O1

EVALUATION OF THE ROLE OF INJECTION THERAPY FOR THE MANAGEMENT OF SYMPTOMATIC VESICOURETERAL REFLUX IN CHILDREN

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Objective: to evaluate the role of endoscopic subureteral injection for managing VUR especially high grades and detecting the relation between treating VUR and resolution of UTI

Methods: Between January 2008 and March 2011; 25 patients (children with history of recurrent UTI, breakthrough UTI during continuous antibiotic prophylaxis “CAP” or evident VUR) with 34 renal units diagnosed as vesicoureteral reflux, and underwent 34 subureteral polydimethylsiloxane (Makroplastique) endoscopic injections in Sohag University Hospital and Cairo University Pediatric Hospital using both traditional STING and double HIT techniques, in prospective non-randomized clinical cohort study

Results: After endoscopic treatment, about 80% of patients had resolution of UTI and 82.4% had resolution of VUR. There was no significant relation between grade of the VUR lesion and its recurrence after endoscopic injection \( P = 0.259 \). We had recurrence in 6 units, 4 of them were grade 2 and 2 of them were grade 4.

Conclusions: Endoscopic subureteric injection using Makroplastique is an effective modality for treatment of VUR, with superior results of double HIT technique especially in high grade cases.

Key words: pediatric, endoscopy, outcomes, vesicoureteral reflux.

O2

EVALUATION AND MANAGEMENT OF HYDRONEPHROSIS IN THE NEONATES AND CHILDREN

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Objectives: To evaluate the causes and management of hydronephrosis in neonates and children.

Patients and methods: 60 children with some degree of hydronephrosis due to variable causes, either unilateral or bilateral were studied. Their age ranged from 3 months to 13 years with a mean of 5.33±3.77 years. 44 of cases (73.3%) were males, and 16 of them (26.7%) were females with male to female ratio of 2.75: 1.

Results: Hydronephrosis was on the right side in 36.7% of cases, left side in 41.7% and bilateral in 21.6% of cases. UPJ obstruction, observed in 31.7% of cases, vesicoureteric reflux in 21.7%, posterior ureteral valve in 18.3%, renal stones in 16.7% of cases, and neurogenic bladder was observed in 1.7% of cases. The operative procedure recorded were pyeloplasty in 31.7%, ureterovesical reimplantation in 21.7%, fulguration of posterior urethral valve in 18.3%, PCNL in 5%, ureteroscopy and Pyelolithotomy in 5%, Macroplastique injection in 3.3%.

Conclusion: Management of hydronephrosis is directed to the cause and was in the form of pyeloplasty, ureterovesical reimplantation, and fulguration of posterior urethral valve, PCNL, ureteroscopy, Macroplastique injection and Pyelolithotomy with high efficacy.
A palpable mass in the abdomen of a child is a serious finding. It requires urgent attention to determine if it is malignant and if there is complication of vital organs or internal hemorrhage. Abdominal masses are most often found in children less than 5 years of age. In newborns, abdominal masses are often due to inflammatory or infectious processes such as meconium ileus, necrotizing enteritis, or necrotizing enterocolitis. In older children, abdominal masses can be due to a variety of conditions, including congenital anomalies, tumors, infections, and organomegaly.

Objective: To describe the progress of the equivocal cases of UPJO disease in infants aiming at putting guidelines for the choice of treatment of these cases.

Methods: A prospective study conducted on 26 infants with unilateral equivocal UPJO followed up for 6 months unless early surgery was indicated. We recorded the progress of the AP diameter of the renal pelvis as well as the split renal function of the affected kidney.

Results: Eighteen cases (69.2%) were diagnosed on antenatal ultrasound and 8 cases (30.8%) were accidentally discovered on abdominal US done due to other complaint. We divided the results into 2 groups. Group 1a, 4 cases that deteriorated and were operated upon at 3 months, 3 cases showed deterioration in both split renal function (<40%) and excessive renal pelvic dilatation (>40mm) and one case showed deterioration in the split renal function only (the average presenting AP diameter was 30.75mm and after 3 months was 48mm, the average presenting split renal function was 41.5% and after 3 months was 34.8%). Group 1b, 12 patients (50%), 11 cases showed deterioration of both the split renal function and excessive renal dilatation, and 6 cases showed deterioration in the split renal function only (the average presenting AP diameter was 27.5mm and after 3 and 6 months was 32.6mm and 43.9mm respectively, the average presenting split renal function was 43.2% and after 3 months was 41.5% and 35.1% respectively). Group 2, 10 cases that did not deteriorate, 7 cases in both the split renal function and excessive renal dilatation remained stable and 3 cases showed deterioration (one male patient with severe hydronephrosis, two patients, Cystic renal disease in 3 patients or posterior urethral valves in 3 patients). Eight cases showed deterioration at 6 months and were operated upon at 6 months. Seven cases showed deterioration in both the split renal function and excessive renal dilatation, and 6 cases showed deterioration in the split renal function only (the average presenting AP diameter was 32.5mm and after 3 months was 48mm, the average presenting split renal function was 41.5% and after 3 months was 34.8%). Group 1b, 12 cases showed deterioration at 6 months and were operated upon at 6 months. Seven cases showed deterioration in both the split renal function and excessive renal dilatation, and 6 cases showed deterioration in the split renal function only (the average presenting AP diameter was 27.5mm and after 3 and 6 months was 32.6mm and 43.9mm respectively, the average presenting split renal function was 43.2% and after 3 and 6 months was 41.5% and 35.1% respectively).

Conclusion: According to our classification of cases, we can say that an increase in the AP diameter >30mm may be a strong indication for immediate surgery to avoid expected deterioration in the renal function. If the presenting AP diameter was >30mm, it is better to give a chance for conservative management and follow up periodically.
OUTCOME OF DOUBLE BLENDED RANDOMIZED CONTROLLED STUDY USING DARTOS VERSUS SMALL INTESTINAL SUBMUCOSAL GRAFT WITH TUBULARIZED INCISED PLATE URETHROPLASTY FOR DISTAL HYPOSPADIAS REPAIR

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Objective: Tubularized incised plate urethroplasty (TIPU) has been the standard for distal hypospadias repair. Herein, we compare the use of dartos pedicle versus small intestinal submucosal (SIS) graft as a secondary layer with TIPU for distal hypospadias repair.

Methods: 41 patients with distal hypospadias were enrolled in a double blinded randomized controlled study comparing the use of dartos pedicle versus 4-layer SIS graft as a secondary layer during TIPU. The two groups were analyzed regarding patient age, urethral plate width, glans groove, stent size and duration, operative time and complications. Patients were followed up to 6 (mean 4.3 months).

Results: Group (A) included 20 patients with distal hypospadias (12 distal penile and 8 coronal) and managed with dartos pedicle during TIP repair. Patients' age ranged from 6-96 (mean 51 months). Group (B) included 21 patients (12 distal penile and 9 coronal) and managed with SIS graft as a secondary layer during TIP repair. Patients' age ranged from 7-144 (mean 64.4 months). Mean urethral plate width was 7 & 5.7 mm respectively. The glans groove was shallow in 76.1% and 71.4% respectively. Operative time ranged from 60-90 min (mean 70 & 69.3 min for both group respectively). An 8Fr Nelaton catheter was left indwelling for 7 & 7.6 days respectively. Complications rate was 10% (urethrocutaneous fistula in 2 patients) and 42.9% (urethrocutaneous fistula in 6 and disruption in 3 patients) respectively.

Conclusions: The use of dartos pedicle with TIP repair remains the gold standard for distal hypospadias repair with the least complications rate. SIS graft may have place in case of circumcised hypospadiac patients or redo cases. A larger study group with longer follow up is required to assess long-term outcome for distal hypospadias repair utilizing SIS graft.

CASE IN FOCUS: GIANT HYDRONEPHROSIS

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A four years old boy presented with painless, progressive abdominal swelling since birth. No urinary symptoms, Normal growth & Developmental milestones. The clinical examination revealed: - Small for age/stunted, Protuberant belly, WH = 18.5 kg, Ht = 1.03 m-hypertensive. Asymmetrically dilated abdomen, abd. Girth = 71cm. (umbilical level). Renal-fender ballotable cystic mass extending From LUQ → RIF. The laboratory investigations showed normal: renal & liver functions, Blood sugar, and Blood profile. KUB (Plain UT) Showed: A very huge left renal shadow over the psoas muscle & the 2nd, 3rd, 4th and 5th lumbar vertebrae and crossing to the opposite side. Abdominal and pelvic ultrasonography showed: marked left hydronephrosis secondary to UPJ obstruction, while the right kidney was normal and the liver was free. Excretory urography showed non-functioning Lt. Kidney and RT. Kidney is normal. CT scan showed severe left hydronephrosis, and normally excreted right kidney and the liver and lymph nodes were not involved.

