostatectomia asistată robotic

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Introduction: Robotic radical prostatectomy has become a standard treatment technique for prostate cancer, offering advantages in surgical precision and patient recovery. This work aims to evaluate the learning curve of surgeons in robotic prostatectomy and to correlate the experience gained with the functional and oncologic outcomes obtained.

Material and method: A retrospective study was performed on a sample of 52 patients diagnosed with cT2a-cN0M0 localized prostate cancer who underwent robotic radical prostatectomy at the Regional Institute of Oncology Iasi in the period 2022-2025. Data was collected to assess the duration of surgery, intraoperative blood loss, rates of positive margins, and functional recovery (continence control and potency).

Results and Conclusions: The results indicated that the initial learning period was about 20 cases, observing a significant decrease in operative time and blood loss after this stage. The rate of positive margins decreased from 30% in the first 10 cases to 15% after the first 20 cases, suggesting a significant improvement in surgical technique with increasing experience. In terms of functional recovery, continence was restored in 85% of patients within 12 months and potency was recovered in 60% of eligible patients. The study highlights the importance of the learning curve in robotic radical prostatectomy, demonstrating that with increasing experience, functional and oncologic outcomes improve considerably. These results also emphasize the need for specific training programs and the use of simulators to accelerate the learning process and reduce the risks associated with the learning curve in robotic surgery.

PM8.2 - Robotic-Assisted Versus Laparoscopic Partial Nephrectomy – Current Controversies and Challenges
Nefrectomie Parțială Asistată Robotic Versus Laparoscopică – Controverse Și Provocări Actuale

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Introduction. The incidence of renal cancers, especially small renal masses is rising, with a notable increase observed among women and younger patients. Minimally invasive surgery includes traditional laparoscopic and robot-assisted surgery. The oncologic impact of positive surgical margins after nephron-sparing surgery is controversial. The objective of this study is to compare the rate of negative surgical margins in partial nephrectomy using robotic-assisted laparoscopic and laparoscopic technique.

Materials and methods. We conducted a retrospective study that analyze data from 50 robotic-assisted laparoscopic partial nephrectomy (RALPN) patients and 47 laparoscopic partial nephrectomy (LPN) patients 2022 to 2025. Statistical analyses included chi-square tests for categorical variables (R0 rates) and independent t-tests for continuous variables (eGFR). A p-value <0.05 was considered statistically significant.

Results and conclusions. The RALPN group had a significantly higher rate of R0 margins compared to the LPN group (100% in RALPN vs. 76.59% in LPN, p-value is < 0.001). The corrected analysis confirms that there is no significant difference in postoperative renal function (eGFR) between the LPN and RALPN groups ($p = 0.74$). This suggests that both surgical techniques have similar effects on preserving renal function after surgery. Tumor histology and grade were comparable between the groups ($p > 0.05$), suggesting that differences in R0 rates were not due to tumor biology. RALPN demonstrates superior oncological outcomes with a 100% R0 margin rate while preserving renal function is not considered correlated to the surgical technique. These findings highlight RALPN's precision and efficiency, supporting its preference for localized renal cancer. However, further studies are needed to confirm these results and evaluate long-term survival outcomes, as well as consider factors such as surgeon experience, training, and financial burden.

PM8.3 - The stage of ROBOTIC surgery
Etapa chirurgiei ROBOTICE

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Introduction. As technology evolves, all fields are impacted, including surgery. As surgeons, we need to continuously train ourselves to use the available technology and improve the qualitative results of our surgery. The hereby poster presents today's pulse of European Urology.

Materials & Methods. The existing robots, learning curve, and mentorship stages of robotic surgery are discussed. The utility of the robot in urologic surgery is presented in the context of the following surgeries: radical prostatectomy, robotic orthotopic ileal neobladder surgery, nephron-sparing surgery, robotic retroperitoneal lymph node dissection in testicular cancer, robotic pyeloplasty. Operatory steps are discussed using a photocollage, highlighting technical aspects involving oncologic and functional outcomes.

Results & Conclusions. The fast changes of available minimally invasive tools require constant training and professional investment, to firstly be able to preserve the results of open surgery and, secondly, upgrade the functional outcomes. Even though surgical robots become more accessible, the base of minimally invasive surgical skills remains laparoscopy. Professional investment in laparoscopic training can only offer a strong stepping-stone to sustain the safe development of robotic surgical skills.

PM8.4 - Robotic-assisted transvezical adenomectomy – the case of a 833 ml adenoma

Adenomectomie transezicala robotica – cazul unui adenom de 833 cmc

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Introduction. While quite a few endoscopic and radiologic techniques are seeing an increase in popularity lately, very large prostate adenomas can be cured safely by surgical transvezical enucleation. Even though these surgical enucleation techniques are comparable to each other, we chose the DaVinci robot to treat the case of a man with an 833 cubic centimetre prostate adenoma, according to our experience and familiarity.

Materials and methods. Using the parameters blood loss (ml), operating time (min), Clavien Dindo complication scale, preoperative Qmax, PVR, IPSS and postoperative Qmax, PVR, IPSS we aim to evaluate the procedure in and of itself noting overall patient satisfaction and to compare it to the mean results obtained in the treatment of very large adenomas, found in literature.

Results and conclusions. What was unusual about a patient with an adenoma this size, was that he did not have an exceptionally high IPSS score, but he had bladder stones and recurring infection episodes along with severe anemia from recurrent hematuria. We reported an operating time of 300 minutes, blood losses of 700 ml, grade 1 Clavien Dindo complications, postoperative Qmax or 35 ml/s, PVR reduction of 100 ml or 100%, preoperative IPSS of 14 compared to 1 postop. Preoperative Hb of 8 g/dl(after 2 blood transfusions) reaching 14 g/dl 4 months after surgery, monthly infections pre-surgery to 0 infectious episodes in the 2 months following stent removal.

PM8.5 - Safety and efficacy of the laparoscopic approach in the treatment of ureteropelvic junction obstruction in a solitary kidney

Siguranta si eficienta abordului laparoscopic in tratamentul stenozei de jonctiune pielo-ureterala pe rinichi unic

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Introduction. Laparoscopic pyeloplasty in the treatment of ureteropelvic junction obstruction has evolved to new standards. This approach is favoured over open surgery because of the complexity of reconstruction performed, even in the presence of aberrant crossing vessels.

Material and method. We present two cases of laparoscopic dismembered pieloplasty: a case of 18-year-old female patient with left ureteropelvic junction obstruction, 2nd degree of hydronephrosis and solitary congenital kidney and the second, a 66 years old female patient with right ureteropelvic junction obstruction, 2nd degree of hydronephrosis, solitary surgical kidney and abnormal insertion of the right ureter. Both patients accused intermittent lumbar pain for more than 6 months. Transperitoneal laparoscopic Hynes-Anderson pyeloplasty was performed with double "J" ureteral catheter insertion.

Results. Operating time was 85 and 75 min. There were no intra or postoperative incidents and the blood loss was minimal. The lumbar drain was removed on the 2rd postoperative day and the patients were discharged on the 3th day. Four weeks after the surgery the ureteral stent was removed and the patients were asymptomatic. Postoperative imaging results were improved, and there were no changes in postoperative renal function.

Conclusions. Laparoscopic pyeloplasty is a feasible option even in challenging cases of ureteropelvic junction obstruction on solitary kidney. This minimally invasive approach offers long-term clinical outcomes comparable to open surgery, while minimizing complications, promoting faster recovery and maintain renal function.

PM8.6 - 3D Laparoscopic radical cystectomy with intracorporeal ileal conduit: a feasible alternative to robotic surgery

Cistectomia radicală laparoscopică 3D cu conduct ileal intracorporeal: o alternativă fezabilă la chirurgia robotică

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Introduction. Ileal conduit is the most common urinary diversion performed after radical cystectomy providing less long-term complications and a better quality of life for the patients, as compared to the historic cutaneous ureterostomies. An intracorporeal minimally invasive approach for this urinary diversion can lead to improved postoperative outcomes, particularly in highly comorbid patients. However, it is a technically challenging procedure which is usually done only in experienced centers.

Objectives. To assess the outcomes of laparoscopic intracorporeal urinary diversion after radical cystectomy, as a feasible alternative to the robotic approach in centers with limited access to robotic surgery.

Materials & Methods. 64 consecutive patients (between January 2017 – February 2025) who underwent 3D laparoscopic radical cystectomy with intracorporeal ileal conduit for muscle-invasive bladder tumors in our department were included in the current study. For ileal conduit, a 15 cm bowel loop was used, 20 cm from the ileocecal valve. The exclusion of the bowel loop and bowel anastomosis was performed using laparoscopic staplers in all cases. The left ureter was transposed on the right side. The uretero-ileal suture was performed using the Bricker technique (with 3/0 Vicryl suture) and the ureters were catheterized with 7 Ch Mono-J stents.

Results. Median intracorporeal urinary diversion time was 180 (min 90, max 210) minutes. Two intraoperative complications were reported, respectively ileal conduit torsion at the moment of exteriorization, and accidental mono-J removal. The nasogastric tube was removed in the first postoperative day. Bowel movements resumed after a mean of 3 days. The ileal conduit drainage was removed after a mean of 3 days. In the immediate postoperative period, 15 patients (25,8%) had Clavien 1-2 complications, while 4 patients (6,8%) presented Clavien ≥3 complications: two patients presented urinary fistula (one case managed conservatively, the other case requiring excision of the ileal conduit), one patient presented postoperative bleeding that required reintervention, and one patient died due to aspiration pneumonia. The ureteral stents were removed after a mean of 4 weeks after surgery. At a mean follow-up of 12 months, 13,7% patients presented uretero-ileal stenosis (unilateral 6 cases, bilateral 2 cases), which was managed by anterograde ureteral stent or nephrostomy.

