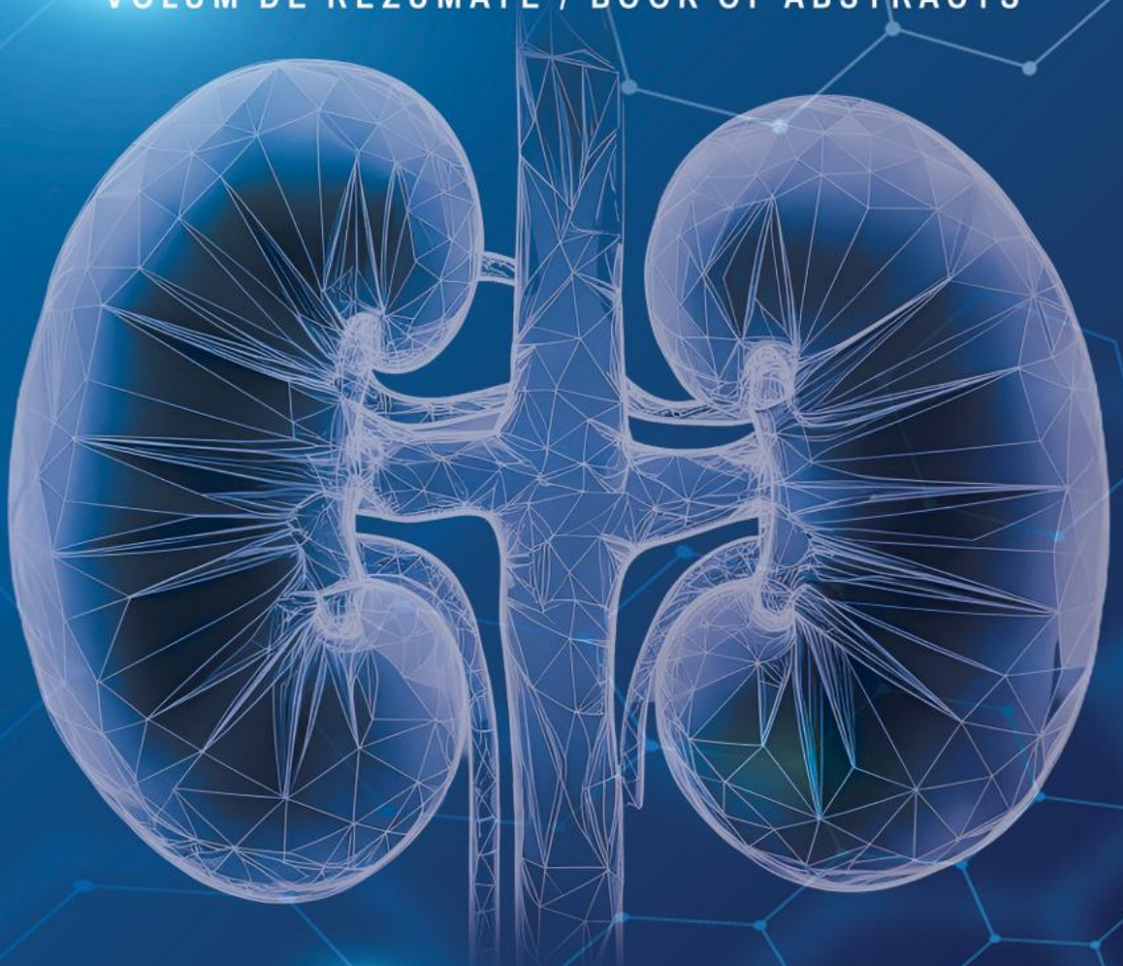
ASOCIATIA ROMANA DE UROLOGIE

European Association of Urology

ROMURO 2026

AL XLII- LEA CONGRES NAȚIONAL DE UROLOGIE

VOLUM DE REZUMATE / BOOK OF ABSTRACTS



04 – 06 IUNIE 2026
POIANA BRAȘOV

JURNAL OFICIAL AL A.R.U.
REVISTA ROMANA DE UROLOGIE

ROMANIAN JOURNAL OF UROLOGY

ISSN: 1223-0650 CNCSIS: B-486

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Romanian Journal of Urology
is indexed in ProQuest and EBSCO International Data Bases.

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PM1.1 - Two-Year Institutional Experience with Minimally Invasive Partial Nephrectomy: Safety and Oncologic Outcomes

Experiența instituțională pe doi ani în nefrectomia parțială minim invazivă: siguranță și rezultate oncologice

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Introduction. Partial nephrectomy represents the standard treatment for localized renal masses, aiming to preserve renal function while maintaining oncologic control. Minimally invasive techniques, including laparoscopic and robotic approaches, have increasingly replaced open surgery. We report our institution's two-year experience with minimally invasive partial nephrectomy and evaluate perioperative and oncological outcomes.

Materials and Methods. We retrospectively analyzed patients undergoing minimally invasive partial nephrectomy at our institution between June 2024 and February 2026. Patients with multiple renal tumors were excluded from this analysis. Demographic, perioperative, and pathological data were collected. Surgical approach included laparoscopic and robotic techniques. Outcomes evaluated included operative time, estimated blood loss, pathological stage, surgical technique, and margin status.

Results. A total of 133 patients were included in the analysis. Mean age was 58.7 years (95% CI 56.7–60.7). The surgical approach was robotic in 89 cases and laparoscopic in 44 cases. Mean operative time was 228.9 minutes (95% CI 218.9–238.9) and mean estimated blood loss was 128.2 ml. The most commonly performed technique was enucleoresection (110 cases), followed by partial nephrectomy (14 cases) and tumor enucleation (9 cases). Pathological analysis revealed benign lesions in 30 patients (22.6%), T1a tumors in 74 (55.6%), T1b in 27 (20.3%), and T3a in 2 cases (1.5%), with no T2 tumors identified. Negative surgical margins were achieved in 103 patients (96.3%), while 2 patients (1.9%) had positive margins and 2 cases (1.9%) were reported as uncertain.

Conclusion. Our two-year institutional experience demonstrates that minimally invasive partial nephrectomy, performed using laparoscopic or robotic approaches, is a safe and effective technique for the management of renal tumors. The procedure was associated with low blood loss, acceptable operative times, and excellent short term oncologic outcomes with a high rate of negative surgical margins. These findings support the continued adoption of minimally invasive nephron-sparing surgery in appropriately selected patients

PM1.2 - Safety and Feasibility of Minimally Invasive Partial Nephrectomy for pT1b Renal Tumors: Our Experience

Siguranța și fezabilitatea nefrectomiei parțiale minim invazive pentru tumorile renale pT1b: experiența unui singur grup de cercetare

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Introduction. Partial nephrectomy represents the standard treatment for localized renal tumors, allowing preservation of renal function while maintaining oncological control. With increasing experience, minimally invasive approaches have expanded the indications of nephron-sparing surgery to larger tumors, including pathological T1b lesions. We present the perioperative outcomes of patients with pathological pT1b renal tumors treated with minimally invasive partial nephrectomy at our institution.

Materials and Methods. We retrospectively analyzed patients who underwent minimally invasive partial nephrectomy and had a pathological result of pT1b renal tumor at our institution between 2011 and 2025. Demographic, perioperative, and pathological data were collected. Surgical approach included both laparoscopic and robotic techniques. Evaluated variables included operative time, ischemia time, estimated blood loss, surgical technique, pathological findings, surgical margin status, postoperative renal function, and postoperative acute kidney injury.

Results. A total of 66 patients with pathological pT1b tumors were included in the analysis. Mean patient age was 61.1 years (95% CI 58.7–63.5). A laparoscopic approach was used in 52 cases, while 14 procedures were performed robotically. Mean operative time was 216.6 minutes (95% CI 200.9–232.3). The median renal ischemia time was 25 minutes (95% CI 21–26). Mean estimated blood loss was 173.2 ml. The most frequently performed surgical technique was enucleoresection (29 cases), followed by partial nephrectomy (17 cases) and tumor enucleation (13 cases). Negative surgical margins (R0) were achieved in 63 patients (95.5%), while 1 patient (1.5%) had a positive margin and 2 cases (3.0%) were reported as uncertain. Postoperative renal function on postoperative day 1 showed a mean serum creatinine of 1.12 mg/dl and a mean estimated glomerular filtration rate (CKD-EPI) of 76.4 ml/min/1.73m^2.

Conclusion. Our institutional experience demonstrates that minimally invasive partial nephrectomy for pathological T1b renal tumors is safe and effective, providing acceptable operative times, moderate blood loss, and excellent oncological outcomes with a high rate of negative surgical margins. These findings support the use of minimally invasive nephron-sparing surgery as a reliable treatment option for selected patients with larger renal tumors.

PM1.3 - Fourteen Years of Minimally Invasive Partial Nephrectomy: Mid-Term Outcomes from a Romanian Tertiary Center

Paisprezece ani de nefrectomie parțială minim invazivă: rezultate pe termen mediu într-un centru terțiar din România

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Introduction: Partial nephrectomy is the recommended treatment for localized renal tumors, offering oncologic control while preserving renal function. With the evolution of minimally invasive surgery, both laparoscopic and robotic approaches have been increasingly adopted worldwide. The present study reports the perioperative and mid-term oncological and functional outcomes of minimally invasive partial nephrectomy performed at a tertiary Romanian center following the implementation of laparoscopic and robotic techniques.

Materials and Methods. We retrospectively analyzed 327 patients who underwent minimally invasive partial nephrectomy for clinically localized renal masses between 2011 and 2025 at a tertiary center in Cluj-Napoca, Romania. Procedures were performed laparoscopically or robotically depending on system availability. Demographic data, tumor characteristics, perioperative outcomes, postoperative complications, renal function, and oncologic outcomes were recorded. Follow-up information was available for 231 patients (70.6%), including 174 patients with more than one year of follow-up and 71 patients with at least five years of follow-up.

Results. Among the 327 patients, 251 (76.8%) underwent laparoscopic surgery and 76 (23.2%) robotic surgery. Most tumors were cT1a (68.8%), followed by cT1b (27.5%) and cT2 (3.1%). Median tumor size was 34 mm. Median operative time was 180 minutes for laparoscopic and 210 minutes for robotic procedures, with a median estimated blood loss of 100 mL. Median warm ischemia time was 20 minutes, and zero-ischemia techniques were used in 16.2% of cases. Major postoperative complications (Clavien–Dindo ≥III) occurred in 3.06% of patients. Postoperatively 50 patients (15.29%) developed acute kidney injury, with no difference between the two groups. Out of these patients 19 (38%) recovered at least 90% of baseline CrCl. Final pathology showed 80.7% malignant tumors. The positive surgical margin rate was 4.55% (12/264). At mid-term follow-up, local recurrence occurred in 6 (8.45%) patients and metastasis in 5 (7.04%) patients, while five-year overall survival was 95.8% and cancer-free survival was 92.7%.

Conclusion. Minimally invasive partial nephrectomy performed in a tertiary Romanian center demonstrates excellent mid-term oncologic outcomes, low complication rates, and favorable renal functional recovery. Both laparoscopic and robotic approaches provide safe and effective nephron-sparing surgery for localized renal tumors, supporting their continued adoption in specialized centers.

PM1.4 - Early perioperative changes in renal function and systemic inflammatory markers following Retrograde Intrarenal Surgery in patients over 70 years

Modificări perioperatorii precoce ale funcției renale și ale markerilor inflamatori sistemici după chirurgia intrarenală retrogradă la pacienți cu vârsta peste 70 de ani

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Introduction: The safety of endourological procedures in elderly patients remains an important clinical consideration due to age-related decline in renal function and the higher prevalence of comorbidities. Retrograde Intrarenal Surgery (RIRS) is widely used for the treatment of renal calculi, but data regarding its early impact on renal function and systemic inflammatory markers in elderly patients are still limited

Objective: To evaluate early perioperative changes in renal function and systemic inflammatory markers following RIRS in patients aged ≥70 years.

Materials and Methods: This retrospective analysis included 50 patients aged ≥70 years who underwent Retrograde Intrarenal Surgery at our center during the last six months of 2025 (June 1, 2025 – December 31, 2025). The mean age of the cohort was 74.76 years, including 26 males and 24 females. Laboratory parameters were measured preoperatively and on the first postoperative day and included leukocyte count, serum urea, serum creatinine, C-reactive protein (CRP) and estimated glomerular filtration rate (eGFR). Preoperative and postoperative values were compared using paired t-tests.

Results: Postoperative leukocyte levels showed a significant increase (7.51 ± 1.81 vs. 8.41 ± 2.27 $\times 10^9$/L; p = 0.002), reflecting the expected inflammatory response following surgery. Urea levels decreased significantly (51.19 ± 20.91 vs. 38.04 ± 17.78 mg/dL; p < 0.001), likely related to perioperative hydration. Postoperative C-reactive protein levels increased (8.13 ± 12.43 vs. 15.28 ± 9.05 mg/L; p = 0.13), although the difference did not reach statistical significance. No significant differences were observed in serum creatinine (1.17 ± 0.54 vs. 1.09 ± 0.35 mg/dL; p = 0.074) or estimated glomerular filtration rate (62 ± 20.36 vs. 63.91 ± 17.17 mL/min; p = 0.216), indicating preservation of renal function after Retrograde Intrarenal Surgery.

Conclusion RIRS demonstrates a favorable safety profile in patients aged ≥70 years, with preservation of early postoperative renal function as reflected by stable serum creatinine and eGFR values. Although inflammatory markers such as leukocyte count and C-reactive protein increased postoperatively, these changes are consistent with the expected physiological response to endoscopic surgery. These findings support the use of Retrograde Intrarenal Surgery as a safe and effective treatment option for elderly patients.

PM1.5 - Bilateral renal tumors – Experience of Fundeni Clinical Institute

Tumori renale bilaterale – Experiența Institutului Clinic Fundeni

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Introduction. Bilateral renal tumors are a rare entity, accounting for 1–4% of all renal neoplasms, occurring either synchronously or metachronously. Management requires balancing oncological control with renal function preservation, demanding a careful reconsideration of the therapeutic strategy with emphasis on nephron-sparing techniques and an individualized multidisciplinary approach.

Material and methods. We retrospectively analyzed 47 patients with bilateral renal tumors treated at the Department of Urology of Fundeni Clinical Institute from 2012 to 2025. Bilaterality was confirmed by imaging or histopathology. Demographic data, tumor characteristics, histopathological subtype, treatment modalities, and postoperative outcomes were recorded, in accordance with applicable ethical principles. The cohort comprised 47 patients, average age 57.4 years (range: 32–77), 38 male (80.9%). Synchronous tumors were identified in 27 cases (57.4%) and metachronous in 20 (42.6%). Clear cell renal carcinoma was the predominant subtype. The most frequent surgical pattern was radical nephrectomy combined with nephron-sparing surgery in 26 patients (55.3%), followed by bilateral radical nephrectomy in 10 (21.3%) and bilateral nephron-sparing surgery in 7 (14.9%). The remaining 4 cases consisted of: simultaneous radical and nephron-sparing surgery (1), nephroureterectomy with radical nephrectomy (1), nephroureterectomy with nephron-sparing surgery (1), and radical nephrectomy followed by percutaneous biopsy (1).

Conclusions. Bilateral renal tumors remain a complex entity requiring an individualized multidisciplinary approach. The surgical strategy must balance oncological control with renal function preservation. This series illustrates the diversity of clinical presentations and therapeutic solutions encountered in the management of this rare pathology.

PM1.6 - Comparative Analysis of Complications and Quality of Life in Patients Undergoing Bricker Urinary Diversion via Open, Laparoscopic and Robotic Approaches

Studiu comparativ al complicațiilor și al calității vieții la pacienții supuși derivației urinare tip Bricker prin abord deschis, laparoscopic și robotic

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Introduction: Radical cystectomy with Bricker ileal conduit remains the reconstructive standard for muscle-invasive bladder cancer. The impact of the surgical approach—open, laparoscopic, or robotic—on postoperative morbidity and quality of life (QoL) is not well defined in Eastern Europe. Minimally invasive surgery (MIS) may reduce operative trauma and enhance recovery. This multicenter retrospective study compared perioperative outcomes, postoperative complications and 3-month QoL following radical cystectomy with Bricker diversion performed via open, laparoscopic and robotic approaches.

Materials and Methods. A total of 58 patients undergoing radical cystectomy with Bricker diversion between March 2024 and March 2026 in five Romanian centers were analyzed according to the surgical approach: open (n=18), laparoscopic (n=22) and robotic (n=18). Parameters included hemoglobin and eGFR variation, operative time, hospital stay, peri- and postoperative complications (≤30/>30 days), reinterventions, pathologic stage and adjuvant therapy. Quality of life (QoL) at 3 months was assessed using EQ-5D-5L (mobility, self-care, usual activities, pain/discomfort, anxiety/depression and utility index) and EQ-VAS. Statistical tests included ANOVA/Welch, Kruskal–Wallis with Dunn correction and χ^2/Fisher (α=0.05).

Results. Operative time did not differ significantly (p=0.187) but was longer for robotic cases (469±92 min). Hospitalization was shorter for MIS: 13.5 days (open) vs 9 (laparoscopic; p=0.008) and 7 (robotic; p<0.001). Postoperative hemoglobin was higher after robotic surgery (10.76±1.24 vs 9.71±1.13 g/dL; p=0.042). eGFR increased after open (+15.36 mL/min/1.73 m^2; p=0.002), decreased after laparoscopy (−4.36; p=0.021) and slightly declined after robotic (ns); intergroup p=0.001. Non-specific complications (fistulas/eviscerations) were more frequent laparoscopically (54.5% vs 5.6% for open/robotic; p<0.001). EQ-5D-5L showed no major group differences (p≥0.134) except better self-care laparoscopically (p=0.028). EQ-VAS was higher robotically (median 90 vs 72.5; p=0.016). Adjuvant therapy rates were similar (22.4%; p=0.494).

Conclusions. Minimally invasive radical cystectomy with Bricker diversion—especially the robotic approach—was associated with shorter hospitalization, improved hematologic preservation and higher perceived health (EQ-VAS) at 3 months compared with open surgery, without increasing major complications. Laparoscopy, although less invasive, showed more technical complications, possibly related to extracorporeal reconstruction and pneumoperitoneum. Robotic cystectomy provides an optimal balance between enhanced recovery and procedural safety where expertise and resources are available.

PM1.7 - Role of GenXpert Bladder Monitor in follow-up of bladder cancer
Rolul GenXpert Bladder Monitor in urmarirea cancerului vesical

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Introduction. According to the latest data available from the Global Cancer Observatory (GLOBOCAN) for 2022, 5.157 new cases of bladder cancer were registered in Romania in that year. Statistics consistently show that the incidence is approximately 4 times higher in men. Standard diagnostic methods such as cystoscopy and urinary cytology are either invasive or have low sensitivity. The development of non-invasive and accurate diagnostic tests is essential for improving diagnosis and monitoring.

Materials and methods. Urine samples for mRNA extraction were collected from a group of 60 patients previously diagnosed with bladder cancer of various grades (for monitoring) prior to follow-up cystoscopy. 6 patients were excluded due to indeterminate disease status (cystoscopy + electrocoagulation, no tissue sent for histopathological examination). mRNA was extracted and analyzed by RT-qPCR using the Xpert kits, which measure the expression of a panel of five genetic biomarkers (ABL1, CRH, IGF2, UPK1B, ANXA10). An algorithm calculated a risk score for the presence of cancer.

Results. Xpert Bladder Cancer Monitor demonstrated sensitivity of 60.7%, specificity of 96.2%, PPV of 94.4%, and NPV of 69.4%, consistent with published literature, with performance superior for high-grade tumors but insufficient to replace cystoscopy.

Conclusions. Xpert Bladder Cancer Monitor performs comparably to reported literature and may complement cystoscopy, particularly for high-grade disease, but moderate sensitivity precludes its use as a standalone surveillance tool.

PM1.8 - A single-institutional analysis of laparoscopic 3D radical cystectomy with intracorporeal urinary diversion

Cistectomia radicală laparoscopică 3D cu derivație urinară intracorporeală: experiență monocentrică

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Introduction: Robotic radical cystectomy is now considered the gold standard for treating localized muscle-invasive bladder cancer, offering advantages over open surgery including decreased intraoperative blood loss, lower morbidity and earlier discharge. Laparoscopic cystectomy remains a valid option, particularly in institutions with limited access to robotic surgery, as it provides outcomes comparable to those of robotic surgery. This study evaluates perioperative and postoperative results of laparoscopic radical cystectomy (LRC) at our center.

Material & methods. We prospectively enrolled 138 patients who underwent LRC at our institution between 2017 and 2025. Urinary diversion technique was selected based on patient age, medical comorbidities and tumor stage. We assessed perioperative parameters (operative duration, estimated blood loss - EBL, intraoperative complications) and postoperative outcomes (transfusion requirements, length of hospital stay - LOS, early and late complications, histopathology results). Median follow-up was 12 months.

Results. Median operative time was 210 minutes for cutaneous ureterostomy (CU), 370 minutes for ileal conduit (IC) and 490 minutes for neobladder (NB). Median EBL was 250 mL (IQR 200–400 mL), with 29 patients requiring perioperative transfusions. Three intraoperative complications occurred: one uretero-ileal anastomotic twist necessitating reanastomosis, one rectal injury during posterior plane dissection and one inadvertent bilateral mono-J stent removal during stoma creation. 13.04% of CU patients, 13.55% of IC patients and 27.27% of NB patients had major complications. The median LOS was 7 days (IQR 6–11). Advanced pathological stage (≥pT3) was identified in 40% of patients, while 60% had organ-confined disease (≤pT2). A substantial rate of upstaging was observed, with 38.7% of patients initially staged as cT≤T2 harboring ≥pT3 disease at final pathology. Lymph node involvement was observed in 18.2% of patients. Patients with ≥pT3 disease had a significantly higher rate of nodal metastases compared with ≤pT2 disease (35.2% vs 7.2%, OR 6.96, $p<0.001$). Positive surgical margins were identified in only 5.8% of cases. At 12 months follow-up, uretero-ileal strictures were identified in seven IC patients and one NB patient.

Conclusion. Laparoscopic radical cystectomy adheres to minimally invasive surgical principles and achieves outcomes comparable to robotic surgery. It serves as a safe and effective options for centers with limited robotic surgery infrastructure

PM1.9 - Multimodal approach in the treatment of small (≤4 cm) renal tumours in a single institution

Abordarea multimodală în tratamentul tumorilor renale mici (≤4 cm) într-un singur centru

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Introduction. Small renal tumors (≤4 cm, cT1a) represent an important subgroup of renal neoplasms, characterized by small tumor size and a wide range of therapeutic options. The aim of this study was to describe the demographic, therapeutic, and histopathological characteristics of patients diagnosed with cT1a renal tumors.

Material and methods. A retrospective study was conducted on patients with renal tumor pathology admitted between September 2022 and March 22, 2026 in the Urology Department of the Bihor County Emergency Clinical Hospital. From a total of 365 cases, 123 cases were identified as small (≤4 cm) / cT1a tumors, representing 33.7% of the analyzed cohort. Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS®).

Results and conclusions. The temporal distribution of small renal tumors cases was as follows: 18 cases in 2022 (September–December), 34 cases in 2023, 38 cases in 2024, 25 cases in 2025, and 8 cases in 2026 (January–March), corresponding to 14.6%, 27.6%, 30.9%, 20.3%, and 6.5% of total cT1a cases, respectively. The median age was 65 years (range 33–80), 14 patients having under 50 years. The sex distribution included 66 males (53.7%) and 57 females (46.3%). From a therapeutic perspective, partial nephrectomy was performed in 73 cases (59.3%), radical nephrectomy in 39 cases (31.7%), and cryoablation in 3 cases (2.4%). Regarding laterality, a slight predominance of left-sided tumors was observed compared to right-sided lesions. Surgical approach included transperitoneal laparoscopy in 67 cases (54.5%), open surgery in 30 cases (24.4%), retroperitoneoscopic approach in 17 cases (13.8%), and robotic surgery in less than 5% of cases. Histopathological examination revealed a predominance of clear cell renal cell carcinoma. Eight patients had an aggressive tumour (ISUP 3–4). Pathological evaluation demonstrated concordance with clinical staging in approximately half of cases (pT1a: 51.2%), while a subset of tumors upstaged to pT3a (9.8%). Only 5% of patients with partial nephrectomy and none of the patients with RN had positive surgical margins. In conclusion, the therapeutic approach has shifted towards minimally invasive approach, including percutaneous ablative procedures, adapted to the patient and tumour characteristics.

PM1.10 - Impact of Age on Efficacy and Tolerability of Intravesical BCG in Non–Muscle-Invasive Bladder Cancer: A Retrospective Cohort Study

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Introduction & Objectives: Recurrence after intravesical Bacillus Calmette–Guérin (BCG) therapy occurs in up to 30–45% of patients with non–muscle-invasive bladder cancer (NMIBC). Age-related differences in immune response and tumor biology may influence both efficacy and tolerability. This study aimed to compare tumor characteristics, therapeutic outcomes, and treatment-related adverse events between patients younger and older than 55 years.

Materials & Methods: A retrospective cohort of 125 NMIBC patients treated at Prof. Dr. Th. Burghele Clinical Hospital over eighteen months was analyzed. All underwent complete transurethral resection of bladder tumor and completed a full BCG induction course. Patients were stratified into two age groups: <55 years (n=39) and ≥55 years (n=86). Comparative analyses of recurrence and adverse event rates were performed using chi-square testing, with statistical significance set at $p<0.05$.

Results: T1 disease predominated in both age groups. Younger patients more frequently presented Ta lesions, whereas older patients had a higher proportion of T1 and high-grade disease. Tumor recurrence occurred in 14 of 39 younger patients (35.9%) and 41 of 86 older patients (47.7%, $p=0.23$). Progression was documented in four patients (3%), all in the ≥55 group. Post-instillation BCG cystitis was common, slightly more frequent in younger patients. Hematuria occurred in 11% of younger and 20% of older patients, while febrile episodes >38°C were reported in 45% and 33%, respectively. One elderly patient developed clinical features suggestive of BCG-related tuberculous cystitis. No severe systemic toxicity was observed.

Conclusions: Age appeared to influence both tumor profile and immune response to BCG. Younger patients experienced fewer recurrences but more pronounced local inflammatory reactions, whereas older patients presented more advanced, high-grade disease and slightly higher recurrence rates. Although the difference did not reach statistical significance, the observed trend suggests age-related modulation of BCG efficacy. Larger prospective studies are warranted to confirm these findings.

PM1.11 - How strong is the evidence? A GRADE-based appraisal of guideline recommendations for urothelial carcinoma in bladder diverticula

Cât de solide sunt dovezile? O evaluare bazată pe sistemul GRADE a recomandărilor din ghiduri pentru carcinomul urotelial în diverticulii vezicii urinare

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Introduction. Urothelial carcinoma arising in bladder diverticula is a rare entity associated with a high risk of understaging due to the absence of muscularis propria. Although addressed in the international bladder cancer guidelines, the strength of evidence supporting these recommendations remains unclear.

Objective. To evaluate the quality of evidence and strength of recommendations supporting guideline statements for urothelial carcinoma in bladder diverticula using a GRADE-aligned approach.

Materials and Methods. Bladder cancer guidelines from the European Association of Urology, American Urological Association, National Comprehensive Cancer Network and European Society for Medical Oncology were revised. Guideline recommendations specifically addressing urothelial carcinoma arising in bladder diverticula were systematically extracted, and their cited supporting evidence was mapped to GRADE quality categories. Recommendation strength and inter-guideline concordance were analyzed.

Results. Across all guidelines, 70-75% of recommendations were supported by very low-quality evidence, 20-25% by low-quality evidence, and fewer than 10% by moderate-quality evidence. No recommendations were supported by high-quality evidence and no randomized controlled trials were found. While guidelines recognized the increased risk of pathological understaging, notable variability existed regarding surgical management and follow up strategies.

Conclusions. Guideline recommendations for urothelial carcinoma of the bladder diverticula rely predominantly on low or very low-quality evidence, reflecting the complexity of this condition. These findings underscore a substantial evidence gap and support the need for collaborative registries and standardized reporting. For urothelial carcinoma of the bladder diverticula, therapeutic strategies often reflect concern for early metastatic dissemination more than evidence-based guidance.

PM2.1 - Contemporary outcomes of MRI-US fusion guided prostate biopsy Rezultatele actuale ale biopsiei de prostată ghidată prin fuziunea IRM-Ecografie

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Introduction. MRI-US fusion prostate biopsy has become an essential tool in prostate cancer diagnosis, allowing targeted sampling of MRI-visible lesions and improved risk stratification. Since 2017, this technique has been used as the standard diagnosis method in our center. The primary aim of this study was to evaluate the current outcomes of MRI-US fusion prostate biopsy performed by a single urologist using a novel platform.

Material and methods. Between November 2022 - March 2026, a number of 685 MRI-US fusion prostate biopsies were performed in our center using the Fujifilm Arietta 750 system using a side-fire endorectal probe. Compared to previous versions, this system offers an improved MRI-US fusion software and a higher quality ultrasound image. Targeted cores were obtained from MRI and US suspicious areas. Clinically-significant PCa was defined as ISUP grade ≥ 2 (Gleason ≥ 3+4).

Results. A total of 685 patients were included. Median age was 65 years old (IQR 11) and median PSA was 7.97 ng/mL (IQR 5.85 ng/mL). PI-RADS 3 lesions accounted for 22.9%, whereas PI-RADS 4 for 46.5% and PI-RADS 5 for 28.8%. The overall PCa and csPCa detection rates were 65.69% and 43.5%, respectively. Detection rates for overall and csPCa increased progressively with higher PI-RADS categories, as follows: 43.04%/19.86% for PIRADS 3, 62.66%/38.63% for PI-RADS 4 and 87.43%/69.63% for PI-RADS 5. A statistically significant association was observed between PI-RADS score and csPCa detection ($\chi 2 = 26.99$, $p < 0.001$) with a significant linear trend across increasing PIRADS categories.

Conclusions. Contemporary outcomes of MRI-TRUS fusion prostate biopsy confirm the advantages of this technique for PCa diagnosis. Combining an MRI-targeted approach with improved ultrasound image quality lead to the best results in terms of diagnostic accuracy.

PM2.2 - Analysis of Micro-Ultrasound Performance in Prostate Cancer Diagnosis After More Than 300 Cases

Analiza performanței microultrasonografiei în diagnosticul cancerului de prostată pe baza a mai mult de 300 de cazuri

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Introduction. Micro-ultrasound (microUS) is a high-resolution imaging modality that enables real-time visualization of suspicious prostate lesions during biopsy. The aim of microUS is to provide improved spatial resolution that may enhance lesion detection and targeting. This study evaluates the diagnostic performance of micro-ultrasound in prostate cancer detection and explores the relationship between multiparametric MRI PI-RADS scores and biopsy outcomes.

Material and method. A retrospective analysis was performed on 309 consecutive patients who underwent transperineal prostate biopsy guided by micro-ultrasound between october 2024 and february 2026. Clinical, imaging and pathological parameters were collected. Targeted biopsies of suspicious lesions identified during micro-ultrasound examination were combined with systematic sampling. Clinically significant prostate cancer was defined as Gleason Grade Group ≥2. Cancer detection rates were analyzed overall and in relation to MRI PI-RADS categories.

Results and conclusions. The median age was 66 years(range 38–84) and mean PSA level was 17.5 ng/mL (range 0.6–1000ng/mL). Overall prostate cancer was detected in 180 patients, corresponding to a detection rate of 58.6%. Clinically significant prostate cancer was identified in 93 patients (51.7%), representing approximately 30% of the entire cohort. Cancer detection increased progressively with higher MRI PI-RADS scores. Detection rates were for PI-RADS 2: 2/3(66.7%), PI-RADS 3: 16/56(28.6%), PI-RADS 4: 67/126(53.2%), PI-RADS 5: 67/76(88.2%). In 47 patients where no PI-RADS score was reported by the radiologist, prostate cancer was detected in 28 cases (59.5%). These findings demonstrate a strong positive correlation between MRI suspicion level and prostate cancer diagnosis in this cohort. Micro-ultrasound demonstrates robust performance as a real-time imaging tool for prostate biopsy. The high overall cancer detection rate and substantial proportion of clinically significant disease support its clinical utility. The strong correlation observed between PI-RADS score and cancer detection further highlights the complementary role of MRI findings in patient selection and risk stratification.

PM2.3 - Critical analysis of the microUS performance in detection of clinically insignificant and clinically significant prostate cancer

Analiză critică a performanței microUS în detectarea cancerului de prostată clinic indolent respectiv clinic semnificativ

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Introduction. Novel prostate biopsy techniques aim to improve the detection of clinically significant prostate cancer(csPCa) while reducing the diagnosis of clinically indolent disease(ciPCa). MicroUltrasound(microUS) is a high-resolution real-time imaging modality designed to enhance lesion visualization and targeting. While the grade groupe classification is important to identify csPCa also tumor burden should be included in the analysis. The aim of this study was to evaluate the csPCa and ciPCA detection rates of when tumor burden is taken into consideration.

Material and method. A retrospective analysis was performed on 614 consecutive prostate biopsies, including 307 microUS-guided and 307 ConUS-guided procedures. ciPCa was assessed using three definitions: (1) Grade Group(GG) 1 disease; (2) GG1 disease with ≤2 positive biopsy cores; and (3) GG1 disease with ≤3 positive biopsy cores. csPCa prostate cancer was evaluated using three definitions: (1)GG ≥2; (2)GG ≥1 with ≥3 positive biopsy cores; and (3)GG ≥1 with ≥6 positive biopsy cores.

Results and conclusions. Using the first definition of insignificant prostate cancer (GG1 only), microUS detected significantly more iPCa compared with ConUS (28.0% vs 10.7%, $p < 0.001$). However, when tumor-volume criteria were incorporated, the difference between techniques was no longer significant (GG1 ≤2 cores: 8.1% vs 5.5%, $p = 0.26$; GG1 ≤3 cores: 10.1% vs 7.2%, $p = 0.25$). For clinically significant prostate cancer, detection rates were similar when defined as GG ≥2 (30.3% microUS vs 31.3% ConUS, $p = 0.86$). When tumor burden was included in the definition, microUS detected significantly more csPCa. Using GG ≥1 with ≥3 positive cores, detection was 48.5% for microUS versus 32.2% for ConUS ($p < 0.001$). Using GG ≥1 with ≥6 positive cores, detection was 35.2% versus 16.6%, respectively ($p < 0.001$). MicroUltrasound biopsy increases overall cancer detection compared with conventional ultrasound. Although GG1 cancers are more frequently identified with microUS, the detection of truly low-volume insignificant disease is similar between techniques. Importantly, when tumor burden is incorporated into the definition of clinically significant prostate cancer, microUS demonstrates substantially higher detection rates, suggesting improved identification of biologically meaningful disease.

PM2.4 - Direct Comparison between the Yields of MRI Fusion-Guided and Randomized Biopsies for the Diagnosis of Prostate Cancer

Comparatie directa intre randamentele biopsiilor de fuziune IRM si randomizate in cadrul diagnosticului cancerului de prostata

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Introduction and Objectives. Prostate cancer remains one of the most important oncologic concerns of the world. As of 2022 it ranks as the second most diagnosed cancer in men, with almost 1.5 million new cases. In the era of PSA screening and multiparametric MRI, prostate biopsy is still the single most important tool used in prostate cancer diagnosis. While the systemic randomized biopsy is still the most wide-spread approach, MRI fusion-guided biopsy is becoming the standard of care based on its improved accuracy and lower required core count. The aim of this paper is to present the detection yields of both techniques and identify the best diagnostic strategy for prostate cancer.

Materials and Methods. We conducted a retrospective analysis of 217 male patients that were biopsied for suspicion of prostate cancer between June 2022 and December 2025. The patients, aged between 45 and 85 years, had a PSA level < 25 ng/ml and had a multiparametric MRI with a minimum PIRADS score of 3 before biopsy. Prostate volume ranged between 23 and 214 cc. We performed simultaneous transrectal MRI fusion-guided and 12-core randomized biopsies on all patients, under general i.v. sedation, using a BK 5000 ultrasound machine.

Results. We identified 173 patients with prostate cancer through either method (ADK - 79.7%), 27 with benign hyperplasia (BPH - 12.4%), 13 patients with atypical glands suspicious for cancer (ATYP - 6%) and 4 with high-grade prostatic intraepithelial neoplasia (HG-PIN - 1.8%). Out of the 173 patients with prostate cancer, only 112 (64.7%) were diagnosed by both techniques, 139 were positive on fusion biopsies (80.3%) and 145 on randomized biopsies (83.8%). The false negative results amounted for almost 20% in the case of MRI targeted biopsies and 16% for the randomized biopsies.

Conclusions. The prostate cancer diagnostic is exclusively obtained after a histopathological examination, imaging techniques like multiparametric MRI proving insufficient in this regard. MRI fusion-guided prostate biopsy has shown its value, especially for anterior or transitional suspect lesions, but is still highly dependent on the accuracy of MRI. The best yield in diagnosing prostate cancer is obtained by associating MRI fusion-guided and randomized biopsy techniques, as they successfully complement each other.

PM2.5 - Better Suspect Lesion Identification by using MicroUltrasonography improves Prostate Cancer Detection Rate compared conventional ultrasound Fusion Biopsy

Facilitarea vizualizării leziunilor suspecte prin utilizarea microultrasonografiei îmbunătățește rata de detecție a cancerului de prostată comparativ cu biopsia de fuziune ghidată prin ecografie convențională

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Introduction. Accurate detection of clinically significant prostate cancer remains a major objective in modern prostate biopsy strategies. MRI–guided fusion biopsy has improved diagnostic accuracy; however, the ultrasound modality used during the procedure may influence lesion visualization and targeting. Micro-ultrasonography(microUS) provides 29Hz resolution ultrasound image and facilitates real-time lesion identification. This study compares prostate cancer detection between micro-ultrasound and conventional ultrasound MRI-fusion biopsy.