Exploratory laparotomy was performed through a transverse upper abdominal Trans-peritoneal approach. Grossly dilated cystic Lt. Kidney associated with obstruction of Ureterspinalic junction (UPJ), patchy cortical tissue, redundant pelvis and atrophic kidney remnant. Amber colored fluid-filled the collecting system. Lt. Nephrectomy was done and the Lt. Kidney weighed 1650 gm. An uneventful post-operative period and discharged on 8th POD.

Conclusion: Giant hydronephrosis is uncommon clinical condition that contains more than 1,000 ml of fluid in the collecting system of the kidney of an adult, or more than the 24 hr. urine volume of a child. Any abdominal/retroperitoneal cystic mass even in the absence of other evident pathologies should include: The differential diagnosis of a possible hydronephrosis that develops gradually over a long period of time. Nephrectomy is often performed due to severe Impairment of renal function or associated complications such as compression of surrounding structures i.e. contra lateral ureter; intestine, veins, infections, renal insufficiency, malignant change and rupture of the kidney.
PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS) FOR THE TREATMENT OF OVERACTIVE BLADDER

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Objectives: To evaluate the efficacy of percutaneous posterior tibial nerve stimulation for the treatment of the overactive bladder (OAB).

Material & Method: Between 9/2009 and 10/2011 forty patients complained from symptoms of OAB were enrolled in the study. The patients were classified into two groups: Group 1: (electrical stimulation group), consisted of twenty patients subjected to PTNS. Group 2: (sham group), consisted of twenty patients treated by fixation of surface electrodes to posterior tibial nerve with switching off stimulator unit. Group 1 Patients received 2 sessions weekly of percutaneous electrical stimulation (frequency of 20Hz, intensity of 0 to 10mA, with fixed pulse of 200 μsec), each session lasted for 30 minutes and repeated for 12 weeks.

Results: 70% percent of the patients in the PTNS group reported a statistically significant subjective success. These patients chose to continue treatment to maintain the response compared to 26.7% in the sham group. The PTNS group showed statistically significant improvement of Frequency in 70% of patients (14/20) after 3 months & 60%(12/20) after 1 year, urgency incontinence in 57%(6/14) after 3 months & 50%(7/14) after 1 year, improvement of nocturia in 75%(6/8) after 3 months & 50%(4/8) after 1 year, bladder stability in 70%(14/20), and capacity in 60%(12/20) after 1 year, compared to sham group whom reported improved frequency in 35%(7/20) after 3 months & 25%(5/20) after 1 year, urgency 30%(6/20) after 3 months & 22%(4/18) after 1 year, and nocturia 11%(1/18) after 3 months & 11%(1/12) after 1 year, bladder stability 0%, capacity 20%(4/20) respectively. No serious side effects were reported, although transient pain at the stimulation site was noticed.

Conclusions: PTNS is an effective, minimally invasive option for the treatment of patients complaining of overactive bladder with an easily accessible stimulation site and negligible side effects.

TROSPUM CHLORIDE FOR TREATMENT OF OVERACTIVE BLADDER SYNDROME, CLINICAL AND URODYNAMIC EVALUATION

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Objective: To evaluate the efficacy and safety of Trospium Chloride (TC), as an antimuscarinic drug for treatment of patients with OAB symptoms in reference to urodynamic parameters and clinical outcome.

Patients and methods: twenty female patients with OAB symptoms were enrolled in the study. Patients were evaluated before receiving TC treatment by questionnaire, voiding diary, and urodynamic assessment. Three months after treatment with TC revaluation of the patients were performed.

Results: Trospium chloride significantly decreased the average diurnal (from 9.8±2.7 to 5.8±1.7), and nocturnal (from 3.8±4.5 to 0.7±0.8) voids per 24 hours. Urgency incontinence episodes per 24 hours were significantly reduced from 3.2±1.9 to 0.8±1.2. Significant increase in the average voided volume per void was noticed (from 73.75±20.6 to 177.5±30.2). All effects occurred by the first month and all were sustained throughout the study. Trospium significantly increased the average MCC from 225.1±117.8 to 318.1±102.3, the mean amplitude of contractions decreased from 66.1±44.1 to 34.5±34.3 cm H2O, the mean number of contractions decreased significantly from 4.7±2.02 to 3.5±2.3. Trospium was well tolerated; the most frequent side effect was dry mouth in 10% of the patients.

Conclusions: Trospium chloride had significant and sustained effectiveness in improving OAB symptoms and urodynamic parameters. Trospium chloride is safe and generally well tolerated.
FUNCTIONAL EVALUATION OF TRANSOBTURATOR VAGINAL TAPE INSERTION TECHNIQUES FOR THE TREATMENT OF FEMALE STRESS INCONTINENCE

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Objective: To prospectively compare between transobturator (TOT) in-out versus out-in for the treatment of female SUI as regard, safety and efficacy.

Patients and Methods: Fifty multipara female patients ageing from 30 to 50 years were enrolled in this study from December 2009 to April 2011. They were randomized into two groups, TOT in-out (n=25) and TOT out-in (n=25). All patients were assessed before and after surgery by; History, Physical examination, Laboratory investigation: as urine analysis and culture, Abdomino-pelvic u/s & Urodynamic examination. Post-operative follow up carried out at 1, 3, 6 and 12 months.

Results: The mean hospital stay was 1.5 days in both groups (range 1-2 day). Intraoperative Bleeding occurs in two patients (8%) of both groups, lateral vaginal wall injury occur in one patient (4%) in TOT out-in group. Among TOT in-out group 23 patients (92%) cured, 2 patients (8%) improved, 24 (96%) patients of TOT out-in group cured, one patient (4%) improved. Post-operative complications in TOT in-out group included Urinary obstructive symptoms in 2 patients (8%), UTI in 4 patients (16%), vaginitis in 2 patients (8%), de novo urgency in 4 patients (16%) and thigh pain in 4 patients (16%). Post-operative dysparonia occurred in one patient (4%) in both group.

Conclusion: TOT in-out and TOT out-in are minimally invasive techniques, equally effective in treatment of female SUI.

MACROPLASTIQUE INJECTION FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE; ONE YEAR FOLLOW UP

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Objectives: To evaluate the outcomes and the effect of the macroplastique injection for the treatment of women with stress urinary incontinence.

Methods: Twenty women with clinical urodynamically proven stress incontinence were included in this study. Questionnaire, physical examination and cough stress test were evaluated prior to therapy. Macroplastique was injected at the bladder neck in all patients. Postoperatively, patients evaluated with stress test and Uroflowmetry.

Results: The median age of the women was 47.45 (+/- 5.346) years. 80% of the patients were cured after Macroplastique injection, 10% improved and 10% failed. Post-operative urgency was observed in 75%, 10% developed de-novo urgency and 15% had no post-operative urgency. Maximum follow-up time was 26 months.

Conclusions: The Macroplastique injection is an effective, safe, and acceptable option for stress urinary incontinence in women with rare side effects.
CASE REPORT
COMPLICATION OF PROLINE MESH USED AS TVT FOR THE TREATMENT OF FEMALE S.U.I.

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A 53 years old female patient presented with lower abdominal symptoms in the form of supra pubic pain, painful micturition, increased frequency and sometimes bloody stained urine since three years following an operation for the treatment of stress urinary incontinence by using Trans-vaginal Tape (TVT) with a Proline Mesh. The clinical examination revealed supra pubic tenderness and bladder base tenderness. The laboratory investigations showed normal: renal & liver functions, Blood sugar, Blood profile and urinary tract infection with microscopic haematuria. KUB (Plain UT) showed: multiple radio opaque shadows at the right side of the pelvis. Abdominal and pelvic ultrasonography showed the same with no back pressure. Excretory urography was normal except an irregular bladder wall at its right side with small filling defects in the cystogram. Cystoscopy was done that showed erosion of the bladder mucosa with protrusion of the mesh from the right side, scattered calcifications and some stones. The right ureteric orifice was seen normal. Several trials to extract the mesh, calcifications by the foreign body forceps, Stone crushing forceps and resectoscope were failed.