Conclusions. The 3D laparoscopic approach is feasible for intracorporeal urinary diversions, ensuring complete minimally invasive approach in radical cystectomies, in centers that do not benefit from Da Vinci system. Once the learning curve is overcome, performing a laparoscopic intracorporeal urinary diversion offers significant advantages to the patient with a less economic burden.

PM8.7- 3D Laparoscopic ureteroplasty using autologous buccal mucosa following iatrogenic ureteral injury

Ureteroplastie laparoscopică 3D utilizând mucoasă bucală autologă pentru o leziune uretală iatrogenă

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Introduction & Objectives: Iatrogenic ureteral injuries, though uncommon complications arising from abdominal, pelvic, and endoscopic surgeries, present significant risks with incidence rates between 0% to 10%. If not promptly recognized or treated, these injuries can result in considerable loss of kidney function and diminish patients' quality of life. The prevalence of such injuries is notably higher in emergency situations and among patients with conditions that alter ureteral anatomy, including diverticulitis, inflammatory bowel disease, surgical fibrosis, and advanced cancers. Treatment modalities vary depending on the injury's location, with upper ureteral injuries presenting limited options. One effective technique for repairing abdominal ureteral lesions is ureteroplasty utilizing an autologous buccal mucosa graft, which minimizes potential rejection risks and complications associated with synthetic materials.

Materials & Methods: This report details the case of a 37-year-old woman who underwent emergency endoscopic surgery for right ureteral stones. Post-procedure, she developed right flank pain and ureterohydronephrosis, leading to a diagnostic evaluation revealing a proximal ureteral stricture with significant wall thickening. Initial management included the placement of a nephrostomy tube, later replaced by a double-J stent. A collaborative surgical team involving urologists and maxillofacial surgeons harvested a 4 cm x 2 cm buccal mucosa graft from the inner left cheek, closing the buccal defect after proper preparation. The right ureter was accessed using a 3D transperitoneal laparoscopic approach. The stricture was incised longitudinally, and the graft was sutured into place, followed by the insertion of a double-J stent and coverage of the ureteroplasty site with omentum.

Results: The surgery lasted 275 minutes, with favorable postoperative outcomes. The lumbar drain was removed on day two, the bladder catheter on the second week, and the double-J stent after eight weeks. Follow-up imaging confirmed resolution of hydronephrosis.

Conclusions: The use of autologous buccal mucosa grafts promotes effective healing and integration, resulting in restored ureter function. Laparoscopic ureteroplasty not only reduces invasiveness compared to traditional open surgery but also facilitates quicker recovery and return to normal activities.

PM8.8 - Laparoscopic 3D retroperitoneal adrenalectomy for right adrenal pheochromocytoma in an 18-year-old patient, case report.
Suprarenalectomie dreaptă laparoscopica 3D retroperitoneala pentru feocromocitom suprarenalian drept la un pacient de 18 ani

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Introduction: Pheochromocytoma is a rare entity with a major impact on the cardiovascular system due to excessive catecholamine secretion. Early diagnosis and correct management are essential for preventing severe complications.

Material and method: We present the case of an 18-year-old patient, known for approximately 3 months with secondary hypertension grade II, palpitations, tachycardia, headache, treated with Doxazosin 50 mg x2/day, Metoprolol 50 mg x2/day, clinically and paraclinically investigated, diagnosed by biochemical tests with increased plasma and urinary metanephrine, and CT imaging investigations showing right adrenal pheochromocytoma, for which right laparoscopic 3D adrenalectomy by retroperitoneal approach was performed.

Results: The postoperative course was favorable with normalization of blood pressure and catecholamine secretion. There were no intra- or postoperative incidents or complications, and discharge was on the 3rd postoperative day. Histological examination revealed a benign neuroendocrine tumor with immunohistochemical characteristics of pheochromocytoma.

Conclusions: Laparoscopic 3D adrenalectomy by retroperitoneal approach is a safe and effective method in the treatment of pheochromocytoma, with significant benefits in terms of morbidity and postoperative recovery.

PM8.9 - Bilateral posterior retroperitoneoscopic adrenalectomy: the choice for bilateral pheochromocytoma?

Suprarenalectomia bilaterală prin retroperitoneoscopie posterioară: tehnica de elecție pentru feocromocitomul bilateral?

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Introduction. Bilateral adrenal involvement occurs in approximately 20% of pheochromocytoma cases, with a higher prevalence in hereditary syndromes such as Multiple Endocrine Neoplasia type 2A (MEN 2A). Among the available laparoscopic techniques, posterior retroperitoneoscopic adrenalectomy is particularly beneficial when bilateral procedure is indicated, as it eliminates the need for repositioning the patient between sides, thereby improving surgical efficiency. The aim of this study was to present our first experience with posterior retroperitoneoscopic bilateral adrenalectomy in the treatment of bilateral pheochromocytoma.

Material and methods. We present the case of a 47-year-old female referred to the Urology department for surgical management of bilateral pheochromocytoma associated with MEN2A syndrome. The patient had a family history of a "high-risk" mutation in codon 634 of the RET gene (her daughter and sister), prompting active screening (with thyroid ultrasound and serum calcitonin). Computed tomography of the chest, abdomen, and pelvis revealed bilateral adrenal masses with inhomogeneous contrast enhancement, measuring 38 × 38 mm on the right and 36 × 26 mm on the left. A marked elevation in free plasma metanephrines confirmed the diagnosis of pheochromocytoma. Following appropriate preoperative management, bilateral adrenalectomy was performed using the posterior retroperitoneoscopic approach in a single surgical session. We used the surgical technique described by Walz, with several variations.

Results and conclusions. The total operative time was 90 minutes, with minimal estimated blood loss. The patient's postoperative course was uneventful, with no major cardiovascular or metabolic complications. Pathological examination confirmed negative surgical margins, with a PASS (Pheochromocytoma of the Adrenal Gland Scaled Score) of six on the left side and two on the right. Three months later, the patient underwent total thyroidectomy with cervical lymph node dissection for medullary thyroid carcinoma (pT1bN0L0V0Mx). In conclusion, bilateral posterior retroperitoneoscopy represents a direct, fast, cosmetic approach to perform adrenal surgery, making bilateral adrenalectomy easier.

PM8.10- Laparoscopic Sacrocolpopexy in the Treatment of Cystocele and Genital Prolapse: Initial Clinical Experience

Sacrocolpopexia laparoscopică în tratamentul cistocelului și prolapsului genital: Experiența inițală a Clinicii

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Introduction: Genital prolapse is a common pelvic floor disorder in women, characterized by the descent of pelvic organs - such as the uterus, vaginal apex, bladder, or rectum -due to weakened support structures. It may cause symptoms including pelvic pressure, urinary or bowel dysfunction, and sexual discomfort, significantly impairing quality of life. Laparoscopic sacrocolpopexy is a minimally invasive procedure that restores pelvic anatomy by suspending the vaginal apex or uterus to the sacral promontory using synthetic mesh. Compared to open surgery, it offers reduced postoperative pain, shorter hospital stays, and faster recovery. Its long-term efficacy is supported by studies reporting lower recurrence rates than other prolapse repair techniques. However, optimal outcomes depend on appropriate patient selection and surgical expertise, given potential risks such as mesh-related complications or infection. Overall, laparoscopic sacrocolpopexy remains a gold-standard treatment for advanced genital prolapse, providing favourable anatomical and functional results.

Material and methods: Between February 2024 and March 2025, we performed laparoscopic sacrocolpopexy on 12 women aged between 50 and 67 years, that were diagnosed with advanced genital prolapse. Each patient underwent a thorough preoperative evaluation, including clinical examination to confirm the indication for surgery. The procedure was carried out using a minimally invasive laparoscopic approach, ensuring anatomical restoration by suspending the vaginal apex to the sacral promontory with a synthetic mesh.

Results: Among twelve laparoscopic sacrocolpopexy procedures, ten were completed without complications, while one required conversion to open surgery due to obesity-related technical difficulties. Recovery was uneventful in all cases, with average hospital stays of 3-4 days. One patient required an additional transobturator suburethral sling (TOT), and two patients needed anticholinergic treatment postoperatively. At 1- and 3-month follow-up, when chronologically applicable, all patients remained asymptomatic, with no complications or prolapse recurrence, confirming the procedure's safety and efficacy in our clinical setting.

PM8.11 - Laparoscopic Management of Synchronous Gastric GIST and Renal Tumor: A Case Report

Abordare laparoscopică combinată pentru GIST gastric și tumoră renală: Prezentare de caz

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Introduction: Gastric gastrointestinal stromal tumours (GISTs) constitute a distinct category of neoplasms within the gastrointestinal tract, with the stomach being their most common site of occurrence. Although relatively rare, these tumours hold considerable clinical significance due to their variable biological behaviour and potential for malignant progression. The unpredictable nature of gastric GISTs presents substantial challenges in terms of accurate diagnosis and optimal therapeutic management. Synchronous primary cancers involving both the stomach and kidney are exceptionally rare, with only 45 cases documented in the literature as of 2020. In the actual study we present a case of a 69-year-old female patient diagnosed with a gastric and a renal tumour at the same time.