Material and method. A retrospective analysis included 614 patients undergoing MRI-fusion prostate biopsy: 307 micro-ultrasound–guided and 307 conventional ultrasound–guided procedures. Clinical parameters analyzed were age, prostate-specific antigen (PSA), MRI PI-RADS score, and biopsy histopathology. Clinically significant prostate cancer was defined as Gleason Grade Group ≥2. Detection rates were compared overall and according to MRI PI-RADS categories.

Results and conclusions. Comparing the clinical characteristics of the microUS group vs conUS group, only age was clinically significant different (64.9 vs 62.7, p=0.005), while PSA value, DRE examination and prostate volume were similar. Overall prostate cancer was in 58.6%(180/307 patients) in the microUS group versus 42.0%(129/307) with conUS (p<0.001). While the csPCa detection rate was similar, the microUS detected a significantly higher number of Grade Group 1 cancers. Cancer detection increased with higher MRI PI-RADS scores. In the micro-ultrasound group, detection rates were: PI-RADS 2: 2/3(66.7%), PI-RADS 3: 16/56(28.6%), PI-RADS 4: 67/126(53.2%), PI-RADS 5: 67/76(88.2%), and no PI-RADS reported: 28/45(62.2%). In the conventional ultrasound group, detection rates were: PI-RADS 2: 0/1 (0%), PI-RADS 3: 11/53(20.8%), PI-RADS 4: 37/94(35.1%), PI-RADS 5: 34/48(70.8%), and no PI-RADS reported: 50/108(46.7%). Micro-ultrasound–guided fusion biopsy demonstrated a higher overall prostate cancer detection rate compared with conventional ultrasound fusion biopsy. The advantage was most evident in high-suspicion lesions, PIRADS 4 and 5. These findings suggest that the higher spatial resolution of micro-ultrasound improves lesion visualization and biopsy targeting during MRI-fusion procedures.

PM2.6-Artificial Intelligence-Driven Prostate mpMRI Assessment: Value of ChatGPT

Evaluarea IRM multiparametric de prostată prin inteligențăb artificială: valoarea diagnostică a ChatGPT

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Background: The diagnostic value of MRI-US fusion guided prostate biopsy relies on accurate imaging analysis and biopsy technique. However, the experience in mpMRI of the urologists who perform this procedure can be limited. Recently, artificial intelligence (AI) has emerged as a promising tool to aid medical practice and even analyze medical images. The current study aimed to evaluate the performance of ChatGPT in the assessment of prostate mpMRI of patients who undergo MRI-guided prostate biopsy, as a potential tool to facilitate lesion identification.

Materials and Methods: We conducted a retrospective analysis of 18 patients with suspicion for prostate cancer, who underwent prostate mpMRI followed by MRI-US fusion biopsy. ChatGPT was asked to assess lesion characteristics: location, size, local extension, and to assign a hypothetical PIRADS score. AI-generated evaluations were then compared with histopathological data.

Results: Mean age of the patients was 65.8 years, and the mean PSA was 9.35 ng/mL. Malignancy was confirmed in 72.2% (13/18) of cases. Prostate volumetry showed equivalence between radiologist-measured volume (55.15 ±10.42 mL) and AI-estimated volume (53.54 ±11.62 mL). Lesions were predominantly located in the peripheral zone, with most patients presenting a single lesion. AI-based assessment identified extracapsular extension in 16.7% (3/18) and seminal vesicle invasion in 11.1% (2/18) of cases. ChatGPT predominantly assigned PIRADS 4 scores (17/18), with one lesion classified as PI-RADS 5. AI achieved a sensitivity of 100%, specificity of 20%, PPV of 76.5%, NPV of 100%, and an overall accuracy of 77.7% for the diagnosis of PCa. The area under the ROC curve was 0.60, reflecting good discriminatory ability.

Conclusions: ChatGPT showed high sensitivity in identifying prostate cancer, but demonstrated limited specificity due to overestimation of malignancy risk. Our results suggest potential utility as a supportive tool in prostate mpMRI interpretation and as a rule-out tool.

PM2.7 - Prostate Biopsy in Patients with Previous Rectal Cancer and Abdominoperineal Resection

Punctie prostatica la pacient cu neoplasm rectal pentru care s-a practicat amputatie totala de rect

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Introduction and Objectives. Colorectal cancer is one of the most common causes of cancer related deaths in developed states, rectal tumors accounting for approximately a third of these neoplasms. The radical treatment for T2 - T4 rectal cancer that involves the sphincter implies an abdominoperineal resection with permanent colostomy. Meanwhile, in the same countries, prostate cancer is the most diagnosed cancer in men, so the two pathologies can sometimes coexist. After abdominoperineal resection, diagnosing a prostate cancer is quite difficult, as performing a direct rectal examination or a normal prostate biopsy is impossible. Even a standard transperineal prostate biopsy is not possible as the ultrasound guidance uses an endorectal probe. So these patients are usually referred to an interventional radiologist for an MRI or CT guided transperineal prostate biopsy. The aim of this paper is to present an alternative ultrasound guided transperineal approach for the prostate biopsy using a convex abdominal probe performed in the Department of Urology.
Materials and Methods. During the last 5 years 4 patients with previous abdominoperineal resection for lower invasive rectal tumors were successfully diagnosed of prostate cancer upon biochemical suspicion. We herefore present the case of a 69 years old male patient that was referred to our department for an elevated PSA level of 11.4 ng/mL. The patient had survived a T3 rectal cancer 16 years prior that required chemoradiation, abdominoperineal resection and permanent colostomy. The multiparametric pelvic MRI described a 43 cm3 prostate with an apical PIRADS 3 lesion in the right lobe. As the standard transrectal approach was unavailable, we decided to perform an ultrasound guided transperineal prostate biopsy using a 2-5 MHz convex abdominal probe of a Siemens G50 machine. After spinal anesthesia, the patient was placed in a lithotomy position. A Foley urinary catheter was inserted to correctly identify de urethra and the bladder neck. Under the ultrasound guidance a standard 12-core randomized prostate biopsy was conducted.
Results. The procedure was 15 minutes long. The postoperative setting was uneventful, the patient had no urethrorrhagia and was discharged the next day, after the removal of the urinary catheter. The histopathological examination revealed Gleason 6 (3+3) prostate cancer in both prostate lobes. The patient opted for radiotherapy associated with temporary androgen deprivation therapy and was further referred to the Department of Oncology for treatment. At the one-year follow-up the patient had a PSA level of 0.006 ng/mL and no signs of distant metastases.
Conclusions. Although rare, the metachronous association of colorectal and prostate cancer is a definite possibility. Diagnosing a prostate cancer in a patient with prior abdominoperineal resection can be a challenging situation, usually involving the urologist and an interventional radiologist. An ultrasound guided transperineal prostate biopsy using the convex abdominal probe is a fast, safe and feasible alternative that can be performed directly in the Department of Urology.

PM2.8 -PSA density: Diagnostic value and its correlation with tumor aggressiveness in prostate cancer

Densitatea PSA: Valoarea diagnostică și corelația cu agresivitatea tumorală în cancerul de prostată

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Introduction: The aim of this study is to assert the diagnostic value of prostate specific antigen density (PSAD) in prostate cancer detection and its relationship with tumor aggressiveness according to the International Society of Urological Pathology (ISUP) grading.

Materials and methods: This study analyses 216 (100%) patients who underwent prostate biopsy for suspected prostate cancer, the final diagnostic being based on their histopathological results. The diagnostic performance of PSAD was evaluated using sensitivity, specificity, positive predictive value (PPV) negative predictive value (NPV) and receiver operating characteristic curve (ROC).

Results: The optimal cutoff value for PSAD was 0.17, providing a sensitivity of 83% and specificity of 56%. Statistically significant differences in PSAD values were observed among ISUP grade groups (Kruskal–Wallis $p<0.001$). Spearman correlation analysis showed a positive association between PSAD and tumor aggressiveness ($rs = 0.41$). Median PSAD values increased progressively from 0.18 (ISUP 1), 0.27 (ISUP 2), 0.52 (ISUP 3), 0.87 (ISUP 4) while ISUP 5 had a slightly lower median PSAD value (0.51). The average age of the patients with prostate cancer was 70.9 years (median 71, range 47–88) while the mean age of the patients with benign pathology was 67.6 years (median 67, range 51-82).

Conclusions: PSAD is a useful tool for prostate cancer detection and is significantly associated with tumor aggressiveness. Slightly lower median PSAD observed in ISUP 5 could reflect lower PSA production in poorly differentiated high-grade tumors. A slightly higher age was observed among the patients with prostate cancer compared to those with benign pathology.

PM2.9- Liquid Biopsies in Prostate Cancer: Current Knowledge and Clinical Applications

Biopsiile lichide în cancerul de prostată: cunoștințe actuale și aplicații clinice

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Introduction. Prostate cancer (PCa) is one of the most prevalent malignancies in men worldwide, with significant challenges in distinguishing indolent from aggressive disease. Prostate-specific antigen (PSA) testing, although widely used, lacks specificity and can lead to unnecessary biopsies and overdiagnosis. Liquid biopsies, using blood and urine as minimally or non-invasive biomarker sources, are emerging as important tools for risk stratification, early detection, and treatment decision-making.

Materials and Methods. Current FDA- and CLIA-approved liquid biopsy assays include serum-based tests such as the Prostate Health Index (PHI) and 4Kscore, as well as urine-based assays including PCA3, ExoDx Prostate Intelliscore, MiPS, and SelectMDx. SelectMDx measures HOXC6 and DLX1 mRNA expression and integrates these molecular markers with clinical variables (age, PSA, prostate volume, family history, and digital rectal examination findings) to generate an individualized risk score for clinically significant PCa. Other modalities include circulating tumor DNA, circulating tumor cells, and exosomal RNA assays.

Results. Validation studies show that SelectMDx has strong predictive performance, with AUC values of 0.79–0.90 and negative predictive values approaching 95%. It is particularly effective in patients within the PSA "gray zone" (2–10 ng/mL) and those with PI-RADS 3 lesions on multiparametric MRI (mpMRI), reducing unnecessary biopsies by up to 40% while maintaining high sensitivity for ISUP grade ≥2 disease. It is endorsed by the European Association of Urology and included in NCCN guidelines. Other liquid biopsy approaches provide complementary information, including insights into tumor burden, clonal evolution, and therapeutic resistance, or improved specificity when combined with PSA. Challenges include pre-analytical variability, assay standardization, and the need for large-scale prospective validation.

Conclusion. Liquid biopsies currently complement histopathology by refining biopsy selection and supporting personalized treatment strategies. Integration with imaging modalities such as mpMRI is likely to improve early detection and reduce overtreatment, with SelectMDx representing a robust, guideline-endorsed tool in clinical practice.

PM2.10- Clinical significance of systemic inflammatory indices in patients evaluated for prostate cancer

Semnificația clinică a indicilor sistemici de inflamație la pacienții evaluați pentru cancer de prostată

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IIntroduction: Prostate cancer (PCa) is the most frequently diagnosed malignancy among men in Europe. Although prostate-specific antigen (PSA) is widely used for screening, its limited specificity often leads to unnecessary prostate biopsies. Systemic inflammatory indices derived from routine blood tests have been proposed as potential adjunctive biomarkers for cancer detection and characterization.

Material and method: We conducted a retrospective observational study including patients who underwent transrectal ultrasound-guided prostate biopsy for elevated PSA between January 2021 and January 2023 at "Dr. C.I. Parhon" Clinical Hospital, Iași. Only patients with complete blood count performed within five days prior to biopsy were included. Inflammatory indices were calculated from CBC parameters: neutrophil-to-lymphocyte ratio (NLR), monocyte-to-lymphocyte ratio (MLR), platelet-to-lymphocyte ratio (PLR), systemic immune-inflammation index (SII), systemic inflammation response index (SIRI), and aggregate index of systemic inflammation (AISI). Histopathological results classified patients into benign prostatic hyperplasia (BPH) or prostate cancer groups.

Results and conclusion: A total of 307 patients were included, of whom 200 (65.1%) were diagnosed with prostate cancer and 107 (34.9%) with BPH. PSA levels were significantly higher in the PCa group ($p<0.001$). Patients with prostate cancer also presented significantly higher leukocyte and neutrophil counts ($p=0.014$ and $p=0.001$, respectively) and lower hemoglobin levels ($p=0.001$). Regarding inflammatory indices, NLR ($p=0.001$), PLR ($p=0.018$), SII ($p=0.001$), SIRI ($p=0.006$), and AISI ($p=0.001$) were significantly higher in the PCa group compared to BPH, while MLR and ELR did not show statistically significant differences. Logistic regression analysis demonstrated that higher values of NLR, SII, SIRI, and AISI were associated with an increased probability of prostate cancer. These findings suggest that systemic inflammatory indices derived from routine laboratory tests may provide additional diagnostic information in patients with elevated PSA and could represent useful adjunctive markers for improving prostate cancer risk stratification.

PM3.1 -Analysis of the learning curve for microUltrasonography transperineal prostate biopsy

Analiza curbei de învățare în biopsia prostratică transperineală sub control microultrasonografic

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Introduction. MicroUltrasound(microUS) is an emerging high-resolution imaging modality that may improve prostate cancer(PCa) detection compared with conventional ultrasound (ConUS). However, the influence of operator experience on cancer detection plays an important role in the technique performance. This study evaluated the learning curve of both techniques by analyzing sequential biopsy cases and cancer detection rates.

Material and method. A retrospective analysis was performed on 614 consecutive prostate biopsies, including 307 microUS-guided biopsies and 307 ConUS biopsies. Learning curves were assessed using cumulative cancer detection rates across sequential cases. Additionally, detection rates were analyzed in chronological patient blocks of 30, 40, and 50 cases to evaluate the evolution of diagnostic performance over time.

Results and conclusions. Overall prostate cancer detection was higher in the microUS cohort. Sequential analysis demonstrated a progressive increase in detection rate during the early phase of microUS implementation, with stabilization around 60–65% in later cases. Block analyses confirmed this trend. In 30-patient blocks, microUS detection increased from approximately 47% in the earliest cases to approximately 65–67% in later blocks, suggesting a clear learning effect. When analyzed using 40- and 50-patient blocks, the learning curve effect was not so evident, meaning that a plateau is achieved after 30 cases. Conventional ultrasound also demonstrated a moderate increase in detection over time. Detection rates improved from approximately 25–32% in the earliest blocks to approximately 46–52% in intermediate blocks when the analysis of 40 and 50 blocks of patients was done. There is a longer time needed for learning in case of conUS. Both microUS and conUS prostate biopsy techniques demonstrate a learning curve with increasing procedural experience. Microultrasonography may have a faster learning curve and improvement in prostate cancer detection rates.

PM3.2 - Exploring beyond PSA: the power of targeted biopsy in prostate cancer diagnosis

Explorând dincolo de PSA: puterea biopsiei țintite în diagnosticul cancerului de prostate

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Objectives: Multiparametric prostate MRI (mpMRI), followed by targeted biopsy of suspicious lesions, constitutes a fundamental component of the diagnostic evaluation algorithm for prostate cancer. The objective was to evaluate the detection accuracy of prostate cancer at low PSA levels using MRI-guided targeted prostate biopsy.

Methods: From 01.06.2024 to 01.01.2026, the study analyzes biopsy-naïve patients who underwent MRI–ultrasound fusion-guided prostate biopsy based on mpMRI, with a PSA level below 3 ng/dL, but who had either a family history of prostate cancer or a positive digital rectal examination.

Results: The single-center retrospective study selected, from a total of 2,575 prostate biopsies performed, 38 cases that met the inclusion criteria. Overall detection rates were: PI-RADS 4 – 38% (10 out of 26 patients) and PI-RADS 5 – 66% (8 out of 12 patients). The overall prostate cancer detection rate was 47%. The distribution according to the ISUP classification was as follows: 11% ISUP grade 1, 44% ISUP grade 2, and 33% ISUP grade 3, considering a mean PSA level of only 1.82 ng/dL in the patient cohort undergoing prostate cancer detection procedures.

Conclusions: In the era of fusion-guided prostate biopsies, this study demonstrates the utility of performing multiparametric prostate MRI at the time of clinical suspicion of prostate cancer, with a satisfactory detection rate (47%).

PM3.3 - Initial experience with transperineal MRI–ultrasound fusion prostate biopsy under local anesthesia: feasibility and diagnostic performance

Experiența inițială cu biopsia prostatică transperineală ghidată prin fuziune RMN –ecografie sub anestezie locală: fezabilitate și performanță diagnostică

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Introduction & Objectives: MRI–ultrasound fusion prostate biopsy has become the reference standard for detecting clinically significant prostate cancer (csPCa) in patients with suspicious mpMRI findings. However, most data originate from controlled settings. This study reports our initial real-world experience with transperineal MRI–ultrasound fusion biopsy under local anesthesia, evaluating feasibility, tolerability, safety, and diagnostic performance in patients with PI-RADS ≥3 lesions.

Materials & Methods: From February to September 2025, 128 consecutive men with PI-RADS ≥3 lesions underwent transperineal MRI–ultrasound fusion prostate biopsy at our center. Procedures were performed under local anesthesia (± IV sedation) with single-dose antibiotic prophylaxis, using a dedicated fusion platform (Esaote MyLab X9). Targeted biopsies were obtained from all lesions, followed by systematic sampling. Variables included PSA, PSA density (PSAd), pain (VAS), complications (Clavien–Dindo), and histopathology. Statistical significance was set at $p < 0.05$.

Results: The median age was 66 years. PI-RADS 3, 4, and 5 lesions were present in 34%, 46%, and 20% of patients, respectively. csPCa detection increased progressively with PI-RADS score (18%, 52%, and 78%). Overall, prostate cancer was detected in 64% of cases and csPCa in 48%. Notably, 71% of csPCa cases were identified exclusively on targeted cores. The procedure showed excellent tolerability (median VAS score = 2), with no major complications and 5% minor adverse events (Clavien–Dindo I–II). PSAd ≥0.15 predicted csPCa detection ($p=0.03$).

Conclusions: Transperineal MRI–ultrasound fusion biopsy under local anesthesia is a feasible and highly effective strategy for csPCa detection in routine practice, with excellent tolerability and minimal morbidity. The high proportion of cancers detected exclusively on targeted cores supports the central role of MRI-guided biopsy, while PSAd ≥0.15 improves patient selection.

PM3.4 - Feasibility and Early Outcomes of a Newly Established Robotic Urology Program for Children and Young Adults: Initial Experience from a Romanian Tertiary Center

Fezabilitatea și rezultatele precoce ale unui program nou înființat de urologie pediatrică robotică într-un centru terțiar din România

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Introduction. Minimally invasive and robotic-assisted surgery has become increasingly adopted in pediatric urology due to benefits such as reduced postoperative pain, shorter hospitalization, and faster recovery. However, access to robotic surgery for pediatric patients remains limited in many healthcare systems. In 2025, a tertiary referral center in Romania launched a dedicated minimally invasive urology program for children and young adults providing free access to robotic surgery, representing a unique initiative within the Romanian private healthcare sector. We report the feasibility and early outcomes of this newly established program.

Methods. We performed a retrospective review of the first consecutive patients undergoing minimally invasive urologic surgery between April 2025 and February 2026 following the launch of the program. Demographic characteristics, surgical indications, procedures performed, operative time, perioperative recovery, and complications were recorded. Complications were graded according to the Clavien–Dindo classification. Functional and radiological outcomes were assessed during postoperative follow-up.

Results. A total of 21 patients (14 under the age of 18 and 7 under the age of 22) underwent minimally invasive procedures during the study period. Pyeloplasty was the most frequently performed procedure (n = 12), followed by nephrectomy or heminephrectomy for oncologic or non-functioning renal pathology (n = 5). Additional procedures included varicocelectomy, repair of a complex urinary fistula, orchiopexy, and upper urinary tract reconstruction. Median operative time was 260 minutes (range 75–360 minutes). All patients resumed bowel transit within the first postoperative days, and median hospital stay was 2–3 days. Two patients required readmission for urinary infection treated with intravenous antibiotics (Clavien–Dindo grade II). Functional outcomes were favorable. All patients undergoing pyeloplasty demonstrated improvement of hydronephrosis and symptom resolution after JJ stent removal. The patient treated for urinary fistula had complete resolution of leakage, varicocele symptoms resolved, and no oncologic recurrence was observed on follow-up imaging.

Conclusion. The establishment of a minimally invasive urology program providing free access to robotic surgery for children and young adults is feasible and safe, with encouraging early perioperative and functional outcomes. This initiative may represent a promising model for expanding access to advanced minimally invasive pediatric urologic care.

PM3.5 - Contemporary Role of Salvage Lymph node dissection for nodal only recurrence after radical prostatectomy for localized or locally advanced prostate cancer)

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Background: Salvage lymph node dissection (sLND) has re-emerged in the PSMA-PET era as a metastasis-directed strategy for nodal recurrence after radical prostatectomy (RP), yet its oncologic benefit remains incompletely defined.

Objective: To evaluate oncologic outcomes after sLND and identify clinicopathological predictors of treatment benefit.

Design, setting, and participants: Retrospective multicenter cohort study including 54 patients undergoing sLND for nodal recurrence after RP. Preoperative imaging included PSMA-PET in 61.1% of patients, with the majority presenting pelvic-confined disease (87%). The primary endpoint was androgen deprivation therapy (ADT)-free survival. Secondary endpoints included biochemical recurrence, metastasis-free survival, and overall survival (OS), analyzed using Kaplan–Meier estimates and Cox regression models.

Results and limitations: A complete PSA response was achieved in 53.7% of patients, with 20.4% partial and 25.9% no response. Among 38 evaluable patients, 42.1% initiated ADT, with a median ADT-free survival of 60.3 months. Favorable outcomes were observed in patients with pelvic-confined disease, limited nodal burden, and complete postoperative PSA response, whereas high-grade disease and extra-pelvic involvement predicted early progression. Use of PSMA-PET was associated with lower risk of biochemical recurrence (HR 0.12) and death (HR 0.06). Estimated OS was 87% at 36 months and 82% at 60 months. Limitations include retrospective design and limited sample size.

Conclusions: Salvage lymph node dissection for nodal recurrence after radical prostatectomy can achieve meaningful biochemical responses and delay the initiation of androgen deprivation therapy. The greatest benefit appears to be observed in patients with limited nodal disease, pelvic-confined recurrence, and favorable tumor characteristics, particularly when a complete postoperative PSA response is achieved.

PM3. 6- Oncologic significance of adverse pathology and biochemical recurrence of grade group 1 prostate cancer after radical prostatectomy

Evoluția și caracteristicile oncologice ale cancerului de prostată Gleason 6 după prostatectomia radicală

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Introduction. Several authors have proposed that grade group 1 prostate cancer be relabeled so that it is no longer described as cancer. One of the key rationales is pattern 3 disease does not meet the ordinary language definition of cancer as a tumor that can cause harm by invading locally or spreading distantly.

Methods. We reviewed the institutional database of Grade Group 1 disease on radical prostatectomy at Memorial Sloan Kettering Cancer Center starting from 2005. This timeframe was selected to reflect current Gleason grading criteria.

Results. In a cohort of 1,576 patients, no cases of lymph node involvement or seminal vesicle invasion were identified. Rates of extraprostatic extension (ECE) were low (7%), and critically, did not affect the probability of biochemical recurrence (BCR) suggesting that these ECEs were artifactual. There were 38 cases of BCR. Detailed case note review found evidence of pattern 4 (n=12), not adenocarcinoma (n=2), residual prostate tissue (n=13), limited PSA risk meeting BCR definition followed by PSA returning to undetectable without treatment (n=5). Of the 6 remaining cases of BCR where no alternative explanation could be identified, PSA increases followed a slow, indolent pattern without oncologic significance.

Conclusion. Patients with grade group 1 on surgery are not at risk of local spread or recurrence. Gleason pattern 3 does not meet the ordinary language definition of cancer supporting redesignation to a non-cancer label.

PM3.7 -High-Fidelity 3D-Printed Silicone Model to Simulate Robotic Urethrovesical Anastomosis for Robotic Radical Prostatectomy training

Model de silicon realizat prin imprimare 3D pentru simularea anastomozei uretro-vezicale robotice în antrenamentul prostatectomiei radicale robotice

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Introduction & objectives. Urethro-vesical anastomosis (UVA) remains a technically challenging step during radical prostatectomy with a steep learning curve. Traditional training tools (e.g.: virtual simulators, cadavers) have significant costs, limited realism or poor robotic fidelity. We developed a novel 3D-printed silicone model specifically for practicing robotic UVA, aiming to provide a realistic, re-usable platform for surgical training and skill acquisition in robotic surgery.

Materials & methods. The model was created using computer-aided design software to generate anatomically accurate templates of the bladder neck and urethra. A 3D printer was employed to fabricate positive molds, which were then used to cast a high-fidelity silicone phantom mimicking tissue consistency, elasticity, and suturing properties of the human bladder and urethra. A total of 20 participants were included in the study and each performed two UVAs. The UVA was carried out using the DaVinci Xi platform, following the Van Velthoven technique, employing a 3-0 barbed suture. For each UVA, the duration, the number of minor and major errors were recorded. A questionnaire assessing the model's characteristics was completed by each participant.

Results. The mean time for the first UVA was 30.3±9.6 minutes, while the second UVA was completed in 24.5±7.4 minutes, representing a 19% reduction in operative time (t(19) =4.21, p=0.0005). The number of minor errors decreased from 7.1±4.2 in the first UVA to 4.0±2.7 in the second (43% reduction, z=3.32, p=0.0009). The number of major errors decreased modestly from 0.35±0.49 to 0.15±0.36, (p=0.21). Overall, the feedback was highly positive: the mean usefulness score was 4.95±0.23, structural resistance 4.58±0.64, and realism (tissue-like consistency) 4.21±0.96 on a 5-point Likert scale.

Conclusion. Overall, participants demonstrated a significant and consistent improvement between the first and second anastomosis, with shorter operative times and fewer errors, illustrating a clear learning effect when using the 3D-printed silicone training model.

PM3.8 - The Impact of Non-Formal Training on Robotic Surgical Performance: A Simulator-Based Study

Impactul pregătirii non-formale asupra performanței în chirurgia robotică: un studiu bazat pe simulator

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Introduction: Simulation-based training is the cornerstone of contemporary surgical education, particularly within robotic surgery. Structured hands-on workshops are designed to foster task-specific technical skills, whereas video gaming has been suggested as an adjunct for improving visuospatial and psychomotor functions. Nevertheless, data concerning their individual and combined effects on robotic performance remain inconsistent.

Material and methods: This primary cross-sectional study enrolled 200 medical students evaluated during their initial exposure to the Simbionix robotic simulator. Participants performed two standardized tasks with different levels of complexity: Energy Vessel Dissection (low difficulty) and Camera Control (high difficulty). Subjects were stratified based on self-reported video gaming experience and participation in surgical workshops. Performance metrics included total execution time, number of movements and instrument-related errors. Given the non-normal data distribution, non-parametric statistical analyses were performed using Mann-Whitney U and Kruskal-Wallis tests with Bonferroni correction.

Results: Performance in the Energy Vessel Dissection task was comparable among groups. No significant differences remained after correction for multiple comparisons, reflecting a ceiling effect and reduced discriminatory value of this task.
In contrast, for the Camera Control task, participation in surgical workshops was associated with a significantly shorter execution time compared to non-participation ($p = 0.025$), reflecting enhanced procedural efficiency. Combined analysis across four groups defined by video gaming and workshops exposure revealed a significant overall difference in execution time ($p = 0.044$). However, no individual pairwise comparison remained significant after multiple testing correction, indicating an additive rather than dominant contribution of specific training modalities. Video gaming alone was not associated with statistically significant improvements across performance metrics.

Conclusion: Structured surgical workshops are associated with improved efficiency in complex robotic simulator tasks, whereas video gaming alone shows no measurable benefit, supporting early structured training and emphasizing task complexity in competence assessment.

PM3.9 - Comparative analysis of systemic inflammatory indices and C-reactive protein as diagnostic biomarkers in penile squamous cell carcinoma

Analiza comparative a indicilor inflamatori sistemici și a proteinei C-reactive ca biomarkeri diagnostici în carcinomul scuamos penian

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Introduction: Systemic inflammation plays a critical role in the progression and prognosis of penile squamous cell carcinoma (PSCC). While various blood-based biomarkers have been proposed, their comparative diagnostic efficacy remains under investigation. This study evaluated the utility of complete blood count (CBC)-derived inflammatory markers and C-reactive protein (CRP) in identifying patients with penile cancer.

Methods: We conducted a retrospective analysis of 38 patients diagnosed with PSCC and 38 control subjects with benign scrotal conditions. Peripheral blood samples were collected preoperatively to calculate the neutrophil-to-lymphocyte ratio (NLR), monocyte-to-lymphocyte ratio (MLR), systemic immune-inflammation index (SII), systemic inflammation response index (SIRI), and the aggregate index of systemic inflammation (AISI). Receiver operating characteristic (ROC) curves were used to assess the discriminative capacity of each marker.

Results: Patients with penile cancer were significantly older and demonstrated lower hemoglobin and higher creatinine levels compared to controls. All assessed inflammatory markers were significantly elevated in the cancer cohort ($p < 0.05$). ROC analysis identified NLR as the most robust diagnostic tool with an area under the curve (AUC) of 0.829. CRP also showed significant diagnostic efficacy (AUC 0.700). In contrast, more complex composite indices, including SIRI (AUC 0.694) and AISI (AUC 0.697), provided lower discriminatory power.

Conclusions: Systemic inflammatory markers are markedly increased in patients with PSCC. NLR and CRP emerge as the most effective and accessible diagnostic indicators, outperforming complex composite indices. These cost-effective biomarkers offer valuable insights into the systemic immune response and may enhance clinical stratification and management algorithms for penile cancer.

PM3.10 - Massive Inguino-Femoral Nodal Extension in Penile Cancer. Can Radical Surgery Change Prognosis?

Extensia voluminoasă ganglionară inghino-femurală în cancerul penian. Poate chirurgia radicală să schimbe prognosticul?

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Background. Lymph node involvement represents the main prognostic factor in penile squamous cell carcinoma. Patients with bulky inguino-femoral disease and progression under systemic treatment have limited therapeutic options and poor oncological outcomes. We present the case of a young patient with advanced nodal extension managed through aggressive multimodal surgery with curative intent.

Material and methods. A 45-year-old male underwent partial penectomy in another institution in September 2025 for pT3G2 penile squamous cell carcinoma, initially staged cN2. The patient was referred for neoadjuvant chemotherapy. During oncological treatment, bilateral inguino-femoral nodal progression was registered. Clinical examination revealed right lower limb edema, a large fixed right inguino-femoral tumoral mass with abscess formation, skin ulceration and fetid discharge, associated with bulky contralateral adenopathies, corresponding to cN3 disease. In February 2026, bilateral inguino-femoral and bilateral ilio-obturator lymph node dissection was performed. The right nodal mass required en bloc resection with the right spermatic cord and testicle because of local invasion. A contralateral inguinal cutaneous-fat flap was mobilized to reconstruct the major parietal defect.

Results and conclusions: Postoperative evolution was favourable. The patient was discharged on postoperative day four with bilateral drainage systems in place and periodic wound care. Histopathological analysis identified bilateral inguino-femoral metastatic keratinizing squamous cell carcinoma, grade G2, with extracapsular extension, aponeurotic and adipose tissue invasion, skin ulceration and necrosis. All 44 pelvic lymph nodes showed reactive changes without metastatic involvement. Radical surgical resection remains a therapeutic option in selected patients with advanced penile cancer and massive nodal extension progressing under systemic therapy. Extended lymphadenectomy combined with en bloc resection and reconstructive techniques can achieve complete locoregional control and may provide curative potential despite unfavourable clinical staging.

PM3.11 -Penile squamous cell carcinoma and the time dependent impact of prognostic factors on postoperative survival

Carcinomul scuamos penian și impactul variabil în timp al factorilor prognosticiasupra supraviețuirii postoperatorii

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Background. Cox proportional hazards regression represents the standard statistical approach for survival analysis in penile squamous cell carcinoma. However, this model assumes constant hazard ratios over time, an assumption that may not reflect the biological dynamics of aggressive disease. We evaluated the temporal prognostic impact of urethral invasion, lymphovascular invasion (LVI) and nodal stage using the additive Aalen model and restricted mean survival time (RMST) analysis.

Material and methods. We performed a secondary analysis of a retrospective cohort including 60 patients with surgically treated penile squamous cell carcinoma between October 2020 and December 2024. Overall survival represented the primary endpoint. Multivariable Cox regression identified urethral invasion, LVI and pathological N stage as independent prognostic factors. Time-dependent effects were further investigated using the additive Aalen model with Kolmogorov-Smirnov and Cramér-von Mises tests. RMST analysis quantified "months of life lost" at 12, 24 and maximum follow-up horizons.

Results and conclusions: The proportional hazards assumption was not sustained for urethral invasion (KS p=0.020), LVI (KS p=0.082) and N3 stage (KS p=0.084). Aalen cumulative coefficient curves demonstrated rapid accumulation of prognostic impact during the first 12–18 postoperative months for urethral invasion and LVI, followed by stabilization. In contrast, N3 stage showed a sustained adverse effect up to approximately 20 months. RMST analysis confirmed progressive survival separation over time. At 24 months, patients with urethral invasion lost 14.71 months versus 6.20 months in patients without invasion (difference 8.51 months, p=0.002). Patients with LVI lost 10.60 versus 4.53 months (difference 6.07 months, p=0.005). At maximum follow-up, urethral invasion and LVI were associated with survival losses approaching 19 and 14 months, respectively. Urethral invasion, LVI and N3 disease exert time-dependent prognostic effects in penile squamous cell carcinoma. Aalen modelling and RMST analysis provide clinically interpretable prognostic information beyond conventional Cox regression and may refine postoperative surveillance strategies and risk stratification

PM4.1 - Urinary Super-Pathogens and non-conventional ways of treatment in patients with urinary lithiasis

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Introduction: Urinary tract infections (UTIs) some of the most prevalent infectious diseases. In the last years appeared many super resistant urinary germs, which represent a real therapeutic challenge, especially in patients requiring an urological surgical intervention. The aim of the study was to present the experience of a high-volume center in treating preoperative super resistant urinary infections in patients with urinary lithiasis.

Methodology: This retrospective study was conducted from January 2024 to October 2025. A non-probability purposive sampling technique was employed to select participants, and informed consent was obtained from them. Data were extracted from the culture and sensitivity reports of these patients. The collected data were entered into an IBM SPSS Statistics for Windows, Version 21 database (IBM Corp., Armonk, NY). The inclusion criteria consisted in patients with super resistant urinary tract infections (extended drug resistance (XDR) germs) identified by screening in our hospital, with indication for urological procedure for urinary lithiasis, double J stented, urinary lithiasis. The exclusion criteria: patients under 18 years old, neoplasia, non-compliant cases, operations longer than 90 minutes. The monitored parameters were, haemoleucogram, serum urea, serum creatinine, C-reactive protein and the urine culture.

Results: In our study we enrolled 41 XDR patients (12 cases with Pseudomonas aeruginosa and 29 cases with Klebsiella Pneumoniae), 14 cases transferred from another hospital, 13 cases from ambulatory care units and 14 cases admitted before in our service. The patients were treated with Colistine for Pseudomons aeruginosa XDR (11 cases), with a combination with Colistin, Meropenem and Levofloxacin for Klebsiella XDR (14 cases) and a combination Ceftazidim/Avibactam associated with Aztreonam for Klebsiella XDR (16 cases). Of 41 cases, 6 (50%) of 12 cases with Pseudomonas aeruginosa and 11 (37.9%) of 29 case with Klebsiella pneumoniae presented negative urine culture so the operatory intervention was possible in optimal conditions. In 6 (50%) cases with Pseudomonas aeruginosa and in 12 cases (41.3%) with Klebsiella pneumoniae the hemoleucogram and the CRP were normal under the antibiotic treatment so they were operated for urinay lithiasis without major complications having the urine culture still positive. The rest of 6 cases (20.7%) of patients with Klebsiella pneumoniae died because of sepsis with multiple organ disfunction before the operatory intervention.

Conclusions: These findings emphasize the urgent need for the exploration of alternative treatment options to combat rising resistance levels effectively. However, even in the situations with limited therapeutic options, the outcomes could be favorable in the presence of a standardized protocol of diagnosis and follow-up.

PM4.2 - Integrated Suction Ureteral Access Sheath with Real-Time Intrarenal Pressure Monitoring in Flexible Ureteroscopy: Initial Clinical Experience

Teacă de acces ureteral cu aspirație integrată și monitorizare a presiunii intrarenale în timp real în ureteroscopia flexibilă: Experiență clinică inițială

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IIntroduction: Control of intrarenal pressure (IRP) during retrograde intrarenal surgery (RIRS) is important to reduce pyelovenous backflow, infectious complications, and renal injury. We report our initial clinical experience using the Elephant IV™ disposable flexible navigable suction ureteral access sheath integrated with the Tidor™ Intelligent Pressure Control System and automated irrigation pump (YiGaoMed), enabling real-time IRP monitoring and automated pressure regulation.

Materials and Methods: Five patients with unilateral intrarenal calculi (12–25 mm) underwent flexible ureteroscopy. All patients were prestented, had negative urine cultures, and no upper urinary tract malformations. The Elephant IV™ suction access sheath with tip pressure sensor was used in conjunction with the Tidor™ real-time IRP monitoring system. Two types of single-use flexible ureteroscopes were used depending on availability: Pusen 3033AH (7.5 Fr, 3.6 Fr working channel) and Storz FLEX XC1 (9 Fr, 3.6 Fr working channel). Lithotripsy was performed using a 70 W Holmium:YAG laser (Richard Wolf Megapulse 70+) in dusting or fragmenting mode. No basket extraction devices were used; stone clearance relied exclusively on controlled suction.