Conclusion: Proline Mesh is contraindicated in TVT for the Treatment of Female S.U.I. because it will be associated with complications.

TRANSOBTURATOR TAPE FOR THE TREATMENT OF FEMALE STRESS URINARY INCONTINENCE: ONE YEAR FOLLOW-UP

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Objective: To evaluate the outcomes of transobturator tape (TOT) in the treatment of female stress urinary incontinence.

Methods: Twenty patients with SUI were allocated to TOT. The objective outcomes were assessed with a stress test and Uroflowmetry.

Results: The surgical outcomes revealed subjective and objective cure rates of 80%, 10% improved and 10% experienced no cure. The complications included vaginal erosion (10%), vaginal discharge (20%), post-operative thigh pain (20%), increased urgency more than pre-operative (10%) and (10%) developed de novo urgency.

Conclusion: TOT procedure for female stress urinary incontinence is effective and safe with minimal complications.
RESULTS OF SWL ON STENTED VS NON STENTED UPPER URETERAL CALCULI: A PROSPECTIVE STUDY

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Objective: The aim of this study is to assess whether pre-insertion of ureteral stent can influence the success & complication rate of SWL for selected upper ureteral stones.

Patients and methods: Between September 2010 & June 2011, a total of 40 patients with solitary, radio-opaque upper ureteral stones measuring 2 cm or less were divided into 2 equal groups: a non—stented group treated by in situ SWL and a stented group with a JJ stent fixed pre-SWL. All patients were treated by SWL using the Dornier S lithotripter with a maximum of three sessions. Results were compared as regards fragmentation, clearance rate, number of shock waves and sessions, and incidence of complications.

Results: Overall stone-free rate was 81.58%. No significant statistical difference was observed in success rate between the stented and non-stented groups being 83.33% vs 82.22% respectively. Yet the stented group had significantly higher incidence of complications (26.67%) compared to the non-stented group (15%). No significant increase in the number of sessions & the re-treatment rate in the stented group. Patients in the stented group significantly complained of side effects attributable to the stent predominantly dysuria, urgency, frequency, and suprapubic pain.

Conclusions: Fixation of ureteric stents in the studied cohort of patients with upper ureteric stones did not have significant effect on the rate of fragmentation by SWL. Even more, it appeared to hinder the passage of fragments and carried a higher risk of complications.

HELCIAL MULTISLICE CT WITH RECONSTRUCTION FOR PLANNING FOR PCNL

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Introduction: The traditional IVU is the imaging of the choice in urolithiasis with hazards of contrast agents side effects & need for preparation before doing it. Multi slice helical CT devices provide a lot of data regarding cutaneous lore in addition to noninvasive stone which appear clearly in non contrast CT.

Purpose: The current study compares planning for PCNL with preoperative IVU versus planning for PCNL with helical multi slice CT for outcome puncture time, operative time, number of trials to get true access & stone free rate.

Materials & Methods: Preoperative evaluation, detailed medical history & clinical examination, routine preoperative investigations & imaging study in the form of ultrasound & KUB. 85 patients with renal stones undergone PCNL divided into 3 groups, Group A, traditional IVU was used as a main imaging modality in 61 cases (71.8%) for planning for puncture & technique, Group B, Spiral non contrast CT with reform was used in 22 cases (25.9%), Group C, 2 cases were having nephrostomy & antegrade was done for planning for puncture. All PCNL were done under Fluoroscopy guidance, nephrostomy tube was left postoperative for all patients after procedure. Postoperative follow up, CBC, US and KUB was done.

Results: All patients tolerated the technique. Mean stone burden for group A, 4.39 cm ± SD 2.08, for group B, 4.12 cm ± SD 2.24. The mean operative time showed near figures for IVU & Spiral CT, 111.98 min for Group A, 109.38 min for Group B. Also mean puncture time showed insignificant changes in figures between IVU & Spiral CT, 21.11 min for Group A & 20.63 min for Group B. Planning with spiral CT showed superiority in number of trials before getting successful puncture to kidney as 72.2% of PCNL punctures succeeded from the first trial in group B, 13% from the second trial & 13% from the third trial. In group A, only 42% of PCNL punctures succeeded from the first trial, 29% from the second trial & 11% from the third trial of puncturing. Cases with residuals that need further surgical interference or ESWL presented in 1 case of Group B (4.5%) & 16 cases of Group A (26.2%).

Conclusion: In our institute, the use of spiral CT only in planning for PCNL puncture is safe & versatile modality for management of complex renal stones with comparable outcomes regarding the operative time & puncture time in relation to IVU planning. In our institute, the use of spiral CT only in planning for PCNL puncture is safe & versatile modality for management of complex renal stones with comparable outcomes regarding the operative time & puncture time in relation to IVU planning. In our institute, the use of spiral CT only in planning for PCNL puncture is safe & versatile modality for management of complex renal stones with comparable outcomes regarding the operative time & puncture time in relation to IVU planning.

Keywords: PCNL, multislice CT, IVU, planning for puncture.
OUTCOME OF SEMIRIGID URETEROSCOPY FOR BILATERAL URETERAL DISEASES
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Objectives: To evaluate outcome and early complications of simultaneous bilateral semirigid ureteroscopy (URS) in patients with bilateral ureteral diseases.

Methods: A retrospective analysis of a total of 22 patients with 44 ureterorenal units underwent simultaneous bilateral semirigid URS from September 2010 to June 2012. The mean age was 46 (±10.09) years of 17 males and 5 females. Nineteen cases had elective procedure, while three cases had emergency ureteroscopic intervention. All the cases were carried out under spinal anesthesia. Fourteen cases were managed by a senior staff, while 8 cases by urologists under training.

Results: Ureteral stone disease was the major indication for URS in 29 (85.9%) ureterorenal units. The second frequent indication was diagnostic URS for a filling defect in 10 (22.7%) ureters. Intraoperative complications were found in three ureterorenal units (6.8%), whereas ureteral mucosal injury was reported in two ureters (4.5%) and ureteral perforation was found in one ureter (2.3%). The overall success rate was 90.9% (40 ureterorenal units). Causes of failure were inability to access the ureter in one ureter (2.3%) and inability to extract the stone because of ureteric stricture, kink and perforation in 3 ureters (6.8%). Correlation between senior staff and trainee, regarding intraoperative complications (3.5%, 12.5%) and failure rate (10.7%, 6.2%) respectively, was insignificant (P > 0.05). Early postoperative complications were reported in only one patient (4.5%), who had urosepsis; it was carried out by urologist under training and managed conservatively.

Conclusion: Simultaneous bilateral semirigid URS is a successful, safe intervention for bilateral ureteral diseases in same session with low morbidity by the experienced endourologist. It prevents repeated anesthesia, and hospitalization with its cost.

Key words: Bilateral, Semirigid, Ureteroscopy, Outcome, Complications.
EMERGENCY SEMIRIGID URETEROSCOPY FOR MANAGEMENT OF DIFFERENT URETERAL DISEASES
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Objectives: To evaluate outcome and early complications of semirigid ureteroscopy (URS) as an emergency procedure in management of different ureteral diseases.

Methods: A retrospective analysis of a total 75 patients with 78 ureterorenal units (3 bilateral at same session) underwent emergency semirigid URS from August 1999 to June 2012. The files of the patients were reviewed as regard indication of emergency intervention, outcome, surgeon level and complications. Emergency laboratory studies in form of complete blood picture, bleeding profile and renal function tests; and radiological evaluation in form of pelvi-abdominal ultrasonography, AUB and CT scan were done.