Method and patient: A 69-year-old female presenting with nonspecific abdominal symptoms underwent contrast-enhanced CT, revealing a gastric GIST on the lesser curvature and a left renal mass. Surgical management was performed in a single stage, utilizing appropriate intraoperative positioning to facilitate both laparoscopic wedge resection of the stomach with stapler closure and partial nephrectomy.

Result: Histopathological analysis identified the gastric lesion as GIST and the renal tumour as benign oncocytoma. At the 6-month follow-up, contrast-enhanced CT confirmed no evidence of recurrence or new tumour formation. Patient is asymptomatic.

PM8.12 - Laparoscopic Partial Nephrectomy - Our Center's Experience Over the Last 10 Years

Nefrectomiile parțiale laparoscopice - experiența centrului nostru în ultimii 10 ani

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Introduction. Partial nephrectomy is the standard surgical treatment for cT1 and selected cT2 renal cell carcinoma, showing similar oncologic outcomes, but significant advantages when compared to radical nephrectomy in terms of preserving overall kidney function and reducing the risk of metabolic and cardiovascular complications.

Materials and methods. We conducted a retrospective descriptive analysis of laparoscopic partial nephrectomies performed at the Municipal Hospital, Cluj-Napoca over the past 10 years.

Results. A total of 224 patients underwent laparoscopic partial nephrectomy at our center. Among them, 129 were male and 95 were female. Regarding the anatomical distribution of renal tumors, 128 tumors were located in the left kidney. One hundred twenty-six (56.25%) of the tumors were classified as cT1a, whereas the rest were cT1b (17.41%) T2a (2.67%), cT2b (0.44%) and cT3a (2.23%). The mean diameter of the tumor was 37.19 mm (range: 10 mm -85 mm). Tumor location varied, with 87 tumors located in the upper pole, 71 in the midrenal region, and 66 in the lower pole. One hundred seventeen procedures were performed using a retroperitoneal approach (52.23%) and the rest of them were transperitoneal (47.77%). The mean operating time was 170 minutes, with an average ischemia time of 19.71 minutes. The majority of tumors were clear cell carcinomas (159 cases, 70.98%), while 47 tumors were benign, including 22 oncocytomas, 19 angiomyolipoma, three was simple kidney cyst, two was renal encysted hematoma and one kidney glomangioma. Positive resection margins were found in five cases (2.23%). Most complications were classified as Clavien grade 1 or 2; however, one patient required radical nephrectomy seven days after the partial nephrectomy due to hematuria, and in two cases a ureteral stent was placed for urinary fistula. The average hospital stay was 4.7 days.

Conclusion. Laparoscopic partial nephrectomy has proven to be a safe and effective surgical approach for the treatment of renal tumors in appropriately selected patients. Our experience demonstrates favorable perioperative outcomes, with minimal complications and good oncological control.

PM8.13 - Efficiency of Partial Nephrectomy via Laparoscopic Approach for Renal Tumors >4 cm – Experience of a Single Center

Eficiența nefrectomiei parțiale prin abord laparoscopic pentru tumorile renale > 4 cm – experiența unui centru unic

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Introduction. Laparoscopic partial nephrectomy (LPN) has shown favourable results when compared to traditional nephron-sparing open surgery in terms of both surgical techniques and oncological outcomes. As surgical techniques have advanced, the indications for laparoscopic partial nephrectomy have broadened beyond small (T1a), exophytic, and peripheral tumours, now including more complex cases with greater technical difficulty. The aim of this study is to assess the efficiency and perioperative safety of LPN for renal tumours>4 cm (T1b-T2).

Materials and Methods. From October 2022 to December 2024, 57 patients underwent LPN. Patients were grouped based on tumour size: the control group – ≤4 cm (n=35; 61.4% of patients) and the study group – >4 cm (n=22; 39.6%). The laparoscopic approach was performed either via a transperitoneal/3D or retroperitoneal technique. Data regarding patient age, comorbidities, hospitalization, location and size of the tumour, histological type, perioperative renal function, as well as the incidence and nature of complications were recorded. A comparison was then made between the two groups based on the data obtained.

Results. The study results indicated that the mean tumour size was 2.1 cm in the control group and 4.5 cm in the study group. The duration of the surgery, hospitalization, and blood loss were equivalent between the two groups. Renal function remained within normal limits during the perioperative period. The average warm ischemia time was 22.7 minutes for the control group and 24.1 minutes for the study group. Tumour size greater than 4 cm did not significantly increase the risk of positive tumour margins or perioperative complications.

Conclusions. Given laparoscopic expertise and proper patient selection, LPN is effective for renal tumours>4 cm, aiming to preserve as much renal function as possible for these patients.

PM8.14 - Intraoperative ultrasound in 3D laparoscopic renal tumor excision

Ultrasonografia intraoperatorie in excizia tumorala renala laparoscopica 3D

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Introduction. Three-dimensional laparoscopic partial nephrectomy has established itself as a vital approach in treating renal tumors, especially those that are deeply embedded within the renal parenchyma. In this context, intraoperative ultrasound emerges as a crucial instrument, enabling surgeons to guide and monitor the procedure in real time accurately. This study aims to evaluate the impact of IOUS guidance on surgical performance and patient outcomes.

Materials and Methods. Over 5 years, between 2019 and 2024, at the Urology Clinic Sibiu, we evaluated 115 patients with T1a and T1b renal tumors based on a retrospective study. Key postoperative parameters such as time to resumption of oral intake, analgesic requirements, and length of hospital stay were recorded. Additionally, we focused on intraoperative variables including blood loss, operative time, and ischemia duration, to comprehensively assess the benefits of the intraoperative ultrasound-assisted technique.

Results and Conclusions. The postoperative outcomes include the time until food resumption, analgesia needs, and hospital stay duration. However, Intraoperative ultrasound in 3D laparoscopic renal tumor excision provides important intraoperative advantages, including lower blood loss, reduced operative times, and shorter ischemia durations indicating enhanced procedural efficiency and safety. Implementing Intraoperative ultrasound in 3D laparoscopic partial nephrectomy significantly improves intraoperative metrics and overall surgical precision. These benefits not only facilitate the achievement of negative surgical margins but also contribute to improved patient safety and outcomes. Thus, IOUS-guided techniques represent a valuable advancement in the management of renal tumors, warranting their broader adoption in clinical practice

PM8.15 - Laparoscopic approach for voluminous renal tumors diagnosed in young patients

Tratamentul tumorilor renale voluminoase prin abord laparoscopic la pacienții tineri.

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Introduction: Renal tumors represent a diverse group of neoplasm, originating in the kidney which present a significant clinical challenge due to their varied histology, clinical manifestations and therapeutic approaches. RCC represents around 90% of renal malignancies with a peak occurrence in the 6th-7th decade. This pathology is relatively uncommon in patients under 50 years old, account for 10-15% of all cases. The incident of this pathology in younger patients is rising, possibly due to genetic predispositions and lifestyle influences. The EAU guidelines highlights that nephrectomy is the standard treatment option for localized renal tumors, this approach being crucial for curative treatment of renal tumors. regarding laparoscopic approach for large primary tumors, is not clearly established the limit of this method, large tumors can cause difficulties in preparing the renal pedicle, which increases the risk of intraoperative complications and need for conversion.

Materials and methods: We present two cases of voluminous renal tumors in young patients (<50 years old). First one being a male, 48 years old presented with lumbar pain, macroscopic hematuria with an onset of approximately 1month. Abdominal US and contrast enhanced CT scan revealed a left renal tumor of 14x12x12cm (cT2bN0M0). The second case was a 40 years old female with almost the same symptomatology, with contrast enhanced CT scan showing a right renal mass around 12x11x10 cm (cT2bN0M0). For both patients the treatment of choice was 3D laparoscopic nephrectomy, the median OR times being 60 minutes, minimum blood loss, both patients being discharged in 4th day.

Conclusions: Laparoscopic nephrectomy in large voluminous renal tumors can be safely performed having reduced postoperative pain, less hospitalization stay and quick recovery. This approach has multiple advantages, such as smaller scar, better visualization, negligible blood loss and reduced risk of infection, being cost effective in the long run.

PM8.16 - 3D Laparoscopic partial nephrectomy: the results after first 40 cases

Nefrectomia parțială laparoscopică 3D: rezultatele după primele 40 cazuri

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Introduction. Partial nephrectomy is now indicated fo all cT1 renal tumours and even in selected cases of cT2 tumours. Minimally invasive surgery has revolutionized the management of these cases, with laparoscopic partial nephrectomy (LPN) emerging as a preferred approach for nephron-sparing surgery. 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 evaluate our initial experience with 3D LPN, analyzing perioperative outcomes and early oncological efficacy in the first 40 cases.

Material and methods. We retrospectively included first 40 consecutive patients who underwent 3D laparoscopic partial nephrectomy (either transperitoneal or retroperitoneal) in our department between October 2022 and February 2025. We evaluated the preoperative, intraoperative and postoperative data, as well as pathological characteristics of the final specimen.