Results: Sheath placement was successful in all cases. Operative time ranged from 30–75 minutes. Complete stone fragmentation and aspiration were achieved in all patients. IRP was maintained between 15–35 mmHg; when pressure exceeded 40 mmHg, irrigation was automatically stoped. Postoperatively, JJ stents were placed for 5 days. Only minimal hematuria (Clavien I) occurred in 2 cases. No septic events or intra-/postoperative complications were recorded. Three-week ultrasound follow-up confirmed absence of residual fragments.

Conclusions: The combination of suction-enabled ureteral access sheath with real-time pressure monitoring and automated irrigation control appears safe and effective. This integrated system facilitates stable IRP management, optimizes visualization, enhances fragment evacuation, and may improve procedural safety in flexible ureteroscopy. Larger prospective studies are needed.

PM4.3 - Superselective embolization treatment of hemorrhage after percutaneous nephrolithotomy

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Introduction. Percutaneous nephrolithotomy (PCNL) 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 delayed onset of active, macroscopic, and intermittent 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 microcatheters able to selectively embolize terminal arteries. This procedure proved to be very efficient in the management of renal bleedings.

Materials and methods. This study presents the experience of the Urology Department of Sibiu's County Emergency Clinical Hospital 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 between 01.01.2022 and 01.01.2025, of which 3 patients with severe renal bleeding and hemodynamic instability were treated by superselective renal artery embolization (SAE). After performing selective renal arteriography, the renal artery was catheterised, after which a microcatheter was coaxially inserted to reach the terminal arteries of the targeted tissue. Embolic material (gelatin sponges and metallic coils, depending on the lesion diameter and type of hemorrhage) was used for occlusion. Angiography was then repeated to verify occlusion of the bleeding points. Clinical success was defined as clinical and radiographical absence of bleeding and hemodynamic stability.

Results. The success rate after embolization was 100%, with all 3 patients discharged being hemodynamically stable and with absence of all prior symptoms.

The patients were followed up for 3, 6, and 12 months after embolization. No repeating episode of hematuria or renal insufficiency were registered. Not even the frequently minor complications reported in other studies, specific to post-embolization status, such as fever of flank pain, were reported.

Conclusion. Superselective arterial embolization (SAE) of the injured vessel is an effective, minimally invasive and relatively easy procedure, fit for experienced urological and radiological centers, displaying a high rate of success and immediate benefits, reducing patients' morbidity resulting from severe renal bleeding.

PM4.4 - Beyond Lasers: Reassessing the Value of ESWL

Dincolo de lasere: reevaluarea rolului ESWL

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Objectives. In the modern era of endourology, extracorporeal shock wave lithotripsy (ESWL) remains the only non-invasive treatment option, and its role in contemporary stone management requires reassessment.

Material and Methods. The study is based on 35 years of experience at the Center of Uronephrology and Renal Transplantation, Fundeni Clinical Institute, Bucharest, Romania. Between 1991–2025, 27,906 ESWL procedures were performed in 15,045 patients with reno-ureteral stones, including 596 pediatric patients, using four different lithotripters. In the last five years (2021–2025), a significant decrease in ESWL procedures and a marked increase in ureteroscopic treatments were observed. During this period, 580 patients underwent ESWL (668 procedures), while 4,449 ureteroscopic procedures were performed.

Results. The overall stone-free rate (SFR) after ESWL during the 35-year period was 94.4% (14,209 patients). In the last five years, improved patient selection resulted in an SFR of 98.1%. During the same period, a clear shift toward endourological management was observed.

Conclusions. ESWL continues to represent a valuable, safe, and effective stand-alone therapy or part of a multimodal treatment strategy. Good results depend on proper indication and correct technique. No long-term complications or side effects were observed. ESWL in children is safe, without side effects on the growing kidney.

PM4.5 - Percutaneous Nephrolithotomy: An Essential Procedure in the Era of Retrograde Flexible Ureteroscopy

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Introduction. The management of renal stones has evolved significantly with the development of minimally invasive endourological techniques. Among these, percutaneous nephrolithotomy (PCNL) and retrograde flexible ureteroscopy (FURS) represent two of the most widely used procedures for the treatment of kidney stones. Percutaneous nephrolithotomy remains a cornerstone in the management of large and complex renal calculi despite the rapid advancement and widespread adoption of flexible ureteroscopy. While FURS has gained popularity due to its minimally invasive nature and continuous technological improvements, PCNL continues to demonstrate superior efficacy in the treatment of large renal stones, staghorn calculi, and cases with a high stone burden. This procedure provides direct access to the renal collecting system through a percutaneous tract, allowing effective fragmentation and removal of stones and achieving high stone-free rates.

Materials and Methods. A retrospective analysis was performed on data from 313 patients diagnosed with renal lithiasis who underwent percutaneous nephrolithotomy at the Urology Clinic of Sibiu between January 2020 and December 2025. All procedures were performed using a single percutaneous access tract. Preoperative evaluation included computed tomography with a dedicated urolithiasis protocol. The ultrasonic lithotripter was used in 182 cases, the pneumatic (ballistic) lithotripter in 56 cases, and the Holmium laser in 63 cases, while 12 cases benefited from a combined ultrasonic and pneumatic approach. Patients were evaluated regarding stone location, number and size of calculi, body mass index (BMI), operative time, stone-free rate, and intra- and postoperative complications.

Results. Staghorn calculi were identified in 54 patients. The mean operative time was 50 minutes, with a mean fluoroscopy time of 40 seconds. The mean hemoglobin decrease was 1.1 g/dL. The overall stone-free rate was 99%. Fourteen patients (4.5%) experienced complications according to the Clavien–Dindo classification: 9 patients presented persistent hematuria through the nephrostomy tube, 2 patients developed septic complications, and 3 patients required arterio-venous embolization. No abdominal organ injuries were recorded.

Conclusion. Despite significant advances in ureteroscopy, percutaneous nephrolithotomy remains a first-line treatment option for selected patients, particularly in cases of large stones, staghorn calculi, or complex renal anatomy. Advances in percutaneous technology, including mini-PCNL systems and improved lithotripsy devices, continue to enhance procedural efficiency while maintaining high stone-free rates and acceptable complication profiles

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ROMURO 2026

PM4.6 - New active deflection access sheath – Initial experience
Nouă teacă de acces cu deflexie activă – Experiența inițială

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Introduction: Calculi in the inferior calyx and in accessory and anterior calyces sometimes represent a difficult or impossible approach for flexible ureteroscopy. We evaluated the initial experience of the ureteroscopic approach using a new active deflection access sheath.

Methods: A total of 10 patients were included, with a mean age of 57 years. All cases had difficult caliceal anatomy (infundibulo-pyelic angle < 30, infundibular length > 3 cm). The stone size was ≤15 mm (7-15 mm) in largest diameter, volume=448-2730 mm^3, and HU=711-1600. We used the new steerable access sheath (Wellead, 2026) with active deflection capabilities and the 7.5 Fr single-use flexible ureteroscope Pusen PU 3033AH with suction. For lithotripsy we used Storz Multilase TFL 60 W (Quanta System), with a 150 µm ultrathin laser fiber.

Results: In 9/10 cases the approach of the stones was successfully achieved. The SFR at 1 month postoperatively in non-contrast CT was described in 80% (8/10 cases). The single-use flexible ureteroscope PU 3033AH with suction permitted us, after stone disintegration, to remove all stone debris in the pyelo-caliceal system. The median operative time was 50 min. (39-80 min.). A Polaris (Boston Scientific) 6 Fr. double J stent was placed in 8 of 10 cases (80%). The complication rate was 20% (Grade 1 and 2 on the Clavien-Dindo scale).

Conclusion: The combination between a flexible ureteroscope and an active deflection steerable access sheath may offer a solution for difficult-to-access inferior caliceal stones.

PM4.7- Single-use flexible ureteroscopy versus extracorporeal shock wave lithotripsy for renal stones under 2 cm – a comparative clinical study

Ureteroscopia flexibilă de unică folosință versus litotriția extracorporeală pentru calculi renali sub 2 cm – un sutudiu clinic comparativ

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Introduction: Renal stones smaller than 2 cm can be effectively treated using extracorporeal shock wave lithotripsy (ESWL) or flexible ureteroscopy (fURS). While ESWL represents a non-invasive therapeutic option, advances in endourological technology - including single-use flexible ureteroscopes, laser lithotripsy systems and aspiration access sheaths - have significantly improved stone clearance and procedural efficiency. The aim of this study was to compare the clinical outcomes, procedural parameters and safety profile of ESWL and single-use flexible ureteroscopy in the treatment of renal calculi smaller than 2 cm.

Material and methods: A comparative analysis was performed including 104 patients treated for renal calculi <2 cm. Fifty patients underwent flexible ureteroscopy using a single-use ureteroscope, laser lithotripsy and an access sheath with aspiration system, while 54 patients were treated using ESWL. Patients were selected to ensure comparable baseline characteristics, excluding cases with morbid obesity or major anatomical abnormalities. The mean patient age was 52.4 ± 11.2 years in the ureteroscopy group and 51.7 ± 10.9 years in the ESWL group. Mean stone size was 13.2 ± 3.1 mm and 12.8 ± 3.4 mm respectively. All patients scheduled for ureteroscopy were electively pre-stented prior to the procedure, while in the ESWL group ureteral stents were present in approximately 53% of cases. All patients had negative preoperative urine cultures and received antibiotic prophylaxis with a cephalosporin. Stone-free status was assessed using renal ultrasonography and conventional radiography (KUB), with native CT performed in cases with equivocal findings or when residual fragments larger than clinically insignificant residual fragments (CIRF) were suspected.

Results and conclusion: Flexible ureteroscopy achieved a slightly higher stone-free rate compared with ESWL (93% vs. 85%). In the ureteroscopy group, 90% of patients required a single intervention, while 10% required a second procedure to achieve complete stone clearance. In the ESWL group, repeated treatment sessions were more frequently necessary, with 37% of patients undergoing two ESWL sessions. The mean operative time for flexible ureteroscopy was 46 ± 12 minutes. Laser lithotripsy was performed using Holmium:YAG laser settings ranging between 0.6–1.2 J and 10–20 Hz, with a mean total delivered energy of 2.4 ± 0.8 kJ per procedure. The average hospital stay in the ureteroscopy group was 2.1 ± 0.6 days.
For ESWL, the mean number of shock waves delivered per session was 2600 ± 350 impulses, with energy levels gradually increased up to 16–18 kV depending on stone fragmentation.

Conclusion: Both ESWL and flexible ureteroscopy represent effective treatment options for renal calculi smaller than 2 cm. Flexible ureteroscopy tends to provide slightly higher immediate stone-free rates, while ESWL remains a non-invasive alternative that may require repeated sessions to achieve comparable outcomes. The choice between these techniques should therefore be individualized according to patient characteristics, stone features and institutional expertise.

PM4.8 - Infectious complications after flexible ureteroscopy for renal stones: risk factors analysis in a retrospective single-center cohort
Complicațiile infecțioase după ureteroscopia flexibilă pentru calculi renali: analiza retrospectivă a factorilor de risc într-un singur centru

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Introduction: Flexible ureteroscopy (fURS) is widely used for the management of renal stones, offering high stone-free rates with relatively low morbidity. However, postoperative infectious complications remain among the most concerning adverse events, ranging from transient fever to severe urosepsis. Identification of perioperative risk factors may help optimize patient selection and perioperative management.

Material and methods: A retrospective single-center cohort study was conducted including patients who underwent flexible ureteroscopy with laser lithotripsy for renal calculi smaller than 2 cm. All patients underwent preoperative urine culture testing, and those with documented bacteriuria received targeted antibiotic therapy until urine sterilization was achieved. Standard antibiotic prophylaxis with a cephalosporin was administered prior to surgery. Postoperative infectious complications were defined as fever, urinary tract infection or sepsis requiring antibiotic treatment. Patients were divided into two groups according to the occurrence of postoperative sepsis. Comparative analysis was performed to evaluate the association between perioperative variables - including diabetes mellitus, stone size, history of positive urine culture, emergency ureteral stenting and operative time - and the development of septic complications.

Results: The study cohort included 168 patients with a mean age of 56.3 ± 11.4 years and a mean stone size of 13.1 ± 3.5 mm. The mean operative time was 54 ± 15 minutes. Postoperative sepsis occurred in 14 patients (8.3%), while 154 patients had an uncomplicated postoperative course. All septic patients required admission to the intensive care unit for monitoring and intravenous antibiotic therapy, and three patients developed septic shock requiring vasopressor support. A prior history of positive urine culture before surgery was significantly more frequent in the sepsis group compared with the non-sepsis group (64.3% vs. 22.7%). Emergency preoperative ureteral stenting was also more common among septic patients (50.0% vs. 18.8%). Operative time exceeding 60 minutes was recorded in 71.4% of patients who developed sepsis compared with 28.6% of those without septic complications. The mean hospital stay was significantly longer in the sepsis group compared with the non-sepsis group (7.2 ± 2.1 days vs. 2.3 ± 0.8 days).

Conclusion: Although flexible ureteroscopy remains a safe and effective treatment for renal calculi, postoperative sepsis may occur even in patients with sterile urine at the time of surgery. In our cohort, a history of positive urine culture, emergency ureteral stenting and prolonged operative time were associated with an increased risk of septic complications

PM4.9- The learning curve in Percutaneous Nephrolithotomy

Curba de invatare in Nefrolitotomia percutanata

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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 investigate the learning curve in the training of percutaneous nephrolithotomy (PCNL) by comparing a fourth year urology trainee and a senior urologist.

Materials and methods: We prospectively analyzed 107 patients who underwent PCNL between July 2025 and January 2026. The patients were divided into two groups. The first group (39 patients) was treated by a resident and the second group (68 patients) was treated by a senior urologist. We assessed parameters such as drop in hemoglobin, operative and fluoroscopy time, length of hospital stays, stone-free rate and complication rate

Results: The novice surgeon had a longer median operative and fluoroscopy time, a lower stone-free rate, and a higher re-treatment rate while the length of hospital stay was not significantly different compared to the experienced surgeon. However, a significant improvement in operative time was observed for the novice surgeon over time. Overall, 19 complications occurred in both groups (17.7%), with three patients (6.5%) experiencing grade III complications. In the expert surgeon group, 5 patients (7.3%) developed complications (all grade I/II), compared to 11 patients (28.2%) in the novice surgeon group. All grade III complications occurred within the first 30 cases treated by the trainee urologist

Conclusions: Despite a longer operative time and a lower initial stone-free rate, the novice surgeon demonstrated significant improvement with increasing experience, and a decrease in complication rates and severity grade after the first 30 cases

PM4.10 -Outcomes Of Using FANS For F-URS In Large Volume Lithiasis – where is the line between enough and too much?

Rezultatele utilizării tecilor de acces ureteral navigabile cu sucțiune în ureteroscopia flexibilă pentru litiaza renală voluminoasă – Unde este limita dintre suficient si prea mult?

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Introduction & Objectives. Renal lithiasis, often a high burden disease with a rising global incidence has led to the development of minimally invasive therapeutic methods, which are always under continuous evolution and scrutiny. F-URS stands out in many cases as the first-line approach surgical management, still 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, while reducing the specific surgical risks. This study aims to assess if this method can be used in managing large volume lithiasis, focusing on outcomes of using FANS for F-URS, regarding SFR, OT and safety profile, especially since commune literature has explored FANS mostly in moderate-sized lithiasis.

Materials & Methods. A retrospective analysis was performed on patients with large volume renal lithiasis (> 2 cm3) who underwent FANS-F-URS in a urology tertiary care center, between December 2023 and March 2025. Patients and stone characteristics – HU, Stone Volume - calculated using the sphere volume formula, procedural details, SFRs - at one month using X-ray and ultrasound, subsequently at 3 months using abdominal and pelvic CT scan, and complications were subjected to statistical analysis.

Results. A total of 20 patients who underwent the procedure for large volume lithiasis in our center were assessed. Mean stone volume was 4,17 cm3 (maximum diameter of 5,3 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 72 ± 15 min, mean laser time 38 ± 20 min and mean fluoroscopy time was 92 ± 60 seconds. SFR results showed an average value at 1-month post-op was 82.3% and a mean value at 3 months around 97,3% on CT scan. Eight patients only needed one procedure, while twelve patients underwent two procedures. Complication rates using the Clavien-Dindo Scale were 29,3 % for Grade 1-2, with no severe intra- nor post-op complications recorded and no SIRS.

Conclusions. FANS assisted F-URS for large volume lithiasis is a safe treatment option, with efficient stone clearance, efficient operative times and 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 and comparative studies on larger groups are required for sustaining these outcomes

PM4.11- Preoperative Urinary Tract Infection in Flexible Ureteroscopy: Analysis of Clinical, Stone, and Microbiological Characteristics

Infecţia de tract urinar preoperatorie în ureteroscopia flexibilă: analiza caracteristicilor clinice, litiazice şi microbiologice

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Background. Urinary tract infections (UTIs) affect approximately 150 million people worldwide annually. Renal lithiasis affects 10–14% of the population in developed countries, with recurrence rates approaching 50% within 10 years. 7–28% of patients with urinary stones present concomitant UTIs. Bacterial biofilms formed on urinary tract surfaces, stones, and urological devices protect microorganisms from antibiotics and host immune responses, contributing to chronic infection, recurrence, and lithogenesis.

Objective. This study aims to analyze the association between UTIs and characteristics of renal lithiasis.

Materials and Methods. This retrospective observational study included 300 patients admitted to SCJUBV between 2021-2025 for renal/ureteral lithiasis. Patients underwent imaging evaluation (abdominal-pelvic CT). Clinical and microbiological data were extracted from medical records and analyzed using SPSS. Variables analyzed included gender, age group, stone location, stone size, urinary pH, stone density, and microbiological findings from urine cultures. Statistical tests included Chi-square tests, independent samples t-tests, with statistical significance at $p < 0.05$.

Results and conclusions. 55% of the patients were female and 45% male. 50% presented left-sided renal lithiasis, 47% right-sided, and 3% bilateral. UTI was identified in 33% of patients. The most frequently isolated pathogen was Escherichia coli (42%), followed by Enterococcus (24%), Klebsiella (15%), Pseudomonas (11%), less frequently Providencia (2%), Proteus (2%). 96% of patients had acidic urine pH. 63% of stones measured <10 mm, 26% were between 10–20 mm, and 11% exceeded 20 mm (E. Coli infections). Most calculi demonstrated a density of 800–1000 HU (76%). Women presented a higher infection rate (30.6%) compared with men (13.2%) ($\chi^2(1)=12.34$; $p<0.001$). UTIs were more frequently observed in patients with mixed stone sizes (31.3%) compared to stones <1 cm (20.4%) and >1 cm (23.3%). UTI is a frequent comorbidity in patients with renal lithiasis, most frequent in females. Larger multicenter studies are needed to further clarify the microbiological and metabolic mechanisms involved in the interaction between UTIs and renal stone formation.

PM5.1 - Comparison of Elephant and ClearPetra Suction Ureteral Access Sheaths for the Management of Renal Stones in Patients with Congenital Renal Anomalies

Comparație între tecile de acces ureteral cu sucțiune Elephant și ClearPetra în tratamentul litiazei renale la pacienții cu anomalii renale congenitale

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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 associating renal structural malformation such as horseshoe kidney or ectopic kidney. In this study we aimed to compare the performance, safety and efficiency of Elephant and ClearPetra Suction Ureteral Access Sheaths for the management of upper urinary tract stones in patient presenting with congenital upper urinary tract anomalies.

Materials and Methods: We performed a retrospective analysis of patients that underwent laser lithotripsy using UAS between July 2010 and December 2025. Patient data were collected regarding age, sex, type of kidney malformation, calculus characteristics, surgery duration, type of laser used, type of ureteral access sheath, evidence of intraoperative complications (Clavien Dindo classification), eGFR at 3 and 6 months, "stone-free" rate at 3 months.

Results: A total of 28 patients were included and divided into 2 groups, 15 patients in the ClearPetra group and 13 patients in Elephant group. The mean age (years) was 44.5 years, with a mean stone diameter (mm) of 16.9 mm, mean surgical duration (min) 59.6 min; The utilization of suction ureteral access sheaths for the procedure was nearly evenly split: ClearPetra was employed in 53.6% of cases, while Elephant-II was used in the remaining 46.4%. The comparison between the two UAS models revealed no statistically significant differences regarding the stone-free rate ($p = 0.827$) or the frequency of postoperative complications ($p = 0.550$)

Conclusions: The results suggest that Elephant and ClearPetra Suction Ureteral Access Sheaths have similar efficacy in the treatment of renal lithiasis in patients with congenital malformations, with no significant differences in terms of volume of lithiasis, number of stones, duration of intervention, or postoperative success rate.

PM5.2 - Scope–Sheath Compatibility in Flexible Ureteroscopy: Comparative Outcomes of Reusable and Single-Use Ureteroscopes with Navigable Suction Access Sheaths

Compatibilitatea endoscop-teaca de acces în ureteroscopia flexibilă: rezultate comparative ale asocierii ureteroscoapelor reutilizabile sau de unica folosință cu tecile cu sucțiune

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Introduction: The adoption of single-use ureteroscopes (SU) and flexible and navigable suction ureteral access sheaths (FANS) has improved flexible ureteroscopic approach (fURS). This study aimed to compare clinical and intraoperative outcomes across four ureteroscope–sheath configurations using reusable ureteroscopes (RU) or SU combined with various size FANS.

Methods: A retrospective analysis included 200 patients undergoing fURS for renal single stones measuring 10–27 mm. Patients were manually matched into four groups: RU–11/13FANS, RU–12/14FANS, SU–11/13FANS, and SU–12/14FANS (50 patients per group). Evaluated parameters included operative time, 30-day stone-free rate (SFR), surgeon-reported intraoperative visibility (image clarity and procedural continuity scores), and complications.

Results: Operative time differed significantly among configurations, the shortest being observed in SU–11/13FANS (41.3 min), followed by SU–12/14FANS (44.8 min), whereas reusable ureteroscope groups had longer procedures (RU–12/14FANS 53.3 min and RU–11/13FANS 53.8 min). Visibility scores were highest in SU–12/14FANS (clarity 4.32; continuity 4.06) and lowest in RU–11/13FANS (clarity 3.21; continuity 2.85). Thirty-day SFRs were 80% for RU–12/14FANS, 82% for RU–11/13FANS, 96% for SU–11/13FANS, 94% for SU–12/14FANS. Complications occurred in 9% of patients without differences between groups.

Conclusions: Scope–sheath pairing significantly influences fURS. SU use was associated with shorter operative time, 12/14 FANS with improved visibility and the SU–11/13FANS configuration with the strongest association with achieving SFR without increasing complication rates.

PM5.3- Initiation of a Flexible Ureteroscopy Program in a Developing Endourology Center: Early Outcomes and Safety Profile

Inițierea unui program de ureteroscopie flexibilă într-un centru de endourologie în dezvoltare: rezultate inițiale și profilul de siguranță

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Introduction. Flexible ureteroscopy (fURS) has become a widely accepted minimally invasive approach for the management of renal lithiasis, offering high stone-free rates with a favorable safety profile. However, the successful implementation of fURS in centers developing endourological expertise requires careful evaluation of early clinical outcomes, complication patterns, and procedural efficiency. Reporting the initial experience of newly established programs may provide valuable insights into feasibility, safety, and expected performance during the early stages of adoption. The aim of this study was to evaluate the initial outcomes and safety profile associated with the introduction of a flexible ureteroscopy program in a developing endourology center.

Materials and Methods. We conducted a retrospective analysis of 34 consecutive patients who underwent flexible ureteroscopy for the treatment of renal calculi between November 2025 and February 2026. All procedures were performed by a single surgeon during the initial phase of program implementation. Preoperative evaluation included non-contrast computed tomography (CT) for stone assessment. The mean calculated stone burden was 2.1 cm^3. An 11/13 Fr ureteral access sheath was used in all procedures and all patients had JJ stent before the fURS. Stone fragmentation was performed using thulium laser lithotripsy (TFL). Stone-free status was evaluated by non-contrast CT at 4 weeks postoperatively and defined as the absence of fragments or the presence of clinically insignificant residual fragments ≤4 mm. Perioperative complications were recorded and classified according to the Clavien–Dindo classification system. Operative parameters, stone-free outcomes, and the need for secondary procedures were analyzed.

Results. The mean operative time was 67 minutes. The initial stone-free rate was 82% (28/34), while residual fragments were identified in 6 patients (18%). Secondary interventions were required in 5 patients (14.7%). Following auxiliary procedures, the final stone-free rate reached 94%. Postoperative complications occurred in 6 patients (17%) and were predominantly minor (Clavien I–II), including transient hematuria, postoperative fever, and urinary tract infection. No major complications were observed during the study period.

Conclusions. The initiation of a flexible ureteroscopy program in a developing endourology center appears feasible and safe. Acceptable stone-free rates and low rates of clinically significant complications can be achieved even during the early phase of program implementation. These findings support the continued development of flexible ureteroscopy programs with systematic outcome monitoring and progressive refinement of procedural efficiency.

PM5.4 - Safety and efficacy of flexible ureteroscopy (fURS) in patients aged ≥75 years

Siguranța și eficacitatea ureteroscopiei flexibile (fURS) la pacienții cu vârsta ≥75 de ani

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Introduction: Flexible ureteroscopy (fURS) has become a key minimally invasive option for the management of renal stones, including in elderly patients - a population frequently characterized by multiple comorbidities and increased perioperative risk. This study aimed to evaluate the safety and efficacy of fURS in patients aged ≥75 years.

Materials and Methods: We performed a retrospective analysis of patients aged ≥75 years who underwent fURS between 2020 and 2025. Demographic data, stone characteristics, operative parameters, and perioperative outcomes were recorded. Stone-free status was defined as the absence of fragments or residual fragments ≤ 3 mm. Complications were classified according to the Clavien–Dindo grading system.

Results: A total of 124 patients were included in the study, with a mean age of 78.7 years (IQR 75–90) and a male-to-female ratio of 1.5:1 (74/50). The median ASA score was 2 (IQR 2–3). The median stone size was 15.1 mm (IQR 10–27 mm). Single-session stone-free success was achieved in approximately 78.21% of cases, increasing to 87% after staged procedures. Repeat interventions were required in 21 patients (16.9%). Stone-free status was mainly influenced by stone size, stone number, and unfavorable intrarenal anatomy. Median operative time was 60 minutes (IQR 40–89), and median hospital stay was 2.7 days (IQR 2–6). The intraoperative complication rate was 4%, mainly minor bleeding or poor visibility requiring temporary stenting. The overall postoperative complication rate was 14.5%, including transient urinary infections, mild hematuria, and JJ stent-related symptoms. Major complications (Clavien–Dindo ≥III) accounted for 1.6%, mainly related to ureteral obstruction ("steinstrasse") requiring reintervention.

Conclusions: Overall, fURS demonstrated a favorable safety profile in elderly patients, suggesting that advanced age alone should not be considered a limiting factor

PM5.5 -Impact of cardio-vascular comorbidities and anticoagulant treatment on hospitalization time and perioperative outcomes for patients undergoing f-URS

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Introduction: Flexible ureteroscopy (fURS) is an established minimally invasive treatment for upper urinary tract stones, offering high efficacy and a favorable safety profile. However, patients with cardiovascular comorbidities represent a challenging population due to increased perioperative risk and the frequent use of anticoagulant therapy. This study aimed to evaluate the influence of cardiovascular disease and anticoagulant treatment on perioperative outcomes in patients undergoing fURS.

Materials and Methods: A retrospective study included 192 patients treated with fURS for upper urinary tract stones between 2020 and 2025. Patients were divided into two groups: Group A – cardiovascular pathology (n=96) and Group B – no cardiovascular pathology (n=96). Demographic characteristics, comorbidities, anticoagulant therapy, stone size, hospitalization duration, and reintervention for second look rates were analyzed. Procedures were performed in the lithotomy position using a Hawk flexible ureteroscope, ClearPetra aspiration sheath (11–13 Ch), and Ho:YAG laser. Preoperative coagulation parameters were within normal limits.

Results: Patients with cardiovascular disease had longer hospitalization compared with controls (4.96 vs. 3.63 days). Hospital stay increased progressively with stone size, ranging from 3.1 days for stones <1 cm to 6.9 days for stones >3 cm. Mean stone size was comparable in both groups (1,63 vs 1,55 cm). Among cardiovascular patients, those receiving anticoagulant therapy had longer hospital stays vs. those receiving antiplatelet therapy (6.2 vs. 4.8 days) and greater postoperative hemoglobin decrease (0.8 vs. 0.5 g/dL). Hematuria and prolonged catheterization were more frequent in patients with cardiovascular pathology. Bleeding-related cessation of procedure occurred in 36.8% of cardiovascular patients compared with 21.2% in those without cardiovascular disease. Second-look procedures were required in 15.7% (group A) and 12.3% of cases (group B), respectively, with rates increasing with stone size.

Conclusions: Cardiovascular disease and anticoagulant therapy are associated with increased perioperative complexity and longer hospitalization after fURS. However, stone size and anticoagulant therapy remain strong predictors of both hospital stay and the need for reintervention.

PM5.6 - Implementing a Digital Registry for Ureteral Stent Management: Optimizing Patient Safety and Clinical Practice

Implementarea unui registru digital pentru managementul stenturilor ureterale: Optimizarea siguranței pacientului și a practicii clinice

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Introduction: The phenomenon of „forgotten" ureteral stents poses a significant clinical challenge, often leading to severe complications such as encrustation or renal failure. This study aims to evaluate the implementation and clinical utility of a dedicated digital registry designed to track urological stents and optimize patient safety within our institution.

Material and method: A prospective study was initiated starting in 2025, focusing on the integration of a digital database for selected patients undergoing ureteral stenting at the Regional Institute of Oncology, Iași and „Dr. C.I. Parhon" Clinical Hospital. The registry captures essential data including insertion date, stent type, and scheduled removal or exchange intervals, utilizing an automated alert system to notify the clinical team of overdue procedures.

Results and Conclusions: The preliminary use of the digital registry in clinical practice has demonstrated a high degree of utility by ensuring 100% traceability of indwelling stents. The system effectively eliminated reliance on manual records, facilitating better coordination of follow-up care and significantly reducing the risk of stent-related morbidity. In conclusion, the transition to a digital monitoring system is an essential step in modernizing urological care. The registry provides a reliable, scalable solution that enhances operational efficiency and, most importantly, guarantees a higher standard of patient safety in the management of ureteral stents.

PM5.7 - Impact of Direct In-Scope Suction and Ureteroscope Caliber on Stone Clearance and Visualization During Retrograde Intrarenal Surgery

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Background and Objectives: Ureteroscopy represents the primary therapeutic approach for a broad spectrum of upper urinary tract stones. The aim of this study was to compare the efficiency of various models of single-use flexible ureteroscopes, some of them equipped with direct in-scope suction (DISS) capabilities.

Materials and Methods: A retrospective study was conducted over a 16-month period, including 75 consecutive patients who underwent retrograde intrarenal surgery for renal lithiasis. Patients were allocated into three groups according to the flexible ureteroscope used: a 7.5 Fr single-use ureteroscope without suction (Group A), a 7.5 Fr single-use ureteroscope with direct in-scope suction (Group B), and a 9.2 Fr single-use ureteroscope with a 5.1 Fr working channel and direct in-scope suction (Group C). Perioperative outcomes, residual stone fragments, and subjective intrarenal visualization were evaluated and compared among groups.

Results: A total of 75 patients were included, with stones most frequently located in the renal pelvis (40.0%), followed by the inferior (30.6%), middle (21.3%), and superior calyces (8.0%). Residual stone fragments were observed in 24.0% of cases in Group A, 16.0% in Group B, and 4.0% in Group C. Although these differences did not reach statistical significance ($p = 0.132$), a numerical trend toward improved stone clearance was noted with increasing ureteroscope caliber and the use of direct in-scope suction. Subjective intrarenal visualization differed significantly among groups, with the 5.1 Fr working-channel ureteroscope (Group C) achieving significantly higher visualization scores compared with both 7.5 Fr devices ($p < 0.001$). Operative time, hospitalization duration, and postoperative complication rates were comparable across groups.

Conclusions: In this retrospective comparative analysis, single-use suction-enabled flexible ureteroscopes demonstrated comparable safety and operative efficiency to conventional single-use devices. Although differences in residual fragment rates did not reach statistical significance, improved stone clearance appears to correlate with increasing ureteroscope caliber and the integration of DISS. The 9.2 Fr ureteroscope with a 5.1 Fr working channel provided significantly superior intrarenal visualization, which may facilitate more efficient lithotripsy.

PM5.8 - Complications in Flexible Ureteroscopy: The Experience of the Urology Department of Miercurea Ciuc in Over 1000 Cases

Complicațiile ureteroscopiei flexibile – experiența Secției de Urologie Miercurea Ciuc în peste 1000 de cazuri

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Introduction. Flexible ureteroscopy (fURS) has become one of the most widely used minimally invasive procedures for the treatment of upper urinary tract lithiasis. Although considered a safe and effective technique, the procedure is not without complications. Most adverse events are minor, but severe infectious or mechanical complications may occur. The aim of this study was to analyze the complications associated with flexible ureteroscopy in a high-volume center and to highlight the most clinically significant events.

Materials and Methods. We performed a retrospective analysis of over 1000 flexible ureteroscopy procedures performed in the Department of Urology, County Emergency Hospital Miercurea Ciuc. The procedures were performed for the treatment of upper urinary tract lithiasis using flexible ureteroscopes and laser lithotripsy. Complications were classified according to the Clavien–Dindo classification. The incidence, type and severity of complications were analyzed, with particular focus on infectious and mechanical complications.

Results and Conclusions. The overall complication rate was low. The vast majority of complications were minor (Clavien–Dindo grade I and II), including transient postoperative fever, hematuria or pain requiring only conservative management. A limited number of major complications were observed, mainly infectious complications, as well as mechanical complications including ureteral injuries or access-related trauma. Flexible ureteroscopy remains a safe and effective minimally invasive treatment for upper urinary tract lithiasis. However, infectious complications remain the most potentially severe events, emphasizing the importance of careful perioperative management, strict infection control and meticulous surgical technique

PM5.9 - Ergonomics and efficiency of the new Vedvision single-use flexible ureteroscope in difficult ureteroscopy

Ergonomia și eficiența noului ureteroscop flexibil de unică utilizare Vedvision în cazuri dificile de ureteroscopie

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Introduction: The ureteroscopic management of complex renal stones, with long operative time and difficult stone positions is described more and more now-a-days because of the extension of indications and technological performances of retrograde intrarenal surgery (RIRS). In this study we will analyze a new single-use flexible ureteroscope (su-fURS), 7.5 fr. with memory in maximum deflection.

Methods: A retrospective analysis of 25 consecutive patients undergoing fURS for inferior calyx calculi and abnormal kidney (horseshoe kidney and ectopic kidney) having difficult position for laser lithotripsy, ≤20 mm, (9-20 mm. in largest diameter, volume=450-774 mm3, HU=830-1.610) was made. Vedvision su-fURS (VedKang, a Medcaptain Company), 7.5 Fr., 3.6 working channel, 275/2750 maneuverability, rotatable (900), passive bending, 2 multifunctional buttons, 400x400 CMOS; was used. In all cases we used ClearPetra® Wellead Flexi Ureteral Access Sheath 10/12F. For lithotripsy we used Laser Mega Pulse70 Quanta System Richard Wolf with a 270 µm laser fiber.

Results: The Vedvision su-fURS and bendable access sheath (ClearPetra®) described a high stone-free rate (SFR) of 96%. (noncontrast CT evaluation at 1 month postoperatively). The mean operative time was 51.8 minutes (range: 40–89 minutes). The mean laser time was 42 minutes (range: 22–69 minutes), and the total energy used was 19.2 Watts (range: 14–38 W). A Polaris (Boston Scientific) 6 Fr. double J stent was placed in 16 cases (64%) The improved visualization and maneuverability of this single-use flexible ureteroscope demonstrated important ergonomic features even in difficult positions of the stones. Complications were minimal, with 2 cases classified as Clavien-Dindo 1 and 2, with no other severe complications.

Conclusion: In such very difficult stone location this possibility to maintain the maximum deflection of the ureteroscope without efforts is remarkable. This specific ergonomy helps surgeon to maintain the difficult position of the ureteroscope in maximum deflection.

PM5.10 - Staghorn Calculi and Associated Urinary Tract Infections: An Observational Study

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Introduction. Staghorn calculi represent a complex form of urolithiasis characterized by large branching stones occupying the renal pelvis and calyceal system. These stones are frequently associated with urinary tract infections (UTIs), often involving urease-producing bacteria that contribute to stone formation and persistence. The coexistence of infection and urinary obstruction may lead to recurrent infections, renal impairment, and severe complications such as urosepsis. Understanding the microbiological profile and antibiotic resistance patterns in these patients is essential for guiding appropriate antimicrobial therapy.

Materials and Methods. We conducted a one-year observational study including 52 patients diagnosed with staghorn calculi who were admitted to our urology department between 2024 and 2025. Demographic characteristics, presence of hydronephrosis, and urine culture results were analyzed. Urinary tract infection was defined based on clinical findings and positive urine culture. Antimicrobial susceptibility testing was performed to evaluate bacterial resistance to commonly used antibiotics.

Results. Among the 52 patients included, 27 (51.9%) were male and 25 (48.1%) were female. UTIs were identified in 30 patients (57.7%). The most frequently isolated pathogen was Escherichia coli (17 cases), followed by Klebsiella spp. (6 cases), Proteus spp. (6 cases), and Enterococcus spp. (1 case). hydronephrosis was present in 28 patients (53.8%). Antibiotic resistance was highest for trimethoprim/sulfamethoxazole (46.7%), ciprofloxacin (40%), and levofloxacin (36.7%). Resistance to ceftazidime and ceftriaxone was observed in 36.7% of cases, while lower resistance rates were recorded for amoxicillin/clavulanate and nitrofurantoin (30%) and piperacillin/tazobactam (16.7%). Resistance to carbapenems remained rare (6.7%).