Results: The mean age was 46.4 (± 13.365) years of 49 males and 26 females. Eighteen (24%) cases of emergency URS were performed in solitary ureterorenal units. Spinal anesthesia was reported in 73 (97.3%) patients and general in only 2 (2.7%) patients. More than 75% of cases were performed in the last 6 years. The most common causes of emergencies were acute obstructive renal failure in 40 (53%) cases, and persistent renal colic in 24 (32%) cases. Ureteral stone extraction was the major indication for URS in 58 (74.4%) ureterorenal units. The second frequent indication was manipulation for ureteral stenting in 15 (19.1%) ureterorenal units. Intraoperative complications were found in 5 ureterorenal units (6.4%), ureteral perforation was reported in 2 ureters (2.5%), ureteral mucosal injury in only 1 ureter (1.3%), stone migration in 1 ureter (1.3%) and missed stone in 1 ureter (1.3%). The overall success rate is 89.8% (70/78 ureterorenal unite). The main cause of failure was access failure in 6 ureters (7.6%), due to ureteric stricture, kinks and false passages. Early postoperative complications were in form of fever in 5 cases (6.7%), and urosepsis in 3 cases (4%). 11.1% of cases were performed by urologists under training. There is no significant difference between senior staff and trainee regarding success rate (8.3% and 11.9%, p=0.55) intraoperative complications (8.3% and 4.7%, p=0.56) and early post operative complications (11.1% and 9.5%, p=0.87) respectively.

Conclusion: Emergency semirigid URS proved to be safe and effective intervention for ureteral diseases causing obstructive uropathy with persistent pain and/or renal function deterioration. It provides immediate and definitive treatment for most of the cases.

Key words: Emergency, Semirigid, Ureteroscopy, Outcome, Complications.

URETERIC STENTING, IS IT ALWAYS SAFE?
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Aim Of The Work: Ureteral stenting is often associated with patient's morbidity and the potential for ‘Missed’ stent is always there. The aim was to evaluate the indications and complications rate associated with abuse of ureteric stenting for various urologic procedures.

Patients & Methods: Retrospective study of the cases done from January 2010 to June 2012 in the Department of Urology at the Faculty of Medicine, Suez Canal University. Indications, complications and rate of missed stents were recorded.

Results: The study included 411 cases; 285 males (69.3%) and 126 females (30.7%). Indications of stenting were Ureteroscopy 106(25.9%), acute obstruction 81(19.7%), Nephrolithotomy 80(19.5%), ureteric stenosis 52(12.2%), pyelolithotomy 41(10%), PCNL 10(7.8%), Trauma 17(4.1%), Ureterolithotomy 20(5.5%), and Ureteric re-implantation 2(0.5%). Out of all cases, 25(6.1%) were bilateral. The overall complications rate associated with ureteric stenting was (50.4%) ranging from infection 92(22.4%), Hematuria 42(10.2%), Migration 32(7.8%) and other causes as perforation and stone formation 11(2.7%). The rate of missed JJ was 67(16.3%). Sixty percent of missed JJ stents (41 cases) followed open procedures (pyelo-nephro-lithotomy). Stent migration was associated with stent placement during renal open procedures; 24(75%) with nephrolithotomy and 8(25%) with pyelolithotomy. Ureteroscopic procedures with ureteric stenting were associated with increased rate of infection 40(43.5%). There was significant variability in the types of complications according to the indication of stent fixation (p <0.05). We've noticed that the rate of ureteric stent fixation is now declining; 210 units (51.1%) during 2010, 144(35%) in 2011 and 57(13.9%) in the first half of 2012 which is promising to decrease patient's morbidity.

Conclusion & Recommendations: Regarding the increased risk of morbidity and complications associated with ureteric stenting, we recommend using computerized registration system of all cases with stented ureter(s) to allow strict follow up of patients thus minimizing the rate of complications. It is also recommended to have a fluoroscopic-assisted stent fixation following renal open procedures due to increased rate of post-operative stent migration.

Keywords: ureteric, stent, complications.
CURRENT STATUS OF URETEROSCOPIC MANAGEMENT OF STONES

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Objective: To evaluate the current status of ureteroscopic management of stones in the term of efficacy, safety, operative procedure and early postoperative complications at the Urology Department, Kasr Al-Ainy hospitals.

Methods: A prospective study conducted on 95 ureteroscopic procedures performed on 90 patients (adults & pediatric patients) using pneumatic or laser lithotripsy, as well as both semirigid and flexible ureteroscopes.

Results: The overall success rate was 83.2% after the 2nd session (94.7%, 76.9%, 70%, 50% and 66.7% in the lower, middle, upper ureter, renal pelvis and lower calyx respectively). The failure rate was 16.8% after the 2nd session and was due to stone migration in 7 (7.4%) cases, access failure in 7 cases (7.4%) and equipment failure in 5 patients (5.3%). The results of flexible ureteroscopy showed that more experience must be conducted to urologists who had started learning to avoid complications especially equipment failure during the management of lower calyceal stones. The extravasation was significantly higher among flexible ureteroscopy group (50%), in cases with stone size 15.1-20 mm (33.3 %), in cases with lower calyceal (33.3%) and renal pelvic stones (16.75%). Ten cases with upper ureteric stone were successfully treated using semirigid URS with 2 cases of stone migration. The operative time was significantly longer in cases using laser lithotripsy (89 min) as compared to pneumatic lithotripsy (77 min) but without any difference in success or complications.

Conclusions: Although the success rate and complications were comparable to other studies putting in mind that most cases were done by low experienced surgeons, but the results of flexible ureteroscopy showed that more experience must be conducted to urologists who had started learning to avoid complications especially equipment failure during the management of lower calyceal stones. Although the American Urological Association (AUA) recommendations favor flexible URS for the treatment of upper ureteric stones > 2cm and ESWL for stones < 1cm, yet, there is an emerging evidence that upper ureteric stones can safely be dealt with semirigid ureteroscope too.

DRAWBACKS OF URETERAL STENTING: CASE SERIES

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Aim Of The Work: To highlight the drawbacks of ureteral stenting, this is a commonly performed procedure during different urologic procedures.

Patients & Methods: Descriptive study of a series of sixteen cases presented to the Department of Urology, Faculty of Medicine, Suez Canal University with different complaints related to ureteral stenting.

Results: The study included 16 patients; 14 males and 2 females presented with variable complications related to ureteral stenting such as bladder tumors, ureteral injury, stone formation, stent migration, stent fragmentation and encrustations.

Conclusion & Recommendations: Complications related to the use of ureteral stents in different urologic procedures must be taken into great consideration and is related to serious degrees of patient’s morbidity. Strict follow up system of any patient with a ureteral stent must be applied for not to miss any case, thus minimizing the rate of complications.

Keywords: Ureteric, stent, complications.
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PRESERVATION OF THE INTERNAL GENITAL ORGANS DURING RADICAL CYSTECTOMY IN SELECTED WOMEN WITH BLADDER CANCER: A REPORT ON 15 CASES WITH LONG-TERM FOLLOW-UP

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Purpose: To prospectively present the technique, functional and oncological outcome of internal genitalia sparing cystectomy for bladder cancer in 15 selected women.

Materials and Methods: Between January 1995 and December 2010, 305 women underwent orthotopic neobladder after radical cystectomy. Of these, 15 cases with a mean age of 42 years underwent genitalia sparing. Inclusion criteria included stage (T2b N0 Mo or less, as assessed preoperatively, unifocal tumors away from the trigone, sexually active young women and internal genitalia free of tumor. Cystectomy with preservation of the uterus, vagina and ovaries and Hautmann neobladder were performed. Oncological, functional, urodynamic and sexual outcome were evaluated.

Results: Definitive histopathology showed advanced stage not recognized preoperatively in 2 patients, who developed local recurrence and bony metastasis after 3-4 months. A third patient developed bony metastasis after 15 months. No recurrence developed in the retained genital organs. The remaining 12 patients remained free of disease with a mean follow-up of 70 months. Among women eligible for functional evaluation, daytime and nighttime continence were achieved in 13/13 (100%) and 12/13 (92%), respectively. Chronic urinary retention was not noted. The urodynamic parameters were comparable to those in other patients without genital preservation. Sexual function was better in these patients than in others without genital preservation.

Conclusions: Genital sparing cystectomy for bladder cancer is feasible in selected women. It provides a good functional outcome, better sexual function and the potential for fertility preservation. So far, the oncological outcome is favorable.

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FACTORS PREDICTING WOUND COMPLICATIONS FOLLOWING RADICAL CYSTECTOMY AND URINARY DIVERSION: ANALYSIS OF 1000 PATIENTS

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Introduction: Wound complications after open radical cystectomy represent a serious problem affecting the patients and a burden for the surgeon and the hospital cost. We analyzed our contemporary series of open radical cystectomy to detect incidence and risk factors of this complication.