Results and conclusions. The median age of the patients was 59 years. The median operative time was 110 minutes. No patient required conversion to open surgery. In seven cases an off-clamp approach was successfully used. The median warm ischemia time was 19 minutes. The median size of the tumors was 4.5 centimeters. Renal cell carcinoma was encountered in 35 cases and 37 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 median postoperative hospital stay was 4 days. In conclusion, our initial experience with the first 40 cases demonstrates oncological and functional outcomes, As surgical expertise advances, LPN continues to be a valuable minimally invasive option for appropriately selected patients.s.

PM8.17 - Continence recovery after laparoscopic radical prostatectomy: first 100 consecutive cases

Recuperarea continenței după prostatectomia radicală laparoscopică: primele 100 cazuri consecutive

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Introduction. Laparoscopic radical prostatectomy (LRP) is a widely utilized approach in prostate cancer surgery, designed to maintain urinary continence and sexual function while minimizing perioperative complications. It aims to achieve these benefits without compromising oncological outcomes when compared to open and robotic approaches. However, postoperative urinary continence recovery remains a significant concern, impacting patients' quality of life. Understanding the factors influencing continence outcomes and the recovery trajectory is essential for optimizing patient care. The aim of this study was to present the continence-related outcomes after first 100 consecutive cases of laparoscopic radical prostatectomy.

Material and methods. We included first 100 consecutive cases with localized or locally-advanced nonmetastatic prostate cancer (cT1-3bN0-1M0) that underwent LRP in our institution between November 2022 and December 2024. We didn't included the cases with conversion to the open approach. The surgery was performed in standard fashion, with several modifications. Selective ligature of Santorini complex after its prior sectioning (95% of cases) and bladder neck preservation (85% of cases) were routinely attempted to enhance early continence recovery. Nerve-sparing techniques were applied when oncological and technically feasible. All urethrovesical anastomosis were performed in Van Velthoven manner. Continence was evaluated at 3 and 6 months by questioning the patients regarding number of pads used (continent – 0-1 pads, moderate incontinence – 2 pads, severe incontinence – more than 2 pads).

Results and conclusions. Among the first 100 consecutive LRP cases, only two patients had severe incontinence and 28 patients had moderate incontinence at 6 months. Median operative time was 210 minutes. Median blood loss was 400 mL. Median catheterization time was 14 days (range: 12-21 days) and mean postoperative stay was 4 days (range: 3-7 days). Positive surgical margins were encountered in 10 cases. In conclusion, LRP provides favorable continence recovery rates, with the majority of patients regaining continence within six months.

PM8.18- Transperitoneal Laparoscopic Radical Nephrectomy Using a Modified Approach – The Experience of Our Clinic

Nefrectomia radicală laparoscopică transperitoneală prin abord modificat – experiența clinicii

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Introduction. Appropriate placement of laparoscopic ports is essential in laparoscopic radical nephrectomy, decisively influencing the safety and efficiency of the procedure. Optimal trocar positioning provides easy access to anatomical structures, minimizes tissue trauma, reduces complications, improves instrument maneuverability and team ergonomics, shortens operative time, and promotes faster recovery.

Material and Methods. This study evaluates the use of a modified approach with staggered trocar placement, introduced in our clinic over the past year, focusing on the feasibility of the approach and other factors such as operative time, ergonomics, and complication reduction. The retrospective study assessed laparoscopic radical nephrectomy procedures performed in the Urology Department of the Emergency County Clinical Hospital (SCJU) Craiova between January 2023 and December 2024 for patients with imaging-suspected renal tumors. A total of 173 cases were evaluated. Cases of partial nephrectomy (12) or nephrectomy for non-oncological conditions (37) were excluded while 124 cases were included in the analysis: 53 cases in 2023 using the standard laparoscopic approach (Group A) and 71 cases in 2024 using the modified laparoscopic approach (Group B).

Results. The average operating time in group A was 133 ± 65 minutes, while in group B it was significantly reduced to 108 ± 42 minutes ($p<0.05$). The conversion rate to open surgery was also significantly reduced from 9 cases in 2023 (17%) to 5 out of 71 in 2024 (7%) and intraoperative blood loss decreased from 400 ± 270 ml to 150 ± 190 ml ($p<0.05$). Additionally, we observed a subjective improvement in ergonomics reported by the surgical team.

Conclusion. The results indicated that regardless of tumor type, location, size, laterality or patient status, the modified laparoscopic approach offers certain advantages in terms of ergonomics, operative time, and complication rate.

V1.1- Radical Laparoscopic Nephrectomy for a Renal Tumor on a Pelvic Ectopic Kidney

Nefrectomie radicală laparoscopică stângă pentru tumoră renală pe rinichi în ectopie pelvină

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Introduction and Objectives. Renal ectopia is a rare congenital anomaly characterized by abnormal positioning of the kidney, most commonly in the pelvis. Tumors arising in ectopic pelvic kidneys are exceptionally rare and pose significant diagnostic and therapeutic challenges due to atypical anatomical features and variable vascularization. The unusual location often leads to delayed diagnosis, and standard surgical approaches may require modification. Moreover, aberrant vasculature complicates both nephron-sparing and radical surgeries. Given the limited number of reported cases, no standardized treatment protocol exists, and management is often individualized. The purpose of this paper is to present a case of renal tumor occurred in a pelvic ectopic kidney.

Materials and Methods. We present the case of a 70-year-old female patient who was admitted in our clinic with gross hematuria and left inguinal pain. Upon clinical examination, a hard swelling was noted in the left flank and inguinal area. The CT scan revealed a 6 by 4 cm left renal tumor on a pelvic ectopic kidney suggestive for renal cell carcinoma. The hilum of kidney was positioned antero-laterally. The kidney had numerous arteries originating from the abdominal aorta, inferior mesenteric artery, common, external and internal left iliac arteries, while the venous system was discharged in the inferior vena cava at the normal lumbar level. An anterior transperitoneal laparoscopic approach was chosen. The optical trocar was placed pararectally at the level of the umbilicus, a 10 mm trocar was also placed pararectally 5-7 cm lower, and the last 5 mm trocar was infraumbilically on the anterior axillary line. Laparoscopic radical left nephrectomy was performed.

Results. The operative time was 150 minutes. The blood loss during surgery was about 100 ml and no major complications were encountered in the postoperative setting. The patient was discharged on the 4th postoperative day with normal renal function. The pathological examination confirmed the diagnosis of RCC pT1bN0Mx. The CT scan and blood works at the 6 months postoperative follow-up showed no tumor relapse and no abnormalities in the functioning of the right kidney.

Conclusions. Renal tumors arising in pelvic ectopic kidneys can be successfully managed trough laparoscopic radical nephrectomy. This minimally invasive approach proved to be both safe and effective, despite the anatomical complexity and aberrant vasculature typically associated with ectopic kidneys. The outcome highlights the feasibility of laparoscopic surgery in such rare and challenging scenarios, emphasizing the importance of preoperative planning and experienced surgical teams.

V1.2 - Minimally Invasive Approach to Multifocal Renal Tumors: A Robotic-Assisted Double Partial Nephrectomy

Abordare minim invazivă a tumorilor renale multifocale: Nefrectomie parțială dublă asistată robotic

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Introduction. Partial nephrectomy is the standard approach for localized renal tumors, providing oncological outcomes comparable to radical nephrectomy. This video demonstrates our robotic-assisted Da Vinci Xi double partial nephrectomy technique, aimed at preserving renal function while ensuring oncological safety.

Material and Methods. A 50-year-old male patient was incidentally diagnosed with multifocal right renal tumors, staged cT1b/cT1aN0M0. Preoperative uro-CT imaging revealed a medio-renal tumor measuring 48 mm near the upper and middle calyces, as well as a 9 mm lesion at the inferior pole. The PADUA score of 10 indicated a high-complexity tumor. The robotic transperitoneal approach used six trocars (1x12 mm, 4x8 mm, 1x5 mm). The procedure began by medializing the ascending colon and exposing the duodenal flexure. The lower renal pole was dissected, identifying the ureter and continuing cranially to the renal hilum, where the renal vein and artery were located. The renal artery bifurcation was dissected. The Gerota fascia was incised, revealing the cT1a tumor at the lower pole and the cT1b tumor mediorenally, confirmed via intraoperative ultrasound. The tumors were circumferentially dissected, with the renal artery branches clamped using bulldog clamps. The mediorenal tumor was enucleated, followed by deep renal suturing with 2 V-Lok 2-0 sutures, including suturing the pyelocaliceal system. Superficial suturing was completed with 6 Vycril 1 sutures. The inferior tumor was resected, and superficial suturing was finished with 4 Vycril 1 sutures.

Results and Conclusions. The procedure lasted 220 minutes, with a blood loss of 450 ml, and the ischemia time was 35 minutes. The drain was removed on day 2, and the patient was discharged on day 4. Pathological findings confirmed clear cell carcinoma at Fuhrman grade 2 and grade 1 pT1b/pT1aNxMxL0V0R0. Robotic-assisted double partial nephrectomy for multifocal renal tumors effectively preserves renal function and ensures oncological safety.

V1.3 - Robot-assisted retroperitoneal lymph node dissection for large post-chemotherapy residual mass in testicular cancer

Limfadenectomie retroperitoneala asistata robotic pentru masa reziduala postchimioterapie in tumorile testiculare

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Introduction: This case report details the multidisciplinary management of a 54-year-old male with a retroperitoneal mass following a previous right inguinal orchiectomy for a mixed germ cell tumor (teratoma, yolk sac tumor, and embryonal carcinoma). The initial orchiectomy (December 2023) revealed a pT2 Nx LVI1 R0 tumor. Post-orchiectomy, the patient underwent BEP chemotherapy.