Conclusions. UTIs were present in more than half of the patients with staghorn calculi, highlighting the strong association between complex renal stones and infection. Escherichia coli remained the predominant pathogen, while significant resistance to commonly used antibiotics emphasizes the importance of culture-guided antimicrobial therapy and timely urological management.

PM5.11 - Mini-PCNL Techniques Compared: Ho:YAG Laser with Vacuum-Assisted Access Sheath versus ShockPulse-SE

Comparația tehnicilor de nefrolitotomie percutanată cu mini-perc: Litotriție cu laser Ho:YAG și teacă de aspirație versus ShockPulse-SE

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Introduction. The vacuum-assisted access sheath and the ShockPulse-SE (Olympus, Center Valley, PA, USA) both represent important advances in stone-removal technology. This study aims to compare the efficiency of Ho:YAG laser paired with a vacuum-assisted access sheath against the ShockPulse-SE in mini-PCNL

Materials and Methods. We performed a prospective, randomized study of patients undergoing mini-PCNL at our clinic between January 2024 and September 2025. Patients with renal stones over 2 cm on preoperative CT were randomized 1:1 to either the Laser group—Ho:YAG laser with a 16 Fr vacuum-assisted access sheath (ClearPetra, Wellead) and a 12 Fr nephroscope mini-PERC M (Storz Medical)—or the ShockPulse-SE group—using a 19.5 Fr nephroscope mini-PERC L (Storz Medical) with a 23/24 Fr operating sheath. All procedures were performed in the prone position. Patients were reassessed with CT four weeks postoperatively. Efficacy was measured by stone-free status and operative time; safety was evaluated by postoperative complications classified by the modified Clavien–Dindo system.

Results. Seventy-two mini-PCNL procedures were conducted, with patients evenly divided between the Laser and ShockPulse-SE groups. Among patients treated with laser lithotripsy, 29 of 36 (80.5%) achieved a stone-free status, whereas 7 (19.5%) had residual fragments smaller than 10 mm. In the ShockPulse-SE cohort, 34 of 36 patients (94.4%) were stone-free, and 2 (5.6%) harbored residual fragments under 5 mm. Total operative time did not differ significantly between groups, with a median of 109 minutes (IQR 91–164) for Laser and 93 minutes (IQR 80–139) for ShockPulse-SE ($p = 0.119$). In contrast, stone clearance was substantially faster with ShockPulse-SE, with a median clearance time of 41 minutes (IQR 38–63) versus 64 minutes (IQR 46–84) for Laser ($p < 0.001$). Postoperative morbidity was low and comparable, with Clavien–Dindo grade I–II complications recorded in 11 patients (30.6%) in the Laser arm and 10 patients (27.8%) in the ShockPulse-SE arm.

Conclusions. ShockPulse-SE yielded a higher stone-free rate and shorter operative duration, supporting its role as a valuable alternative to high-power laser lithotripsy in mini-PCNL.

PM5.12 - Magnetic versus conventional ureteral stents: preliminary results from a randomized trial assessing patient tolerance and cost efficiency in an Eastern European tertiary center

Stenturi ureterale magnetice versus convenționale: rezultate preliminare ale unui studiu randomizat privind toleranța pacienților și eficiența economică într-un centru terțiar din Europa de Est

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Introduction & Objectives: Ureteral stents are widely used in endourological procedures but are frequently associated with patient discomfort and increased healthcare resource utilization. In many Eastern European institutions, stent removal is still performed using rigid cystoscopy under general anesthesia, which increases procedural complexity and cost. Magnetic retrieval systems and phosphorylcholine-coated stents have been developed to improve patient tolerance and simplify stent extraction. This randomized study conducted in a Romanian tertiary referral center evaluated whether magnetic and coated ureteral stents improve patient tolerance while reducing procedural costs compared with conventional stents.

Materials & Methods: A prospective randomized study was conducted between January 2024 and June 2025, including 60 adult patients with CT-confirmed renal lithiasis undergoing flexible ureteroscopy. Patients were randomized to receive either standard JJ ureteral stents (n=30) or Yellow Star® stents before ureteroscopy followed by magnetic Black-Star® stents after the procedure (n=30). Primary outcomes included safety, postoperative morbidity assessed using the Ureteral Stent Symptom Questionnaire (USSQ), stent removal technique, and overall treatment costs. Ethical approval was obtained and written informed consent was provided by all participants.

Results: Baseline demographic and clinical characteristics were comparable between groups, with no significant differences in age, BMI, or stone burden. Flexible ureteroscopy with holmium laser lithotripsy was performed in all patients, most commonly under spinal anesthesia (95%). Operative parameters—including procedure duration, laser power, and laser activation time—were similar between groups. The magnetic stent group demonstrated a shorter indwelling period (12.5 vs 14 days; p=0.019), reflecting simplified outpatient removal logistics. Conventional stents required rigid cystoscopic extraction under general anesthesia, whereas magnetic stents were removed in the outpatient setting using local anesthesia only (p<0.001). Extraction time was significantly shorter with magnetic devices (0.35 vs 3.35 minutes; p<0.001). Hospitalization costs were substantially lower in the magnetic stent group (€70 vs €366.5; p<0.001). Patient-reported outcomes favored the YellowStar/BlackStar group, showing fewer urinary symptoms, lower pain scores, and improved work and sexual activity domains. Micro-CT analysis confirmed preservation of the polymer structure and coating integrity without evidence of encrustation.

Conclusions: In settings where rigid cystoscopy remains standard, magnetic and coated ureteral stents enable rapid, anesthesia-free removal, reducing hospital resource use while improving patient comfort.

PM5.13 - A Comparative Retrospective Study Between ShockPulse™ and Trilogy™ Lithotripters in Percutaneous Nephrolithotomy (PCNL)
Studiu retrospectiv comparativ între litotripterele ShockPulse™ și Trilogy™ în nefrolitotomia percutanată (NLP)

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Introduction. Percutaneous nephrolithotomy (PCNL) is considered the gold standard treatment for large and complex renal calculi. Modern dual-energy lithotripters combine ultrasonic and ballistic energy with integrated suction to optimize stone disintegration and removal during PCNL procedures. ShockPulse™ (Olympus) and Trilogy™ (Boston Scientific) are two contemporary lithotripsy systems used in PCNL. Although both devices rely on the combination of ultrasonic and ballistic energy with simultaneous suction, differences in energy delivery systems and suction mechanisms may influence operative performance and clinical outcomes. The aim of this study is to perform a retrospective comparison of these two lithotripsy systems in patients undergoing PCNL.

Materials and methods. We performed a retrospective analysis of patients who underwent percutaneous nephrolithotomy for renal lithiasis at our institution between January 2024 and September 2025. Intracorporeal lithotripsy was performed using either the ShockPulse™ or the Trilogy™ system. Patient demographics, stone characteristics, operative time, stone-free rate, and perioperative complications were analyzed and compared between the two groups.

Results and conclusions. A total of 71 patients were included, with 36 cases treated using ShockPulse and 35 using Trilogy. The stone-free rate was 80.6% in the ShockPulse group and 88.9% in the Trilogy group. Mean operative time was 97 minutes for ShockPulse and 88 minutes for Trilogy, while mean lithotripsy time was 39 and 31 minutes, respectively. Overall complications were observed in 22.2% of ShockPulse cases and 16.7% of Trilogy cases, with most events classified as Clavien-Dindo grade I-II. Device-related technical issues were more frequent in the ShockPulse group. Both systems proved effective and safe for PCNL, while Trilogy appeared to offer advantages in operative efficiency and fragment evacuation. In conclusion, both devices represent effective options for intracorporeal lithotripsy in PCNL. While potential differences in suction efficiency and energy delivery may influence procedural performance, further prospective studies with larger patient cohorts are needed to confirm these findings

PM6.1 - Effectiveness of perioperative antibiotic prophylaxis in urological procedures

Eficiența profilaxiei antibiotic în intervențiile urologice

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Introduction. Perioperative antibiotic prophylaxis is routinely used in urological surgery to reduce the risk of postoperative infectious complications. However, in the era of increasing antimicrobial resistance, the rational use of antibiotics has become a critical aspect of surgical practice. The present study aimed to assess the incidence and severity of postoperative infectious complications among patients undergoing urological procedures in the Urology Department of the Republican Clinical Hospital "T. Moșneaga".

Materials and Methods. A retrospective study included 80 patients who underwent urological procedures in the Urology Department of the Republican Clinical Hospital "T. Moșneaga" and received perioperative antibiotic prophylaxis with a third-generation cephalosporin. Patients were stratified according to surgical approach into three groups: endoscopic/percutaneous (n=30), laparoscopic (n=25), and open surgery (n=25). Postoperative infectious complications and the need for initiation of therapeutic antibiotic treatment were evaluated. Statistical comparisons between groups were performed using the chi-square test.

Results. Postoperative infectious complications were recorded in 7 patients (11.5%). Among these cases, 2 patients (3.3%) developed severe infectious complications -urosepsis and acute pyelonephritis - confirmed by positive urine cultures. Therapeutic antibiotic treatment was initiated in 9 patients (14.8%) during the postoperative period. The rates of antibiotic initiation were 8.3% in the endoscopic/percutaneous group, 13.3% in the laparoscopic group, and 22.7% in the open surgery group. No statistically significant differences were identified between the surgical approaches ($p = 0.25$).

Conclusion. Although the overall incidence of postoperative infectious complications was relatively low, clinically significant infections still occurred and required therapeutic antibiotic escalation. These findings suggest that postoperative antibiotic therapy should be guided primarily by clinical and microbiological criteria rather than surgical approach alone. Careful postoperative monitoring and judicious antibiotic use remain essential for optimizing outcomes and supporting antimicrobial stewardship in urological practice.

PM6.2 - Etiological profile and antimicrobial resistance of uropathogens: A retrospective study in the Urology Department of "T. Mosneaga" Republican Clinical Hospital

Profilul etiologic și rezistența antimicrobiană a uropatogenilor: studiu retrospectiv în cadrul secției de Urologie a Spitalului Clinic Republican „T. Moșneaga"

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Introduction: Urinary tract infections (UTIs) represent a major challenge in clinical practice, further complicated by the global rise of microbial resistance. In urology, healthcare-associated infections account for 30–50% of all nosocomial complications, with indwelling urinary catheters being the primary risk factor. These infections significantly increase patient morbidity, mortality, and the financial burden on healthcare systems.

Material and methods: A retrospective study was conducted analyzing urine culture results from a sample of 900 patients hospitalized in the Urology Department of the "T. Moșneaga" Republican Clinical Hospital during the 2024. Microbial identification and antibiotic susceptibility testing (AST) were performed using the automated VITEK 2 Compact system (bioMérieux).

Results: Out of 900 samples, 597 (66.33%) were sterile, while 303 (33.67%) showed significant bacterial growth (>10^5 CFU/ml). The majority is represented by Gram-positive flora, prevailing the Enterobacteriaceae family – 66.71%.

§ Escherichia coli (29,8%): Showed high sensitivity to amikacin (88.16%) and nitrofurantoin (86.84%), with a pan-resistance rate of 1.31%.

§ Klebsiella spp. (25,93%): Sensitive to amikacin (58%) and meropenem (56%), but exhibited an alarming pan-resistance rate of 12.12%.

§ Pseudomonas aeruginosa (15,96 %): Showed reduced sensitivity to both amikacin and meropenem (30% each), with the highest pan-resistance rate at 16.29%.

The group of Gram-positive bacteria is predominantly represented by the genus Enterococcus (17.33%), with a clear predominance of the species E. faecalis (15,46 %). Although E. faecalis remains sensitive to ampicillin and vancomycin in over 90% of cases, E. faecium (1.87%) shows significantly higher resistance to the same classes of antibiotics (vancomycin resistance - 57%).

Conclusions: The study confirms the dominance of Enterobacteriaceae in UTI etiology, while highlighting a concerning trend of resistance in Klebsiella and Pseudomonas strains. These findings emphasize the urgent need for continuous local resistance monitoring to optimize empirical treatment protocols and limit the spread of multidrug-resistant organisms.

PM6.3 - Covid-19 impact on AMR in male population - a comparative study

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Introduction. Urinary tract infections (UTIs) represent one of the most common bacterial infections and are increasingly associated with antimicrobial resistance. This study aimed to evaluate the prevalence of bacterial pathogens and their antimicrobial resistance patterns in male patients with UTIs treated in a Romanian tertiary urology center.

Materials and Methods. A retrospective study was conducted at the "Prof. Dr. Th. Burghele" Clinical Hospital in Bucharest. Adult male patients with positive urine cultures (>10^5 CFU/mL) and a single bacterial isolate were included. Data from four six-month intervals between September 2020 and February 2025 were analyzed, allowing comparison between pandemic and post-pandemic periods. Bacterial identification and antimicrobial susceptibility testing followed standard microbiological methods according to CLSI recommendations.

Results. A total of 3158 urine cultures were analyzed (1543 during the pandemic and 1615 in the post-pandemic period). Most patients were older than 55 years, with a mean age of approximately 70 years in both groups. Gram-negative bacteria represented the predominant pathogens, while Gram-positive isolates were less frequent. Escherichia coli was the most frequently isolated microorganism (32.86% during the pandemic vs. 32.20% post-pandemic), followed by Klebsiella spp. (25.92% vs. 24.58%), Proteus spp. (9.98% vs. 7.99%), and Pseudomonas spp. (7.26% vs. 10.90%), the latter showing an increased prevalence in the post-pandemic period. Among Gram-positive organisms, Enterococcus spp. represented the most common isolate (19.44% vs. 18.51%), while Staphylococcus spp. accounted for a smaller proportion of cases (4.34% vs. 4.77%). Regarding antimicrobial susceptibility, E. coli maintained high sensitivity to carbapenems, fosfomycin, and amikacin, with resistance rates below 5%. However, statistically significant increases in resistance were observed for amoxicillin–clavulanic acid (33.81% vs. 40.13%, p=0.042), ceftazidime (12.04% vs. 17.21%, p=0.021), and levofloxacin (37.24% vs. 45.57%, p=0.008). Klebsiella isolates demonstrated increasing resistance to amoxicillin–clavulanic acid (57.81% vs. 63.35%, p=0.003) and meropenem (14.40% vs. 33.33%, p=0.018). Proteus spp. remained highly susceptible to amikacin and carbapenems but showed increased resistance to amoxicillin–clavulanic acid (p=0.002). Pseudomonas spp. displayed moderate to high resistance to several antibiotics, frequently exceeding 60%, without significant temporal variation. Among Gram-positive isolates, Enterococcus spp. showed high susceptibility to fosfomycin, nitrofurantoin, and linezolid, while vancomycin resistance increased from 0.35% to 2.87% (p=0.017). Staphylococcus isolates exhibited high resistance to penicillin, increasing from 78.33% to 84.93%.

Conclusion. Gram-negative bacteria, particularly Escherichia coli and Klebsiella spp., remain the predominant pathogens in male UTIs. The observed increase in resistance to commonly used antibiotics highlights the need for continuous monitoring of local antimicrobial resistance patterns to optimize empirical therapy.

PM6.4 - Pyelonephritis caused by multidrug-resistant bacteria during pregnancy: a case-control study

Pielonefrita cauzată de bacterii multidrog-rezistente în timpul sarcinii: Un studiu caz-control

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Introduction: Urinary tract infections (UTIs) during pregnancy are associated with significant maternal and neonatal morbidity. Among these, acute pyelonephritis represents the most severe form, contributing to complications such as preterm birth, fetal distress, low birth weight, and increased neonatal intensive care unit (NICU) admissions. In recent years, the growing prevalence of infections caused by multidrug-resistant (MDR) bacteria has raised additional concerns regarding treatment efficacy and pregnancy outcomes.

Materials and Methods: This study aimed to characterize the microbiological profile and antimicrobial resistance patterns of MDR pathogens causing pyelonephritis in pregnancy and to evaluate associated maternal characteristics, risk factors, and pregnancy outcomes compared with infections caused by non-MDR organisms. A retrospective comparative study was conducted including 171 pregnant patients hospitalized with acute pyelonephritis between January 2017 and April 2025. Patients with MDR infections (n = 34) were compared with those with non-MDR infections (n = 137).

Results and Conclusions: Patients with MDR pyelonephritis were more frequently diagnosed in the third trimester, with a higher proportion of multiparous women. Prior antibiotic exposure and previous urological procedures, including urinary catheterization, were significantly more common in the MDR group and were identified as independent predictors of MDR infection. Escherichia coli was the predominant pathogen overall but was more frequently isolated in the non-MDR group, whereas Klebsiella pneumoniae was more common among MDR infections. MDR isolates demonstrated significantly higher resistance rates to all tested antibiotics, including complete resistance to Ampicillin. Neonatal outcomes were poorer in the MDR group, with significantly higher rates of Apgar scores <7 at admission and increased NICU admissions. MDR pyelonephritis was an independent predictor of NICU admission. These findings emphasize the importance of continuous surveillance of antimicrobial resistance patterns and the periodic revision of empirical antibiotic protocols, as well as risk-adapted management strategies, to reduce maternal and neonatal morbidity

PM6.5- The Domino Effect: From Orchiepididymitis to Multi-Organ Complications
Efectul domino: De la orhiepididimită la complicații multi-organice

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Introduction: Necrotizing fasciitis is an aggressive soft tissue infection spreading rapidly along fascia, often affecting the extremities, abdomen, or perineum. It may occur spontaneously or following trauma or minor skin injuries. Diagnosis is challenging and relies on clinical evaluation. Due to high mortality (up to 76%), prompt recognition and immediate surgical intervention are critical.

Material and method: We hereby present the case of a 33-year-old male who presented in our clinic with advanced symptoms of orchiepididymitis, laboratory findings showed elevated white blood cells and C-reactive protein levels. Antibiotic treatment was initiated, but a few hours later, rapid extension towards the perineum and along the spermatic cord was observed, Thus, surgery was decided upon and the following was performed: orchiectomy through a scrotal approach, with inguinal prefascial drainage extending to the iliac spine. The patient's evolution was unfavorable, requiring two further surgical interventions consisting of multiple demarcation incisions. The patient's evolution in the intensive care unit was slowly favorable, being complicated by acute respiratory distress syndrome and acute pancreatitis (a rare complication of treatment with Tigecycline). After approximately one month of dressing the incisions, the wounds were closed, and the patient was discharged a few days later.

Results and conclusions: Necrotizing fasciitis is a life-threatening urological emergency requiring early recognition and urgent surgical debridement. Clinicians should also monitor for rare complications like drug-induced pancreatitis during prolonged antibiotic therapy.

PM6.6 - Risk factors for antibiotic-resistant urinary tract infections after kidney transplantation: a case-control study

Factori de risc pentru infecțiile urinare cu rezistență la antibiotice după transplantul renal: studiu caz-control

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Background: Urinary tract infections (UTIs) are common after kidney transplantation (KT) and adversely affect transplant outcomes. This study evaluated UTI incidence, risk factors, and the antibiotic susceptibility patterns of causative pathogens.

Methods: We conducted a matched case–control study at the Clinical Institute of Urology and Renal Transplantation in Cluj-Napoca, Romania between April and December 2025. A total of 125 consecutive culture-confirmed antibiotic-resistant UTI cases were matched 1:1 by age, sex, and transplant year with 125 non-UTI controls (n = 250). The median age was 51.08 years (SD 11.54; range 18–74), including 87 female and 38 male recipients. Clinical and microbiological and transplant-related variables were analyzed using paired bivariable analyses.

Results: A marked increase in bacterial isolates was observed in 2021–2025, mainly due to Escherichia coli and Klebsiella spp., with high resistance to trimethoprim–sulfamethoxazole (TMP-SMX) and β-lactams (Table 1). Female sex (69.6%) and recurrent UTIs (rUTIs; n=81) were common among cases. Diabetes mellitus (p = 0.004), chronic triple immunosuppressive therapy (Advagraf+Myfortic+Prednisone, p = 0.012), and recent transplantation (<6 months); were significantly associated with antibiotic resistant UTI, hyperuricemia showed borderline statistical significance (p=0.06). Dyslipidemia and persistent hyperparathyroidism and Polycystic kidney disease were more frequently observed but did not reach statistical significance. Bilateral nephrosclerosis / chronic nephropathy was a protective factor (p=0.009). No significant differences were observed between groups regarding graft function, serum creatinine levels, area of residence or side of transplantation.

Conclusion: Antibiotic-resistant UTIs in KT recipients are associated with female sex, diabetes mellitus, chronic triple immunosuppression, recent transplantation (<6 months), and recurrent UTI.

PM6.7- Polimixin – Salvage therapy in urinary tract infections caused by MDR pathogens

Polimixinele – Terapie de salvare în infecțiile urinare cu germeni MDR

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Introduction: The rapid increase in antimicrobial resistance among multidrug-resistant (MDR) Gram-negative bacteria represents a major challenge for modern clinical practice. In severe urinary tract infections, therapeutic options may become extremely limited, with antimicrobial susceptibility sometimes restricted exclusively to colistin, an antibiotic long considered a last-line therapy due to its potential toxicity.

Material and Methods: We conducted a retrospective study including 24 patients admitted to our urology department between January 2025 and January 2026, diagnosed with complicated urinary tract infections or urosepsis caused by MDR pathogens susceptible exclusively to colistin. The decision to initiate colistin therapy was made only in the presence of severe clinical and/or biological status. Demographic data, microbiological findings, clinical evolution, length of hospitalization, and adverse reactions were analyzed.

Results: The main pathogens identified were Kl. pneumoniae, Ps. aeruginosa, Enterobacter spp., and Acinetobacter baumannii, reflecting the typical spectrum of MDR UTIs. The mean duration of hospitalization was 11.6 ± 6.7 days. Urinary drainage procedures were present in a subset of patients, including ureteral JJ stent in 8 patients, percutaneous nephrostomy in 9 patients, and Foley catheter in 7 patients, most often in an obstructive or oncological context. Clinically, the general condition improved in 19 patients, while 5 patients died, highlighting concerning future perspectives.

Conclusions: The increasing frequency of urinary tract infections caused by MDR pathogens places clinical practice at a critical point, where colistin may remain the only in-vitro active therapeutic option. Although carefully monitored therapy can lead to favorable clinical outcomes, the growing need to use this last-line antibiotic underscores the severity of antimicrobial resistance and the urgent need for effective control strategies and judicious antibiotic use.

PM6.8- Determining the therapeutic threshold: a retrospective analysis of abscess size and inflammatory markers in renal abscess management

Determinarea pragului terapeutic: o analiză retrospective a dimensiunii abcesului și a markerilor inflamatori în gestionarea abcesului renal

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Introduction: Renal and perinephric abscesses pose a significant diagnostic and therapeutic challenge. This study evaluates clinical characteristics, microbiological landscapes, and predictors of therapeutic failure to optimize management strategies.

Methods: A retrospective analysis was conducted on 103 adult patients treated at a tertiary urology clinic in Northeastern Romania between 2020 and 2025. Patients were stratified into two groups based on the maximum abscess dimension: Group A (<50 mm) and Group B (>50 mm). Diagnostic efficacy was evaluated using receiver operating characteristic (ROC) curves.

Results: The cohort (mean age 60.53 years) showed a high prevalence of hypertension (46.60%) and diabetes mellitus (40.77%). Escherichia coli (38.33%) and Klebsiella spp. (21.66%) were the dominant pathogens. Antibiotic resistance was most severe for ampicillin (MAR index 0.795), while amikacin (0.058) and piperacillin/tazobactam (0.062) remained highly effective. Conservative treatment succeeded in 42.7% of cases, while 58.2% required percutaneous drainage. Abscess size was the only significant predictor for invasive intervention (p=0.0001); 88.13% of the drainage group had lesions >50 mm. ROC analysis confirmed the superior predictive value of abscess dimension (AUC 0.948) compared to inflammatory markers such as WBC (AUC 0.502) and CRP (AUC 0.507), which did not correlate with abscess size or drainage needs.

Conclusions: Renal abscess management is primarily dictated by lesion size, with 50 mm serving as a definitive threshold for drainage. While common inflammatory markers reflect systemic inflammation, they fail to predict the need for invasive procedures. Given the high prevalence of multidrug-resistant organisms, early CT imaging and pus culture-guided therapy are essential to prevent complications such as nephrectomy.

PM6.9 - Group A Streptococcal Necrotizing Fasciitis Mimicking Fournier's Gangrene: An Atypical Fulminant Presentation

Fasceită necrozantă cu Streptococ de grup A mimând gangrena Fournier: prezentare fulminantă atipică

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Introduction. Necrotizing fasciitis is a severe, rapidly progressive soft tissue infection associated with high mortality. Although Fournier's gangrene is a specific form of perineal necrotizing fasciitis, it is typically polymicrobial. Monomicrobial infections caused by Group A Streptococcus, with fulminant evolution and atypical presentation, are rare and may pose diagnostic challenges.

Case presentation. A 48-year-old male with a history of arterial hypertension presented with acute inguinoscrotal pain and swelling shortly after sexual intercourse, possibly related to local trauma. The condition progressed rapidly, with hemorrhagic bullae and extension to the left thigh and pelvic region. At admission, the patient was hemodynamically unstable and developed septic shock with multiple organ dysfunction (cardiovascular, respiratory, renal, and coagulation). Initial imaging did not reveal subcutaneous gas. Surgical exploration confirmed necrotizing fasciitis, and microbiological examination identified Group A Streptococcus. Management included broad-spectrum antibiotics (later adjusted), intensive care support, and multiple surgical debridements followed by reconstructive procedures. The outcome was favorable, with resolution of sepsis and progressive wound healing.

Conclusions. Monomicrobial necrotizing fasciitis caused by Group A Streptococcus may mimic Fournier's gangrene and present fulminantly, even without classical imaging findings. Early diagnosis and aggressive multidisciplinary management are essential for survival. This case highlights the importance of maintaining a high index of clinical suspicion in atypical presentations.

PM6.10 - Fournier's Gangrene: Clinical features, therapy, and prognosis
Gangrena Fournier: Aspecte clinice, terapie și prognostic

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Introduction: Fournier's gangrene is a rare but severe form of polymicrobial necrotizing fasciitis affecting the soft tissues of the perineal and genital regions, characterized by rapid progression and extensive fascial necrosis. The condition is frequently associated with comorbidities such as diabetes mellitus and requires early diagnosis and aggressive management, including prompt surgical debridement and broad-spectrum antibiotic therapy to reduce the high mortality rate.

Materials and Methods: The study involved the treatment of 24 patients diagnosed with Fournier's gangrene over the last five years at the Sibiu Urology Clinic. Of these patients, all were males, with an average age of 62 years. The average duration of soft tissue secondary closure was approximately 8 days, and the mean hospitalization period was approximately 11 days.

Results: Fournier's gangrene remains a severe surgical condition associated with significant morbidity and mortality, with reported mortality rates ranging from approximately 20% to 40%. Poor prognostic factors include delayed surgical intervention, septic shock, and the presence of comorbidities such as diabetes mellitus or immunosuppression. Management is based on prompt and aggressive treatment. Early and extensive surgical debridement of necrotic tissue represents the cornerstone of therapy and may require repeated procedures. Broad-spectrum antibiotic therapy targeting aerobic and anaerobic bacteria should be initiated early, alongside supportive care including hemodynamic stabilization, monitoring, and appropriate wound management. Reconstructive procedures such as skin grafts or flap techniques may be considered after infection control and adequate tissue healing.

Conclusions: In conclusion, Fournier's gangrene remains a life-threatening condition with high morbidity and mortality. Early recognition and prompt multidisciplinary management, including aggressive surgical debridement and broad-spectrum antibiotic therapy, are essential for improving patient outcomes and reducing mortality

PM6.11 - Fournier's gangrene: The impact of early diagnosis and aggressive surgical debridement on prognosis

Gangrena Fournier: Impactul diagnosticului precoce și al debridării chirurgicale agresive asupra prognosticului

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Introduction: Fournier's gangrene is a fulminant necrotizing fasciitis of the perineo-genital region, representing a major medico-surgical emergency associated with significant morbidity and mortality. Its rapidly progressive course requires early recognition and prompt initiation of multidisciplinary management. The aim of the study was to evaluate risk factors and to identify prognostic parameters in patients diagnosed with Fournier's gangrene.

Materials and Methods: We conducted a retrospective study on a cohort of 44 patients diagnosed with Fournier's gangrene and admitted to the Urology and Renal Transplantation Clinic of "Dr. C. I. Parhon" Clinical Hospital, Iași, between 2016 and 2026. Demographic characteristics, comorbidities, etiological factors, the origin of the infectious focus, postoperative clinical course, length of hospitalization, and mortality were analyzed. The therapeutic protocol included prompt, extensive surgical debridement, fluid resuscitation, broad-spectrum antibiotic therapy, and intensive care support, depending on the clinical status of each patient.

Results: The mean age of the patients was 66 ± 11.6 years. Overall mortality was 18.18%, and the mean length of hospitalization was 14.7 ± 9.3 days. The origin of infection was predominantly scrotal, followed by anorectal sources and urethral origin. Most patients required repeated surgical interventions, and some required reconstructive procedures. Diabetes mellitus and pre-existing urethral pathology were the main risk factors. Factors associated with poor prognosis included diabetes mellitus, septic shock at admission, and delayed presentation after symptom onset.

Conclusions: Fournier's gangrene remains a severe condition with complex evolution and high therapeutic resource requirements. Early diagnosis, prompt, aggressive surgical debridement, rapid initiation of antibiotic therapy, and intensive multidisciplinary management are essential to improving prognosis and reducing mortality.

PM6.12- Prostate tuberculosis mimicking prostate cancer: Case report
Tuberculoza prostatică ce imită cancerul de prostată: Prezentare de caz

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Introduction. Tuberculosis (TB) remains the deadliest infectious disease globally, with the kidneys being the most frequently affected organ in the genitourinary system. Isolated prostate involvement by tuberculosis is rare and may mimic prostate cancer. This case report aims to highlight the diagnostic challenges and therapeutic responses associated with isolated prostate tuberculosis, particularly in the context of significantly elevated prostate-specific antigen (PSA) levels in a TB-endemic region.

Material and method. A 51-year-old male presented with urinary symptoms such as dysuria, polachyuria and pelvic pain resistant to treatment. The PSA level was 5.1 ng/mL with negative urine cultures. Multiparametric MRI scan showed a PIRADS 4 lesion. Prostate biopsy result showed granulomatous prostatitis.

Results. The patient was directed to infectious disease compartment, where the TB tests were performed, with positive results. Specific antibiotic therapy was initiated. The symptoms improved after three months.

Conclusion. Prostate tuberculosis is rare and should be kept in differential diagnosis of a prostatitis resistant to treatment or a prostate cancer. Proper medical management to improve the symptoms, and a regular follow-up, are of utmost importance to detect any late complications

PM6.13 - Robotic-Assisted Simple Prostatectomy for Large BPH: Early Perioperative and Functional Outcomes from 41 Consecutive Patients

Prostatectomia simplă asistată robotic pentru HBP voluminoasă: Rezultate perioperatorii și funcționale precoce într-o serie de 41 de pacienți consecutive

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Background. Robotic-assisted simple prostatectomy (RASP) is a minimally invasive alternative to open surgery for large benign prostatic hyperplasia (BPH). We evaluated the perioperative safety and early functional outcomes of RASP during its implementation in a tertiary robotic surgery center.

Methods. We performed a prospective analysis of 41 consecutive patients with symptomatic BPH and prostate volumes greater than 80 mL who underwent robotic-assisted simple prostatectomy using the da Vinci Xi system between September 2024 and January 2026. Preoperative evaluation included PSA testing, digital rectal examination, multiparametric prostate MRI, and uroflowmetry. Functional outcomes were assessed using the International Prostate Symptom Score (IPSS), quality of life (QoL) score, maximum urinary flow rate (Qmax), and post-void residual urine (PVR). Perioperative outcomes and postoperative complications classified according to the Clavien–Dindo system were recorded.

Results. Preoperatively, 14 patients (34%) were catheter-dependent due to urinary retention. Mean prostate volume was 148 mL (range 90–420 mL). Median operative time was 110 minutes, with mean estimated blood loss of 140 mL, and no patients required blood transfusion. Bladder stones were treated in 7 patients (17%) and diverticulectomy was performed in 3 patients (7%). No Clavien–Dindo grade III or higher complications occurred. Median hospital stay was 3 days, and urinary catheters were removed after 7 days. Median follow-up was 6 months (range 3–12 months). Functional outcomes improved significantly: IPSS decreased from 22 to 5, QoL from 5 to 1, Qmax increased from 7.2 to 22.5 mL/s, and PVR decreased from 180 to 28 mL. Transient irritative symptoms occurred in 9 patients (22%), resolving with short-term medical therapy.

Conclusions. RASP can be safely implemented in an experienced robotic surgery center and provides excellent perioperative outcomes with significant improvement in urinary symptoms and functional parameters in patients with large prostate adenomas

PM6.14 - Charting New Frontiers: Early Sexual Functional Outcomes After Implementation of ThuLEP - Erectile and Ejaculatory Results from an Early-Experience Center

Conturând Noi Frontiere: Evoluția Precoce a Funcției Sexuale după Implementarea ThuLEP - Rezultate privind Funcția Erectilă și Funcția Ejaculatorie într-un Centru la Începutul Experienței

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Introduction. Thulium Laser Enucleation of the Prostate (ThuLEP) is an established size-independent surgical treatment for benign prostatic obstruction. While urinary functional outcomes are well documented, early sexual outcomes—particularly during the learning curve phase in newly established centers—remain insufficiently reported.

Objective. To evaluate early postoperative erectile and ejaculatory outcomes after implementation of a ThuLEP program in a developing urological center.

Materials and Methods. We conducted a retrospective single-center study including consecutive patients who underwent ThuLEP during 2025. Erectile function was assessed using the Sexual Health Inventory for Men (SHIM/IIEF-5), and ejaculatory function was evaluated using the Male Sexual Health Questionnaire–Ejaculatory Dysfunction (short form). Questionnaires were completed preoperatively and at 3 months postoperatively. The primary endpoints were changes in SHIM and MSHQ-EjD-SF scores. Secondary endpoints included the rate of preserved antegrade ejaculation and the incidence of de novo erectile dysfunction. Statistical analysis was performed using paired tests, with $p < 0.05$ considered statistically significant.

Results. A total of 105 patients were included (median age 62.85 years; median prostate volume 86.11 cc). Mean SHIM score decreased slightly from 20.17 ± 5.59 to 19.16 ± 5.92 at 3 months, without statistical significance (−1.01; $p = 0.20$). Conversely, the MSHQ-EjD-SF function score showed a significant reduction from 15.17 ± 3.14 to 6.97 ± 3.48 (−8.2; $p < 0.001$). Among patients who were sexually active preoperatively, antegrade ejaculation was preserved in 59 cases (56.2%). De novo erectile dysfunction occurred in 3 patients (2.9%).

Conclusion. Early experience with ThuLEP demonstrates preservation of erectile function in most patients, despite a measurable impact on ejaculatory function. Sexual outcomes during program implementation appear comparable to published series, supporting the reproducibility and safety of the technique even during the learning curve phase.

PM6.15 - Minimally invasive techniques in large benign prostatic hyperplasia: Bipolar vapor enucleation versus Thulium vapor enucleation

Tehnici minim invazive în hiperplazia benignă de prostate voluminoasă : Vapo-enucleația bipolară versus vapo-enucleația cu Thulium

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Introduction. Benign prostatic hyperplasia (BPH) is one of the most common urological conditions in elderly patients, and the optimal surgical management of large prostate volumes remains controversial. The development of modern endoscopic methods requires a comparative assessment of their efficacy and safety.

Aim. Comparative analysis of postoperative parameters, safety profile, and functional outcomes after PKVEP versus Thu:VEP in patients with large benign prostatic hyperplasia exceeding 80 ml.

Materials and methods. 127 patients with BPH were randomized for treatment with PKVEP (n=75) and Thu:VEP (n=52), following the standard 3-lobe enucleation without the use of a morcellator, preserving a tissue pedicle between the bladder neck and the enucleated prostate nodule, allowing for controlled resection. Postoperative evaluation was performed at 6 and 18 months.

Results and conclusion. At 6 and 18 months postoperatively, both groups showed significant and persistent improvement in symptoms. The total duration of the procedure was significantly shorter in PKVEP compared to Thu:VEP (79.6±5.3 vs. 90.5±7.5 min), including the vapor enucleation time (77.4±7.5 vs. 82.2±6.5 min). No significant differences were found in terms of resected tissue volume, postoperative anemia, catheterization duration, or hospitalization. At 18 months, functional parameters were comparable between groups: IPSS 3 vs. 3, QoL 1 vs. 2, Qmax 20.5±5.6 vs. 18.7±6.2 ml/s, residual volume 10.2 vs. 15.5 ml, and PSA 2.64±0.41 vs. 1.82±0.12 ng/ml. PKVEP and Thu:VEP achieved comparable improvement in lower urinary tract symptoms, with high efficacy and safety. PKVEP had a slightly shorter operating and vapor enucleation time, but the differences were clinically balanced, confirming the practical equivalence of both techniques.

PM6.16 - Impact of Preoperative Bladder Function on Early Functional Outcomes after HoLEP: A Single-Center Experience with 422 Patients

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Introduction and Objectives: Holmium laser enucleation of the prostate (HoLEP) is a well-established surgical treatment for benign prostatic hyperplasia, providing effective and durable bladder outlet obstruction relief. However, the optimal timing of surgical intervention remains debated. This study aimed to evaluate the impact of preoperative bladder status—reflected by postvoid residual (PVR) volume and chronic catheterization—on early postoperative functional outcomes, with particular focus on irritative symptoms.