Materials and Methods: We conducted a retrospective analysis of 1000 patients who underwent radical cystectomy and urinary diversion between January 2004 and September 2009. The primary outcome of the study is development of wound complications within one month after surgery. Wound complications were classified according to the modified Clavien-Dindo system. Univariable and multivariable analyses were conducted to identify factors predicting the occurrence of this complication.

Results: Seventy six (7.6%) patients developed wound complications within the postoperative period after open radical cystectomy. Grade I complications occurred in 3 (4%) patients in the form of wound seroma managed by frequent dressing. Forty (52.6%) patients developed grade II complications that required intravenous antibiotics and bedside drainage of purulent discharge. Thirty one (40.8%) patients developed grade IIIa complications requiring suturing of the wound under regional anesthesia. Wound dehiscence occurred in 2 (2.6%) patients requiring closure of the abdominal wound under general anesthesia. On multivariable analysis, female gender (OR: 3.187; 95%CI: 1.933-5.240; p < 0.001), presence of medical co-morbidities (OR: 2.021; 95% CI: 1.248-3.273; p = 0.004) and incontinent urinary diversion (OR: 1.837; 95% CI: 1.135-2.972; p = 0.013) were significantly associated with occurrence of wound complications.

Conclusions: Wound dehiscence after open radical cystectomy remains a significant problem. Females, associated co-morbidities and incontinent diversion were the independent predictors for wound complications.
OBJECTIVE: To investigate the immunohistochemical expression of p63 in bladder cancer and the variation in this expression in relation to the histological type, grade, and stage of the tumor, and whether bilharziasis (endemic in Egypt) has an effect on its expression or not.

METHODS: A prospective study conducted on 70 patients divided into 3 groups, Group A: ten patients with normal urothelium, Group B: 20 patients with chronic cystitis (bilharzial and non-bilharzial), and Group C: 40 patients with bladder cancer. Biopsies were taken from all patients and were examined for the expression of p63 by immunohistochemical techniques.

RESULTS: The mean age (± SD) for the control, cystitis, and the malignant group was 45.2 ± 9.5, 50.5 ± 11.7, and 60.5 ± 9.9 years respectively. There was a statistically significant decrease in the expression and immunoreactivity in the malignancy group (p<0.05). Also, a significant decrease was found with the advancement of the tumor stage and grade (p<0.01). In case of squamous cell tumors, there was a statistically significant decrease in immunoreactivity compared to transitional cell tumors (p=0.05). Regarding the impact of bilharziasis, there was a tendency for the statistically significant decrease in the immunoreactivity in bilharzial cystitis patients (p=0.05), but in the malignant group, bilharziasis did not seem to affect the pattern of expression.

CONCLUSIONS: p63 may be a helpful biomarker and adjunct in predicting the tumor biological behavior and progression, further studies are recommended to elucidate exactly its role as a prognostic indicator and its utility as a tumor marker.

OBJECTIVE: To analyze factors predicting renal function deterioration in early postoperative period after radical cystectomy and urinary diversion.

MATERIALS AND METHODS: Between February 2004 to September 2009, 1000 patients underwent radical cystectomy and urinary diversion in our institution. Renal function was estimated in terms of estimated GFR (eGFR) using Chronic Kidney Disease Epidemiology (CKD-EPI) equation at two time points: at time of surgery and one month after surgery. After exclusion of patients with initial eGFR less than 60 ml/min/1.73 m², 706 patients were eligible for the study. Paired sample t test and repeated measure ANOVA were used to compare means. Deterioration of renal function was defined as a decrease by 20% or more of the initial GFR. Univariable and multivariable binary logistic regression analyses were done to determine risk factors of renal function deterioration.

RESULTS: The study population included 570 (80.7%) males and 136 (19.3%) females of a mean (SD) age of 56.9 (8.5) years. The overall mean (SD) eGFR has decreased from 85.6 (14.2) to 81.7 (19.9) ml/min/1.73 m² (P<0.001). 115 (16.3%) patients showed deterioration of postoperative eGFR by ≥20% of preoperative one. By univariable analysis, presence of hypertension and hydronephrosis showed a statistically significant association with postoperative eGFR deterioration (p=0.04 and 0.01, respectively). While type of diversion and method of ureteroileal anastomosis fail to reach a statistical significance (P= 0.6 and 0.9, respectively). On multivariable analysis, hypertension (OR: 1.73; 95% CI: 1-3.1; P=0.04) and hydronephrosis (OR: 1.77; 95% CI: 1.1-2.8; P=0.01) maintained a statistical significance.

CONCLUSIONS: Hypertensive patients and patients with hydronephrosis are more likely to develop deterioration of renal function after radical cystectomy irrespective to type of urinary diversion and method of uretero-ileal anastomosis.
ROLE OF SURGEON EXPERIENCE IN THE OUTCOME OF TRANSURETHRAL RESECTION OF BLADDER TUMORS

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Purpose: Transurethral resection of bladder tumor (TURBT) is the cornerstone of diagnosis, and it is the gold standard treatment for patients with NMIBC. Although TUR is a frequently performed operation familiar to urologists, it is not an easy procedure and it had many technical difficulties, the quality of resection is subjected to unquantifiable surgeon, tumor, and pathologically related variables. To the best of our knowledge, this is the first study evaluating the role of surgeon experience in relation to perform a complete high quality TURBT.

Patients and Methods: An analytic prospective randomized study included 136 patients with stage T1 and Ta bladder cancer. All patients underwent second-look TUR within 2 to 6 weeks after the initial resection this was done by both senior staff (after MD.) and junior staff (before MD.) in our department. Histopathological findings of the second TUR of bladder tumor (TURBT) were compared with those of the initial one in relation to the initial operator.

Results: Of all 136 patients, the initial TURBT of 103 (75.7 %) patients were performed by senior staff (expert), of those103 patients 60 (58.2%) patients had tumor free resection in the second TUR while 37 patients (35.9%) had residual tumors and only five patients (4.9%) had missed lesion. In contrast, out of 33 patients operated upon by junior staff, only 7 patients (21.2%) had tumor free resection in the second TURBT resection. 16 patients (48.6%) had residual tumor and 7 (21.2%) had missed lesions in re TUR.

Conclusions: TURBT is a diagnostic, therapeutic and prognostic procedure in the management of NMIBC. It is a technically difficult procedure full of tricks; There are several factors limits the urologists to perform a high quality complete TURBT. Initial TURBT should be performed by the most experienced urologist that tumor free resection in the second TUR is directly proportioned with the experience of the surgeon performing the initial TURBT.

RISK FACTORS OF HOSPITAL READMISSIONS FOLLOWING RADICAL CYSTECTOMY AND URINARY DIVERSION: ANALYSIS OF 1000 CONSECUTIVE PATIENTS

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Purpose: To analyze risk factors predicting complications requiring hospital readmissions in a large cohort of patients undergoing radical cystectomy and urinary diversion.

Materials and methods: We retrospectively analyzed our prospective database for 1000 consecutive patients who underwent radical cystectomy and urinary diversion between January 2004 and September 2009. Patients' demographics, perioperative data and postoperative complications were categorized and analyzed. Primary outcome of the study is the development of complications requiring readmission to the hospital. Readmissions were classified as early if occurring within first 3 months of hospital discharge while late as 3 months thereafter. Univariable and multivariable analyses were performed to detect factors predicting the primary outcome of the study.

Results: Out of 1000 patients, 172 (17.2%) were readmitted including 78 (7.8%) early readmissions and 94 (9.4%) late readmissions. The main causes of early readmissions were pyelonephritis, ureteral obstruction, metabolic acidosis and intestinal obstruction in 17 (21.8%), 14 (17.9%) and 11 (14.1%), and 7 (9%), respectively. The main causes of late readmissions included ureteral obstruction, intestinal obstruction, metabolic acidosis and pouch stones in 16 (17%), 15 (16%), 8 (8.5%) and 8 (8.5), respectively. Cox regression analysis revealed continent urinary diversion was an independent predictor of complications requiring hospital readmission (HR: 1.67; 95%CI: 1.2-2.4; p = 0.005).