Material and methods: Subsequent imaging (CT, MRI, PET-CT) revealed a large (71x84x120 mm), polylobulated retroperitoneal mass with heterogeneous features, suggestive of a cystic-necrotic component, and exhibiting increased FDG uptake, indicative of metabolic activity. A 15 mm peri-iliac lymph node also demonstrated metabolic activity (SUV 3.34). This prompted a retroperitoneal lymphadenectomy to address potential metastatic disease.

Results: On January 20, 2025, a robotic-assisted lymphadenectomy with right nephrectomy was performed, lasting 660 minutes (11 hours). The procedure involved meticulous dissection due to extensive tumor adhesion to the inferior vena cava, abdominal aorta and the duodenum. Right nephrectomy was performed because of extensive involvement of the right ureter into the retroperitoneal mass. The histopathological report of the lymphadenectomy specimen revealed 15 lymph nodes consistent with the diagnosis of mature teratoma. The kidney showed chronic pyelonephritis and hydronephrosis.

Conclusion: This case underscores the complexities in managing retroperitoneal masses following germ cell tumours. A multidisciplinary approach is crucial in case of tumour invasion into vital structures (ex. inferior vena cava, abdominal aorta, duodenum). Surgical management of postchemotherapy retroperitoneal residual masses, especially in the case of teratoma, is essential. Close clinical follow-up and ongoing surveillance is necessary.

V1.4 - Da Vinci Xi Robotic travesical simple prostatectomy for large prostatic adenoma in obese patient

Adenomectomia transvezicală robotică Da Vinci Xi in cazul unui pacient obez cu adenom prostatic voluminos

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Introduction. Benign prostatic hyperplasia (BPH) may affect up to 60% of male population above 60 years old. In case of medication failure, surgery is the only treatment alternative. For enlarged prostates (>100cc), robotic approach gained popularity due to good visualisation, anatomic dissection, bleeding control.

Material and method. We present the case of a 62-year-old patient who presented an episode of acute urinary retention while being under double BPH medication. Diagnosis assesment consisted of: 1.Digital rectal examination– enlarged prostate without suspect nodules; 2.PSA=33 ng/ml; 3.Prostate mpMRI– 160cc prostate without suspect nodules. The patient presented multiple comorbidities: Obesity (BMI=38);Diabetes;Cushing Syndrome;Arterial Hypertension. Patient was positioned dorsal decubitus. Pneumoperitoneum was achieved using trocar insertion by Hasson technique. Five working trocars were inserted under direct visualisation. Da Vinci System was docked. Using the urethro-vesical Foley catheter 300cc of saline solution were introduced. A vertical cystotomy was performed exposing the prostatic adenoma and the ureteral orifices. Two stay suture were placed through the bladder wall to improve exposure. Bladder mucosa was incised to expose the adenoma. After adenoma retraction the avascular plane of the adenoma was identified and dissection was carried distally toward the prostatic apex. The bladder neck mucosa was sutured to the urethral mucosa using 3-0 Stratafix. A 20 Fr three-way urethral catheter was inserted. The bladder wall was closed in two layers with a 2-0 V-lok sutures.

Results and conclusions. Total surgical time was 210 minutes. Blood loss was 450cc. No intraoperative or postoperative complications were encountered. Postoperative haemoglobin was 11.5 g/dl. Bladder irrigation was halted on day 1 PO. Drainage tube was removed on day 2 and patient was discharged on day 4. Pathology report showed 130cc of prostatic tissue with BPH and chronic prostatitis. Robotic simple prostatectomy is a safe surgical alternative in obese patients with enlarged prostates and multiple comorbidities.

V1.5 - Da Vinci Xi Robotic Simple Prostatectomy: A Minimally Invasive Alternative to Open Surgery for Large Prostatic Adenomas

Prostatectomie Simplă Asistată Robotic Da Vinci Xi: O Alternativă Minim Invazivă la Chirurgia Deschisă Pentru Tratamentul Adenoamele Prostatice Voluminoase

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Introduction. Benign prostatic enlargement (BPE) is a leading cause of obstructive lower urinary tract symptoms (LUTS) in aging men. Traditionally, open simple prostatectomy has been the gold standard for the surgical management of very large prostatic glands. However, its primary drawbacks include significant morbidity, increased blood loss, high complication rates, prolonged hospitalization, and less favorable cosmetic outcomes. Robot-assisted simple prostatectomy (RASP) is a minimally invasive alternative for the treatment of glands larger than 80 cm3, particularly for surgeons experienced in robotic-assisted radical prostatectomy (RARP). As robotic surgery gains popularity and increasingly becomes the standard of care in prostate disease management, RASP is emerging as a viable option.

Objectives. To present the technique of robotic simple prostatectomy performed in our center.

Materials & Methods. We present the case of a 72-year-old patient with severe lower urinary tract symptoms (LUTS), indicated by an International Prostate Symptom Score (IPSS) of 26. The patient's PSA level was 3.7 ng/mL. Ultrasound evaluation revealed significant prostatic enlargement with a post-void residual volume of 300 mL. Uroflowmetry demonstrated a maximum flow rate (Qmax) of 8.1 mL/sec. Multiparametric MRI confirmed a prostate volume of 150 cm^3 without suspicious nodules. Given these findings, we opted for a robotic-assisted simple prostatectomy. The patient was placed in the dorsal decubitus position, and a transperitoneal approach was performed. A total of 300 mL of saline was instilled into the bladder, after which a longitudinal incision of the bladder dome was made. The lateral bladder walls were retracted and anchored laterally. The ureteric orifices were identified to ensure safety during resection, and an initial incision was made at the bladder neck in the 6-o'clock position to find the correct plane between the adenoma and the peripheral zone of the gland (surgical capsule). A circumferential incision of the bladder mucosa was performed, followed by a meticulous dissection along the surgical capsule down to the prostatic apex, where the urethra was transected. Bladder neck reconstruction as performed using two 3-0 Stratafix sutures. The procedure was concluded with a two-layer cystorrhaphy.

Results. The estimated blood loss (EBL) was 250 mL. The patient was mobilized on the first postoperative day, and the pelvic drain was removed the same day. Bowel movement was reported on the second postoperative day. No complications occurred, and the patient experienced minimal pain, which was effectively managed with mild analgesics. The patient was discharged on the third postoperative day. The Foley catheter was removed after seven days, with the patient reporting full continence, no lower urinary tract symptoms, and minimal post-void residual urine.

Conclusions. Robotic-assisted simple prostatectomy is an effective and safe technique, and can hence be considered to become the preferred first-line therapy to treat patients with obstructive large prostate glands.

V1.6 - Toxic vs. Friendly Perinephric Fat: Overcoming Surgical Challenges in Robotic Partial Nephrectomy.

Grăsimea perirenală toxică vs. "prietenoasă": Depășirea provocărilor chirurgicale în nefrectomia parțială robotică.

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This film presents a comparative analysis of two robotic partial nephrectomy (RAPN) interventions, one performed in the presence of adherent perinephric fat (APF) or so-called perinephric toxic fat, and the other with friendly perinephric fat, emphasizing the surgical challenges and strategies employed to overcome them. 7. Two separate cases are presented—one with a high MAP score (Mayo Adhesive Probability), indicating toxic perinephric fat and the other with a low MAP score, indicating friendly perinephric fat. 8. These cases demonstrate how the MAP score informs surgical planning, highlighting how adhesions and fat characteristics impact tumor resection, dissection time, bleeding risks, and overall surgical difficulty, offering valuable insights for urologic surgeons seeking to improve patient outcomes

V1.7 -Bilateral Nerve-Sparing Robotic Radical Prostatectomy: Optimizing Functional Outcomes

Prostatectomie radicală robotică cu nerve sparing bilateral: Optimizarea rezultatelor funcționale

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Introduction. Radical prostatectomy is the standard treatment for localized prostate cancer (PCa). Due to the challenging access to the male pelvis, minimally invasive approaches are preferred. In this video, we present our standard technique for bilateral nerve-sparing robotic radical prostatectomy, aimed at preserving erectile function and urinary continence while ensuring optimal oncologic excision.

Material and Methods. We present the case of a 55-year-old patient diagnosed with Gleason 6 (3+3) prostate adenocarcinoma, based on MRI-guided biopsy (6/6 positive cores in the left lobe, 3/10 in the right). MRI identified a PIRADS 4 lesion in the mid-right lobe. PSA was 4.7 ng/ml, and the PCa was staged as cT1cN0M0, with a 2% risk of lymphovascular extension according to the MSKCC nomogram. The procedure began with a supraumbilical incision of approximately 4 cm. The Alexis self-retaining retractor was placed, followed by pneumoperitoneum and trocar insertion (3x10 mm, 1x12 mm, 1x5 mm). The patient was positioned in a 27-degree Trendelenburg. The umbilical ligament and urachus were incised, creating the cleavage plane in Retzius' space. Dissection proceeded with defatting of the anterior prostate surface. After an incision at the vesicoprostatic junction, dissection included preservation of Denonvilliers fascia, bilateral nerve-sparing dissection, and ligation of the dorsal complex of Santorini using a V-Lok 3-0 suture. The prostatectomy was completed by urethra incision and detachment of the prostatic-vesicular-deferential block. A urethrovesical anastomosis was performed in van Vethoven manner using two Stratafix 3-0 sutures. Anastomosis integrity was confirmed with 150 ml of saline solution, with no extravasation.