Materials and Methods: We retrospectively analyzed 422 patients who underwent HoLEP over a 4-year period. Prostate volumes ranged from 40 to 260 g. Patients were stratified into three groups based on preoperative bladder status: PVR <100 mL (n=86), PVR >100 mL (n=293), and chronic indwelling catheter (n=43). Early postoperative outcomes up to 3 months were assessed, focusing on transient urinary incontinence and urgency.

Results: Transient urinary incontinence was most frequent in the chronic catheter group (16.2%), compared to 3.6% in the PVR >100 mL group and 0% in the PVR <100 mL group. Transient urgency was highest in the PVR >100 mL group (18.9%), followed by the chronic catheter group (12.3%) and the PVR <100 mL group (6.7%). These findings suggest a progressive increase in postoperative functional impairment with worsening preoperative bladder dysfunction.

Conclusions: Preoperative bladder status significantly influences early functional outcomes after HoLEP. Patients with preserved bladder function (low PVR) experience the lowest rates of postoperative irritative symptoms, while those with advanced dysfunction—particularly chronic catheterization—are at increased risk of transient incontinence. These findings support earlier surgical intervention in the natural progression of benign prostatic hyperplasia, before the development of significant bladder decompensation. This concept is consistent with current evidence highlighting the role of detrusor dysfunction as a key determinant of postoperative outcomes.

PM7.1 - National Robotic Surgery Programme in Romania (AP-ROBOTICA): Establishing a strategic framework for equitable access and standardisation in public healthcare

Couti Razvan

Bistrita County Hospital

Robotic surgery has become a benchmark for minimally invasive treatment in oncological and complex surgical pathologies. In Romania, access to robotic surgery was previously fragmented, limited mainly to isolated university or private centers, without standardised

implementation, training, or reporting mechanisms. This created major regional inequities for patients and limited the development of coordinated surgical expertise. To develop and implement the first National Priority Actions Programme in Robotic Surgery (AP-ROBOTICA), integrating robotic surgery into Romania's public healthcare network through standardised governance, multidisciplinary training, and national quality monitoring. The programme was coordinated through an interdisciplinary national working group under the Romanian Ministry of Health. Eight regional university and county hospitals were included in the initial implementation phase. Strategic measures included the development of national implementation guidelines, standardised training pathways for multidisciplinary surgical teams, establishment of quality indicators (complication rates, conversion rates, hospital stay duration, etc.), and creation of the National Robotic Surgery Digital Registry for transparent reporting and annual evaluation.

The programme significantly expanded patient access to minimally invasive robotic procedures across previously underserved regions. National robotic surgical activity increased by more than 40% compared to the previous period. Patients benefited from shorter hospitalisation, faster recovery, and reduced postoperative complications. Medical professionals gained access to structured training and collaborative multidisciplinary practice. The programme also improved cost-efficiency by reducing readmissions and postoperative morbidity. The AP-ROBOTICA represents the first integrated national robotic surgery framework in Romania and a major healthcare reform initiative. By combining equitable access, standardised quality indicators, and digital monitoring, the programme aligns Romania with European standards in robotic surgery and establishes a sustainable model for future expansion across surgical specialties.

PM7.2 -Implementation of Robotic Surgery in the Clinical Emergency County Hospital Bistrița-Năsăud: a model for regional excellence in Romanian public healthcare

Couti Razvan

Bistrita County Hospital

Access to robotic surgery in Romania has historically been concentrated in a limited number of university and private centres, leaving regional public hospitals without advanced minimally invasive surgical technologies. In 2024, the Clinical Emergency County Hospital Bistrița-Năsăud (SCJUB) became the first county-level public hospital in Romania to implement a functional robotic surgery programme within the national public healthcare system. The aim was to evaluate the implementation and early impact of robotic surgery at SCJUB as part of the National Priority Actions Programme in Robotic Surgery (AP-ROBOTICA). The robotic surgery programme was initiated in November 2024 through a team that involved the hospital's urology team. Implementation included structured surgical training, standardised perioperative protocols, and later, in 2026, the integration into the National Robotic Surgery Digital Registry. Programme evaluation was based on clinical quality indicators including complication rates, conversion rates, duration of hospitalisation, and postoperative recovery outcomes. The implementation of robotic surgery at SCJUB led to significant improvements in patient care. Patients benefited from minimally invasive procedures associated with shorter hospital stays, faster functional recovery, and fewer postoperative complications. The programme reduced the need for patients to seek treatment abroad or in private institutions, thereby improving healthcare equity in the region. Medical teams gained access to advanced technologies and multidisciplinary collaboration models. Increased surgical volumes also improved institutional cost-efficiency and strengthened the hospital's role as a regional referral center. The robotic surgery programme at SCJUB demonstrates that advanced

robotic surgical systems can be successfully implemented in county-level public hospitals when supported by standardised national coordination and multidisciplinary collaboration. The Bistrița-Năsăud experience provides a reproducible model for expanding robotic surgery access throughout Romania's public healthcare system.

PM7.3 - Robotic Pyeloplasty in the Pediatric and Young Adult Population: our insights

Pieloplastia robotică la copii și adulți tineri: perspectivele noastre

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Introduction: Ureteropelvic junction obstruction is one of the most common causes of hydronephrosis in children and young adults and dismembered pyeloplasty remains the gold standard treatment, with long-term success rates exceeding 90%. Minimally invasive techniques, particularly robotic-assisted laparoscopic pyeloplasty offer enhanced visualization, improved dexterity, and precision in intracorporeal suturing. These advantages are particularly relevant in pediatric patients, where anatomical constraints can be challenging.

Material and method: Starting in April 2025, a national charity program for robotic pediatric interventions was developed at Medicover Hospital in collaboration with "Iuliu Hațieganu" University of Medicine and Pharmacy Cluj-Napoca. Between April 2025 and February 2026 we performed robotic surgery for hydronephrosis on 12 patients aged 8 to 30 who received diagnosis in a territorial care unit following US, renal DTPA/MAG3 scintigraphy and Uro CT/Uro MRI examinations.

Results: A ureteral JJ stent was inserted endoscopically at the beginning of the intervention, then dismembered pyeloplasty was performed by robot-assisted transperitoneal approach. The mean operative time was 143 minutes, blood loss was minimal, mobilization and bowel movements occurred from day 1, there was minimal need for analgesics and the patients were discharged on day 3. The urethral catheter was removed after 7 days and the ureteral JJ stent was extracted 6 weeks after surgery. Two patients developed urinary sepsis few days after discharge and needed hospital admission and iv antibiotherapy. Throughout the follow up period after the ureteral stent removal all the patients were asymptomatic and the degree of the hydronephrosis was stable or slightly improved.

Conclusions: Robotic-assisted pyeloplasty is a safe and effective minimally invasive option for managing ureteropelvic junction obstruction in children and young adults. It achieves similar or better surgical outcomes when compared to the standard of care while offering reduced morbidity and postoperative pain, shorter hospital stay and excellent cosmetic results

PM7.4 - Importance of PSA correlation in blood serum and residual prostatic fossa fluid after adenomectomy in BPH associated with chronic prostatitis in monitoring of the postoperative period

Importanța corelației PSA în serul sanguin și fluidul din loja reziduală după adenomectomie în HBP asociată cu prostatită cronică în monitorizarea perioadei postoperatorie

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Introduction. The assessment of prostate-specific antigen (PSA) in blood serum is widely used in prostatic pathology; however, the significance of the correlation between serum PSA levels and PSA values in the residual prostatic fossa fluid after transvesical adenomectomy for benign prostatic hyperplasia (BPH) associated with chronic prostatitis remains insufficiently investigated. Identifying the predictive value of this marker in postoperative monitoring may contribute to optimizing clinical management.

Material and Methods. The study included patients with a mean age of 68.6 ± 1.05 years, diagnosed with BPH associated with histologically confirmed prostatitis. PSA levels were measured in blood serum preoperatively and postoperatively, as well as in secretions collected from the residual prostatic fossa after adenomectomy. The activity of the inflammatory process and the degree of nodular proliferative changes were assessed histologically. Statistical analysis was performed using variational, correlation, and regression methods with Statistica 7.0 software (USA). Statistical significance was set at $p < 0.05$.

Results. Correlation analysis revealed moderate, directly proportional relationships between the inflammatory and proliferative nodular processes ($r = 0.55$), between nodular inflammatory activity and PSA levels in the residual fossa ($r = 0.60$), and between nodular proliferative activity and PSA levels in the residual fossa ($r = 0.42$). All correlations were statistically significant ($p < 0.05$). Elevated PSA levels were identified both in serum and in the residual fossa fluid, even in the absence of clinically evident active prostatitis.

Conclusions. Increased PSA concentrations may also be observed in benign conditions such as BPH associated with histological prostatitis. Determination of PSA in residual prostatic fossa fluid, correlated with serum values, may serve as a useful indicator for postoperative monitoring and assessment of local inflammatory activity

PM7.5 - Assessment of factors contributing to multidrug resistance in urinary tract infections: focus on carbapenem resistance

Evaluarea factorilor implicați în rezistența multidrog în infecțiile tractului urinar: accent pe rezistența la carbapeneme

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Introduction: Urinary tract infections (UTIs) caused by carbapenem-resistant pathogens are emerging as a critical global health concern, posing substantial therapeutic challenges due to the scarcity of effective antimicrobial options and the elevated risk of severe clinical outcomes. Identifying patients at increased risk for carbapenem-resistant (CR) UTIs is essential for optimizing empirical therapy and improving antimicrobial stewardship. The aim of this study was to determine the risk factors associated with CR UTIs through comparison with carbapenem-susceptible (CS) UTIs.

Materials and Methods: We conducted a retrospective case–control study including 127 hospitalized patients with UTIs caused by CR microorganisms and 91 patients with UTIs caused by multidrug-resistant (MDR) organisms that remained susceptible to carbapenems. Patients were admitted to the hospital between 1 October 2023 and 31 March 2025. Clinical characteristics, microbiological data and prior healthcare exposures were systematically analyzed to identify factors associated with CR UTIs.

Results and Conclusions: In univariate analysis, patients with CR UTIs exhibited significantly higher frequencies of neoplasia, neurological disorders, urosepsis at admission, septic shock, urinary catheterization at the time of diagnosis, permanent nephrostomy catheters, hospitalization within the preceding 180 days, prior exposure to antibiotics - including carbapenems - and recent urological procedures. Multivariate logistic regression identified four independent predictors of CR UTIs: neoplasia, neurological disorders, antibiotic exposure in the previous 180 days, and prior carbapenem therapy. The majority of isolates belonged to the Enterobacterales order, with Klebsiella spp. and Pseudomonas aeruginosa, accounting for over 90% of cases. Among isolates tested for carbapenemase production, nearly all harbored at least one carbapenemase enzyme, with New Delhi metallo-β-lactamase (NDM) and Klebsiella pneumoniae carbapenemase (KPC) representing the predominant resistance mechanisms. These findings underscore the importance of recognizing key clinical risk factors and local resistance patterns to guide early identification and management of CR UTIs.

PM7.6 - Paradigm Shift in the Management of Recurrent Urinary Tract Infections: From Antibiotic Therapy to Immunomodulation and Emerging Therapies – A Review of the Literature and EAU Guidelines

Schimbarea paradigmei în managementul infecțiilor urinare recurente: de la antibioterapie la imunomodulare și terapii emergente – review al literaturii și al ghidurilor EAU

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Introduction. Recurrent urinary tract infections (rUTIs) are a common condition in urological practice, significantly impacting quality of life and contributing to antimicrobial resistance. Recent European Association of Urology (EAU) guidelines reflect a paradigm shift toward reducing antibiotic use and improving the understanding of underlying pathophysiological mechanisms.

Material and methods. A narrative review of recent literature and EAU guidelines on urinary tract infections was conducted, focusing on current concepts and emerging research directions.

Results. Recent evidence supports a redefinition of urinary tract infections, emphasizing the distinction between asymptomatic bacteriuria and symptomatic infection, as well as between inflammation and active infection. Recognition of the urinary microbiome has further reshaped the understanding of rUTIs. Current strategies promote judicious antibiotic use and integration of non-antibiotic therapies, including oral immunoprophylaxis, anti-adhesion agents (e.g., D-mannose), and vaginal estrogen therapy in postmenopausal women. Emerging research directions include urinary vaccines, bacteriophage therapy, and microbiome modulation, with the potential to transform future management.

Conclusions. The management of rUTIs is shifting from an antibiotic-centered approach toward a personalized strategy based on risk stratification and integration of alternative therapies. Improved understanding of inflammatory mechanisms and emerging treatments is essential for optimizing outcomes and limiting antimicrobial resistance

PM7.7 - Challenges in the long-term monitoring of patients treated with Colistin for XDR urinary tract infections

Dificultățile monitorizării pe terment lung a pacienților tratați cu Colistin pentru infecții urinare cu germeni XDR

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Introduction. Infections caused by extensively drug-resistant (XDR) pathogens represent a major challenge in current medical practice. In certain situations, bacterial susceptibility is limited to a single last-line antibiotic such as Colistin, administered exclusively in the hospital setting. Post-discharge monitoring of patients is essential for evaluating clinical and microbiological evolution; however, this becomes difficult, especially in elderly patients with multiple comorbidities and coming from different socio-economic backgrounds.

Materials and methods. We performed a retrospective observational study on patients treated with colistin for urinary tract infections caused by XDR pathogens in the Urology Clinic Iași between January 2025 and March 2026. The study group included 32 patients who were followed after discharge for a period of up to 14 months. Demographic data, duration of treatment, type of urinary drainage, and urine culture results obtained in patients who returned for follow-up were analyzed.

Results. The study group included 27 men and 5 women, aged between 32 and 89 years. The duration of colistin therapy ranged between 5 and 10 days, with a mean duration of 5 days. At the time of evaluation, 7 patients had died, while 23 were still under clinical follow-up. Eight patients were in the 60–70-year age group, another eight were between 70–80 years, and five patients were older than 80 years. According to the analyzed distribution, approximately 70% of the patients came from rural areas and 30% from urban areas. When we tried contacting the patients approximately 40% did not answer the follow-up calls. Oncological comorbidities were identified in 7 patients, including bladder or prostate tumors.

Conclusions. Long-term monitoring of patients treated with colistin remains difficult, with a significant proportion being lost to follow-up after discharge. This situation may favor the emergence and spread of pan-resistant pathogens, highlighting the need to strengthen follow-up systems for patients treated with last-line antibiotics

PM7.8 - Rare Actinomycotic Urachal Abscess in a Young Woman: Diagnostic and Therapeutic Challenges

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Background: Actinomycosis is a rare chronic granulomatous infection caused by anaerobic Gram-positive bacteria of the genus Actinomyces, which are part of the normal flora of the oropharynx, gastrointestinal tract, and female genital tract. Abdominopelvic involvement is uncommon and frequently mimics malignancy or other inflammatory intra-abdominal conditions, making preoperative diagnosis particularly challenging.

Case presentation: We report the case of a 39-year-old female who presented with fever, chills, hematuria, and severe lower abdominal pain associated with signs of peritoneal irritation. Laboratory investigations revealed a marked inflammatory response with significantly elevated C-reactive protein levels, while leukocyte count remained within normal limits. Urinalysis demonstrated leukocyturia and microscopic hematuria, whereas urine culture was negative. Contrast-enhanced abdominal computed tomography revealed marked asymmetric thickening of the anterior bladder wall associated with a perivesical collection with thick enhancing walls and internal septations located near the bladder dome. The lesion was accompanied by extensive inflammatory changes of the perivesical fat, fluid collections within the space of Retzius, and extension into the subperitoneal pelvic space, raising suspicion for a urachal abscess. Given the acute clinical presentation and imaging findings, surgical exploration was undertaken and a partial cystectomy was performed. Histopathological examination revealed a granulomatous inflammatory process involving the bladder wall and adjacent perivesical tissue, with characteristic colonies of Actinomyces, establishing the diagnosis of actinomycosis. Serological testing for HIV and viral hepatitis was negative. The patient subsequently received targeted antibiotic therapy, with favorable clinical outcome.

Conclusion: Primary vesical actinomycosis is an extremely rare condition that may mimic urachal abscess or bladder malignancy. Because clinical, laboratory, and imaging findings are often nonspecific, the diagnosis is frequently established only after surgical intervention through histopathological examination. Awareness of this entity is essential for appropriate management, which requires both surgical treatment and prolonged antibiotic therapy.

PM7.9 - Implications of renal artery anatomical variations in living donor kidney transplantation

Implicatiile variantelor anatomice ale arterei renale in transplantul renal de la donator in viata

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Introduction. The anatomical variants of the renal artery can pose a significant challenge regarding the surgical technique of renal transplantation and organ allocation. In living donors with unilateral anatomical variants, a choice has to be made between a kidney with a single renal artery or one associated with a more complex anastomosis.

Material and methods. The current study clearly defines four types of anatomical variants regarding origin, total number of arteries, vessel diameter, artery entry point and number of vascularized segments. Using the aforementioned criteria, a cohort of 104 living donors which have donated a kidney in the Fundeni Clinical Institute within a span of 3 years have been retrospectively analyzed.

Results. Anatomical variants of the renal artery show an incidence rate of 39.42%, occurring more frequently in male subjects and on the left side. Early branching represents the most frequent finding. Notably, multiple anatomical variants within the same kidney can be identified, while bilateral involvement was also observed. Regarding renal procurement, surgical preference often leans toward right-side while left-side being selected, primarily driven by the contralateral presence of anatomical variants.

Conclusions. Current literature lacks consensus regarding the differences in graft function, recipient survival and vascular complications between grafts with a single artery and those with anatomical variants. Even though the cohort of renal transplants with anatomical variants is large enough and data can easily be collected and analyzed, vascular anatomy is not the sole determinant dictating the transplant outcome. Frequently complications are multifactorial and a definitive association with anatomical variants is difficult to establish.

PM7.10 - Renal autotransplantation as a treatment option in complex renal artery aneurysms: A clinical case report

Autotransplantul renal ca opțiune de tratament în anevrismele complexe ale arterei renale : Prezentare de caz clinic

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Introduction. Hilar renal artery or bifurcation aneurysms are particularly difficult to manage when renal preservation and maintenance of segmental arterial branches are essential. In selected cases with complex branch involvement, endovascular exclusion may be unsuitable because it cannot reliably preserve renal vascular anatomy. In this case, ex vivo repair followed by renal autotransplantation may offer a kidney-preserving reconstructive option.

Material and Methods. Clinical case of a 60-year-old woman presenting with intermittent left lumbar pain and nocturnal hypertensive episodes up to 160–180 mmHg. CT angiography demonstrated a saccular aneurysm at the bifurcation of the left renal artery measuring 1.35 × 1.2 cm, with atheromatous wall changes. Because of the bifurcation anatomy and the need for branch preservation, endovascular treatment was considered not feasible. After multidisciplinary evaluation, ex vivo surgical reconstruction was performed: the kidney was explanted, the aneurysm was resected, arterial continuity was restored using an autologous gonadal vein graft, and renal autotransplantation with ureteral stenting was performed. Cold ischemia time was 153 minutes.

Results. After revascularization, the kidney showed satisfactory macroscopic reperfusion. Postoperative CT confirmed permeability of the vascular reconstruction and adequate graft perfusion, with no imaging signs of early vascular complications. Clinically, the patient had a favorable postoperative course, with resolution of the hypertensive crises. At 6 months postoperatively, CT urography phase demonstrated preserved renal function, with good contrast excretion and no evidence of functional deterioration.

Conclusions. This case illustrates that renal autotransplantation can allow ex vivo vascular reconstruction and renal preservation in selected patients with complex bifurcation renal artery aneurysms not suitable to endovascular repair. In experienced multidisciplinary centers, this approach represents a feasible kidney-preserving option when durable branch reconstruction is required

PM7.11- Urological Complications in Dialysis Patients: Diagnostic Aspects and Therapeutic Management

Complicațiile urologice la pacienții dializați: aspecte de diagnostic și management terapeutic

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Introduction. Patients with chronic kidney disease undergoing dialysis frequently develop urological complications due to structural and functional alterations of the urinary tract and specific metabolic changes. These complications may significantly affect clinical evolution and require targeted diagnostic and therapeutic management.

Objective. To evaluate the spectrum of urological complications in dialysis patients and to analyze the diagnostic and therapeutic strategies used in their management in a tertiary urology center.

Materials and Methods. A retrospective study was conducted on 30 patients with chronic kidney disease enrolled in a dialysis program and evaluated for urological pathology over a 2-year period. The cohort included 21 men (70%) and 9 women (30%), with a mean age of 65 years (range 48–79). Hemodialysis was performed in 24 patients (80%), while 6 patients (20%) were on peritoneal dialysis. Evaluated parameters included demographic characteristics, associated comorbidities, type of dialysis, and the spectrum of urological complications identified. Diagnostic evaluation included clinical examination, laboratory investigations, urinary tract ultrasound, and computed tomography when indicated.

Results. The most frequent complications identified were recurrent urinary tract infections in 13 patients (43%), urinary lithiasis in 7 patients (23%), macroscopic hematuria in 6 patients (20%), and obstructive uropathy with hydronephrosis in 5 patients (17%). Imaging evaluation detected upper urinary tract dilation in 6 patients (20%). Conservative management with antibiotic therapy was sufficient in 14 cases (47%), while endourological procedures were required in 8 patients (27%). Upper urinary tract drainage procedures were performed in 6 patients (20%), including ureteral stent placement in 4 cases and percutaneous nephrostomy in 2 cases. In 2 patients (7%), additional surgical management was required due to persistent obstruction or recurrent complications.

Conclusions. Dialysis patients present an increased risk of urological complications requiring diagnostic evaluation and targeted treatment. Early identification and appropriate management, including endourological interventions when necessary, may reduce morbidity and improve clinical outcomes in this patient population.

PM7.12 - Severe Retroperitoneal Hemorrhage due to Spontaneous Renal Rupture (Wunderlich Syndrome) in an Anticoagulated Patient – Emergency Surgical Management

Hemoragie retroperitoneală severă prin ruptură renală spontană (Sindrom Wunderlich) la pacient anticoagulat – management chirurgical de urgență

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Introduction. Wunderlich syndrome is a spontaneous, non-traumatic renal hemorrhage into the subcapsular and perirenal spaces. Although rare, it may cause severe retroperitoneal bleeding and hemodynamic instability. Anticoagulant therapy is a recognized predisposing factor. Rapid diagnosis through imaging and timely therapeutic management are essential to prevent clinical deterioration.

Materials and Methods. We report the case of a 71-year-old male who presented to the emergency department on January 21 with acute left flank pain. The patient had a history of atrial fibrillation and was receiving anticoagulant therapy with Xarelto. Ultrasound revealed a large hematoma in the left renal lodge. Contrast-enhanced CT confirmed a voluminous subcapsular hematoma associated with spontaneous rupture of the left kidney and extensive retroperitoneal extension. Because the patient was initially hemodynamically stable, surgery was temporarily delayed due to ongoing anticoagulation, and hemostatic therapy (vitamin K, adrenostazine, etamsylate) and plasma transfusion were administered.

Results. Approximately 10 hours after admission, emergency surgery was performed under general anesthesia and a left nephrectomy was carried out. The postoperative course was favorable. A control CT scan performed on postoperative day 3, prompted by a decrease in hemoglobin levels, revealed a small spontaneous subcapsular hematoma in the contralateral kidney without signs of active bleeding. Endovascular embolization was considered; however, due to the patient's stable condition and the absence of active bleeding, conservative management with hemostatic treatment was chosen. A follow-up CT on postoperative day 6 demonstrated regression of the retroperitoneal collections.

Conclusions. Spontaneous renal rupture with massive retroperitoneal hemorrhage is a rare but serious complication, especially in anticoagulated patients. CT imaging plays a key role in diagnosis and therapeutic decision-making. While conservative management may be appropriate in selected stable cases, surgical intervention remains necessary in extensive hemorrhage. Early multidisciplinary management can lead to favorable outcomes**.**

PM7.13 - Diagnostic and therapeutic challenges of IgG4-related disease involving the retroperitoneum: An urological perspective

Provocarile diagnostice si terapeutice in IgG4-related disease cu localizare retroperitoneala: Perspectiva urologica

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Introduction. Immunoglobulin G4–related disease (IgG4-RD) is a systemic immune-mediated condition characterized by fibroinflammatory lesions that can involve multiple organs. Early and diagnosis plays a major role in preventing the need of surgical treatment for fibrotic damage of the organ or major vessel and renal complications in case of retroperitoneal manifestation. Most patients with IgG4-RD had an effective remission following treatment with glucocorticoids and rituximab.

Material and methods. This case report presents the complex surgical and non-surgical treatment of a 33-year-old male with IgG4-RD and its difficult diagnosis. At initial presentation, the patient exhibited superficial venous ectasia in the xiphoid-umbilical region indicative of collateral venous return resulting from infrarenal vena cava obstruction. Subsequent to radiological assessment surgical excisions of the fibroinflammatory tissue were conducted. Initially right nephrectomy, total infrarenal vena cava resection and 14 empirical radiotherapy sessions targeting the retroperitoneum were performed. In a short interval a second lesion located in the mediastinum underwent surgical excision. Following this initial treatment the diagnosis remained uncertain but fortunately the patient had no radiologic progression for five years until an 18F-FDG PET-CT showed two metabolically active lesions located preaortic at renal artery level and at the lower vena cava stump. These recurrences were excised, and the correct histopathological diagnosis was established. Postoperative methylprednisolone and mycophenolate mofetil were initiated.

Results. A complex immunohistochemical panel and application of 2019 ACR/EULAR Classification Criteria for IgG4-Related Disease confirmed the final diagnosis and guided the treatment. The slides showed dense lymphocytic infiltrate, storiform fibrosis and obliterative phlebitis with IgG+ at plasmocytic level, 13 IgG4+ plasmocytes/HPF. Follow-up MRI showed no progression.

Conclusion. Early diagnosis is vital, with glucocorticoids and immunosuppressants used for inducing remission. While surgery is indicated for fibrotic complications, it is often performed due to misdiagnosis, given the high clinical challenge in identifying this condition. While the kidneys and retroperitoneum are not the primary sites for IgG4-RD, their involvement presents significant urological challenges. Preoperative diagnosis remains difficult, as serum IgG4 levels lack specificity, making biopsy a requirement for diagnostic confirmation.

PM7.14 - Penile reconstruction with scrotal flap after intrapenile silicon injection: Case presentation

Reconstrucție peniană cu lambou scrotal post injecție intrapeniană de silicon: Prezentare de caz

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

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

Results: The duration of the surgery was 2 hours and 35 minutes. The dressing and the urinary catheter were removed at day 4. The hospitalization time was 5 days. Level I and II painkillers were used during the hospitalization. The dressing was changed every 2 days at home by a nurse during 4 weeks following the intervention. A favorable functional and aesthetically aspect of the penis was achieved at control consultation at 3 and 6 months.

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

PM7.15 - Emphysematous Cystitis Complicated by Intraperitoneal Bladder Perforation – Case Report and Emergency Management

Cistită emfizematoasă complicată cu perforație intraperitoneală a vezicii urinare – prezentare de caz și management de urgență

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Introduction. Emphysematous cystitis is a rare but severe lower urinary tract infection characterized by gas within the bladder wall, most commonly occurring in diabetic patients or in the presence of urinary obstruction. Progression to intraperitoneal bladder perforation is exceptional but life-threatening, requiring rapid diagnosis and emergency surgical management.

Case presentation. A 73-year-old male with type 2 diabetes mellitus, recurrent urinary tract infections, cardiovascular disease, and prostate adenocarcinoma treated with radiotherapy presented with fever and altered general condition. Laboratory findings indicated severe sepsis. Computed tomography with CT cystography established the diagnosis of emphysematous cystitis complicated by intraperitoneal bladder perforation, demonstrating contrast extravasation and intramural gas. Due to clinical instability, emergency exploratory laparotomy was performed with urinary diversion via bilateral cutaneous ureterostomy. Postoperatively, the patient required intensive care support, including hemodynamic stabilization, broad-spectrum antibiotics later adjusted to culture results, fluid and electrolyte management, and transfusion. The clinical course was slowly favorable, with resolution of sepsis and improvement of biological parameters. The patient was transferred to the urology ward on postoperative day 5, with continued stoma care and rehabilitation. Total hospital stay was 34 days.

Conclusions. Emphysematous cystitis complicated by intraperitoneal bladder perforation should be suspected in elderly diabetic patients with severe sepsis and urological history. Early imaging diagnosis and prompt surgical intervention, combined with intensive care management, are essential for survival.

PM7.16 - Encrusted cystitis associated with Corynebacterium urealyticum – diagnostic and therapeutic challenges: a case report
Cistită incrustată asociată cu Corynebacterium urealyticum – provocări diagnostice și terapeutice: prezentare de caz

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Background: Encrusted cystitis is a rare and likely underdiagnosed chronic inflammatory bladder disease, characterized by mucosal calcifications and alkaline urine, most commonly associated with Corynebacterium urealyticum. Due to its rarity and nonspecific presentation, it is frequently misdiagnosed, with standard urine cultures often remaining negative, delaying appropriate management.

Case presentation: A 51-year-old institutionalized male, smoker, with COPD (GOLD II) and prior bilateral transmetatarsal amputation, presented with a one-year history of macroscopic hematuria and recurrent urinary tract infections refractory to multiple empirical antibiotic regimens. CT imaging showed right bladder wall thickening and a 14 mm vesical calculus. Laboratory findings revealed anemia, leukocytosis, and inflammatory syndrome. Urinalysis showed alkaline urine (pH 8), proteinuria, hematuria, and calcium phosphate crystals, with negative standard urine cultures. Cystoscopy identified turbid urine, bladder lithiasis, and extensive diffuse calcified, adherent, friable mucosal lesions suggestive of generalized encrusted cystitis. Endoscopic management included mechanical removal of encrustations, electrocoagulation, and PUNCH lithotripsy. Histopathology confirmed chronic inflammatory changes. Extended urine culture identified Corynebacterium urealyticum. Antibiotic susceptibility showed sensitivity to vancomycin and linezolid, with multidrug resistance. A multidisciplinary approach involving urology and infectious diseases specialists was implemented. The patient received intravenous Vancomycin for 7 days, followed by oral Linezolid 600 mg twice daily for 5 days and D-mannose for one month. Clinical evolution was favorable, with complete resolution of symptoms. At 1- and 3-month follow-up, urine cultures were negative and imaging showed no recurrence.

Discussion: Encrusted cystitis remains a diagnostic challenge due to its rarity and lack of standardized management guidelines. Current evidence from case series and reviews supports a combined approach: complete endoscopic removal of encrustations and targeted antibiotic therapy. Multidrug resistance of Corynebacterium urealyticum significantly limits treatment options, making microbiological identification essential.

Conclusions: This case highlights a rare but clinically significant condition that requires a high index of suspicion. Successful management depends on early recognition, extended microbiological diagnostics, and a multidisciplinary approach. Close collaboration between urologists and infectious diseases specialists is critical for achieving optimal outcomes.

PM8.1- Total ureteral "Scabbard avulsion" – A surgeon's nightmare: Successful reconstruction using ileal ureter substitution

Avulsia totală de ureter de tip "Scabbard" – Un coșmar pentru chirurg: Reconstrucție reușită prin substituție ureterală cu ansă de ileon

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Introduction. Ureteral avulsion is a rare but potentially devastating complication of ureteroscopy, with a reported incidence generally below 0.3% in contemporary series. The so-called "scabbard avulsion," characterized by complete ureteral stripping, represents one of the most severe forms and may significantly compromise the function of the affected renal unit if not promptly and appropriately treated. Therapeutic strategies depend on the extent and location of the defect, ranging from ureteral reimplantation techniques to advanced reconstructive procedures such as ileal ureter substitution or kidney autotransplantation.

Materials and Methods. A 25-year-old patient presented with left-sided colicky lumbar pain. Imaging studies revealed a proximal ureteral stone, and initial conservative management was unsuccessful; therefore, primary ureteroscopy was indicated. During the procedure, a complete left ureteral avulsion occurred. The patient was immediately transferred to the Republican Clinical Hospital. Given the extent of the injury, immediate reconstruction was performed using left-sided ileal ureter substitution.

Results. The operative time was 150 minutes. The postoperative recovery was uncomplicated, and safety drains were removed on postoperative day 3. The patient was discharged on postoperative day 7 in good clinical condition. At three-month follow-up, contrast-enhanced CT urography demonstrated preserved renal function with appropriate contrast passage through the ileal segment into the urinary bladder. Three postoperative urine cultures were negative. No early infectious, metabolic, or obstructive complications were identified.

Conclusion. Total ureteral "scabbard avulsion" remains one of the most severe complications of ureteroscopy. In this case, ileal ureter substitution proved to be an effective reconstructive approach. Even such a devastating complication can be successfully managed in advanced centers with extensive experience in complex urological surgery, where procedures such as ileal ureter substitution allow restoration of urinary tract continuity and preservation of renal function. Prompt recognition and appropriate surgical management are essential for achieving optimal functional outcomes in such complex situations.

PM8.2 - Does Renal Anatomy Influence Stone Composition? A Prospective Spectroscopic Analysis

Influențează anatomia renală compoziția calculilor? O analiza spectroscopică prospectivă

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Background. Renal anatomical anomalies may alter urinary drainage dynamics, intrarenal pressure, and urinary pH, potentially influencing stone formation and composition. Although impaired urinary flow and stasis are recognized risk factors for nephrolithiasis, limited data exist regarding compositional differences between patients with normal and abnormal renal anatomy. This study aimed to evaluate the relationship between renal morphology and stone type using spectroscopic analysis.

Methods. We conducted a prospective observational study including 100 consecutive patients treated for nephrolithiasis between September 2023 and August 2024 in a tertiary academic center in southern Romania. Renal anatomy was assessed through cross-sectional imaging. Stone composition was determined by Fourier-transform infrared (FTIR) spectroscopy and classified into five major categories: calcium oxalate, calcium phosphate, uric acid, struvite, and mixed stones. Comparative statistical analysis and multivariate regression were performed to identify associations between renal morphology, metabolic comorbidities, and stone composition.

Results. Uric acid (39%) and calcium oxalate (32%) were the most frequent stone types. Patients with horseshoe and ectopic kidneys demonstrated a higher proportion of calcium phosphate stones on descriptive analysis. However, no statistically significant association was identified between renal anatomical anomalies and stone composition. In contrast, diabetes mellitus emerged as a significant predictor of calcium phosphate stones, while hyperuricemia independently predicted uric acid lithiasis.

Conclusions. Renal anatomical anomalies alone do not appear to independently determine stone composition. Metabolic factors, particularly diabetes and hyperuricemia, exert a stronger influence on lithogenic patterns. FTIR spectroscopic analysis remains essential for accurate stone characterization and individualized metabolic management strategies.

PM8.3 - C-arm X-ray versus ultrasound in the treatment of emergency internal ureteral drainage

C-arm X-ray versus ecografie in tratamentul drenajului ureteral intern de urgenta

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Introduction. Ureteroscopy plays a key role in the surgical treatment of ureteral stones. While ecography is used for intraoperative guidance, there is increasing focus on exposure to ionizing radiation. In the treatment of emergency internal ureteral drainage - particularly for obstructive ureteral stones, sepsis, or acute renal failure due to obstruction - both C-arm X-ray rayfluoroscopy and ultrasound are effective, with the C-arm X-ray traditionally preferred for high-contrast visualization of catheters and guidewires.

Material and methods. At the Urology Clinic of Sibiu, in the last 5 years, 1600 cases of ureteroscopy were recorded in patients with lithiasis, pyonephrosis, ureterohydronephrosis, ureteral strictures or malignant diseases. Fluoroscopic guidance was used in 580 cases due to the inability to advance the ureteroscope or the lack of ultrasound visualization of the guide wire.

Results and Conclusions. This study aimed to evaluate the reliability of radiography as a triage test in the treatment of emergency internal ureteral drainage. The choice of the best method for emergency ureteral catheterization depends on a variety of parameters, including the clinical environment, the patient's body habits, financial costs, and tolerance to ionizing radiation. Although this ultrasound-guided technique has proven to be a useful and safe tool, with significant advantages for both the patient and the surgeon, X-ray imaging, especially fluoroscopy, is an essential tool in the emergency management of internal ureteral drainage when ultrasound does not allow visualization of the guidewire for ureteral catheterization. However, the use of ultrasound to guide ureteral catheterization in pregnant patients has become standard practice due to the teratogenic risk associated with X-rays.

PM8.4 - Percutaneous nephrolithotomy for type A and B staghorn calculi: the road to "stone-free" is not unique

Nefrolitotomia percutanată pentru calculii coraliformi tipul A și B: drumul către "stone-free" nu este unic

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Introduction. Percutaneous nephrolithotomy (PCNL) represents one of the therapeutic options for renal lithiasis. Advances in flexible retrograde approaches and the evolution of laser energy have considerably reduced the field of application of PCNL. However, complex staghorn calculi remain a therapeutic challenge in which the percutaneous approach represents the cornerstone, often combined with the use of flexible instruments through a percutaneous or retrograde route. The use of multiple tracts may be beneficial without a significant increase in risks in experienced centers.

Material and Method. We analyzed the database of the Department of Urology and Renal Transplantation in Iași for the period January 2021 – December 2025 and selected all cases of type A and B staghorn calculi (staghorn stones occupying the entire renal pelvis and at least two calyceal groups). We analyzed the therapeutic strategies used in all cases that resulted in a true "stone-free" outcome. These cases were selected and descriptively analyzed regarding the management strategy (number of tracts, use of flexible nephroscopy, addition of a subsequent session of flexible ureteroscopy or extracorporeal lithotripsy).