Conclusions: Hospital readmission rate after radical cystectomy is considerably high with continent urinary diversion.
Introduction and Objectives: Epithelioid angiomyolipoma (EAML) is a rare tumor that is potentially malignant and has unpredictable behavior. Angiomyolipoma is called epithelioid when epithelial tumor cells exceed 5%, with positive immunoreactivity e.g., HRM45 (a melanoma specific marker). It grows in a carcinoma-like pattern that can lead to an erroneous diagnosis of renal cell carcinoma. Herein, we report on 4 cases of EAML.

Patients and Methods: Between January 2005 and May 2011, 20 patients with renal masses were diagnosed pathologically after partial or radical nephrectomy to have renal angiomyolipoma. Of these, 4 had EAML (3 females and 1 male; mean age 38.5 years; range 10-50 years). Diagnosis and tumor staging was carried out using computed tomography scan (CT) with contrast and was confirmed by the definitive histopathology. Epidemiological, clinical, and pathological data were reviewed.

Results: EAML was diagnosed in 4 patients CT documented the solid nature of the tumor and suspected the diagnosis of renal cell carcinoma in the 4 cases of EAML. CT did not suspect EAML in any of the cases. The size of the renal mass was less than 5 cm in 1 case (a man) that was treated by nephron sparing surgery using open approach. In the 3 other cases, the tumor size was larger than 5 cm and were all treated by open radical nephrectomy. In the one case, CT documented the solid nature of the tumor and treated by radical nephrectomy as well as tumor thrombectomy. EAML was discovered only by the definitive histopathology after surgery and by positive immunostaining for melanoma marker (HMB45) and alpha smooth muscle actin (Alpha-SMA). Follow-up in these cases ranged from 6 to 36 months with a mean of 21 months. All the cases are still living free of disease.

Conclusion: Epithelioid angiomyolipoma is diagnosed only by definitive histopathology after surgery or autopsy. Surgical resection by nephron sparing surgery or by radical nephrectomy is curative. The extent of surgery depends on the size and location of the tumor as in the case of renal cell carcinoma.

Objective: To report on the incidence, diagnosis, risk factors and treatment of bladder perforation after transurethral resection (TURBT) of non-muscle invasive bladder cancer (NMIBC). To evaluate the cost of hospital stay (567 patients with stage Ta T1 NMIBC admitted between October 1984 and April 2012) and cost of treatment of the perforation.

Patients and Methods: Between January 2005 and May 2011, 20 patients with renal masses were diagnosed pathologically after partial or radical nephrectomy to have renal angiomyolipoma. Of these, 4 had EAML (3 females and 1 male; mean age 38.5 years; range 10-50 years). Diagnosis and tumor staging was carried out using computed tomography scan (CT) with contrast and was confirmed by the definitive histopathology. Epidemiological, clinical, and pathological data were reviewed.

Results: EAML was diagnosed in 4 patients CT documented the solid nature of the tumor and suspected the diagnosis of renal cell carcinoma in the 4 cases of EAML. CT did not suspect EAML in any of the cases. The size of the renal mass was less than 5 cm in 1 case (a man) that was treated by nephron sparing surgery using open approach. In the 3 other cases, the tumor size was larger than 5 cm and were all treated by open radical nephrectomy. In the one case, CT documented the solid nature of the tumor and treated by radical nephrectomy as well as tumor thrombectomy. EAML was discovered only by the definitive histopathology after surgery and by positive immunostaining for melanoma marker (HMB45) and alpha smooth muscle actin (Alpha-SMA). Follow-up in these cases ranged from 6 to 36 months with a mean of 21 months. All the cases are still living free of disease.

Conclusion: Epithelioid angiomyolipoma is diagnosed only by definitive histopathology after surgery or autopsy. Surgical resection by nephron sparing surgery or by radical nephrectomy is curative. The extent of surgery depends on the size and location of the tumor as in the case of renal cell carcinoma.
DOES RE-TURBT AFFECT THE RATE OF RECURRENCE AND PROGRESSION IN PATIENTS WITH NON MUSCLE INVASIVE BLADDER CANCER?

Aim of the Work: Evaluation of the potential benefits of re-TURBT regarding the rate of recurrence and progression in patients with NMIBC.

Methods: A prospective randomized study was conducted for short-term follow-up of patients with NMIBC attending the department from September 2009 to September 2011. Patients were randomized into two groups. In the first group, 23 patients underwent re-TURBT 2-6 weeks post initial resection, whereas in the second group, 21 patients underwent initial resection without re-TURBT. Both groups were assessed for the rate of tumor recurrence and progression by follow-up cystoscopies at 3 month intervals for 12 months.

Results: Six of 23 patients (26.1%) in group I (re-TURBT) had tumor recurrence compared to 15 of 21 patients (71.4%) in group II (no re-TURBT), which was statistically significant (p = 0.005).

Regarding the total number of tumor recurrence, it occurred 8 times (12.3%) in the TURBT group compared to 28 times (42.4%) in the group with no re-TURBT, which was statistically significant (p = 0.001).

Regarding the frequency of tumor recurrence according to tumor stage (Ta, T1), among Ta patients, tumor recurrence occurred 5 (11.6%) times in the re-TURBT group compared to 13 (27.7%) in the group with no re-TURBT, which is statistically insignificant (p = 0.111). While in T1 patients, tumor recurrence occurred 3 times (13.6%) in the re-TURBT group compared to 15 (78.9%) in the group with no re-TURBT, which is statistically significant (p = 0.001).

Regarding tumor progression in both groups, Two of 23 (8.7%) patients in the re-TURBT group had stage progression, compared to 8 of 21 (38.1%) in the group with no re-TURBT, which is statistically significant (p = 0.030).

Results: The mean tumor size was 6.5±2.1 cm (range 3-14). Conversion to open surgery was needed in 4 cases due to bleeding in 3 and excessive adhesions in one case. Other intraoperative complications included diaphragmatic injury in one case and accidental opening of the mass in one case. Mortality was encountered in 2 cases; due to uncontrollable bleeding from the aorta in one and pulmonary embolism in the second. Pathological tumor stages were T1 in 65, T2 in 20 and T3a in 6 patients. Follow-up was performed for 93 patients for a mean period of 38.7±22.2 months (range 6.5-113). The disease free survival was 87% (88 patients) because 3 patients were living with tumor recurrence and 2 patients died from tumor dissemination.

Conclusion: Laparoscopic radical nephrectomy is a valuable treatment option for RCC with accepted rate of complications and good survival.
DIAGNOSTIC VALUE OF MAGNETIC RESONANCE UROGRAPHY IN PATIENTS WITH OBSTRUCTIVE UROPATHY

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Objectives: To evaluate the role of static magnetic resonance urography (sMRU) in assessment of patients with upper urinary tract obstruction when excretory urography (IVU) is contraindicated or inconclusive.

Methods: A prospective study included 79 patients (77 males and 2 females) with clinical and US findings suspect unilateral or bilateral upper urinary tract obstruction, with a total number of 116 hydronephrotic renal units of any degree. The definite sites and causes of suspected obstruction after US and KUB were unknown. The patients were classified into two groups: Group I included 43 patients with 74 hydronephrotic renal units in whom IVU was contraindicated. Group II included 36 patients with 42 hydronephrotic renal units in whom IVU was inconclusive. All patients underwent static T2-weighted MRU. The results of sMRU were analyzed regarding the degree of hydronephrosis, the level of suspected abnormality and the cause of suspected obstruction in both patient groups. The true final diagnosis of all cases was based on a combination of all available clinical, imaging, surgical and pathologic data.

Results: Static MRU diagnosed the degree of hydronephrosis in all renal units included in both groups with a sensitivity of (100%). It could correctly diagnose the level of suspected abnormality in 72 of 74 renal units in group I (sensitivity 97.3%) and in all renal units in group II (sensitivity 100%). Static MRU gave (83.3%) and (75%) sensitivities in detection of suspected calculic obstruction in group I and group II respectively, and (100%) sensitivity in detection of suspected non-calculic obstruction in both groups. Static MRU is a valuable, non-invasive and safe imaging modality in assessing the anatomical renoureteral pattern. It could be of great help when IVU is contraindicated or inconclusive, especially in non-calculic causes of obstruction, but it has a lower sensitivity in detection of urinary calculus.