Results and Conclusions. The operative time was 180 minutes, with 100 ml of blood loss. The drain was removed on postoperative day 1, and the patient was discharged on day 4. Robotic-assisted radical prostatectomy with a bilateral nerve-sparing approach optimizes both functional and oncologic outcomes.

V1.8- Concomitant Robotic Left Nephrectomy and Right Adrenalectomy for Metastatic RCC

Nefrectomie stângă și suprarenalectomie dreaptă concomitente robotice pentru carcinom renal metastatic

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Introduction and Objectives. Renal cell carcinoma is the most common solid lesion of the kidney and accounts for 90% of all kidney malignancies and 3% of all cancers, with the highest incidence occurring in Western countries. It is approximately twofold more common in males compared with females and occurs predominantly in the sixth to eight decades of life with median age at diagnosis around 64 years. The presence of adrenal metastases, most commonly ipsilateral, is associated with a poor prognosis and is encountered in 3.2% of instances. Laparoscopic surgical minimally invasive treatment represents the option of choice with curative intent in renal and adrenal tumors.

Materials and Methods. We present the case of a 58-year-old male patient, incidentally diagnosed by ultrasound and computed tomography with a 9 cm upper pole left renal tumor and a 6 cm non-secreting right adrenal tumor. We decided to perform robotic left radical nephrectomy with lymph node dissection and preservation of the left adrenal gland, and right adrenalectomy. The position of the patient was left lateral decubitus with a linear disposition of the trocars as for the renal tumor. Then the patient was placed in right lateral decubitus and the right adrenalectomy was performed in the same operative time. Three ports were used – one for the camera and two for the working instruments.

Results. The operative time was 180 minutes. The blood loss during surgery was about 300 ml and no major complications were encountered in the postoperative setting. The patient was discharged on the 4th day after surgery with normal renal function and no dialysis was needed. The pathological examination confirmed the diagnosis of metastatic renal cell carcinoma $pT_{2b}N_0M_1$.

Conclusions. The robotic approach, whenever possible, is the most accurate minimally invasive option in both radical nephrectomy and adrenalectomy. Performing both surgeries in the same session achieves of all objectives while the recovering and treatment time are significantly reduced. The preservation of the left adrenal gland was mandatory even in a case of an upper pole renal tumor in order to avoid adrenal insufficiency.

V1.9- Multimodal Treatment in Congenital Hydronephrosis Complicated with Secondary Caliceal Lithiasis

Tratamentul Multimodal al Hidronefrozei Congenitale Complicate cu Litiază Caliceală

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Introduction: Congenital hydronephrosis is most commonly caused by ureteropyelo- junction (UPJ) syndrome. This condition is often complicated by secondary lithiasis, which requires a multimodal clinical and surgical approach. This video presents the management of UPJ obstruction with secondary lithiasis treated using a combined robotic approach and trocar flexible ureteroscope.

Case presentation: A 28-year-old female patient was investigated for left lumbar pain and recurrent urinary tract infections, diagnosed with bilateral UPG syndrome and bilateral hydronephrosis right grade I left grade II and two 7mm stones in the middle and lower left calyces. Renal scintigraphy demonstrated a renal function ratio of 65/35% right kidney versus left kidney. We performed left robotic-assisted dismembered pyeloplasty with concomitant stone removal using a flexible ureteroscope inserted through a trocar. Intraoperatively, the flexible ureteroscope was inserted through several trocars for calyceal inspection and stone removal. Estimated blood loss recorded was 65ml. Length of stay was 2 days with no post-operative complications. Double J stent was removed after 4 weeks. Postoperatively ultrasound at 3 months showed stabile hydronephrosis on the right side, normal kidney on the left side.

Conclusions: Combined surgical approaches (robotic and endoscopic) represent a safe alternative option for patients with concomitant caliceal lithiasis and ureteropyelo-junction (UPJ) syndrome and ensures high stone free rate and decrease treatment morbidity.

V1.10 - Utility of robotic-assisted salvage lymphadenectomy in the management of nodal recurrence after prostatectomy

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Introduction. The role of Salvage Lymph Node Dissection (SLND) in the management of nodal recurrence after radical prostatectomy (RP) is evolving, especially with advances in imaging like PSMA PET/CT.

Case presentation. This case presentation outlines the clinical course and multidisciplinary management of a 67-year-old male with prostate cancer initially diagnosed in 2018 via systematic biopsy (ISUP 2, PSA 9.4 ng/mL). The patient underwent nerve-sparing laparoscopic radical prostatectomy (nsLARP) without lymph node dissection, with pathology confirming pT2b, ISUP 3 disease. Following an undetectable PSA postoperatively, the patient experienced biochemical recurrence (BCR) with a PSA rise to 0.9 ng/mL by early 2024. PSMA PET/CT revealed uptake in the right obturator fossa suggestive of nodal recurrence. The patient underwent robotic salvage lymph node dissection (SLND), identifying two positive nodes among 25 removed. Post-SLND PSA dropped to undetectable levels, supporting the potential curative role of PSMA-guided SLND in selected patients with limited nodal disease.

Conclusion. PSMA guided salvage lymphadenectomy represents a promising treatment option in early biochemical recurrences. Patient selection is crucial in order to maximize oncological outcomes. Further research is mandatory to identify patients who may benefit from salvage surgery for nodal only recurrence.

V2.1 - Renal oncological pathology treatment in young patients - 3D Laparoscopic partial nephrectomy

Tratamentul patologiei oncologice renale la pacienții tineri- Nefrectomia parțială laparoscopică 3D

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Introduction: Laparoscopic partial nephrectomy (LPN) has become a standard therapeutic option for renal cell carcinoma (RCC). It provides a safe and effective approach that balances oncological efficacy with renal function preservation, especially in young patients. Chromophobe renal cell carcinoma (chRCC) is a relatively rare subtype of RCC, accounting for a small percentage of all kidney tumors with distinct histological and molecular characteristics, differentiating it from other RCC subtypes affecting women at a significantly higher rate than clear cell RCC (ccRCC). It also stands out as having very low response rates to systemic therapies, and the primary treatment for localized small tumors chRCC in young patients is nephron-sparing surgery, as surgery remains the most effective approach.

Materials and methods: We present the case of a 28-year-old female patient admitted with an imaging-based diagnosis of a right renal tumor cT1aN0M0 without any other medical history. Abdominal ultrasound and contrast enhanced computed tomography revealed a tumor mass in the upper pole of the right kidney of 33/28/20mm without lymph nodes or distant metastases. We performed a 3D laparoscopic left partial nephrectomy using a transperitoneal approach.

Results: The operating time was 75 minutes, with an ischemic time of 18 minutes. We did not have significant intraoperative incidents, and the intraoperative blood loss was minimal (80 ml). Postoperatively, the patient's recovery was favourable, with minimal drainage, and the drainage tube was removed on the second day after the surgery. The creatinine value before and after the surgery was between normal limits. The length of hospitalization was 3 days. The histopathological result was Right chRCC pT1bR0.

Conclusions: LPN continues to evolve as a preferred treatment for localized renal tumors that minimizes morbidity while preserving renal function. It offers advantages comparable to open surgery, such as reduced blood loss, shorter hospital stays, and faster postoperative recovery.

V2.2 - Minimally invasive surgical management of bilateral sequential uretero-vaginal fistula after multimodal treatment for cervical cancer

Managementul chirurgical minim invaziv pentru fistula uretro-vaginala bilaterală după tratament multimodal pentru cancer de col uterin

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Introduction. Among European Union countries, Romania has the highest incidence and mortality for cervical cancer. In locally advanced cases multimodal management (chemotherapy/radiotherapy/brachytherapy and surgery) is performed in order to have maximum oncological control. Urinary fistula is one of the most frequent complications in advanced cases treated with radiotherapy.

Material and method. We present the case of a 57-year old female patient known with locally advanced cervical carcinoma for which she followed multimodal treatment. One month after the surgical treatment she accused urinary incontinence and the CT-urogram showed right hydronephrosis due to local adhesions and left uretero-vaginal fistula. For right kidney function preservation, a nephrostomy-tube was placed under ultrasound-guidance. Patient was positioned in french position and after the transperitoneal access was obtained, four working trocars were introduced. After adhesiolysis, the right ureter was dissected and freed from the compresive adherential block. The ICG administration demonstrated good ureter vascularization. Left ureter was identified at the level of iliac vessels and was dissected 3cm caudally up to the level of uretero-vaginal fistula. Complete bladder mobilisation was performed followed by a psoas hitch. After the left ureter spatulation and the insertion of a 6Ch ureteral stent, the ureteroneocystostomy is performed using two 3-0 Vycril-sutures. At one month follow-up, the patient presents urinary incontinence with imaging evaluation demonstrating right uretero-vaginal fistula. In a similar fashion, 3D laparoscopic right ureteroneocystostomy and fistula repair was performed.

Results and conclusions. Surgical time was 150, respectively 90 minutes for the two procedures. No blood loss or intraoperative complications were encountered. Hospital discharge was at 11, respectively 5 days-postoperative. Each ureteral stent was removed at 1 month-PO. After 18 months follow-up patient has not presented any episodes of urinary incontinence and has no hydronephrosis. Minimally invasive surgical approach is feasible even in difficult cases after open surgery and radiotherapy.