Results. The relatively small number of cases for this type of pathology did not allow for a true statistical study. However, analysis of the therapeutic strategies employed did not identify an ideal management pattern. Despite this, we considered a more descriptive approach to this topic to be relevant and interesting. For presentation, we selected four cases with different approaches: a single tract allowing clearance of the entire pelvicalyceal system, a single tract associated with flexible nephroscopy, a multiple-tract approach, and a single tract combined with flexible ureteroscopy.

Conclusions. The management of complex staghorn calculi remains a therapeutic challenge. Achieving a "stone-free" outcome often requires combining the percutaneous approach - using one or more tracts - with flexible instruments and treating calyceal fragments inaccessible to nephrolithotomy through flexible ureteroscopy or extracorporeal lithotripsy.

PM8.5 - Treatment of lower calix calculi in kidneys with congenital anomalies: an assessment of the efficacy of ESWL

Tratamentul calculilor caliceali inferiori în rinichi cu anomalii congenitale: evaluarea eficacității litotriției extracorporeale cu unde de șoc (ESWL)

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Objectives. Extracorporeal shockwave lithotripsy (ESWL) is the accepted standard therapy for the majority of stone patients, only in case of calculi located in the lower calix, ESWL displayed a limited efficacy.

Materials and Methods. We studied the effectiveness of extracorporeal shock wave lithotripsy (ESWL) in the treatment of lower calix stones in kidneys with congenital anomalies to determine factors that may affect the results. Patients found to have renal calculi in kidneys with different types of congenital anomalies were treated using ESWL. All patients were investigated by uro-CT, intravenous urography (IVU) to confirm the diagnosis. J stents were inserted prior to therapy in 64 renal units with calculi 9,04 ‡2,83 mm in diameter. Factors affecting success, stone free rate and complications were analyzed.

Results. Our retrospective study (between 2021 and 2024) included a total of 353 (100%) patients who underwent ESWL for lower calix stone (178 men, 175 women). There were identified the following renal anomalies: 4 horseshoe kidneys, 1 malrotated kidneys, 2 renal duplication, 5 patients with renal cyst, 1 polycystic kidney and 1 renal hypoplasia. The uro CT, IVU showed isolated lower calyceal 1050 =1189 mm 3 volume, in 235 cases 1 ESWL, in 96 cases 2 ESWL, in 22 cases more than 2 ESWL session were performed. A number of 235 (66,57%) renal units became stone free, 109 patients were partially cleared of calculi and the procedures failed in 9 renal units (in these cases we performed RURS). None of the patients developed any major complications. No significant adverse changes in renal function tests were observed at 1-2 month follow-up. We did not find any statistically significant correlation between congenital anomalies and stone free rate (SFR) calculated with Fisher's exact test (p=0,47)

Conclusions. Calculi in kidneys with congenital anomalies may be treated successfully by ESWL as first-line therapy even in cases of lower renal pole kidney stones associated to congenital renal anomalies. The outcome in these patients treated does not differ significantly from that in those with no renal anomalies

PM8.6 - Stone composition transformation in cystinuria under intensive urinary alkalinization – from cystine to calcium oxalate

Modificarea compoziției calculilor în cistinurie sub alcalinizare urinară intensivă – de la cistină la oxalat de calciu

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Introduction. Cystinuria is a rare inherited disorder characterized by impaired renal tubular reabsorption of cystine and dibasic amino acids, resulting in recurrent cystine stone formation. Cystine calculi are among the hardest urinary stones, often resistant to extracorporeal shock wave lithotripsy and frequently requiring repeated endourological interventions. Urinary alkalinization with potassium citrate represents a cornerstone of metabolic therapy, as increasing urinary pH significantly improves cystine solubility. However, sustained alterations in urinary pH may also modify the urinary lithogenic environment and influence the composition of newly formed calculi.

Material and Methods: We report the case of a patient with a solitary functional kidney and recurrent cystine urolithiasis, diagnosed through morphological and spectroscopic analysis at the Michel Daudon Center in Iași. The patient had a history of multiple lithiasis recurrences requiring surgical management, including one percutaneous nephrolithotomy and two ureteroscopic procedures. Following confirmation of cystine lithiasis, intensive metabolic therapy with potassium citrate was initiated, with strict monitoring and maintenance of urinary pH above 7.5.

Results and conclusion: After initiation of alkalinization therapy, the patient remained free of stone recurrence for approximately two years. Three months prior to presentation, the patient spontaneously eliminated a urinary calculus. Infrared spectrophotometric analysis revealed a change in stone composition, with the calculus consisting of calcium oxalate dihydrate (COD) 65% and calcium oxalate monohydrate (COM) 35%. Although representing a recurrence of lithiasis, this case illustrates a metabolic shift in lithogenesis under intensive alkalinization therapy. The transformation from cystine to calcium oxalate composition is clinically relevant, as calcium oxalate stones are generally more amenable to fragmentation and endourological treatment compared with cystine calculi. These findings highlight the impact of metabolic management in cystinuria and suggest that urinary alkalinization may alter the lithogenic profile, leading to the formation of stones with different physicochemical characteristics and potentially more favorable therapeutic outcomes.

PM8.7 - Endoscopic management of forgotten ureteral double-J stents: Experience from an Emergency Urology Center

Managementul endoscopic al sondelor ureterale Double-J uitate: experiența unui centru urologic de urgență

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Introduction: Forgotten ureteral double-J (JJ) stents represent a significant clinical challenge, associated with encrustation, stone formation, infection, obstruction, and potential renal function deterioration. This study aimed to evaluate the complications and management strategies of forgotten JJ stents in a high-volume emergency urology department.

Materials and Methods: We conducted a retrospective single-center case series including 19 patients with forgotten ureteral JJ stents between January 2025 and January 2026. Most patients were male (58%), and in 63% of cases, the stents had been initially placed in our institution. All patients presented through the Emergency Department, most commonly with renal colic or urinary tract infection. Imaging evaluation included ultrasound, KUB radiography, and non-contrast CT.

Results: All patients were successfully managed endoscopically. Stent indwelling time ranged from 6 months to 9 years. Most patients (63%) had stents retained for 6-12 months, while several had stents retained for 2-3 years. Two patients had extremely prolonged indwelling times of 7 and 9 years. Notably, one patient presented with an exceptionally retained stent of 35 years in a surgically solitary kidney, representing an extreme example of long-term stent retention. The majority presented with urinary tract infections, often associated with significant encrustation and stone burden. Most cases were managed by simple cystoscopic stent removal. In selected cases, fragmentation of the distal coil was required; in others, additional endourological procedures, including ureteroscopy, were needed, occasionally bilateral. Even complex long-term cases were successfully managed endoscopically, avoiding open surgery, including extreme long-term cases.

Conclusions: Forgotten JJ stents are associated with significant morbidity, including infection and potential renal impairment. Endourological techniques remain the cornerstone of management, enabling effective, minimally invasive treatment even in complex and long-standing cases. Despite appropriate discharge instructions, delayed presentation remains a persistent clinical issue, highlighting the need for improved patient tracking and follow-up systems.

PM8.8 - The optimal treatment for male bladder stones patients

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Introduction. An estimated 5% of urinary stones are caused by bladder lithiasis. A number of causes have been implicated in the formation of the condition, including obstruction of bladder outlets, neurogenic disorders of the bladder, infections, augmentation of the bladder, and foreign objects.

Material and methods. Cystolithotomy and cystolitholapaxy are both options for removing bladder stones. It is appropriate to perform cystolithotomy on larger stones. For smaller stones, holmium laser cystolitholapaxy may be an option. Between January 2024 and January 2025, our center treated 102 male patients with primary bladder stones. According to the procedure of stone removal, the patients were categorized retrospectively into two groups. In Group I (27 patients), open cystolithotomy was performed, and in Group II (75 patients), endourologic treatment was performed either by pneumatic lithotripsy or Holmium laser lithotripsy. In the case of the diagnosis, the mean age was 60 ± 7.1 years. Sizes of the stones ranged from 0.7 cm to 6 cm.

Results and conclusions. Stones were successfully removed in all cases. Both groups had similar operative times. Endourologic procedures resulted in a significantly shorter hospital stay than open surgery ($P < 0.05$). In Group I, one patient suffered a bowel injury, and in Group II, one patient had a bladder perforation, which required conservative treatment for three weeks. Neither early nor late complications were observed in Group I. Seven patients (5.25%) in Group II developed urethral strictures within six months of the operation. Regardless of good results for both techniques, the improved endourologic instruments reveal a shorter hospital stay.

PM8.9 - An Intelligent Decision Support System for Renal Stone Detection on Non-Contrast CT: Preliminary Clinical Feasibility

Sistem inteligent de suport decizional pentru detectarea litiazei renale pe CT abdomino-pelvin nativ: fezabilitate clinică preliminară

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INTRODUCTION: Renal stone disease is a frequent urological condition and one of the leading causes of emergency department imaging. Non-contrast abdominopelvic computed tomography (CT) is considered the reference standard for the evaluation of suspected renal colic; however, its widespread use is associated with concerns regarding cumulative radiation exposure, particularly in young patients and in those with recurrent stone disease. Improving diagnostic efficiency and accuracy at the initial CT examination is therefore essential in order to minimize repeat imaing and unnecessary radiation. Artificial intelligence-based decision support systems may contribute to this goal by assisting clinicians in reliably identifying renal stones on non-contrast CT.

MATERIALS AND METHODS: A functional prototype AI-based decision support system was developed using machine learning algorithms trained on annotated non-contrast abdominopelvic CT examinations. The software provides slice-based visual overlays highlighting suspected renal stones and assigns probability scores to each detected lesion. A preliminary retrospective dataset of CT scans from patients with clinical suspicion of renal colic was analyzed. Standard radiological interpretation was compared with interpretation assisted by the system, focusing on feasibility, interpretability, and potential impact on reading workflow rather than definitive diagnostic accuracy metrics.

RESULTS AND CONCLUSIONS: The decision support system successfully detected and highlighted suspected renal calculi on non-contrast CT images, providing probability scores for each finding. These probability-based outputs reflect the experimental nature of the system and acknowledge the potential for false-positive and false-negative results, requiring clinician confirmation. The software was fully functional and demonstrated an intuitive, PACS-like user interface that allowed efficient image navigation and clear visualization of detected lesions. Despite these limitations, the current results demonstrate technical feasibility and suggest potential clinical utility as an assistive tool for renal stone detection. Further development and prospective validation on larger datasets are required.

PM8.10 - Flexible renoureteroscopy and laser lithotripsy for multiple bilateral renoureteral lithiasis

Renoureteroscopie flexibila si litotritie laser pentru litiaza renoureterala bilaterala multipla

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Introduction. The incidence of urolithiasis is on the rise, which places a significant burden on healthcare systems and has a negative impact on patients' lives. These findings have prompted the medical community to pay special attention to the diagnosis and treatment of urolithiasis. Retrograde ureteroscopy is an endourological method that allows for the diagnostic evaluation or therapeutic management of the upper urinary tract. Together with extracorporeal shock wave lithotripsy (ESWL) and percutaneous nephrolithotomy (PCNL), it forms the standard triad of modern treatment for upper urinary tract stones. The advent of flexible ureteroscopes has expanded the range of indications for this method, facilitating access to the pyelocaliceal system as well as to the upper urinary tract with abnormal anatomy.

Materials and methods. We conducted clinical, biological, and imaging investigations on a 47-year-old patient, B.C.T. Following the investigations, the following diagnoses were established: left proximal ureteral lithiasis 13/7/12 mm, left pelvic ureteral calculus 7.5 mm, left ureterohydronephrosis grade I, right inferior calyceal calculus 6.5 mm, with a history of hypertension and appendectomy. The pathology was addressed in several surgical stages. Initially, a left JJ 6 Ch ureteral stent was placed – push back for proximal ureteral lithiasis. During the second stage, flexible renoureteroscopy with left intrarenal laser lithotripsy and left ureteroscopy with laser lithotripsy and left ureteral stent replacement were performed. Subsequently, flexible renoureteroscopy with right intrarenal laser lithotripsy and left ureteral stent ablation were performed.

Results. Laser lithotripsy of multiple renoureteral lithiasis was achieved through the flexible renoureteroscopy technique.

Conclusions. Flexible ureteroscopy and laser lithotripsy are the optimal choice for multiple renoureteral stones, allowing stone-free status to be achieved in multiple surgical sessions.

PM8.11 - Surgical Approach versus Conservative Treatment? Therapeutic Decision-Making in Renal Lithiasis in a Kidney with Severely Impaired Function Following a Subcapsular Hematoma

Abordare chirurgicală versus tratament conservator? Decizia terapeutică în litiaza renală pe rinichi cu funcție sever compromisă după hematom subcapsular

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Introduction. Renal subcapsular hematomas are rare but potentially severe complications that may compress the renal parenchyma and impair function. Their association with obstructive lithiasis raises important therapeutic challenges, particularly in a kidney with severely compromised function, where management must be individualized.

Material and methods. We report the case of a female patient presenting with lumbar pain. Imaging revealed severe left ureterohydronephrosis and a large subcapsular renal hematoma. Percutaneous drainage via nephrostomy enabled gradual hematoma evacuation and decompression of the collecting system, followed by ureteral stent placement. At 3-month follow-up, the hematoma had completely resolved, while a 3.3 × 2.6 cm renal pelvic stone persisted.

Results / Discussion. Renal scintigraphy showed severely reduced left kidney function (15.5%), with compensatory right kidney function. Management options included long-term ureteral stenting, percutaneous nephrolithotomy (PCNL), and nephrectomy. Long-term stenting is minimally invasive but requires repeated interventions and affects quality of life. Nephrectomy provides a definitive solution but sacrifices residual renal function. PCNL allows stone removal and resolution of obstruction but carries hemorrhagic risks and potential further functional decline. Considering residual renal function, favorable evolution after drainage, and the patient's preference, PCNL was selected as the most balanced approach.

Conclusions. Management of renal lithiasis in a severely impaired kidney must be individualized. Percutaneous nephrolithotomy may represent a viable option, balancing effective treatment with preservation of renal function.

PM8.12 - Spontaneous rupture of renal angiomyolipoma: clinical presentation and management in a single-center case series

Ruptura spontană a angiomiolipomului renal: prezentare clinică și management într-o serie de cazuri dintr-un singur centru

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Background. Renal angiomyolipoma (AML) is a benign mesenchymal tumor composed of vascular, smooth muscle, and adipose tissue components. Although often asymptomatic, large AMLs may present with spontaneous rupture and potentially life-threatening hemorrhage. Tumor size is considered the main risk factor for bleeding, particularly in lesions exceeding 4 cm. The aim of this study was to describe the clinical characteristics, management, and outcomes of patients presenting with large renal AML complicated by hemorrhage.

Methods. We conducted a retrospective analysis of five patients diagnosed with renal angiomyolipoma and treated surgically at our institution. Demographic, clinical, imaging, and laboratory data were collected, including tumor size, hemoglobin values, hemorrhagic presentation, and hospitalization outcomes. Descriptive statistics were used to summarize the data. Exploratory correlations between tumor size, hemoglobin drop, and hospitalization duration were assessed using Spearman correlation analysis.

Results. Five patients were included (3 females, 2 males) with a mean age of 62 years (range 31–81). Tumor size ranged from 7 to 19 cm (mean 13 cm). Hemorrhage was present in four patients, with hemoglobin decrease ranging from 1.7 to 5 g/dL. All patients presented with hemodynamic instability and active contrast extravasation on computed tomography. Exploratory Spearman analysis suggested a moderate positive correlation between tumor size and hemoglobin decrease ($\rho = 0.70$, $p = 0.233$). No correlation was observed between tumor size and length of hospitalization ($\rho = -0.15$, $p = 0.805$). Median hospital stay was 9 days (range 8–15 days). Patients required admission to the intensive care unit. All patients underwent surgical treatment consisting of nephrectomy. Histopathological examination confirmed classic angiomyolipoma without atypia or mitotic activity.

Conclusion. Large renal angiomyolipomas may present with significant hemorrhagic complications requiring urgent surgical management. In our series, tumor size showed a moderate association with the severity of bleeding. Early recognition and timely intervention remain essential for preventing life-threatening complications.

PM8.13 - Selective Arterial Embolization after Laparoscopic Partial Nephrectomy

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Introduction. Partial nephrectomy is the standard therapeutic approach for localized renal tumors, offering adequate oncological control while preserving renal function. However, this procedure may be associated with postoperative hemorrhagic complications, sometimes severe, caused by vascular lesions such as arterial pseudoaneurysms. In this setting, prompt diagnosis and minimally invasive treatment are essential for bleeding control and for avoiding surgical reintervention. We present the case of a patient with active bleeding after laparoscopic right partial nephrectomy, successfully treated by selective embolization.

Material and method / Case presentation. We report the case of a patient with a history of right-sided clear cell renal carcinoma located at the lower pole, treated by laparoscopic right partial nephrectomy. Following the intervention, the patient presented with a sudden onset of symptoms developing within less than 8 hours, including gross hematuria, right lumbar colicky pain, hypogastric pain, dysuria, pollakiuria, asthenia, fatigability, and general condition impairment. The clinical manifestations were refractory to symptomatic treatment administered at home. Computed tomography, both non-contrast and contrast-enhanced, revealed postoperative status after partial nephrectomy at the lower pole of the right kidney, associated with a local hematoma and active contrast extravasation from an inferior interlobar artery. In addition, inhomogeneous hemorrhagic content was observed in the right kidney, with no excretion at 10 minutes after contrast administration, as well as the presence of a large organized endovesical clot. The clinical and imaging findings supported the diagnosis of active postoperative bleeding of vascular origin. The patient benefited from multidisciplinary urological and interventional management. In the Urology Department, bladder clot evacuation, insertion of a three-way Foley catheter, and continuous bladder irrigation were performed. In addition, transfusion therapy, antibiotic treatment, nonsteroidal anti-inflammatory drugs, and intravenous fluid therapy for hydroelectrolytic rebalancing were administered. Definitive treatment was achieved by interventional radiology. The procedure consisted of right femoral puncture, placement of a 6F introducer, and catheterization of the right renal artery, followed by coaxial microcatheterization of the inferior lobar branch and subsequently the inferior segmental branch. Angiographic examination demonstrated an approximately 1 cm pseudoaneurysm in the culprit vessel. Selective embolization with coils was performed, and final angiographic control confirmed complete occlusion of the artery harboring the pseudoaneurysm, without periprocedural complications.

Results and Conclusions. The postinterventional course was favorable, with rapid resolution of hematuria and significant clinical improvement. Urine clearance was achieved within less than 6 hours after the procedure, and the urinary catheter was removed on the second postinterventional day. The patient was discharged in good general condition, afebrile, hemodynamically and respiratory stable, with resolution of the anemic and infectious syndromes, spontaneous voiding, and clear urine. Hemorrhagic complications after partial nephrectomy may represent major diagnostic and therapeutic challenges, especially when caused by vascular lesions such as pseudoaneurysms. Selective angioembolization is an effective, safe, and minimally invasive therapeutic option that allows rapid bleeding control, avoidance of surgical reintervention, and maximal preservation of the remaining renal parenchyma. This case highlights the importance of multidisciplinary collaboration between the urologist and the interventional radiologist in the management of postoperative hemorrhagic complications.

PM9.1 - Multimodal Management of a Large Renal Tumor: Preoperative Selective Embolization and 3D Laparoscopic Nephrectomy

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Introduction. The management of large renal tumors continues to represent a therapeutic challenge, particularly because of the risk of intraoperative bleeding and the technical difficulties associated with a minimally invasive approach. In selected cases, preoperative arterial embolization may be a useful step in reducing tumor vascularity, facilitating surgical dissection, and limiting blood loss. The integration of interventional radiology into the urological treatment strategy may optimize the management of large hypervascular renal masses. We present the case of a patient with a large right renal tumor treated with preoperative selective embolization followed by 3D laparoscopic right nephrectomy and laparoscopic right adrenalectomy.

Material and method / Case presentation. A 75-year-old patient with a history of chronic kidney disease stage G2A KDIGO presented with right lumbar pain and episodes of gross hematuria. Clinical, laboratory, and imaging investigations revealed a large right renal tumor measuring 187/104/107 mm. Given the large tumor volume and the suspicion of rich vascularization, a multidisciplinary approach was chosen, consisting of preoperative arterial embolization performed in the angiography suite. The procedure was carried out through a femoral approach, with placement of a 6F introducer and catheterization of the right renal artery, including its two main branches. Sequential selective catheterization of the main segmental branches was performed, followed by repeated embolization with 500–700 µm microspheres. At the level of a middle segmental branch, an arteriovenous fistula was identified and treated by embolization with coils and the liquid embolic agent Onyx. Initial angiographic evaluation demonstrated a tumoral vascular blush with a maximum diameter of approximately 20 cm. After embolization, a significant reduction in tumor vascularization was observed, with persistence of a residual vascularized area at the upper renal pole; the result was considered satisfactory in terms of preoperative devascularization. The patient was subsequently transferred to the operating room, where, under general anesthesia with orotracheal intubation, a 3D laparoscopic right nephrectomy via a transperitoneal approach was performed, associated with 3D laparoscopic right adrenalectomy, hemostatic control, drainage, and urethrovesical catheterization.

Results and Conclusions. The postoperative course was favorable under antibiotic, analgesic, anti-inflammatory, and anticoagulant treatment, as well as intravenous fluid therapy for hydroelectrolytic and acid-base rebalancing, with stimulation of diuresis. The urinary catheter and drainage tubes were removed on the second postoperative day. The patient was discharged in good general condition, afebrile, hemodynamically and respiratory stable, with the surgical wound in the healing process, spontaneous voiding, clear urine, and normal bowel transit. Preoperative arterial embolization may represent a valuable adjunctive step in the management of large renal tumors, contributing to the reduction of tumor vascularity and facilitating minimally invasive surgical treatment. In the present case, the association of selective embolization with 3D laparoscopic nephrectomy proved to be feasible and effective, in the setting of a favorable postoperative outcome. This case highlights the importance of multidisciplinary collaboration between the urologist, the interventional radiologist, and the anesthesiologist in the management of complex renal tumor pathology.

PM9.2- Testicular Tumor in an Ectopic Testis – Diagnosis, Treatment, and Prognosis

Tumora Testicular ape Testiculul Ectopic – Diagnostic, Tratament si Prognostic

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Introduction. Testicular tumors represent an important group of urological malignancies and are the most common solid tumors in men between 15 and 35 years of age. Under normal circumstances, the testes descend into the scrotum during fetal development; however, in rare situations, an ectopic testis may occur, meaning that the testis is located outside the normal pathway of descent. Ectopic or undescended testes are associated with an increased risk of malignant transformation, likely due to prolonged exposure to abnormal anatomical and environmental conditions. The aim of this study is to highlight the diagnostic challenges, therapeutic approach, and prognostic implications of testicular tumors arising in ectopic testes.

Materials and Methods. We present a case of a patient diagnosed with a testicular tumor arising in an ectopic testis. The diagnostic process included clinical examination, imaging investigations, and the evaluation of serum tumor markers. Surgical management was performed, followed by histopathological examination in order to establish the definitive diagnosis.

Results. The patient underwent surgical treatment with a favorable postoperative course. Histopathological analysis confirmed the presence of a testicular tumor originating from the ectopic testis. Early diagnosis and prompt surgical intervention contributed to a satisfactory clinical outcome.

Conclusion. Although rare, testicular tumors arising in ectopic testes represent a clinically significant condition due to their increased risk of malignancy and potential diagnostic delay. Early recognition, appropriate imaging evaluation, and timely surgical management are essential for improving patient outcomes. A multidisciplinary approach involving urologists, oncologists, and pathologists is crucial for the optimal management of these cases and for ensuring the best possible prognosis.

PM9.3 - When the rare becomes clinical reality: Mixed Epithelial-Stromal Tumor of the seminal vesicle - A case report

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Introduction: Mixed epithelial and stromal tumors (MESTs) of the seminal vesicle are extremely rare neoplasms, representing a distinct subset of biphasic tumors composed of both epithelial and stromal components. These tumors exhibit a unique histopathological diversity that challenges clinicians and pathologists in making an accurate diagnosis.

Material and method: We describe a 78-year-old male patient who initially presented to another hospital with a two-month history of recurrent dizziness. Laboratory investigations revealed severe anemia, with a hemoglobin level of 4.7 g/dL, prompting further evaluation to determine the underlying cause. A non-contrast computed tomography (CT) scan revealed a large pelvic mass initially interpreted as marked prostatic enlargement, measuring approximately 9 × 7.5 cm in maximum axial dimensions. The mass compressed the posterior wall of the urinary bladder and the inferior anorectal region and exerted a compressive effect on the right pelvic ureter, resulting in grade I hydronephrosis. A prostate-specific antigen (PSA) level of 10 ng/mL was recorded, and a diagnostic aspiration biopsy was performed for tissue sampling and decompression. Subsequent non-contrast magnetic resonance imaging (MRI) suggested a probable intraprostatic hematoma in a post-procedural context. However, after secondary radiological review, the lesion was reinterpreted as originating from the seminal vesicle rather than the prostate, significantly altering the diagnostic approach. Intraoperatively, tumor infiltration into the prostate was identified. Given the extent of local involvement, a radical prostatovesiculectomy was performed. Histopathological examination established the diagnosis of a mixed epithelial–stromal tumor of intermediate grade, which was confirmed by immunohistochemical analysis.

Results and conclusions. Mixed epithelial–stromal tumors of the seminal vesicle represent rare diagnostic entities that may clinically and radiologically mimic prostatic pathology. Accurate diagnosis requires thorough imaging evaluation, multidisciplinary assessment, and histopathological confirmation. Recognition of this uncommon tumor is essential for appropriate surgical planning and optimal patient management..

PM9.4 - Solitary renal metastasis of uveal melanoma mimicking upper tract urothelial carcinoma 10 years after enucleation: A case report

Metastază renală solitară de melanom uveal care mimează carcinomul urotelial al tractului urinar superior la 10 ani după enucleație – Raport de caz

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Introduction. Uveal melanoma is the most common primary intraocular malignancy in adults. Although local tumor control is usually achieved, nearly half of patients eventually develop distant metastases. The liver represents the predominant metastatic site, occurring in approximately 90% of cases, followed by the lungs and bones. In contrast, renal metastases from uveal melanoma are exceptionally rare and may appear many years after treatment of the primary tumor. Because of their rarity and nonspecific radiologic features, these lesions can mimic primary renal or urothelial malignancies, creating important diagnostic challenges.

Materials and Methods. We report a case of a 54-year-old patient who presented with gross hematuria and right-sided colicky lumbar pain. His medical history included right-sided ocular enucleation for uveal melanoma performed ten years earlier, with no subsequent oncologic surveillance. Contrast-enhanced computed tomography revealed a $7 \times 5 \times 5$ cm mass located in the right renal pelvis extending to the ureteropelvic junction and causing complete obstruction of the collecting system. No other metastatic lesions were identified. Based on the radiological appearance, upper tract urothelial carcinoma was suspected.

Results. The patient underwent laparoscopic right nephroureterectomy. The surgical procedure lasted 120 minutes, and the postoperative course was uneventful, allowing discharge three days after surgery. Histopathological examination together with immunohistochemical analysis established the diagnosis of metastatic uveal melanoma.

Conclusion. Renal metastasis from uveal melanoma is extremely uncommon and may clinically and radiologically resemble primary upper urinary tract tumors. In patients without evidence of disseminated disease, surgical excision remains the most appropriate therapeutic option. This case also highlights the importance of long-term oncologic surveillance in patients treated for uveal melanoma, as metastatic disease may develop even many years after initial treatment.

PM9.5 - Safety of Laparoscopic Radical Prostatectomy: Analysis of Complications in a Consecutive Case Series

Siguranța prostatectomiei radicale laparoscopice: analiza complicațiilor într-o serie de cazuri consecutive

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The purpose of the paper: Minimally invasive radical prostatectomy is increasingly adopted as an alternative to open surgery for localized prostate cancer. We evaluated perioperative safety and early oncologic outcomes of laparoscopic radical prostatectomy (LRP) compared with open radical prostatectomy (ORP) in our institutional experience.

Materials and methods: We performed a retrospective comparative study including 100 consecutive patients with localized prostate cancer. Fifty patients underwent LRP over a two-year period and were compared with 50 patients who previously underwent ORP in the preceding two years. Mean age was 68.2 years in the LRP group and 67.1 years in the ORP group. Preoperative PSA values and clinical stage distribution were comparable. Complications were classified according to the Clavien–Dindo system. Conversion rate, positive surgical margins, and length of hospital stay were analyzed.

Results: Overall complication rates were 20% in the LRP group and 24% in the ORP group. Minor complications (Clavien I–II) occurred in 16% vs 18% of patients and included urinary tract infection, prolonged drainage, transient urinary retention, ileus, and wound complications. Major complications (Clavien III–IV) were observed in 4% vs 6% of cases and consisted mainly of postoperative bleeding requiring intervention, lymphocele requiring drainage, and rare cardiopulmonary events. Conversion from laparoscopy to open surgery occurred in 3 cases (6%), predominantly during the initial learning phase. Positive surgical margins (R1) were identified in 8% of LRP and 10% of ORP specimens. Mean hospital stay was shorter after LRP (3–4 days) compared to ORP (7–8 days).

Conclusion: In our experience, LRP demonstrated a safety profile comparable to ORP, with the additional benefit of reduced hospital stay. These findings support the safe implementation of laparoscopic radical prostatectomy in appropriately selected patients.

PM9.6 - Minimally Invasive Partial Nephrectomy for Multiple Renal Tumors: A Two-Year Institutional Experience

Nefrectomia parțială minim invazivă pentru tumori renale multiple: experiența instituțională pe doi ani

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Introduction. Minimally invasive partial nephrectomy has become the preferred approach for the management of localized renal tumors, offering nephron preservation while minimizing surgical morbidity. However, the treatment of patients presenting with multiple synchronous renal tumors remains technically challenging, particularly when attempting to preserve renal parenchyma while maintaining oncological safety. We report our institutional experience with minimally invasive partial nephrectomy for patients with multiple renal tumors treated during a two-year period.

Materials and Methods. We retrospectively analyzed patients presenting with multiple renal tumors who underwent minimally invasive partial nephrectomy at our institution between June 2024 and February 2026. Both laparoscopic and robotic approaches were included. Each tumor treated during the same surgical procedure was recorded separately for pathological analysis. Collected variables included patient demographics, surgical approach, operative time, estimated blood loss, pathological stage, surgical margin status, and postoperative renal function.

Results. A total of 7 patients with synchronous renal tumors were included, accounting for 15 tumors resected during the same operative session. Mean patient age was 60.6 years (95% CI 53.8–67.4). Surgical management was performed using a robotic approach in 6 cases and laparoscopic surgery in 3 cases. Mean operative time was 283.4 minutes (95% CI 206.5–360.3) and mean estimated blood loss was 300 ml. Pathological examination revealed 10 T1a tumors (66.7%), 2 T1b tumors (13.3%), and 3 benign lesions (20%), with no tumors staged as T2 or higher. Negative surgical margins (R0) were achieved in 11 malignant tumors, while 1 tumor presented a positive margin (R1). Mean postoperative renal function on postoperative day 1 showed a serum creatinine level of 1.14 mg/dl and a mean estimated glomerular filtration rate (CKD-EPI) of 70.9 ml/min/1.73m^2.

Conclusion. Our experience demonstrates that minimally invasive partial nephrectomy, performed laparoscopically or robotically, is a safe and effective approach for the management of patients with multiple renal tumors. Despite the increased technical complexity associated with multifocal disease, the procedure allows complete tumor removal with good perioperative outcomes and preservation of renal function, supporting the role of minimally invasive nephron-sparing surgery in appropriately selected patients.

PM9.7 - Expanding Robotic Expertise to Pediatric Uro-Oncology: Initial Experience with Robot-Assisted Radical Nephrectomy for Wilms Tumor

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Introduction. Wilms tumors represent the most common histological type of renal tumor in children. Due to the specific characteristics of this tumor — including its large volume, rapid growth, and the limited abdominal space in pediatric patients — surgical management, particularly minimally invasive surgery (MIS), poses significant challenges. The use of neoadjuvant chemotherapy plays an important role in facilitating surgical intervention by significantly reducing tumor size and extent. We aim to present our center's experience with minimally invasive surgical treatment of Wilms tumors in the pediatric population.

Materials and Methods. Between April and November 2025, three pediatric patients diagnosed with Wilms tumor underwent radical nephrectomy at our center.
The patients were aged 4, 9, and 14 years at the time of diagnosis. At presentation, they all received neoadjuvant chemotherapy prior to surgery. Assessment of response to neoadjuvant therapy were performed using contrast-enhanced computed tomography (CT) and magnetic resonance imaging (MRI). The Da Vinci Xi Surgical System was used to perform the procedures, employing either four or five ports depending on the patient's size: three or four 8-mm robotic arm ports and one 5-mm assistant port. Patients were positioned in a 60° contralateral decubitus position. All procedures were carried out by the same experienced surgical team.

Results. The largest tumor diameter at the time of surgery was 51, 61 and 91 mm. The total operative time was 240, 260 and 270 minutes. Robot-assisted radical nephrectomy (RARN) was successfully completed in all three patients without the need for conversion to open surgery. No intraoperative complications or tumor rupture occurred. Histopathological examination confirmed the diagnosis of Wilms tumor in all cases, with negative surgical margins and no lymph node involvement. During the follow-up period, no instances of local recurrence or mortality were recorded.

Conclusion. Our findings suggest that robotic surgery is a safe and feasible option in carefully selected pediatric patients with Wilms tumor. Compared to conventional laparoscopy, robotic surgery offers significant advantages, including three-dimensional magnified visualization, tremor filtration, enhanced precision, and improved instrument flexibility. These features contribute substantially to the success of minimally invasive surgery for retroperitoneal tumors.

PM9.8 - Factors Associated with Uretero–Ileal Anastomotic Stricture Following Radical Cystectomy and Bricker Ileal Conduit Urinary Diversion

Factori favorizanți în apariția stenozei la nivelul anastomozei uretero-ileale după cistectomie radicală și derivație urinară tip Bricker

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Introduction. Uretero–ileal anastomotic stricture is a recognized late complication after radical cystectomy with Bricker ileal conduit urinary diversion that may compromise urinary drainage and renal function. Identification of perioperative factors associated with this complication is important for improving surgical outcomes and reducing postoperative morbidity.

Objective. To analyze clinical, intraoperative, and postoperative factors associated with uretero–ileal anastomotic stricture in patients undergoing radical cystectomy with ileal conduit urinary diversion.

Materials and Methods. A retrospective analysis was performed on 25 patients with muscle-invasive bladder cancer who underwent radical cystectomy with Bricker ileal conduit urinary diversion over a 2-year period in a tertiary urology center. The cohort included 19 men (76%) and 6 women (24%), with a mean age of 67 years (range 52–78). Evaluated parameters included demographic characteristics, associated comorbidities, intraoperative variables (extent of ureteral mobilization, operative time, estimated blood loss, and anastomotic technique), and postoperative factors such as urinary tract infections and local complications. Diagnosis of uretero–ileal stricture was established based on clinical findings and imaging studies, particularly ultrasound and computed tomography.

Results. During follow-up, uretero–ileal anastomotic stricture was identified in 4 patients (16%). Radiological upper urinary tract dilation was observed in 6 patients (24%), while recurrent urinary tract infections occurred in 10 patients (40%). The mean operative time was 275 minutes, with an estimated mean blood loss of approximately 520 ml. Postoperative complications included febrile urinary infections in 6 patients (24%) and early postoperative hydronephrosis in 3 patients (12%). Among patients who developed anastomotic stricture, potential contributing factors included distal ureteral ischemia in 3 cases (12%), anastomotic tension in 2 cases (8%), and recurrent postoperative infection in 3 cases (12%). Endourological or drainage procedures were required in 3 patients (12%), including ureteral stent placement in 2 cases and percutaneous nephrostomy in 1 case.

Conclusion. Uretero–ileal anastomotic stricture remains a clinically relevant complication after radical cystectomy with ileal conduit urinary diversion. Preservation of ureteral vascularization, careful construction of a tension-free anastomosis, and structured postoperative surveillance are essential for early detection and management of this complication.

PM9.9 - Transvaginal Repair of Neobladder-Vaginal Fistula in a Complex Oncological Setting: A Case Report

Prezentare de caz: Cura chirurgicala prin abord transvaginal a fistulei neovezico-vaginale

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Introduction: Neobladder-vaginal fistula (NVF) is an uncommon but debilitating complication of neobladder reconstruction in female patients, with a reported incidence of 3–10%. Its management is challenging in the context of prior pelvic surgery and systemic adjuvant chemotherapy.

Case Presentation: A 55-year-old female patient with a history of total hysterectomy underwent radical cystectomy with Hautmann orthotopic neobladder in November 2024 for muscle-invasive urothelial carcinoma (pT3b N0 M0). Adjuvant cisplatin-based chemotherapy was initiated postoperatively with severe chemotherapy-induced emesis and lower gastrointestinal (GI) toxicity. Due to GI toxicity, treatment was switched to carboplatin and subsequently stopped. 8 months after surgery, NVF was diagnosed.
After a complete clinical, imaging and endoscopic evaluation was made, definitive transvaginal repair was performed. Following bilateral mono-J ureteral stent placement, the fistulous tract was circumscribed, and excised in its entirety. The neobladder wall was closed in two interrupted absorbable suture layers. A pedicled Martius flap, based on the posterior branch of the internal pudendal artery, was harvested from the left labium majora and secured in place between the neobladder and vaginal walls. The vaginal epithelium was closed in a single tension-free layer. Catheter was maintained for four weeks.

Discussions and Conclusions: Complete fistula repair was confirmed clinically and radiologically at follow-up, with no recurrence at 12 months. Patient has preserved continence after repair. Martius flap archives reliable support in consolidating fistula closure. Transvaginal repair should represent the first approach in treating these patients. Aggressive chemotherapy with upper and lower gastrointestinal toxicity may play a role in fistula formation due to increased abdominal pressure. Proper antiemetic therapy should play an important role in these situations..