Conclusion: Static MRU is a valuable, non-invasive and safe imaging modality in assessing the anatomical renoureteral pattern. It could be of great help when IVU is contraindicated or inconclusive, especially in non-calculic causes of obstruction, but it has a lower sensitivity in detection of urinary calculi.

LAPAROENDOSCOPIC SINGLE-SITE SURGERY (LESS): IS IT A VALID OPTION FOR TECHNICALLY CHALLENGING CASES IN UROLOGY?

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Introduction and objectives: LESS is still limited to well-selected patients with strict selection criteria. We present our experience with LESS in technically challenging cases with various urologic pathologies.

Materials and methods: We present six patients (3 females and 3 males) with a mean age of 43 ±7 years. The first female patient had post-irradiation supratrigonal vesicovaginal fistula (VVF), the second female had right renal parenchymal tumor (4.5 x 4 cm) with a history of three umbilical and para-umbilical hernias repair and abdominal hysterectomy, while the third female patient had right non-functioning hydronephrotic kidney with a history of abdominal exploration for intestinal obstruction through right paramedian abdominal scar. Two male patients had recurrent right ureterovesical junction obstruction (UPIO). The third male patient had left renal tumor in markedly hydronephrotic kidney with multiple recurrent kidney stones following previous pyelolithotomy. LESS retroperitoneal nephrectomies and LESS repair of VVF were done using the quadriport, while LESS dismembered pyeloplasties and left radical nephrectomy were done using the triport that was inserted through the umbilicus. Hand-free introcorporeal suturing was done in LESS repair of VVF and LESS pyeloplasties. In all cases both pre-bent and straight instruments were used.

Results: There were no conversions to open surgery or conventional laparoscopy in all patients. Only in patient with VVF one 5-mm extraport was added at suturing. Operative time for LESS simple retroperitoneal nephrectomy, LESS radical nephrectomy, LESS repair of VVF, LESS pyeloplasties, LESS left radical nephrectomy was 135 minutes, 190 minutes, 210 minutes, 170 minutes and 210 minutes, respectively. While blood loss was 40 c.c, 70 c.c, 110 c.c, 110 c.c, and 110 c.c respectively. The hospital stay was 1, 2, 3, 2 days respectively. There were no intraoperative or postoperative complications in all patients. Follow-up of the patients showed successful repair of VVF and patent ureterovesical junction in cases with UPIO.

Conclusions: LESS is technically feasible, safe and effective treatment option for treatment of various urologic pathologies even in technically challenging cases.
THE VALUE OF COLOR DOPPLER ULTRASOUND (TWINKLE SIGN) IN THE DIAGNOSIS OF URINARY STONES

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Introduction and Objective: To determine the value of the color Doppler ultrasound using twinkling sign in diagnosis of urinary stones.

Patients and methods: The study was conducted on twenty five urinary stones in 23 patients presented with acute loin pain. All patients have regular ultrasound followed by Doppler ultrasound and estimation of twinkling sign using GE Voluson 730 Pro then non contrast abdomino-plevic helical CT. The twinkling sign is a color artifact that has been seen with urinary stones, it is described as rapidly changing colors that are seen posterior to an echogenic reflector.

Results: Twenty five stones were present in 23 patients; B mode ultrasound revealed posterior acoustic shadow in 16 stone. Color Doppler sonography using the twinkling sign was positive in 19 stone. Non contrast abdomino-plevic helical CT was positive in 23 patients. The Sensitivity of twinkling sign was 0.79 vs. 0.67 for B mode ultrasonography. Both have the same specificity of 1. The twinkling sign has Negative Predictive Value of 0.16 vs. 0.11 for B mode ultrasonography.

Conclusion: The Doppler ultrasound using twinkling sign improves the ultrasound detection of urinary calculi.
COLOR DOPPLER EVALUATION OF THE URETERIC JETS IN PATIENTS WITH RENAL COLIC

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Introduction: Acute flank pain is a common complain. Ultrasound is frequently requested as the initial imaging study for the evaluation of renal colic. Color Doppler ultrasound evaluation of ureteral jets is a useful adjunct to grey-scale ultrasound in the diagnosis of ureteral obstruction. Analysis of ureteral jets with color Doppler can enable detection and qualitative determination of the degree of ureteral obstruction in many patients with unilateral ureteral calculi.

Patients and methods: Seventy patients with unilateral acute loin pain was screened using non-contrast spiral CT study followed by full ultrasonography examination with doppler ultrasonography. The patients were first examined by ultrasonography to detect the degree of hydronephrosis then color Doppler examination of the urinary bladder at the region of the trigone for continues 5 minutes were applied. The scanning of the urinary bladder were done in the transverse plan where the two vesico-ureteric orifices seen at the same time. Pulsed waves Doppler was applied to measure the peak velocity obtained from each urine jets. The number of jets per 5 minutes was recorded from each orifice. The peak velocity of each jet was measured from each orifice and average was calculated for each side.

Results: The age of the patients ranged from 20 to 54 years with mean age of 34.5 year. Forty nine patients were proved by helical ct to have unilateral ureteric stones. The number of ureteric jets on normal ureteric side per 5 minuits ranged from 8 – 20 with the average of 13.78 jet / min while the proved obstructed side showed decreased number of ureteric jets over 5 minutes ranged from 1-5 minute with average of 1.1. The average of the velocity of ureteric jets on the normal side was 40.1 sec versus 8.4 on the obstructed side. In acute attack of pain, 24 patient with acute obstruction showed no jets while the other 10 patients with obstruction showed weak ureteric jets. The sensitivity of the Doppler ultrasonography of the ureteric jets was 0.97.

Conclusion: Colour Doppler evaluation of ureteric jets is useful in patients with ureteric obstruction and has a high sensitivity. It can be used alone in special condition as pregnant women.

LAPAROSCOPIC PARTIAL NEPHRECTOMY FOR PERIPHERAL AND CENTRAL LESIONS COMPARED WITH OPEN PARTIAL NEPHRECTOMY

AHMED ADD EL LATIF, AHMED ADD EL BARY, AMR MASSOUD, TIANMING GAO, AMR FERGANY

Introduction: Surgical resection remains the only effective therapy for clinically localized renal cell carcinoma (RCC). For more than two decades now, partial nephrectomy (PN) has become the gold standard of care for treatment of localized renal tumors. The utilization of robot-assisted laparoscopic partial nephrectomy (RAPN) has rapidly increased due to the reduction in different outcomes obtained by robot-assisted (RAPN) versus open partial nephrectomy (OPN) for renal cell tumors.

Materials and methods: Between January 2010 and July 2010, we prospectively reviewed 149 patients who underwent either RAPN or OPN. All patients had pathologically confirmed renal tumors, and none of the patients had been referred to surgery because of metastatic disease. We excluded from the statistical analysis. Clinicopathological variables, operative parameters, and renal functional outcomes were analyzed. Our variables included age, gender, body mass index (BMI), comorbidities, GT (operative time), ischemia type, warm ischemia time (WIT), and estimated blood loss (EBL). Postoperative outcomes include length of stay (LOS), variations in renal function over time (creatinine, eGFR) and cost. We stratified the complexity of the renal tumors according to the R.E.N.A.L nephrometry score. We used mixed effects model to analyze the longitudinal creatinine and eGFR and linear regression model to analyze the LOS and cost.

Results: Mean age was 60 years with male to female ratio (2:1). According to the R.E.N.A.L nephrometry scores, both groups (RAPN/OPN) had rates of low (31/29), intermediate (28/31) and high (10/21) complexity tumors. There was significant difference between RAPN and OPN in terms of EBL (median 150 mL vs. 250; P=0.0002), WIT (median 17.3 minutes vs. 22.0 OPN; P=0.001) and LOS (median 3 days vs. 5; P <0.0001). There was no significant difference between both groups regarding postoperative renal functions (creatinine slope and eGFR slope, p=0.92, 0.79 respectively).  For open group, there was no significant difference between warm vs. cold ischemia effect on creatinine and eGFR (p= 0.91, 0.79 respectively). Increasing tumor complexity based on RENAL score predicted longer IT (P =0.03), operative time (P =0.11), and hospital stay (P =0.08), and a greater risk of postoperative complications (P = 0.01). Comparison of RENAL scores in both open and robotic groups didn't show statistically significance (p=0.18).