V2.3 - Laparoscopic partial nephrectomy for complex renal masses in the era of robotic surgery: Our experience

Nefrectomia parțială laparoscopică pentru tumorile renale complexe în era chirurgiei robotice: Experiența noastră

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Introduction and Objectives. Robotic surgery has become the standard approach for the majority of urological procedures. Particularly for partial nephrectomy, robotic approach can ensure a more precise dissection, a shorter warm ischemia time, low blood loss and short hospital length of stay. However, the costs entailed by robotic surgery might prohibit its use. In this video, we aim to show the feasibility of laparoscopic approach for several complex cases of partial nephrectomy.

Materials and Methods. We present 4 complex cases of LPN with different particularities and approaches. The mean age of the patients was 66 years old. Three cases had the localization of the tumor on the right side and one on the left side. The indication was absolute in one case (single-kidney), whereas in the other three it was relative. The tumor dimension varied between 1.5-5 cm. The PADUA score varied between 8-10.

Results. Two of the cases were performed by transperitoneal approach using 4 or 5 trocars and two by retroperitoneal approach. Enucleo-resection technique was performed in all cases. In case of absolute indication, LPN was performed with zero-ischemia in order to ensure maximal preservation of renal function. The other three cases were performed with warm ischemia – the mean WIT being 25 minutes. The renorraphy was performed in either one or two layers, depending on the depth of the resection. Inner layer was done with Quill 2/0 running suture, outer layer was done with Vicryl 1 interrupted stitch using sliding clip technique. The mean operative time was 110 mins. The mean blood loss was 125 ml. No major perioperative complications were registered. The mean length of stay was 4 days. The pathological report confirmed the presence of renal cell carcinoma in all cases, pT1a – 3 cases and pT1b – one case. All surgical margins were negative. All patients had preserved eGFR and no evidence of recurrence at six months follow-up.

Conclusions. In the era of robotic surgery, LPN remains a viable and effective option for the management of complex renal tumors. The flexibility and accessibility of laparoscopic techniques make them essential in clinical practice, particularly in settings where robotic systems may not be available.

V2.4 - 3D Laparoscopic radical nephrectomy for renal clear cell carcinoma in a patient with autosomal dominant polycystic kidney disease

Nefrectomie radicală laparoscopică 3D pentru carcinomul renal cu celule clare la un pacient cu boală polichistică renală autozomal dominantă

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Introduction and Objectives. Autosomal dominant polycystic kidney disease (ADPKD) is a genetic disorder characterized by the growth of numerous cysts in the kidneys and liver but can also present with musculoskeletal and cardiovascular abnormalities. It's caused by mutations in the PKD1 or PKD2 genes. ADPKD patients are at increased risk for renal cell carcinoma development. In patients with ADPKD, the presence of multiple cysts and the large dimensions of the kidney can increase the complexity of the surgical management, therefore open approach is considered the standard.

Materials and Methods. We present the case of a 71-year-old female patient diagnosed with a left renal tumor cT4N0M0 undergoing hemodialysis for end-stage renal disease secondary to ADPKD. The patient is known to have atrial fibrillation, hepatitis B, pulmonary hypertension, chronic asthmatic bronchitis and peripheral venous disease. The CT-TAP with contrast examination described a 83/94/90 mm tumor in the left kidney, upper pole, with strong enhancement in arterial and venous phases, with heterogeneous iodophilia, with mass effect on the pancreas, lower portion of the gastric body, invasion of the perirenal fat, in contact with portion 4 of the duodenum and with possible invasion of it, without distant metastases. The suspicion of duodenal invasion was denied during gastroscopy. We performed 3D laparoscopic left radical nephrectomy through transperitoneal approach.

Results. The surgery was performed by transperitoneal approach using 4 trocars. The operative time was 480 minutes, with minimal blood loss and without intra or postoperative major complications. The main challenge of the surgery was the limited working space due to the large dimensions of the kidney, with very difficult mobilization of the kidney from the psoas muscle. The left radical nephrectomy specimen was removed through a modified Gibson incision in the left iliac fossa. The kidney size was 25x14x8 cm with a 7 cm ureter. The patient was mobilized in the first postoperative day. The drainages were removed on day 2 and day 4. The hospital length of stay was 10 days. The histopathological diagnosis confirmed the presence of a clear cell-type renal cell carcinoma, with Grade 2 Fuhrman nuclear grading, ISUP 2, pT3aNxLOVOPn0RO.

Conclusions. Laparoscopic radical nephrectomy is a challenging procedure in patients with ADPKD due to the size and cystic structure of the kidney. However, it is a feasible procedure, achieving good postoperative outcomes and fast recovery of the patients.

V2.5 - 3D Laparoscopic Zero-Ischemia Partial Nephrectomy in a Patient with cT2aN0M0 Left Renal Tumor

Nefrectomie parțială laparoscopică 3D la pacient cu tumoră renală stângă cT2aN0M0 cu timp de ischemie zero

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IIntroduction. Partial nephrectomy (PN) has been proven to be superior to radical nephrectomy (RN) in cT1 renal cell carcinoma (RCC) due to its advantages in preserving overall kidney function and reducing the risk of metabolic and cardiovascular complications. Increasing experience with this procedure allowed to extend the indications for a nephron-sparing approach even for cT2 RCC.

Clinical Case presentation. We present the case of a 66-year-old male patient with a left renal tumor. The MRI scan revealed an 80/63mm mass located at the lower pole of the left kidney, >80% exophytic, without invasion of Gerota's fascia or into the renal sinus. The renal pedicle consisted of a single artery and vein, and PADUA score was 9. A thoracic CT scan showed no metastases. Preoperative staging was cT2aN0M0. The patient had multiple cardiovascular comorbidities, including a history of stent placement for acute myocardial infarction and diabetes mellitus, well controlled. We performed 3D laparoscopic left partial nephrectomy without clamping the main renal artery. The procedure was carried out using a transperitoneal approach. The left colon was mobilized medially along the white line of Toldt, crossing the midline to provide adequate exposure of Gerota's fascia. The main renal artery was identified, after which Gerota's fascia was incised. The tumor was circumferentially dissected and completely excised, then placed in an organ bag for extraction. Renorraphy was performed in a double-layer fashion.

Results. The operative time was 215 minutes. The blood loss was minimal. There were no major intra or postoperative complications. The patient was discharged 6 days after surgery. Histopathological result: low-grade papillary renal cell carcinoma (type 1), Fuhrman 2, ISUP 2; pT2aNxMxL0V0R0.

Singularity of the case. This case is notable due to the dimensions of the renal tumor that was mostly exophytic, making it a suitable candidate for minimally invasive partial nephrectomy, although it was a cT2 disease. The procedure was successfully performed without clamping the renal artery, preserving renal function and ensuring a favorable postoperative outcome.

V2.6- 3D Laparoscopic Radical Prostatectomy with bilateral Nerve-sparing and Preservation of the endopelvic Fascia in a young patient

Prostatectomie radicală laparoscopică 3D în maniera nerve-sparing bilateral cu prezervarea fascilor endopelvice la un pacient tanar

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Introduction. Prostate cancer (PCa) is the most common type of cancer in men in Europe and the third cancer-related cause of death. Radical prostatectomy is the standard treatment for clinically-localized disease. However, in young patients the preservation of functional anatomical structures is of utmost importance to preserve the postoperative quality of life.

Clinical Case presentation. We present the case of a 46-year-old male patient who was referred to our department following the detection of an elevated PSA (16 ng/ml). He had no family history of PCa. The digital rectal examination was negative, but MRI revealed two PIRADS 5 lesions in the peripheral area of the prostate. MRI–ultrasound fusion prostate biopsy confirmed the presence of Gleason 7(3+4) prostate cancer, with 10 out of 15 positive cores, bilaterally. URO-CT and bone scan revealed no distant metastases. The preoperative staging was cT1cN0M0. We performed a 3D laparoscopic properitoneal radical prostatectomy with bilateral nerve-sparing and preservation of the endopelvic fascia. The properitoneal space was created by dissection using the Gaur balloon technique. Five trocars were placed. The bladder neck was incised and the ureteral orifices were identified. The posterior dissection continued with the isolation of the seminal vesicles. Dissection proceeded at the level of Denonvilliers' fascia towards the apex of the prostate. Lateral dissection was performed in bilateral nerve-sparing manner. After transecting the Santorini plexus and urethra, the prostate was placed in an endobag. Santorini plexus was selectively sutured. Bilateral obturator lymphadenectomy was performed. The urethro-vesical anastomosis was performed in van Velthoven technique. The integrity of the anastomosis was tested using 150 mL of saline, with no extravasation detected.

Results. The operative time was 150 minutes and blood loss was minimal. No intraoperative or postoperative complications occurred. The patient was discharged six days after surgery, with the bladder catheter removed before discharge. Histopathological result: acinar prostatic adenocarcinoma Gleason score 7 (3+4), grading group 2 (ISUP/WHO 2016), pT2(c)N0(0/3)MxL0V0Pn1R0. At one month follow-up, PSA was undetectable, the patient was continent and regained sexual function using PDE5 inhibitors.

Singularity of the case. This case is notable due to the incidental detection of PCa in a very young patient with no family history of PCa. Furthermore, the preservation of endopelvic fascia is a technique used in robotic surgery. However, we demonstrated that this technique is feasible also in laparoscopic approach, aiming to maximally ensure functional outcomes after RP.