PM9.10- Synchronous ipsilateral renal and adrenal tumor - case presentation

Tumoră renală si adrenală sincronă ipsilaterală

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Introduction: Synchronous renal and adrenal tumors are rare. While adrenal masses associated with renal cell carcinoma (RCC) are frequently presumed to be metastatic, additional adrenal lesions with distinct therapeutic and prognosis ramifications may coexist with RCC.

Case Description: A 57-year-old woman, diagnosed by imaging with a newly developed left renal tumor and an ipsilateral adrenal gland tumor with slight increase in size compared to a previous imaging investigation. According to the CT scan, the left renal tumor is located in the upper third of the kidney, measuring 33/29/33 mm, appearing as a Grawitz tumor. The tumor does not interrupt the capsule and does not compress the upper calyx. The left adrenal gland is also enlarged due to the presence of a nodular formation in the body, suggestive of an adenoma evolving in size: 38/26/36 mm (previously 30/24/31 mm-CT-2016). No abdominopelvic adenopathies. The patient had an endocrinological consultation because of grade II obesity, hypertension, and purple stretch marks. Cushing's syndrome was excluded, but adrenalectomy is still indicated.

Discussion: Simultaneous renal and adrenal masses at presentation are uncommon. Because approximately 80% to 85% of isolated renal masses are found to be renal cell carcinomas (RCCs), the detection of both adrenal and renal masses is generally considered metastatic. It was decided to perform a partial left nephrectomy and ipsilateral adrenalectomy. Renal Nephrometry Score-5a.

Conclusion: Histopathological result: renal cell carcinoma, ISUP grade 3, pT1a, with negative resection margins and low-grade adrenal cortical tumor without criteria for aggressiveness, most likely representing an adenoma

PM9.11 - Laparoscopic partial nephrectomy – Own experience
Nefrectomia parțială laparoscopică – Experiența proprie

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Introduction. Laparoscopic partial nephrectomy is widely regarded as the standard nephron-sparing treatment for small renal masses (cT1a), offering reliable oncological control while preserving renal function. Minimally invasive nephron-sparing surgery has been progressively implemented in the Department of Urology, Timofei Moșneaga Republican Clinical Hospital. This study presents our institutional experience, with particular emphasis on histopathological outcomes.

Materials and Methods. We conducted a retrospective analysis of 15 consecutive patients who underwent LPN for renal tumors between 2024 and 2026 at the Department of Urology, Timofei Moșneaga Republican Clinical Hospital. The study group included 10 men and 5 women. Histopathological evaluation was performed in accordance with the 2022 World Health Organization / International Society of Urological Pathology criteria, and pathological staging was established using the pTNM classification system.

Results. Malignancy was confirmed in 11 cases (73.3%), while 4 lesions (26.7%) were benign. Clear cell renal cell carcinoma was the predominant subtype (8/11), followed by papillary type 1 and chromophobe carcinoma (one case each). Most malignant tumors were staged pT1a, with ISUP grades ranging from G1 to G4. Negative surgical margins (R0) were achieved in 13 patients (86.7%), while positive margins (R1) were observed in 2 cases (13.3%). Perineural invasion was documented in two cases, whereas lymphovascular invasion was absent in most specimens. One patient developed postoperative hemorrhagic complications requiring surgical re-exploration, during which conversion to open radical nephrectomy was necessary.

Conclusions. Our experience demonstrates that laparoscopic partial nephrectomy provides favorable oncological outcomes for small renal masses, with a high rate of negative surgical margins and a predominance of early-stage disease. The procedure represents a safe and effective nephron-sparing strategy and supports the continued advancement of minimally invasive renal surgery in our institution.

PM9.12 - re-RPLND: The definitive management of late relapse in Growing Teratoma Syndrome with rare malignant transformation

re-RPLND: Managementul definitiv al recidivei tardive în Growing Teratoma Syndrome cu transformare malignă rară

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Introduction. Growing Teratoma Syndrome (GTS) is defined by the expansion of germ cell tumor masses during or after chemotherapy, despite normalized serum tumor markers. The management of this pathology often requires complex surgical strategies, such as repeat retroperitoneal lymph node dissection (re-RPLND), which is essential for controlling chemoresistant late relapses and somatic malignant transformations.

Material and method. The case involves a 35-year-old male, diagnosed in 2016 with a mixed testicular tumor (immature teratoma, yolk sac tumor, embryonal carcinoma; pT2N3M1a). The therapeutic course began with a left inguinal orchidectomy and 5 cycles of BEP chemotherapy (Etoposide, Cisplatin, Bleomycin). Due to the progression of retroperitoneal lymphadenopathy, a primary RPLND was performed in 2016, in block with a left nephrectomy; the histopathological examination confirmed a teratocarcinoma. Further progression of hepatic and pulmonary secondary lesions required an additional 4 cycles of BEP and 2 cycles of TIP (Paclitaxel, Ifosfamide, Cisplatin). In 2017, a hepatic segmentectomy and multiple bilateral pulmonary metastasectomies were successively performed, with all specimens histologically confirming the presence of teratoma.

Results. After an 8-year stable period, PET-CT monitoring detected a metabolically active retrocaval lymphadenopathy. In 2025, a re-RPLND was performed, a procedure marked by technical challenges. The intervention required preoperative right ureteral stenting and vascular suturing of the vena cava and the right common iliac vein, finally resulting in a complete, R0 resection. Histopathological and immunohistochemical examinations established the diagnosis of embryonic-type neuroectodermal tumor (ENET), developed through somatic malignant transformation on a GTS background. At the 6-month post-operative follow-up, the patient showed no signs of local or distant recurrence.

Conclusion. This case highlights the vital importance of re-RPLND as the only curative option in GTS. The therapeutic success a decade after the initial diagnosis confirms the necessity of a radical surgical strategy capable of managing the biological plasticity of teratomas and the risk of late somatic malignant transformation

PM9.13 - "Enblock laser resection" in noninvasive calyceal tumor – New ureteroscopic procedure

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Introduction: Upper urinary tract urothelial carcinoma (UTUC) is a relatively rare neoplasm, accounting for 5-10 % of urothelial malignancies and 5-7 % of all kidney cancers. Actual ureteroscopic techniques are mainly indicated in low-risk UTUC: biopsy and laser ablation. Unfortunately, now-a-days, we don't have complete evidence of the tumor removal. This case presentation proposes a new approach in such cases: "enblock laser resection" in managing UTUC.

Methods: We described a case with noninvasive UTUC (left superior calyceal tumor, 1.25/0.5 mm. at contrast CT), negative cytology. We used: 1. The single-use flexible ureteroscope FLEX XC1 Storz, 9 Fr. (Image 1-S™ Technology) with 6 modes: Standard, Clara, Clara + Chroma, Chroma, spectra A and B. Clara+Chroma mode has been chosen because of its highest quality of image; 2. Thulio Laser System (Pulsed-Tm:YAG, Dornier©, Germany, 100W) with a 270 µm laser fiber; 3. Elephant IV access sheath 10/12 Fr. (YiGaoMed) and Tidor™ (YiGao Medical Technology Co., Ltd, Zhejiang, China) intelligent pressure control device.

Results: Careful cystoscopy and ureteral evaluation (left side) and a very detailed evaluation of the entire pyelocaliceal system were made. We didn't find any other tumoral aspects. After calibration of the Tidor™ (YiGao Medical Technology Co., Ltd, Zhejiang, China) was used. Monitoring the intraoperator real-time IRP was made (constant data with control and stabilization of this parameter). The intraoperative view was extremely clear all time. After "enblock laser resection" of the tumor a Polaris (Boston Scientific) 6 Fr. double J stent was placed. The histological evaluation (result after 10 days) found low-grade tumor, noninvasive.

Conclusion: The pyelocaliceal urothelium evaluation using Image 1-S™ Technology associated with Thulium:YAG laser under real-time new intelligent control of the IRP could offer a complete and safe "enblock laser resection" of the UTUC. This new ureteroscopic approach can offer correct histological evaluation and complete tumoral ablation.

PM9.14 - Beyond Chemosensitivity: Leptomeningeal Involvement in Mixed Germ Cell Tumor – Case Report

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Background: Delayed presentation of testicular malignancies often results in an overwhelming tumor burden, shifting the clinical focus from curative intent to complex palliative management. Exulcerated testicular masses in young patients typically reflect a neglected clinical course, culminating in Stage IIIC presentations with extensive visceral and nodal involvement. Central Nervous System dissemination remains rare but represents a major therapeutic challenge due to the limits imposed by the blood-brain barrier. This case highlights the aggressive natural history and therapeutic difficulties associated with leptomeningeal metastasis arising from a mixed germ cell tumor.

Case Presentation: A 19-year-old male presented with a neglected, exulcerated right testicular mass. Diagnostic imaging (CT Thoraco-Abdomino-Pelvic) demonstrated extensive visceral dissemination: multiple pulmonary and hepatic lesions, vertebral osteolytic metastases, and a 7 cm para-aortic nodal conglomerate. Following right orchiectomy pT4N3M1b stage IIIC mixed germ cell tumor (40% teratoma, 40% yolk sac tumor, 20% seminoma) was diagnosed. First-line systemic chemotherapy with Carboplatin and Etoposide was initiated. Despite treatment, the clinical course was rapidly complicated by a 32 mm leptomeningeal lesion, prompting palliative whole-brain radiotherapy. The subsequent clinical course was marked by hemorrhagic pleural effusions and severe paraneoplastic anemia, and ultimately progressed to septic-metabolic collapse within three months of the initial diagnosis.

Conclusion: While testicular germ cell tumors are among the most curable malignancies, this case serves as a somber reminder of the fatal consequences of diagnostic delay, even in young adults. It demonstrates that even with aggressive multi-modal therapy – including palliative radiotherapy and systemic chemotherapy – leptomeningeal spread remains a terminal stage. Strengthening public health awareness regarding testicular self-examination is essential to prevent such fulminant clinical trajectories.

V1.1 - Implementation of the robotic-assisted surgery program at SCJU Bihor – the experience after first 50 cases of robotic-assisted radical prostatectomy

Implementarea programului de chirurgie asistată robotic la SCJU Bihor – experiența primelor 50 cazuri de prostatectomie radicală asistată robotic

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Introduction. Robotic-assisted laparoscopic radical prostatectomy (RALP) is the gold standard approach in prostate cancer surgery, given its superior functional results without compromising oncological outcomes, when compared to open and laparoscopic technique. The aim of this study was to present the continence-related outcomes after first 50 consecutive cases of robotic-assisted radical prostatectomy.

Material and methods. We included first 50 consecutive cases with localized or locally-advanced nonmetastatic prostate cancer (cT1-3bN0-1M0) that underwent RALP in our institution between September 2025, when we started the robotic surgery, and March 2026. The surgery was performed using transperitoneal anterior approach, with several particularities. Selective ligature of Santorini complex after its prior sectioning (96% of cases) and bladder neck preservation (80% of cases) were routinely attempted to enhance early continence recovery. Nerve-sparing techniques were applied when oncological and technically feasible (40%). Urethrovesical anastomosis were performed in Van Velthoven manner, preceded by posterior reconstruction (Rocco stitch) in all cases. Only one case required conversion to the open approach. Continence was evaluated at 3 months by questioning the patients regarding number of pads used in first 30 cases.

Results and conclusions. Preoperative patient stratification according to D'Amico risk categories was 8% low risk, 58% intermediate risk and 34% high risk, respectively. Median operative time and median console time were 240 minutes and 180 minutes, respectively. Median blood loss was 300 mL, transfusion being required only in one case. Median catheterization time was 14 days (range: 12-21 days) and mean postoperative stay was 3 days (range: 2-7 days). Positive surgical margins were encountered in 10%. No any patient had Clavien-Dindo III-V complications. Among the first 30 patients evaluated for continence recovery at 3 months, no any patient had severe incontinence, 5 patients (17.7%) had moderate incontinence and at 3 months, and 25 of them (83.3%) were continent (0-1 safety daily pad), respectively. Our initial experience with robotic-assisted radical prostatectomy demonstrates that the procedure is safe and feasible, with favorable perioperative outcomes even during the early learning curve. Continued case accumulation is expected to further improve surgical efficiency and functional outcomes.

V1.2 - Robotic Radical Prostatectomy - Principles of Bladder Neck Dissection

Prostatectomia radicala robotică – Principii ale disecției colului vezical.

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Introduction. Bladder neck dissection represents a critical step during robotic radical prostatectomy (RARP), requiring precise anatomical identification to ensure oncological safety while preserving urinary continence mechanisms. Variations in anatomy, prior treatments, and tumor extension can increase the complexity of this step and predispose to intraoperative complications. Understanding key surgical principles and appropriate management strategies is essential for optimal outcomes. This video aims to illustrate the main technical aspects of bladder neck dissection during RARP and present practical approaches for the management of potential complications.

Material and method. The video demonstrates different cases of step-by-step bladder neck dissection performed during robotic radical prostatectomy for two cases: 1. Small 40g prostate and 2. Large 120g prostate with large median lobe. Key anatomical landmarks are highlighted, including the bladder neck fibers, prostate base, ureteral orifices, and surrounding fascial planes. Techniques for identifying the correct dissection plane and preserving the bladder neck when feasible are presented. Particular attention is given to situations with difficult anatomy, such as a large median lobe. In this case a large opening of the bladder neck was preferred for better visualisation of ureteral orifices and dissection of the posterior aspect of the bladder neck.

Results and conclusions. In both cases intraoperative testing of the anastomosis showed no leakage. In first case bladder catheter was removed after 7 days, while in second case after 14 days. At one month postoperative follow-up both patients reported continence completely recovered. Bladder neck dissection during robotic radical prostatectomy requires a thorough understanding of anatomy and adherence to key surgical principles. A systematic and cautious approach can reduce the risk of complications and facilitate their effective management.

V1.3 -Utility of robotic-assisted salvage prostatectomy in the management of radiorecurrent prostate cancer

Utilitatea prostatectomiei de salvare asistate robotic în managementul cancerului de prostata radiorecurent

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Introduction: Local recurrence after definitive radiotherapy for prostate cancer remains a challenging clinical scenario. Although ADT is frequently used, selected patients with biopsy-proven intraprostatic recurrence and no metastatic disease may benefit from salvage radical prostatectomy, offering a potential curative option at the cost of increased surgical morbidity.

Case presentation: We present the case of a 66-year-old man initially treated with external beam radiotherapy and brachytherapy for high-risk prostate cancer (cT2a, Gleason score 3+4 and PSA 33.02 ng/ml, with a nadir PSA of 0.86 ng/ml reached after 3 months. Ten years later he developed biochemical recurrence, with PSA rising to 2.49 ng/ml. Salvage radiotherapy and enzalutamide were initiated with partial response. PSMA PET/CT showed isolated uptake within the prostate and no nodal or distant metastases. After multidisciplinary discussion, the patient underwent salvage robot-assisted radical prostatectomy with bilateral pelvic lymph node dissection.

Results: Final pathology showed ypT3aN0 disease, ISUP 5 in right lobe ISUP 4 in left lob, with negative lymph nodes and a focal positive surgical margin. At 3 months, PSA remained undetectable. The patient was continent using one security pad and had erectile dysfunction. No androgen deprivation therapy was initiated.

Conclusion: This case illustrates the role of salvage radical prostatectomy as a potentially curative strategy in carefully selected patients with radiorecurrent prostate cancer. Despite relevant functional and perioperative risks, accurate staging with MRI, PSMA PET/CT, and confirmatory biopsy can identify patients in whom local salvage surgery may delay or avoid systemic therapy.

V1.4- Tailoring Minimally Invasive Bladder Cancer Surgery to Frailty and Hostile Abdomen: The Role of 3D Extraperitoneal Cystectomy

VH Schitcu, O Morari, M Gîrbovan, VC Munteanu

"Prof. Dr. Ion Chiricuță" Oncology Institute, Cluj-Napoca, Romania

Introduction & Objectives. Frail patients with a hostile abdomen and significant comorbidities represent a major challenge for radical cystectomy. Previous abdominal surgeries, adhesions, and limited physiological reserve increase perioperative risk and may compromise the possibility of curative treatment. A three-dimensional extraperitoneal laparoscopic approach may reduce surgical trauma by avoiding adhesiolysis, limiting bowel manipulation, and minimizing the physiological burden associated with pneumoperitoneum. The aim of this study was to evaluate the feasibility and safety of three-dimensional extraperitoneal laparoscopic radical cystectomy in a frail patient with hostile abdomen after neoadjuvant chemotherapy for muscle-invasive bladder cancer.

Materials & Methods. We report the case of a female patient with high-grade muscle-invasive urothelial carcinoma associated with carcinoma in situ, who demonstrated a favorable response to neoadjuvant chemotherapy. Her surgical history included appendectomy, open right hemicolectomy, and laparoscopic cholecystectomy, resulting in a hostile abdomen with anticipated dense adhesions. Associated comorbidities included chronic obstructive pulmonary disease, cardiac disease, and morbid obesity (BMI >40). The extraperitoneal space was developed using a Gaur balloon. Five trocars were placed (three 10-mm and two 5-mm). Dissection was performed strictly extraperitoneally. Hemostasis was achieved using Hem-o-lok clips, laparoscopic suturing, and a 5-mm vessel sealing device. The vaginal cuff was closed laparoscopically. The surgical specimen was extracted through a mini-laparotomy over the previous appendectomy scar using a wound protector. A single-barrel cutaneous ureterostomy was created.

Results. Operative time was 150 minutes, with an estimated blood loss of 150 mL. No peritoneal breach, bowel injury, or conversion occurred. Passage of flatus resumed at 48 hours, while bowel movement occurred at 72 hours postoperatively. The patient resumed early oral intake and mobilization and was discharged on postoperative day five without complications. Final pathology revealed ypT0N0 disease with 16 negative lymph nodes and negative surgical margins. No complications were observed at one- and three-month follow-up, and the patient remains recurrence-free at early follow-up.

Conclusions. Three-dimensional extraperitoneal laparoscopic radical cystectomy proved feasible and safe in a frail patient with hostile abdomen after neoadjuvant chemotherapy. This approach minimized physiological stress, avoided adhesiolysis and bowel manipulation, and enabled completion of curative-intent surgery with rapid recovery. It may represent a valuable option in carefully selected high-risk patients for whom standard intraperitoneal access would pose excessive risk.

V1.5- Tailoring Minimally Invasive Bladder Cancer Surgery to Frailty and Hostile Abdomen: The Role of 3D Extraperitoneal Cystectomy

VH Schitcu, O Morari, M Gîrbovan, VC Munteanu

"Prof. Dr. Ion Chiricuță" Oncology Institute, Cluj-Napoca, Romania

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V1.6- Robotic Segmental Ureterectomy with Termino-Terminal Anastomosis for Complex Lumbar Ureteral Stricture

Ureterectomie segmentara robotica cu anastomoza termino-terminala pentru stenoza ureterala lombara complexa

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Introduction and Objectives. Complex ureteral strictures following endourological interventions remain challenging entities, particularly in young patients with prior multiple procedures. Reconstructive surgery of the lumbar ureter is technically demanding, and robotic-assisted approaches are increasingly utilized in high-expertise centers to combine minimally invasive benefits with surgical precision. The aim of this video is to demonstrate the key technical steps and reconstructive strategy of robotic segmental ureterectomy with termino-terminal anastomosis for complex lumbar ureteral strictures, emphasizing on safe dissection and tension-free reconstruction.

Materials and Methods. We present the case of a 25-year-old male with a history of right ureteral lithiasis treated in 2023 by ureteroscopy and JJ stenting, complicated by the development of a ureteral stricture, ureterohydronephrosis, and septic episode requiring percutaneous nephrostomy and subsequent stent placement. At admission, the patient presented with a right JJ stent. A retrograde pyelography confirmed a lumbar ureteral stricture estimated at approximately 2–3 cm in length, associated with grade II hydronephrosis. A robotic-assisted segmental ureterectomy with termino-terminal anastomosis was performed. The video highlights the key surgical steps: identification and careful dissection of the ureter within a fibrotic field, preservation of periureteral vascular supply complete excision of the stenotic segment, and a tension-free termino-terminal anastomosis over JJ stent.

Results. The robotic platform provided enhanced dexterity and three-dimensional visualization, allowing safe execution of a technically demanding reconstruction. Postoperative course was uneventful, with favorable clinical evolution and resolution of the obstruction.

Conclusions. Robotic segmental ureterectomy with direct anastomosis represents a highly effective minimally invasive solution for complex ureteral strictures. Despite its technical difficulty, the approach is reproducible and offers excellent reconstructive outcomes. This video demonstrates the applicability of advanced robotic reconstructive techniques and supports their role in the contemporary management of complex ureteral pathology.

V1.7 - Robotic Retroperitoneal Lymph Node Dissection for Post-Chemotherapy Residual Mass in NSGCT

Limfodisectie retroperitoneala robotica pentru boala reziduala postchimioterapie in tumorile germinale non-seminomatoase

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Introduction and Objectives. Retroperitoneal lymph node dissection (RPLND) remains a key component in the management of residual disease following chemotherapy in non-seminoma germ cell tumors (NSGCT). In high-expertise centers, robotic-assisted approaches have emerged as a valuable alternative to open surgery, offering enhanced visualization and precision in complex retroperitoneal dissections. The aim of this video is to illustrate a robotic approach to post-chemotherapy RPLND, highlighting critical technical steps, anatomical landmarks, and strategies for safe and oncologically sound dissection.

Materials and Methods. We present the case of a young male patient diagnosed with a mixed germ cell tumor of the right testis (90% embryonal carcinoma, 10% seminoma), initially treated by right orchiectomy in October 2025. Staging with 18F-FDG PET-CT revealed 2 metabolically active interaortocaval lymph node metastases of 46 and 32 mm in diameter. The patient underwent 3 cycles of BEP chemotherapy. Restaging in February 2026 demonstrated significant reduction in both size and metabolic activity of retroperitoneal mases, persistence of an interaortocaval residual node of 20 by 15 mm, and normalization of tumor markers. Given the persistence of residual disease, indication for retroperitoneal lymph node dissection was established following an oncologic multidisciplinary evaluation. A fully robotic RPLND was performed, including interaortocaval and paracaval template dissection.

Results. The operative time was 100 minutes, and blood loss was minimal. The postoperative course was uneventful, the patient being discharged after 5 days. Histopathologic analysis identified 6 resected lymph nodes, confirming residual metastatic disease consistent with postpubertal teratoma within 2 of them, measuring 31 and 29 mm (ypN2).

Conclusions. Robotic RPLND is a feasible and reproducible approach for retroperitoneal residual mases in selected post-chemotherapy NSGCT patients. This method enables precise dissection in anatomically challenging regions while maintaining oncologic radicality.

V1.8 - Minimally-invasive radical cystectomy with ileal urinary diversion: our experience

Cistectomia radicală prin abord minim-invaziv cu derivație urinară ileală: experiența noastră

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Introduction. Radical cystectomy (RC) is a major and complex surgical procedure and use of the intestine for urinary diversion can add significant morbidity. Robot-assisted and laparoscopic approaches provide reduced blood loss, shorter hospital stays, and lower mortality when compared to open surgery. The aim of this study was to describe our experience in minimally invasive RC with ileal urinary diversion.

Material and methods. We retrospectively analyzed our database on laparoscopic and robotic-assisted radical cystectomy. We selected those patients undergoing ileal urinary diversion (ileal conduit or orthotopic ileal neobladder). For ileal conduits, we chose an extracorporeal approach in all cases. The orthotopic neobladder was also shaped in extracorporeal manner, with the urethro-neobladder anastomosis and anterior closure done intracorporeally. We assessed the peri- and postoperative data, including the procedure-specific complications (graded using Clavien-Dindo Classifications).

Results and conclusions. We performed robot-assisted RC with extracorporeal ileal neobladder in a male patient and laparoscopic RC with extracorporeal ileal conduit in other three cases (two males). The median age was 62 years. The median operative time was 240 minutes. The median blood loss was 250 mL. The median time to flatus was 2.5 days. The median postoperative stay was 6 days. One patient had Clavien–Dindo III or IV complications. One case had prolonged ileus. The pathological result revealed negative surgical margins in all cases. The mono-J ureteral catheters and Foley catheter were removed in the postoperative 14 days and 21 days, respectively. In conclusion, laparoscopic and robot-assisted RC with extracorporeal ileal diversion is a safe and feasible in selected cases, with favorable short-term outcomes.

V1.9- Robotic Right Multiplex Partial Nephrectomy (3 Tumors)
Nefrectomie parțială dreaptă multiplă pentru 3 tumori renale

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Introduction: Nephron-sparing surgery is the standard treatment for localized renal tumors, aiming to maintain oncological control while preserving renal function. The management of multiple renal tumors is technically demanding, particularly in patients with chronic kidney disease and previous renal surgery. Robotic-assisted surgery expands the indications for complex nephron-sparing procedures by providing enhanced precision and visualization. This video presentation demonstrates a robotic right multiplex partial nephrectomy for three renal tumors in a patient with recent contralateral renal surgery.

Material and Method: We present the case of a 74-year-old male with BMI 30.1, ECOG performance status 1, and chronic kidney disease (MDRD GFR 46 ml/min/1.73 m^2). The patient was on chronic anticoagulant therapy for persistent atrial flutter. Three months prior, he underwent a robotic partial nephrectomy of the left kidney for a 48 × 47 × 45 mm posterior mid-renal tumor, located close to the renal sinus and major vessels. Preoperative imaging of the right kidney revealed three lesions: a 36 × 38 × 38 mm hypervascular mixed solid–cystic tumor located at the upper pole (endophytic, in contact with the calyx; RENAL score 9), a 13 × 14 mm tumor at the lower pole on the anterior surface (~50% exophytic; RENAL score 4), and a 30 × 28 × 32 mm Bosniak IV cyst at the junction of the upper and middle thirds (<50% exophytic, 2 mm from the collecting system; RENAL score 8). Staging work-up confirmed N0M0 disease. A robotic transperitoneal multiplex partial nephrectomy was performed using intraoperative ultrasound guidance and selective vascular clamping.

Results and Conclusions: All three tumors were successfully excised. The postoperative course was uneventful. Histopathological examination revealed three clear cell renal cell carcinomas (ccRCC), ISUP grade 2. Robotic multiplex partial nephrectomy represents a safe and effective approach for managing multiple renal tumors, allowing maximal renal function preservation, especially in patients with prior contralateral nephron-sparing surgery.

V1.10 - Robotic Radical Nephrectomy for an Highly Ascended Ectopic Kidney Secondary to Diaphragmatic Paralysis

Nefrectomie radicală robotică pentru un rinichi ectopic mult ascensionat secundar unei paralizii de diafragm

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Introduction Intrathoracic kidney represents an extremely rare form of renal ectopia, with an estimated incidence of about 1 in 13,000 cases and accounting for nearly 5% of all ectopic kidneys. It occurs more frequently in males and is most commonly found on the left side, often associated with a Bochdalek diaphragmatic hernia. Right-sided intrathoracic kidneys are considerably rarer, particularly in female patients. In most cases, this condition is asymptomatic, although some patients may present with respiratory symptoms such as pneumonia, dyspnea, or chronic cough.

Material and Method We report the case of a 55-year-old asymptomatic female diagnosed with a right highly ascended ectopic kidney associated with a renal mass, focusing on the surgical management and intraoperative challenges. The anomaly was initially suspected during routine abdominal ultrasound, which identified a posterior mediastinal mass. Contrast-enhanced CT further demonstrated right diaphragmatic paralysis, a right intrathoracic kidney with aberrant renal artery origin at the level of the superior mesenteric artery, and a 58 mm renal mass. The renal pedicle consisted of a single artery and a single vein. The tumor was located in the upper pole, intraparenchymal, in contact with the calyceal system, with a RENAL score of 10a. The patient had no history of trauma or previous surgery and was unaware of the diaphragmatic elevation. A robot-assisted laparoscopic right radical nephrectomy using the Da Vinci Xi platform was performed via a transperitoneal approach. Trocar placement required a modified configuration due to the atypical anatomy. Total operative time was 210 minutes, with 160 minutes of console time, and minimal blood loss.

Results and Conclusions The postoperative course was uneventful, and the patient was discharged on postoperative day three. Histopathological examination revealed clear cell renal cell carcinoma, Fuhrman grade 2, ISUP grade 2, stage pT3aNxMxL0V1R0, with invasion of the renal pelvis and a presegmental branch of the renal vein. This case emphasizes the importance of recognizing rare anatomical anomalies when planning surgical treatment for renal tumors. Detailed preoperative imaging and a tailored surgical strategy are crucial for successfully managing such complex and uncommon clinical scenarios.

V1.11 - Robotic Partial Nephrectomy for a Completely Intraparenchymal Bosniak III Renal Cyst

Nefrectomie parțială robotică pentru un chist renal Bosniak III total

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Introduction: Bosniak III renal cystic lesions represent indeterminate masses with a significant risk of malignancy, frequently requiring surgical management. When these lesions are completely intraparenchymal and located in close proximity to the renal hilum, nephron-sparing surgery becomes technically challenging due to limited exposure and the risk of vascular injury. Robotic-assisted surgery provides improved visualization and dexterity, facilitating precise tumor excision in complex anatomical situations. This video presentation highlights the surgical management of a challenging intraparenchymal Bosniak III renal cyst.

Material and Method: We present the case of a 51-year-old female diagnosed with a 41 × 30 × 34 mm Bosniak III renal cyst located in the mid-renal region. The lesion was completely intraparenchymal and in close contact with the major hilar vessels, making surgical access and tumor identification particularly difficult. A robotic-assisted transperitoneal partial nephrectomy was performed. After mobilization of the kidney and careful hilar dissection, intraoperative ultrasound was used to precisely localize the lesion and guide resection margins. Renal artery clamping was performed, followed by careful tumor excision and renal reconstruction using standard renorrhaphy techniques.

Results and Conclusions: The lesion was successfully excised with negative surgical margins. The postoperative course was uneventful. Histopathological examination revealed clear cell renal cell carcinoma, ISUP grade 1. Robotic partial nephrectomy represents an effective and safe approach for the treatment of complex cystic renal masses, allowing precise excision and preservation of renal parenchyma even in technically challenging cases.

V1.12- Ultrasound criteria for the feasibility of endoscopic en bloc resection of bladder tumors: a single-center experience with 36 cases

Criterii ecografice pentru fezabilitatea rezecției endoscopice en bloc a tumorilor vezicii urinare: o experiență într-un singur centru cu 36 de cazuri

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Introduction and Objectives: En bloc endoscopic resection of bladder tumors offers histopathological and technical advantages over conventional resection; however, preoperative case selection remains insufficiently standardized. The aim of this study was to identify ultrasound-based criteria predictive of the technical feasibility of this procedure.

Materials and Methods: We retrospectively analyzed 36 patients who underwent en bloc endoscopic resection of bladder tumors over the last 3 years. Preoperative ultrasound assessment included implantation pattern, papillary versus solid morphology, presence of a stalk, tumor size, and location. Technical difficulty criteria were defined as broad-based implantation, solid tumor architecture, diameter >3 cm, and location at the bladder dome/posterior wall. Papillary and pedunculated morphology were considered favorable features. In large tumors, Holmium laser fragmentation was used in 6 cases and morcellation in 9 cases.

Results: Solid tumors with a broad base, size >3 cm, and dome/posterior wall location were associated with increased technical difficulty. Papillary, pedunculated tumors represented the most favorable cases for en bloc resection. In large tumors, Holmium fragmentation and morcellation showed comparable technical performance in our experience. These findings are consistent with current literature supporting the feasibility of en bloc resection even in larger tumors, with the use of adjunctive extraction techniques when necessary.

Conclusions: Preoperative ultrasound may serve as a practical tool for stratifying the feasibility of en bloc endoscopic resection. Papillary and pedunculated morphology favor the procedure, whereas broad base, solid architecture, larger size, and dome/posterior location increase technical difficulty.

V1.13 - Thulium Laser Enucleation of the Prostate (ThuLEP) in a New Center: Initial Experience and Barriers to Implementation in Romania

Enuclearea prostatei cu laser Thulium (ThuLEP) într-un centru nou: experiența inițială și barierele implementării în România

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Introduction. Thulium Laser Enucleation of the Prostate (ThuLEP) is a modern minimally invasive technique used in the surgical treatment of benign prostatic obstruction. The procedure offers several advantages, including reduced bleeding, shorter hospitalization, and complete removal of the prostatic adenoma. However, in Romania this technique is still rarely used and remains almost nonexistent if we consider that it is currently performed in only a few centers nationwide. The aim of this study is to present the initial experience of implementing ThuLEP in a Romanian urology department and to analyze the main barriers limiting the adoption of this method, including the technical difficulty of the procedure, the learning curve, the potential risk of complications, and the high costs associated with equipment and consumables.

Materials and Methods. This paper presents the initial experience with ThuLEP procedures performed in the Department of Urology, County Emergency Hospital Miercurea Ciuc. The interventions were performed after specific training and under the guidance of a mentor experienced in endoscopic prostate enucleation techniques. Prostate size, operative time, perioperative complications, and early postoperative outcomes were analyzed. In addition, the practical challenges encountered during the implementation of this technique were evaluated, including technical complexity, the learning curve, and the logistical and financial requirements.

Results and Conclusions. The first cases confirmed that ThuLEP is a technically demanding procedure, particularly during the early learning phase. The most challenging steps included identifying the correct enucleation plane and maintaining anatomical orientation during the procedure. Despite these challenges, the procedure proved to be safe and effective, with good functional outcomes and a low complication rate in the initial series. Beyond the technical aspects, one of the main factors limiting the wider adoption of this technique in Romania appears to be the high cost of equipment and disposable materials, as well as the need for adequate training and structured mentorship programs. ThuLEP represents a valuable surgical option for the treatment of benign prostatic hyperplasia; however, wider implementation requires investment in technology, professional training, and institutional support.

V1.14- 3D Laparoscopic Bladder Augmentation in Post-Tuberculous Contracted Bladder: Functional Restoration of the Lower Urinary Tract

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Introduction & Objectives. Genitourinary tuberculosis can result in irreversible bladder fibrosis and severely reduced capacity, rarely encountered in young patients. We report the functional and surgical outcomes of a 25-year-old male with end-stage bladder contracture following treated bladder tuberculosis.

Materials & Methods. The patient presented with severe storage symptoms and sterile urine cultures. Cystoscopy and biopsies confirmed bladder tuberculosis in 2023. After completing 12 months of guideline-based antituberculous therapy, he developed a fibrotic small-capacity bladder (~50 mL), continuous incontinence requiring condom device, and bilateral hydronephrosis. The left kidney was functionally destroyed, while the right kidney grade III hydronephrosis . Preoperative creatinine was 1.6 mg/dL. A hybrid laparoscopic 3D enterocystoplasty was performed. The terminal ileal segment was isolated extracorporeally through mini-laparotomy, followed by intracorporeal augmentation and right ureteral reimplantation. V-Loc 3-0 sutures were used and a Mono-G stent was exteriorized for 10 days.

Results. Operative time was 175 minutes. Postoperative CT urography and cystography on day 10 confirmed intact anastomoses, allowing stent removal. Foley removal occurred after an additional 7 days. No infectious or surgical complications occurred. Creatinine at discharge was 1.7 mg/dL and returned to baseline (1.6 mg/dL) at one month. Bladder capacity improved to approximately 150–200 mL per void at 1-month follow-up, with resolution of incontinence. Mild storage symptoms persisted and were managed with anticholinergic therapy. The patient discontinued the condom device and reported significant quality-of-life improvement.

Conclusions. Laparoscopic hybrid enterocystoplasty is a safe and effective reconstructive option for severe post-tuberculous bladder contracture in young patients, offering functional recovery and renal function preservation. The hybrid approach may reduce operative time while maintaining the benefits of minimally invasive surgery.

V1.15 - Minimally invasive management of post-hysterectomy ureterovaginal fistula: laparoscopic ureteroneocystostomy

Tratamentul minim invaziv al fistulei ureterovaginale post-histerectomie: ureteroneocistostomie realizată laparoscopic

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Introduction. Ureterovaginal fistula represents a rare but significant complication of gynecologic surgery, most commonly occurring after hysterectomy. It is typically manifested by continuous urinary leakage through the vagina and can significantly impair quality of life if not promptly diagnosed and treated. Advances in minimally invasive surgery have allowed laparoscopic reconstructive techniques to become effective treatment options for such complications.

Case presentation. We report the case of a 39-year-old obese female with a history of two previous cesarean sections who underwent hysterectomy for persistent menometrorrhagia lasting more than six months. Three weeks after surgery, the patient developed continuous urinary leakage through the vagina. The diagnosis was established one month after hysterectomy. Contrast-enhanced CT urography demonstrated extravasation of contrast from the left ureter into the vaginal cavity, raising the suspicion of a ureterovaginal fistula. Diagnostic ureteroscopy combined with exploratory vaginoscopy confirmed a defect in the left ureter responsible for urinary leakage into the vagina. The patient underwent laparoscopic ureteroneocystostomy with direct ureteral implantation and placement of a ureteral stent. The surgical procedure lasted 3 hours and 45 minutes and was completed successfully without intraoperative complications. The postoperative course was uneventful, and the patient was discharged after three days of hospitalization. The ureteral stent was removed six weeks postoperatively.

Results. Postoperative evolution was favorable, with complete resolution of urinary leakage. Follow-up evaluations at one, two, and three months demonstrated normal urinary drainage and absence of hydronephrosis.

Conclusion. Ureterovaginal fistula remains a challenging complication following gynecologic surgery. Laparoscopic ureteroneocystostomy represents a safe and effective minimally invasive treatment option, providing excellent functional outcomes and rapid postoperative recovery when performed in appropriately selected patients.