V2.7 - 3D Laparoscopic Partial Nephrectomy for PADUA 10 cT1b Kidney Tumour

Nefrectomia parțială laparoscopică 3D pentru tumoră renală T1b cu scor PADUA 10

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Introduction. Partial nephrectomy (PN) is the main surgical alternative in case of cT1 kidney tumours. The difficulty of the surgery is estimated using the PADUA Score. Historically a higher PADUA score tumour was approached using the open surgery, but today due to the gained experience and large cases series, minimally invasive surgery is preferred by most of the urologists.

Material and method. We present the case of a 60-year-old female patient diagnosed incidentally with cT1b (41/32/33mm) right kidney tumour which was mostly endophytic in contact with the medial calices. The PADUA score was 10. Patient was positioned in the left lateral decubitus and transperitoneal access was done by Hasson technique. Five more working trocars were introduced under direct visualization. After the right colon and duodenum medialisation the inferior vena cava was exposed. The renal hilum dissection was performed being identified one renal artery posterior to the renal vein. After the incision of the Gerota fascia, the perirenal fat dissection was done with exposure of the tumour. After the artery and vein clamping, the enucleoresection was performed, followed by medial calice suture and renorraphy using two 3-0 V-Lock deep continuous sutures. Superficial renorraphy was done using five 1 Vycril sutures. Vein and artery declamping was done after 40 minutes of ischemia.

Results and conclusions. Total surgical time was 180 minutes. Blood loss was 300cc. No intraoperative or postoperative complications were encountered. Postoperative haemoglobin was 11 and 11.2 g/dl at successive measurements at day one and three. Drainage tube was removed on day 2 and patient was discharged on day 4. Pathology report showed Fuhrman 1 grade pT1bNxMxR0 clear cell renal carcinoma. Even in complex cases of kidney tumours, 3D laparoscopic approach is a feasible and safe alternative to open surgery.

V2.8- 3D Laparoscopic Radical Nephroureterectomy with partial cystectomy and lymphadenectomy for pyelo-ureteral junction urothelial carcinoma

Nefroureterectomia radicală laparoscopică 3D cu cistectomie parțială și limfadenectomie pentru tumora urotelială la nivelul joncțiunii pielo-ureterale

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Introduction. Upper tract urothelial carcinoma(UTUC) account for 5-10% of urothelial carcinomas. In high risk tumours radical nephroureterectomy with radical cystectomy is the treatment of choice. Laparoscopic approach offers the advantages of minimally invasive surgery, but there are questions if the oncologic aims are always achieved.

Material and method. We present the case of a 73-year-old female patient who presented gross haematuria. The diagnostic assessment included 1.CT Thoracic/Urogram–17/6.5mm left pyelo-ureteral junction mass with grade-III hydronephrosis and no metastases; 2.Urinary cytology– positive; 3.Cystoscopy– negative. The laparoscopic surgical radical treatment was proposed. Patient was positioned in the right lateral decubitus and 4 trocars transperitoneal access was performed. After the left colon medialisation and exposure of the retroperitoneum, the ureter was identified above the left iliac common artery and was ligated. Cranial dissection continued up to the renal hilum where the renal artery and vein were ligated with hem-o-loks. A large lymphadenopathy was identified caudal to the renal hilum, and paraaortic lymphadenectomy was performed. After the circumferential dissection of the kidney, an extra trocar was inserted on medial line 2cm under the ombilicus. Ureteral dissection was performed up to the bladder followed by partial cystectomy. Bladder closure was performed using 2-0 V-lok-suture.

Results and conclusions. Surgical time was 210 minutes. Blood loss was 100cc without any intraoperative or postoperative(PO) complications. PO haemoglobin was 12,3 g/dl and creatinine 1.08mg/dl. On day 5-PO cystography showed no extravasation and epirubicine bladder instilation was performed. The patient was discharged on day 6-PO. Pathology report showed pT2N1MxL1V0PnR0G3 urothelial carcinoma/CIS. After MDT discussions, the patient underwent adjuvant chemotherapy (4 cycles with Carboplatin/Gemcitabine) followed by paraaortic radiotherapy. During the 3 years imaging and cystoscopic follow-up no disease recurrence was reported. Multimodal treatment associated with minimally invasive surgical approach may offer good oncological results in high risk UTUC.

V2.9 - Surgical choices for ureteral tumors: Laser excision or radical approach?

Opțiuni terapeutice pentru tumori ureterale: excizie laser sau intervenție radicală?

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Introduction. Benign ureteral tumors present a significant challenge in clinical decision-making due to their rarity and diverse manifestations. This case underscores the importance of intraoperative findings and a patient-centered approach in guiding treatment choices, impacting both short-term outcomes and long-term management strategies.

Methods. A 48-year-old female with no significant medical history presented to our department with right lumbar pain. A CT scan revealed a partially obstructive stone at the right ureteropelvic junction (UPJ), with no suspicious masses detected. The patient had undergone JJ stent insertion two weeks earlier and had been treated with antibiotics for recurrent cystitis, resulting in sterile urine at presentation. She underwent right ureteroscopy for stone management, during which an unexpected tumor was discovered at the right UPJ, seemingly obstructing urine flow. The tumor's macroscopic appearance was atypical for urothelial carcinoma. Given its location and resectability, we opted for excision using a Ho:YAG laser. Following tumor removal, the procedure was completed with stone fragmentation and JJ stent placement.

Results and Conclusion. The pathology report identified the tumor as granulation tissue, characterized by a significant presence of inflammatory cells, fibrin, and leukocytic debris, with no evidence of dysplasia or neoplasia. The patient made a full recovery, remaining asymptomatic and free of infection. A follow-up ureteroscopy performed one month later showed a normal ureteral lumen with no signs of local recurrence. This case highlights the importance of personalized treatment planning in managing incidental ureteral masses. In this instance, Ho:YAG laser excision proved to be a safe and effective approach, avoiding the need for major surgery. Further studies are necessary to define optimal follow-up protocols for rare, incidental, and benign ureteral tumors.

V2.10 - Iatrogenic colovesical fistula: case presentation
Fistula colo-vezicala iatrogena: caz clinic

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Introduction. The most common causes of colovesical fistula are colonic diverticulitis and colon neoplasm. We present a rare case of postoperative fistula after surgery for a giant 4 kg left ovarian cyst and the treatment performed

Material and Method. The 87-year-old patient, operated 4 months ago via a median subumbilical approach, presented to our clinic with macroscopic hematuria and low urinary symptoms. Ultrasound raised the suspicion of bladder calculus, and urine culture revealed urinary infection with MDR E. coli, requiring treatment with cephalosporins. Cystoscopic examination revealed a fistula on the left posterolateral bladder wall, and a compress, which could not be extracted transurethrally. Contrast-enhanced abdominal-pelvic CT revealed the presence of a communication between the urinary bladder and the colon, with the passage of contrast material from the bladder to the colon. The fistula was also confirmed by colonoscopy.

Results and conclusions. A surgical team consisting of a general surgeon and a urologist performed supra- and subumbilical laparotomy to reveal the fistula, left colostomy followed by excision of the bladder wall around the fistula, removal of the compress and suturing the bladder in two planes. The evolution was favorable, at 4 weeks the patient presented spontaneous urination and negative urine culture. Due to the poor biological condition, it was decided that the patient should remain with a definitive colostomy, which she otherwise tolerated very well. In the case of hematuria and lower urinary symptoms occurring after a gynecological surgery, we must also think about a possible colovesical fistula

V2.11 - Management of patients with neglected stents
Managementul pacienților cu stenturi neglijate

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Introduction. Ureteral stents (double J) have been used in urology since 1967 and have been continuously improved. They are used for the decompression of the urinary tract in oncological or lithiasic pathologies. The evolution of endoscopic techniques has led to a reduction in the risks associated with ureteral stent insertion [1]. Complications encountered in patients with ureteral stents may include discomfort, urinary tract infections, or double J migration. In the case of neglected stents, encrustations may occur, potentially leading to chronic kidney disease and urinary stones [2]. These complications are more common with prolonged ureteral stent retention, which increases the risk of lithiasic complications and may also lead to ureteral stent fragmentation [3, 4].

Material and Methods. Among the patients at the Urology Clinic in Brașov with neglected ureteral stents placed for obstructive ureteral lithiasis, malformative pathology, or impracticable retrograde access, we selected five relevant cases (three men, two women, aged 34–67). The condition was most often on the left side, with a maximum stent neglect duration of 24 months. Most stents were initially placed for acute renal colic but later became encrusted. In one case, a male patient with impracticable retrograde access and ureteral lithiasis required an anterograde flexible ureteroscopic approach via percutaneous nephrostomy.
To manage ureteral lithiasis and remove encrusted stents, we used rigid and flexible retrograde ureteroscopy with laser lithotripsy. Three patients underwent a combined approach involving Punch cystolitholapaxy, semirigid ureteroscopy, and anterograde flexible ureteroscopy via percutaneous nephrostomy.

Results and conclusions. The treatment of patients with neglected stents and encrustations is primarily endoscopic (ureteroscopy, flexible ureteroscopy, PCNL) but may also involve open surgery. The main goal is lithotripsy of the encrustations and formed stones to facilitate the extraction and replacement of the double J stent [2]. Prolonged retention of ureteral stents increases the risk of lithiasic complications..