V1.16 - Endoscopic enucleation of prostate adenoma with pulsed Thulium:YAG (Thulio®) laser: our initial experience

Enucleerea endoscopică a adenomului de prostată cu laserul pulsat Thulium:YAG (Thulio®): experiența noastră inițială

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Introduction. The anatomic endoscopic enucleation of the prostate (AEEP) has been demonstrated to be more effective than TURP and open prostatectomy for prostate adenoma, with lower complication rates and reduced blood loss, but also associated with a relatively steep learning curve. The pulsed solid-state Thulium yttrium-aluminium-garnet (Tm: YAG) laser represents a novel alternative to the more widely used Holmium: YAG or Thulium fiber laser for AEEP. The aim of this study was to describe our first experience in AEEP using this novel pulsed solid-state Tm: YAG laser.

Material and methods. We included first 25 consecutive patients with prostate adenoma who underwent laser AEEP in our institution between May 2025, when we started the enucleation program, and March 2026. For enucleation time, we used the new pulsed solid-state Tm: YAG laser (Thulio®, Dornier MedTech Systems GmbH, Weßling, Germany). We assessed the peri- and postoperative data, including the procedure-specific complications (graded using Clavien-Dindo Classifications). Statistical analysis was performed with Statistical Package for the Social Sciences (SPSS®).

Results and conclusions. The median age was 67 years (range: 61-83 years). The median preoperative prostate volume was 60 mL (range: 50-110). Seven cases had preoperative urinary catheter. The median total operative time, enucleation time and morcellation time were 120 minutes, 80 minutes and 20 minutes, respectively. The median postoperative catheterization time was 2 days (range: 1-7 days). Two patients reported transient moderate stress urinary incontinence. No re-catheterization or surgical reintervention was needed. In conclusion, AEEP with the new Thulio laser is a safe, effective and feasible option for surgical treatment of prostate adenoma.

V2.1 - Robotic Radical Prostatectomy - Management of Complications during Bladder Neck Dissection

Prostatectomia radicală robotică – Managementul complicațiilor în timpul disecției colului vezical

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Introduction. Robotic radical prostatectomy (RARP) is widely performed for the treatment of localized prostate cancer. Bladder neck dissection is a critical step requiring precise identification of the bladder–prostate junction to ensure oncological clearance while preserving functional outcomes. Complications can be encountered during bladder neck dissection such as: prostate opening, bladder wall opening or ureteral orifices injuries.

Material and method. This video presentation demonstrates two cases of posterior bladder wall injury occurring during bladder neck dissection during RARP. In the first case, a large opening of the posterior bladder wall occurred near the ureteral orifice. Due to the size and location of the defect, a delayed repair strategy was adopted. Prostatectomy was completed first, after which the bladder defect was addressed. The bladder was opened further in the necrotic area to improve exposure and avoid ureteral injury. A ureteral stent was inserted, followed by reconstruction using a Van Velthoven ureterovesical anastomosis with Stratafix 3-0 suture. In the second case, a small posterior bladder wall opening was identified and repaired immediately while the bladder remained under traction. The defect was closed primarily using Vicryl 4-0 sutures, after which the procedure proceeded with prostatectomy and a standard Van Velthoven vesicourethral anastomosis using Stratafix 3-0.

Results and conclusions. In the first case, cystography at 2 weeks showed no leakage and the catheter was removed; the ureteral stent was removed after 4 weeks. In the second case, minimal leakage at day 14 resolved by day 21, and after negative cystography the catheter was removed. Both patients required 1–2 pads/day at 1 month, but achieved full continence by 3 months. These cases illustrate tailored management strategies based on defect size, location, and intraoperative conditions.

V2.2 - 3D Laparoscopic Partial Nephrectomy for pT1b left kidney tumour in young patient

Nefrectomia parțială laparoscopică 3D pentru tumoră renală T1b la un pacient tânăr

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Introduction. European Association of Urology recommends partial nephrectomy (PN) as first surgical alternative for cT1 renal tumors. The complexity of the procedure is commonly assessed using the PADUA score, which helps stratify tumors based on their anatomical characteristics and surgical difficulty. With the accumulation of surgical experience, minimally invasive techniques—particularly laparoscopic surgery—have become increasingly important, offering effective oncological control while preserving renal function and reducing perioperative morbidity.

Material and method. We present the case of a 47-year-old male patient diagnosed with cT1b(65/65/57mm) lower pole, anterior valve, left kidney tumour. The RENAL scores was 10. After the right lateral decubitus positioning and draping, a transperitoneal access was obtained by Hasson technique. Four trocars were introduced. After the left colon medialization the renal hilum dissection was performed identifying the main renal artery and a second small artery, both inferior to the renal vein. Following the Gerota incision and perirenal fat dissection, the tumor was exposed. After the arterial clamping, the enucleoresection was performed, followed by inferior calice suture and renorraphy using one 3-0 V-Lock deep continuous suture. Superficial renorraphy was done using seven 1 Vycril sutures. Warm ischemia time was 30 minutes.

Results and conclusions. Total surgical time was 180 minutes. Blood loss was 100cc. No intraoperative or postoperative complications were encountered. Postoperative haemoglobin was 14,8 vs 14 vs 14,2 g/dl at successive measurements at day one, two and three. Postoperative creatinine was 0.76 mg/dl. Drainage tube was removed on second day and patient was discharged on day 3. Pathology report showed Fuhrman 2 grade pT1bNxMxL0V0R0 clear cell renal carcinoma. Laparoscopic approach is a feasible surgical alternative for complex renal tumors, providing both good oncological results and fast recovery time

V2.3- 3D laparoscopic adrenalectomy for large left adrenal mass
Suprarenalectomie laparoscopică 3D pentru formațiunea suprarenaliană stângă voluminoasă

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Introduction. 3D-Laparoscopy improves depth perception and precision in complex procedures. Resection of large adrenal masses can be technically demanding due to limited working space and proximity to major vessels and fragile structures such as spleen and pancreas. This video demonstrates the technical considerations of laparoscopic adrenalectomy.

Material and method. A 58-year-old female patient was diagnosed with left retroperitoneal mass during ultrasound examination. CT-scan and abdominal-MRI revealed an 85×79×86mm left adrenal tumor with characteristics suggestive of angiomyolipoma. Endocrinological evaluation confirmed that the mass was non-secreting. The patient was positioned in right lateral decubitus. Four trocars were used for the transperitoneal approach. Descending colon, pancreas and spleen were dissected medially for having proper access on the tumour. Following renal hilum dissection, the left adrenal vein was identified, secured with Hem-o-lok clips, and divided. Dissection was carried out along the plane between the left adrenal gland and the left kidney, followed by circumferential mobilization of the mass. The specimen was subsequently retrieved using an Endo Bag.

Results and conclusions. Total surgical time was 135 minutes. Blood loss was 30cc. No intraoperative or postoperative complications were encountered. Postoperative haemoglobin was 12,2vs13,6g/dl preoperatively. Drainage tube was removed on first day and patient was discharged on day 3. Pathology report showed a 12,5/8/9,5 cm specimen with microscopic characteristics of mielolipoma. 3D-laparoscopic adrenalectomy represents a safe and effective minimally invasive approach for large adrenal masses, facilitating precise dissection and favorable perioperative outcomes

V2.4 - DaVinci Xi radical prostatectomy with bilateral nerve-sparing for intraductal carcinoma of prostate

Prostatectomie radicală Da Vinci Xi cu prezervarea bilaterală a fasciculelor neurovasculare pentru carcinom intraductal de prostată

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Introduction. Prostate cancer is one of the most common malignancies in men and requires individualized management strategies. Intraductal carcinoma of the prostate represents a aggressive variant associated of the disease. This video demonstrates a DaVinci Xi radical prostatectomy with bilateral nerve-sparing, aiming to achieve the surgical trifecta: oncologic control, urinary continence, and preservation of erectile function.

Material and method. A 53-year-old patient was followed for two years due to progressively elevated PSA levels (from 3ng/mL to 5.35ng/mL), with negative DRE and an initially negative multiparametricMRI. Repeated mpMRI revealed a 4 mm, left apical lobe, PI-RADS 3 lesion. Micro-ultrasound–MRI fusion transrectal biopsy demonstrated intraductal carcinoma of the prostate. The multidisciplinary tumor board recommended radical treatment. The patient was placed in dorsal decubitus, and a transperitoneal approach was performed. After urachal incision and dissection of the Retzius space, the prostate was exposed. The endopelvic fascia was preserved bilaterally. The bladder neck was incised, followed by dissection of the vas deferens and seminal vesicles. Posterior plane dissection was continued laterally with a bilateral nerve-sparing technique. Anterior dissection was then completed, and the urethra was dissected and transected at the prostatic apex. The dorsal venous complex was closed using a 2-0-V-Lock suture. A Van Velthoven urethrovesical anastomosis was performed using 3-0-Stratafix sutures.

Results and conclusions. The surgery lasted 240 minutes. The blood loss was 150cc. The drain tube was removed on day 2 postoperatively, and the patient was discharged on day 4 postoperatively. The pathological diagnosis was Gleason 6(3+3) adenocarcinoma of prostate pT2(a)N0M0L0V1R0. Bladder catheter was removed after cystography confirmed no leakage at 10 days postoperative. At 1 and 3 months postoperatively, PSA values=0.029ng/ml and<0.025ng/ml and the patient fully recovered both the continence and potency. Bilateral nerve-sparing robotic radical prostatectomy can provide excellent oncologic and functional outcomes in selected patients with localized prostate cancer, allowing achievement of the surgical trifecta

V2.5 - Staged minimally invasive surgical management of Synchronous Locally Advanced Prostate Cancer and bladder neck urothelial carcinoma

Managementul chirurgical minim invaziv etapizat al cancerului de prostată local avansat sincron cu carcinom urotelial al colului vezical

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Introduction. Locally advanced prostate cancer represents a challenging clinical scenario, requiring careful surgical planning to achieve both optimal oncologic and functional outcomes. Laparoscopic radical prostatectomy offers a minimally invasive approach that allows precise anatomical dissection and adequate local disease control. A staged treatment approach is recommended when a synchronous bladder tumor is identified. Its localization at the level of the bladder trigone may raise technical difficulties during radical prostatectomy. This video highlights the management of locally advanced prostate cancer synchronous with bladder cancer.

Material and method. A 67-year-old patient underwent multiparametric MRI due to elevated PSA(7.1 ng/mL) and a positive DRE (suspicious for T3 disease). Imaging revealed bilateral PI-RADS 5 prostate lesions and a VI-RADS 2 bladder neck tumor. Micro-ultrasound–MRI fusion transrectal biopsy confirmed prostate adenocarcinoma in 14 cores, with a Gleason score of 7 (3+4). Staging imaging was negative for metastatic disease. The multidisciplinary tumor board recommended staged treatment consisting of bladder tumor resection followed by radical prostatectomy after four weeks. Transurethral resection of the bladder tumor (TURBT) revealed a pTaG2 low-grade papillary urothelial carcinoma. A properitoneal approach through the Retzius space was performed. The endopelvic fascia was opened bilaterally. The dorsal venous complex was controlled using a 2-0 V-Lock suture. The bladder neck was incised, followed by dissection of the vas deferens and seminal vesicles. Posterior plane dissection was continued laterally in a non–nerve-sparing manner. Anterior dissection was then completed, and the urethra was dissected and transected at the prostatic apex. Pelvic lymphadenectomy was performed. Posterior reconstruction was carried out using a Rocco stitch. A Van Velthoven urethrovesical anastomosis was performed using 3-0 Stratafix sutures.

Results and conclusions. The surgery lasted 260 minutes. The blood loss was 200cc. The drain tube was removed on day 2 postoperatively, and the patient was discharged on day 4 postoperatively. The pathological diagnosis was Gleason 7(3+4) + 5(<5%) adenocarcinoma of prostate pT3(a)N0M0L0V0Pn1R1(1mm-Gleason 6(3+3)). Bladder catheter was removed after cystography at 14 days. At 1 and 6 months postoperatively, PSA values=<0.025ng/ml and 0.011ng/ml and the patient recovered the continence. Negative cystoscopic follow-up was done at 3,6 and 12 months. Laparoscopic radical prostatectomy following staged management of bladder urothelial carcinoma is a feasible approach in selected patients with synchronous malignancies. Careful preoperative evaluation and surgical planning allow safe oncologic treatment of both diseases, while minimally invasive surgery provides adequate local control with acceptable perioperative outcomes

V2.6 - Salvage robotic prostatectomy – Is nerve-sparing feasible?
Prostatectomia radicală robotică de salvare – Este fezabilă păstrarea bandeletelor neurovasculare?

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Introduction: Salvage prostatectomy represents a curative treatment option for patients with local recurrence of prostate adenocarcinoma after radio-hormonal therapy. The procedure is considered technically challenging due to post-radiotherapy fibrosis and scaring. However robotic surgery offers superior visualization and more precise dissection, reducing morbidity.

Material and method: We report the case of a 69-year-old sexually active male with a history of hypertension and Paget's disease, initially diagnosed in 2019 with Gleason 7 (4+3) prostate adenocarcinoma, cT2cN0M0, treated with external radiotherapy and hormone therapy. In 2025, a PSA rise to 1.4 ng/mL suggested biochemical recurrence. PSMA PET/CT revealed increased uptake in the apex of the right lobe, without distant metastases. Following a multidisciplinary uro-oncological board discussion, a robot-assisted salvage radical prostatectomy (Da Vinci Xi) was planned, including left nerve-sparing and bilateral pelvic lymphadenectomy.

Results: The procedure lasted 180 minutes, with an estimated blood loss of 100 mL. Verification of the anastomosis with 150 mL of saline solution revealed minor leakage, which is why cystography was recommended after 14 days. The main technical difficulties were fibrosis and post-radiotherapy scarring, which made it harder to dissect the bladder neck, posterior plane, and prostatic apex. Histopathological result: pT2N0MxL0V0Pn1R0 prostate adenocarcinoma. The postoperative course was favorable: due to prolonged drainage, the pelvic drainage was removed on postoperative day 11, discharge on day 12, and follow-up cystography showed a tight anastomosis with no extravasation. At 6 months postoperatively, the patient had undetectable PSA, was continent, and had resumed sexual activity under PDE5 inhibitor treatment.

Conclusions: Robot-assisted salvage prostatectomy is a feasible and safe procedure in selected cases of local recurrence after radiotherapy. Although post-radiotherapy fibrosis increases the difficulty of dissection and the risk of complications, the robotic approach allows detailed visualization, precise control of anatomical planes, and favorable functional results

V2.7 - Robotic radical cystectomy with intracorporeal ileal conduit in renal transplant patient

Cistectomie radicală robotică cu conduit ileal intracorporal la un pacient cu transplant renal

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Introduction & objectives: Robotic surgery has become a valid alternative to open approach in the management of the most complex urological cases. We present the case of a renal transplant patient who was diagnosed with muscle-invasive urothelial carcinoma of the bladder. We hereby illustrate a novel approach that employs intra-ureteral administration of indocyanine green (ICG) to facilitate robotic radical cystectomy with intracorporeal ileal conduit diversion.

Materials & methods. A 77-year-old male with a history of IgA nephropathy (1997) and kidney transplantation from a brain-dead donor (2007) presented with a one-year history of intermittent gross hematuria. Laboratory findings revealed mild anemia, impaired renal function (estimate Glomerular Filtration Rate - eGFR 42 mL/min, normal > 90 mL/min) and a positive urine culture for Escherichia Coli. A computerized tomography urogram identified a 22/42 mm enhancing mass on the right anterolateral bladder wall with extravesical extension and possible bone lesions. Transurethral resection of bladder tumor confirmed pT2G3 urothelial carcinoma. Following multidisciplinary tumor board evaluation, an FDG PET-CT was performed, showing metabolically active bladder wall disease without nodal or distant metastases. Final staging was cT3bN0M0. The patient underwent robotic radical cystectomy with intracorporeal ileal conduit diversion.

Results: The robotic approach was performed using four 8 mm trocars and two auxiliary trocars of 12 and 5 mm, respectively. Before radical cystectomy, the graft ureter was catheterized with a 6 Fr ureteral catheter. Intraureteral administration of ICG was used to identify the transplanted ureter, facilitating maximum preservation. The native ureters were ligated permanently. An iliac and obturator lymph node dissection was performed only on the left side. An intracorporeal ileal conduit was performed. The operative time was 560 minutes, with an estimated blood loss of 250 ml. The postoperative course was uneventful, with no major complications. Bowel movements resumed on day 3. The abdominal drain was removed on postoperative day 5, and mobilization was resumed on the same day. The patient showed steady improvement and was discharged on postoperative day 8, in good general condition. The final pathology confirmed a high-grade invasive urothelial carcinoma, pT3bN0L0V0R0.

Conclusion: Robotic radical cystectomy with intracorporeal ileal conduit is a safe and less invasive alternative to open surgery in renal transplant recipients. Intraoperative use of indocyanine green provides a reliable method for graft ureter identification, optimizing ureteral length and facilitating reconstruction.

V2.8 - Concomitant Partial Robotic Left Nephrectomy and Radical Prostatectomy for Left pRCC and Prostate Adenocarcinoma

Nefrectomie partiala stanga si Prostatectomie radicala concomitente robotice pentru carcinom renal papilar si Adenocarcinom prostatic

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Introduction and Objectives. Renal cell carcinoma and prostate adenocarcinoma are two of the most common urologic cancers. Robotic interventions like radical or partial nephrectomies and radical prostatectomies have established themselves as the standard approach with curative intent for these types of tumors. In this video we present a concomitant robotic partial nephrectomy and radical prostatectomy in a patient with synchronous renal cell carcinoma and prostate cancer.

Materials and Methods. A 62 years old male patient presented for a routine urologic evaluation accusing moderate lower urinary tract symptoms. The PSA level was 1.7 ng/mL. Despite the normal PSA value, digital rectal examination was performed and identified a suspicious prostatic lump. Multiparametric prostate MRI revealed a PIRADS 5 lesion in the left lobe. Subsequently, an MRI-ultrasound fusion-guided prostate biopsy was conducted, establishing the diagnosis of acinar prostatic adenocarcinoma, Gleason 7 (ISUP grade 3). During staging, computed tomography revealed an cT 1a N 0 M 0 left renal tumor. We decided to perform left robotic partial nephrectomy and radical prostatectomy in the same operative session, starting with the nephrectomy. The position of the patient was left lumbar decubitus with a line disposition of the 3 trocars. Afterwards the patient was moved into a supine position and a radical prostatectomy with lymph node dissection was performed. 4 robotic ports and an air seal trocar were inserted and the same robotic instruments were used. Results. The surgery time was 250 minutes. The blood loss during surgery was about 200 cc and no major complications were encountered in the postoperative setting. The patient was discharged on the 4 th postoperative day. The histopathologic examination confirmed the diagnosis of T 1a N 0 papillary renal cell carcinoma and T 3a N 0 acinar prostatic adenocarcinoma, Gleason 7 (ISUP grade 3). At the 3 months follow-up the PSA level was undetectable.

Conclusions. Digital rectal examination remains mandatory during the physical examination of any male urologic patient, irrespective of the PSA level. Performing both interventions by a robotic approach in the same operative session provides multiple advantages: accurate and precise surgical gestures, good oncologic and functional outcomes, significantly reduced treatment and recovery time, and a lower total cost

V2.9 - Simultaneous Robotic Excision of Deep Infiltrating Endometriosis and total Nephrectomy for a Grade IV Hydronephrosis Nonfunctioning Kidney: A Case Presentation

Excizia robotică simultană a endometriozei infiltrative profunde și nefrectomia totală pentru un rinichi nefuncțional cu hidronefroză de gradul IV: prezentare de caz

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Introduction. Deep infiltrating endometriosis (DIE) is a severe form of endometriosis characterized by infiltration of pelvic structures, often requiring complex multidisciplinary surgical management. Robotic-assisted surgery provides enhanced visualization and precision, facilitating dissection in anatomically challenging areas such as the parametrial region and pelvic neural structures. Simultaneous robotic management of both gynecologic and urologic pathologies is rarely reported. We present a case of combined robotic excision of deep infiltrating endometriosis and nephrectomy for a grade IV nonfunctioning kidney.

Materials and Methods. A 28 years old patient diagnosed with deep infiltrating endometriosis involving the left parametrium and a grade IV hydronephrosis nonfunctioning left kidney was scheduled for simultaneous excision of the left parameter and nephrectomy during a robotic surgery. A multidisciplinary minimally invasive surgical approach was planned in order to address both the urologic and gynecologic pathologies during the same operative session. Surgical and perioperative data were analyzed.

Results. Robotic surgery was performed in a single operative session with a total operative time of 280 minutes. A robotic nephrectomy was first completed in 45 minutes. Subsequently, robotic excision of deep infiltrating endometriosis was performed, including resection of the left parametrial endometriotic lesion with careful dissection of the roots of the sacral plexus and the sciatic nerve. The robotic platform allowed precise nerve identification and meticulous dissection in the deep pelvic compartment. The procedure was completed without intraoperative complications. The postoperative course was uneventful, and the patient had an uncomplicated recovery.

Conclusion. Simultaneous robotic nephrectomy and excision of deep infiltrating endometriosis involving major pelvic neural structures is feasible and safe in selected cases. Robotic surgery may offer significant advantages in complex multidisciplinary pelvic procedures, enabling precise nerve-sparing dissection while addressing concomitant urologic pathology during the same operative session.

V2.10 - 3D Laparoscopic approach for left renal tumor with inferior vena cava tumor thrombus

Abordul laparoscopic 3D pentru tumoră renală stângă cu extensie tumorală în vena cavă inferioară

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Introduction: Advanced renal cell carcinoma (RCC) frequently exhibits a tendency for vascular invasion. Current guidelines recommend surgical management for non-metastatic RCC presenting with inferior vena cava (IVC) thrombosis. However, performing a minimally invasive laparoscopic procedure for left-sided RCC with IVC thrombus can present significant surgical challenges.

Materials and methods: We present the case of a 70-year-old male diagnosed with a left renal mass measuring 92 × 225 × 79 mm, associated with left renal vein thrombosis, left gonadal vein thrombosis, and thrombus extension into the inferior vena cava (IVC). The mass was incidentally discovered during evaluation for intermittent left lumbar pain using a contrast-enhanced computed tomography (CT) scan. The patient's medical history included grade II essential arterial hypertension and mild anemia. A laparoscopic surgical approach was selected for management.

Results: Surgery was initiated through a left transperitoneal laparoscopic approach using four trocars. Dissection progressed toward the renal hilum, where the left renal artery was identified and secured with four medium Hemo-o-lok® clips. Isolation of the renal vein proved challenging due to the presence of dense inflammatory perivascular fat. The left gonadal vein was carefully dissected and controlled distal to the tumor thrombus near the internal inguinal ring. The left ureter was subsequently identified, mobilized, and transected.
Following adequate exposure of the left renal vein, the patient was repositioned into the right lateral decubitus position to allow a right transperitoneal approach. The right hepatic lobe was mobilized anteriorly to improve visualization. Mobilization of the colon and duodenum enabled further dissection of the IVC both cranially and caudally to the renal veins. Vascular control was achieved using tourniquets placed around the right renal vein and the IVC above and below the renal pedicles. The IVC was incised at the level of the thrombus margin, followed by cavorrhaphy with continuous 5-0 Prolene sutures. After releasing the tourniquets, hemostasis was confirmed. The specimen was placed in an EndoBag and extracted through a left inguinal incision. Estimated blood loss was approximately 250 ml, and the patient was discharged on postoperative day 12.

Discussion: In selected patients with RCC and IVC thrombus, minimally invasive approaches, including laparoscopic or robotic techniques, may offer favorable perioperative outcomes. Compared with open surgery, laparoscopy is associated with shorter recovery time and fewer postoperative complications

V2.11 - Laparoscopic radical neproureterectomy for peristomal recurrence of urothelial carcinoma in a patient with a history of radical cystectomy

Nefroureterectomie radicală laparoscopică pentru recurența peristomiala a carcinomului urotelial în cazul unui pacient cu istoric de cistectomie radicală

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Introduction & Objectives. Cutaneous ureterostomy is a urinary diversion technique occasionally used after radical cystectomy. Although oncological recurrence at the level of the ureterostomy is rare, it represents a challenging clinical scenario that requires complex surgical management. We present the case of a patient with peristomal recurrence of urothelial carcinoma managed by minimally invasive surgery.

Material & Methods. A 74-year-old patient with a history of muscle-invasive bladder cancer treated by open radical cystectomy with bilateral cutaneous ureterostomy in 2012 presented with a newly appeared erythematous lesion around the left ureterostomy. Contrast-enhanced abdominal CT-scan revealed thickening of the left ureteral wall in proximity to the stoma. Biopsy of the peristomal lesion demonstrated urothelial carcinoma with pagetoid epidermal extension. After multidisciplinary uro-oncological evaluation, radical nephroureterectomy was indicated.

Results. Radical nephroureterectomy with en bloc excision of the peristomal lesion was performed. The laparoscopic procedure was successfully completed without intraoperative complications. No significant adhesions following the previous open radical cystectomy were encountered. Due to the large cutaneous defect resulting after excision of the peristomal lesion, wound closure was performed in collaboration with a plastic surgeon to achieve adequate coverage of the defect. The operative time was 140 minutes. Blood loss was minimal. Postoperative evolution was favorable, the patient was mobilized and resumed bowel movement on the first postoperative day and was discharged on day 3. Histopathological examination confirmed urothelial carcinoma with pagetoid cutaneous extension at the level of ureterostomy, with negative surgical margins.

Conclusion. Peristomal recurrence of the urothelial carcinoma after radical cystectomy with cutaneous ureterostomy is a rare but clinically significant condition. Minimally invasive approach is feasible even in such cases of hostile abdomen, allowing complete oncological excision with favorable postoperative recovery.

V2.12 - Functional Benefits of the Extraperitoneal Approach in Robotic-Assisted Radical Prostatectomy: The last 300 Cases

Beneficiile funcționale ale abordului extraperitoneal în prostatectomia radicală robot-asistată: experiența a 300 de cazuri

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Introduction. Robotic-assisted radical prostatectomy (RARP) is a standard treatment for localized prostate cancer. While the transperitoneal route is widely adopted, the extraperitoneal approach offers a valuable alternative by avoiding entry into the peritoneal cavity. This may reduce bowel manipulation, postoperative discomfort, and facilitate early recovery. The aim of this study was to present the surgical technique of extraperitoneal RARP and to emphasize the most important steps in optimizing functional benefits based on a large single centre experience.

Materials and methods. We report our experience with extraperitoneal robotic-assisted radical prostatectomy in a large consecutive series. The study focuses on the operative technique, including patient positioning, creation of the extraperitoneal working space, port placement, development of the Retzius space, bladder neck dissection, control of the dorsal venous complex, apical dissection, nerve-sparing when appropriate, and vesicourethral anastomosis. Special attention was given to the technical features of the extraperitoneal route that may contribute to improved postoperative functional recovery.

Results and conclusions. The extraperitoneal approach proved feasible, reproducible, and well suited for all key steps of robot-assisted radical prostatectomy showing no limitations in extending the upper limit of the lymph nodes dissection. It provided direct access to the prostate and anterior pelvic structures within a confined and stable operative field. Since the preservation of the surrounding neovascular tissue is the most powerful predictor for functional recovery, cognitive preservation and excision whenever the magnetic resonance imaging (MRI) and positive cores allowed lead to optimal functional results minimizing the oncological risk. In addition, we have the general recommendations of bladder neck and urethral stump preservation for early continence recovery. Avoidance of the peritoneal cavity appeared to offer functional advantages, including reduced bowel interference, improved immediate postoperative comfort, and favorable conditions for early urinary continence recovery.

V2.13 - Zero-Ischemia Partial Nephrectomy for Complex Renal Tumors
Nefrectomia parțială în ischemie zero pentru tumorile renale cu grad înalt de complexitate

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Introduction. Partial nephrectomy is the preferred nephron-sparing treatment for localized renal tumours. In highly complex renal masses, however, renal hilar clamping may increase the risk of ischemia related functional impairment. Zero-ischemia partial nephrectomy has therefore emerged as an advanced surgical strategy aimed at maximizing parenchymal preservation while maintaining oncological control. We are aiming to present technical solutions for implementing the zero-ischemia excision of highly renal complex tumors.

Materials and methods. We considered all the technical improvements that we implemented over the last five years of laparoscopic and robotic-assisted partial nephrectomy. The focus was placed on preoperative anatomical assessment, meticulous hilar dissection, identification of tumour vascularization, precise tumour excision without global hilar clamping, and tailored nephrorrhaphy. Particular attention was given to technical manoeuvres that facilitated exposure, bleeding control, preserved healthy parenchyma, and maintained accurate dissection planes throughout the resection and reconstruction phases.

Results and conclusions. The zero-ischemia technique proved technically feasible in selected highly complex renal tumours when supported by careful planning and refined robotic execution. The approach allowed continuous renal perfusion during tumour resection and enabled precise excision in demanding anatomical scenarios. The game changer was using the vessel sealing devices and intraoperative ultrasound in controlling both parenchyma and vascular haemorrhage and precise localization of the tumoral pedicles. The robotic platform facilitated controlled dissection, accurate haemostasis, and effective renal reconstruction, making this strategy particularly valuable in cases in which maximal functional preservation was a major objective

V2.14 - Minimally-invasive reconstruction of complex bladder neck obstruction
Reconstrucția minim invazivă a obstrucției complexe a colului vezicii urinare

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Introduction & Objectives. Bladder neck sclerosis represents a challenging complication following transurethral prostate surgery, associated with urinary retention, need for chronic catheterization and impaired quality of life. Minimally invasive reconstructive techniques, including robotic and laparoscopic approaches, offer promising functional outcomes in complex cases. We present two cases of severe bladder outlet obstruction managed using minimally invasive reconstructive surgery.

Materials & Methods. The first patient was a 76 year old male, who had bladder neck sclerosis with complete obliteration of the urethra confirmed cystoscopically, following previous TUR-P procedures (2023 and 2024). Retrograde urethrography demonstrated a 3 cm urethral stricture at the level of the prostatic fossa. The second patient, a 67-year-old male with a history of TUR-P for benign prostatic hyperplasia, recurrent urinary tract infections, presented with bladder neck obstruction associated with a large bladder diverticulum. Cystoscopy revealed a posterior urethral stricture, multiple prostatic synechiae and complete bladder neck closure, while imaging confirmed a 7 cm bladder diverticulum. Minimally invasive reconstruction was performed in both cases: robotic approach using the DaVinci Xi system in the first patient and 3D laparoscopic approach with transvesical laparoscopic diverticulectomy in the second patient.

Results. In both cases, minimally invasive reconstructive surgery was successfully completed without intraoperative complications. A transvesical approach was employed in both cases, with subsequent opening of the bladder neck and mucosal apposition on top of the sclerotic area. A circumferential suture was performed using barbed suture. The operative time was 350 minutes for the first case and 220 minutes for the second case. Blood loss was minimal. Postoperative recovery was uneventful. Urinary catheter was removed on postoperative day 7. At one-month follow-up, both patients presented spontaneous voiding, with satisfactory urinary stream and no lower urinary tract symptoms or recurrent obstructive complaints.

Conclusion. Robotic and laparoscopic bladder neck reconstruction represent safe and effective minimally invasive options for the management of complex bladder neck obstruction, leading to a favorable postoperative recovery with reduced morbidity.

V2.15 - Robotic Repair of Vesico-Ureteral-Vaginal Fistula with Ureteral Ectopia in a Pediatric Patient with Complex Urogenital Malformation

Tratamentul chirurgical robotic al unei fistule vezico-uretero-vaginale asociate cu ectopie ureterală la un pacient pediatric cu malformație urogenitală complexă

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Introduction. Vesico-vaginal fistulas are rare in pediatric populations, with an estimated incidence of approximately 0.1 to 0.2 per 1,000 live births. They are predominantly congenital and often associated with other urogenital and genital malformations. Urogenital tract anomalies, such as ureteral ectopia or malposition, frequently coexist with structural abnormalities of the genital tract, complicating diagnosis and treatment.

Materials & Methods. We present the case of a 14-year-old girl who exhibited involuntary urine leakage through the vagina, quantified at about 80 ml following previous surgical treatment of an apparently right ureterocele. She had a complex urogenital syndrome consistent with Herlyn-Werner-Wunderlich syndrome, characterized by uterus didelphys, a septate vagina, right hydrocolpos, and hypoplasia of the right kidney, confirmed through scintigraphy and MRI. Her medical history included two prior surgeries in other hospital: endoscopic incision of what at the moment seemed to be a right ureterocele and hemivaginal incision for hydrocolpos, with further laparoscopic, cystoscopic, and vaginoscopic exploration with the incision of the right hemivagina. Diagnostic assessments comprised uro-MRI, pelvic MRI, mictional urethrocystography, and renal scintigraphy.

Results. In our department we performed an endoscopic exploration of the bladder and vagina that revealed a vesico-uretero-vaginal fistula originating at the bladder incision site. The wide opening previously created enabled the communication of the right ureter – bladder and right hemivagina. The communication has been confirmed by methylene blue testing during which blue dye was observed to have passed in the right hemivagina. We performed a robotic approach that enabled us to visualize the uterine didelphys, with each uterus having its own fallopian tube and attached ovary. To better identify the right ureter, we used a dual approach: we performed a ureteroscopy, and the light from the scope guided us in locating the ureter. Once the ureter was identified and dissected at its cranial end, we found a hypoplastic kidney located at the level of the iliac vessels, with several small associated vessels. Following this, the caudal dissection of the ureter led us to the fistula site. Through a cystostomy, we were able to excise the fistulous tract, after which we performed separate closures of the right hemivagina and the bladder. Intraoperative testing verified the watertight closure of the bladder. The operative time 165 min, blood loss - insignificant. Postoperative recovery was uneventful; the urethral catheter was maintained for two weeks. Follow-up showed no urinary incontinence.

Conclusions. Robotic-assisted surgery enabled precise dissection, fistula excision, and successful reconstruction in complex urogenital malformations

V2.16 - Advanced Robotic Reconstruction of a Long Mid-Ureteral Stricture Using Buccal Mucosa Graft

Reconstrucție robotică avansată a unei stricturi lungi la nivelul ureterului mijlociu utilizând grefă de mucoasă bucală

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Introduction & Objectives. Ureteral strictures following severe iatrogenic injuries, such as ureteral avulsion or full-thickness tears, are uncommon but represent major challenges in upper urinary tract reconstruction. Conventional techniques—including ureteroureterostomy, transureteroureterostomy, or ileal ureter substitution—may involve significant morbidity and variable long-term patency. The robotic platform enables precise minimally invasive reconstruction, while buccal mucosa grafts (BMG) provide a well-vascularized, durable, and biocompatible tissue substitute with low donor-site morbidity. We present a case of robotic onlay BMG ureteroplasty for a complex mid-ureteral stricture.

Materials & Methods. A 47-year-old man presented with recurrent left flank pain and a history of ureteral avulsion during ureteroscopy for a 9×8 mm lumbar ureteral stone in 2016, initially treated with end-to-end anastomosis. In 2024, CT imaging showed grade IV left hydronephrosis and a long mid-ureteral narrowing 8 cm below the ureteropelvic junction, with two 3 mm calculi. Retrograde ureteropyelography confirmed a 3.5 cm stricture, and diuretic renography demonstrated 32% split renal function.
A robotic onlay BMG ureteroplasty was performed in right lateral decubitus. Severe periureteral fibrosis required meticulous dissection, aided by simultaneous flexible ureteroscopy to define stricture margins. After ventral ureterotomy, a tailored buccal graft was harvested and sutured as an onlay patch using running 4-0 Vicryl. Ureteral patency was endoscopically confirmed, and a 7 Ch double-J stent was placed.

Results. Recovery was uneventful. The patient was discharged on postoperative day 3, and the stent was removed at 6 weeks. At 2 months, CT urography showed grade I hydronephrosis with restored ureteral continuity and symptom resolution. At 1 year, imaging demonstrated minimal residual dilation and normal ureteral caliber.

Conclusions. Robotic onlay BMG ureteroplasty is a safe and effective option for complex mid-ureteral strictures, offering excellent short-term functional outcomes in fibrotic or previously operated fields.

V2.17 - A Technical Manoeuvre to Reduce Anastomotic Tension in Robotic-Assisted Hynes-Anderson Pyeloplasty
Un artificiu tehnic pentru reducerea tensiunii anastomotice în pieloplastia Hynes-Anderson asistată robotic

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Introduction. Robotic-assisted Hynes-Anderson pyeloplasty is the standard minimally invasive reconstructive option for ureteropelvic junction obstruction. However, in selected cases, achieving a tension free anastomosis may be technically challenging because of anatomical variations or limited mobility of the ureteropelvic unit. We describe a technical solution designed to reduce the anastomotic tension facilitating reconstruction during robotic-assisted pyeloplasty.

Materials and methods. We present the technical details of a tension reducing manoeuvre used during robotic-assisted Hynes-Anderson pyeloplasty. After standard dissection of the ureteropelvic junction, excision of the stenotic segment, and ureteral spatulation, the manoeuvre was applied to optimize alignment between the ureter and renal pelvis before completion of the anastomosis. The technique was assessed from a purely operative perspective, with emphasis on its reproducibility, technical feasibility, and integration into the standard reconstructive sequence.

Results and conclusions. The idea was to use a part of the pelvic tissue to tailor a supple pyeloma and a wide junction with an interposed segment responsible for reducing the mechanical tension into anastomosis. The manoeuvre was easily incorporated into the robotic pyeloplasty workflow and proved technically reproducible. It improved the spatial orientation of the ureter and renal pelvis, facilitated tissue approximation, and reduced tension across the anastomotic line. This allowed a more controlled reconstruction and supported precise suturing, particularly in anatomically challenging situations. By facilitating a tension free anastomosis, it may improve the technical quality of reconstruction and provide favorable conditions for optimal healing. It appears to be a practical adjunct in selected cases requiring tailored reconstructive strategies.