Conclusion: The time trend of renal functions after surgery was not significantly different between open and robotic assisted partial nephrectomy. The robotic group had higher hospital stay than robotic, but the cost difference was not significant statistically.
STAGED BUCCAL MUCOSAL URETHROPLASTY FOR LICHEN SCLEROSIS RELATED ANTERIOR URETHRAL STRICTURE: TWO YEARS FOLLOW UP

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Purpose: Lichen sclerosis related urethral stricture are usually complex and have a high recurrence rate when managed by skin flaps. We present our results with 2 stages buccal mucosal urethroplasty in long segment anterior urethral stricture related to lichen sclerosis.

Materials & methods: This prospective study was performed on 10 patients with anterior urethral stricture diagnosed clinically as lichen sclerosis related urethral stricture and diagnosis was confirmed by histopathology post operatively. All patients underwent 2 stages buccal mucosal urethroplasty. In the first stage diseased urethra and corpus spongiosum were excised and proximal urethroplasty performed, then buccal mucosal graft fixed onto the corporeal bodies. In the second stage tubularization of the graft was performed. Patients were followed up for 24 months by retrograde urethrogram & uroflowmetry.

Results: Patients age ranged from 32-55 years, none of the patients had any history of previous urethral intervention. Length of the stricture ranged from 5 to 13 cm. The mean operative time in the first stage was 94.29 ± 19.02 minutes and in the second stage was 82.86 ± 21.38 minutes. No blood transfusion was required in any of the patients. Graft infection & scarring occurred in 1 patient following the first stage and was managed by re-grafting after 6 months. Upon follow up all patients had a wide external meatus. No erectile dysfunction nor chordee occurred in any of the patients. Significant improvement of maximum urinary flow rate occurred in all patients. No cases of re-stricture occurred.

Conclusion: Two stage buccal mucosal urethroplasty for Lichen sclerosis provides satisfactory outcome with intermediate term follow up.

THE OUTCOME OF SURGICAL INTERFERENCE IN PATIENTS WITH CHRONIC OBSTRUCTIVE RENAL FAILURE

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Objective: To evaluate the outcome of surgical management of chronic obstructive renal failure and to assess factors that may predict favorable outcomes.

Patients and methods: Eighty six patients clinically diagnosed as having chronic obstructive renal failure (53 men 61.63% and 33 women 38.37%), their age ranging between 25 and 69 years (mean 47 years), during the period from October 2007 to January 2012 were enrolled in the study. The patients were divided into two groups:

Group (A): Patients with chronic renal failure not under regular dialysis (46 patients), Males: 28 (60.86%), Females: 18 (39.14%).

Group (B): Patients with chronic renal failure on regular dialysis (40 patients), Males: 25 (62.5%), Females: 15 (37.5%). 58 Patients underwent direct intervention to treat the obstructive causes and 28 patients were managed by temporary drainage until improvement of the general condition then definitive surgical procedures were performed.

Results: Patients of (group A), showed improvement in 33 patients (71.74%), equivocal improvement in 7 patients (15.21%) and did not improve in 6 patients (13.04). Out of the 6 patients who did not improve after management 2 patients (4.35%) remained unchanged and 4 patients (8.68%) continued to have progressive renal failure up to regular dialysis. In patients of (group B), renal functions showed different degrees of improvement as follow: In 14 patients (35%) good improvement and subsequent complete weaning from dialysis occurred, while in 16 patients (40%) reduction in the number of weekly dialysis sessions from 3 to 2 sessions/week. In the remaining 10 patients (25%) there was no improvement and patients continued to have regular dialysis as preintervention. The overall complications rate was (12.79%), more in the chronic cases group B. The mortality rate is (2.33%).

Conclusion: No significant difference was noticed between both types of intervention (direct or staged) in patients with chronic obstructive renal failure. There is evidence of reversibility of renal function after long standing obstruction which provides justification for efforts to identify and treat urinary tract obstruction even if a patient with an obstruction requires dialysis to avoid the dialysis or kidney transplantation or helping patients under dialysis for complete weaning from dialysis or decrease their number of weekly sessions, and also to help patients under dialysis for complete weaning from dialysis or decrease their number of weekly sessions. The risk of the procedures should be weighed against the chances of improvement as renal dysfunction due to chronic obstructive uropathy is not always reversible.
ANTIBIOTIC PROPHYLAXIS IN CATHETER ASSOCIATED EARLY POST PARTUM BACTERIURIA

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Purpose: The purpose of this work is to study the effect of antibiotic prophylaxis in decreasing the incidence of catheter associated early post partum bacteriuria.

Material & methods: A total of 150 full term parturient cases were randomly divided into 2 equal groups, group (A) who received 500 mg amoxicillin single IV injection 1 hour prepartum, and group (B) who received nothing for control. 24 hours post partum, dipstick nitrite test was repeated for detection of bacteriuria, positive cases were subjected to urine culture. The statistical tools used were arithmetic mean, standard deviation and Chi square test. The level of significant was 0.05.

Results: There were no statistically significant differences between the two groups on characteristics of age, residency, occupation, hypertension or history of schistosomiasis infestation. Results showed that 2.66% of the parturients of group A developed post partum bacteriuria while 21.33% of the parturients of group B developed post partum bacteriuria. E.coli was the most common infectious agent (61%).

Conclusion: Antibiotic prophylaxis in the form of single IV injection of 500 mg amoxicillin proved to be effective in decreasing the incidence of catheter associated post partum bacteriuria.

SEXUAL DYSFUNCTION IN PATIENTS WITH LOWER URINARY TRACT SYMPTOMS DUE TO BENIGN PROSTATIC ENLARGEMENT

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Introduction: Sexual dysfunctions (SDs) and benign prostatic enlargement (BPE) are common problems in elderly men. As The Faculty of Medicine, Suez Canal University is a community Oriented/Based, problem-Based Medical School, Sexual dysfunctions (SDs) and benign prostatic enlargement (BPE) are not considered as a priority health problems in our locality. We are in need to study these underestimated problems for curriculum modification.

Objectives: To determine the prevalence and features of SDs in men with symptomatic BPE and to assess risk factors of SDs in those patients.

Methods: 140 patients above 40 years old with LUTS due to symptomatic BPE were assessed for lower urinary tract symptoms (LUTS) and SDs by interview fulfillment of: international prostatic symptom score (IPSS), International Index of Erectile Function (IIEF) and The International Continence Society (ICS sex) male sex questionnaire.

Results: The prevalence of overall SDs in our patients was 70.7%. Prevalence of erectile dysfunction (ED), ejaculatory dysfunctions (EjD), orgasmic dysfunction and diminished sexual desire were 60.7%, 43.6%, 32.1% and 25.7% consecutively. Most of ED patients (65.5%) had mild and mild to moderate degrees of Disease. Among 61 patients with EjD, 21 patients (34.4%) suffered from premature ejaculation, 19 patients (31.1%) had painful ejaculation, 17 patients (27.9%) had decreased amount of ejaculation, 7 patients (11.5%) had no ejaculation and 5 patients (8.2%) had retrograde ejaculation.

Conclusions: SDs are highly prevalent in patients with LUTS due to BPE. Both of both SDs and symptomatic BPE directed urologists to pay more attention to evaluate sexual functions in patients with LUTS due to symptomatic BPE. Curriculum modification to include them among the problems studied should be attempted.
SPONTANEOUS RECOVERY OF SPERMATOGENESIS AFTER VASOCELECTOMY IN NON OBSTRUCTIVE AZOOSPERMIA

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Background: Varicocele is found in approximately 15% of the general population, 25% of men with primary infertility, and 75% to 81% of men with secondary infertility. Varicocele might cause a progressive deterioration in semen quality and testicular function, ranging from oligo-astheno-telatro-spermia to complete azoospermia. The benefits of varicocele repair to sperm count and motility have been confirmed in oligozoospermic men, but its effect in non obstructive azoospermic men remains a debate.

Objective: To evaluate the effect of varicocele repair on the improvement of semen quality in men with non obstructive azoospermia.

Design, Setting, and Participants: In a 2-year period a prospective study was carried at Menofya university hospital on 20 non obstructive azoospermic patients with varicocele who underwent inguinal varicocelectomy. All patients were evaluated for endocrinology profile and semen characteristics. At least two semen analyses showing azoospermia taken before the surgery and two semen analyses, at 3 months and 6 months post-operatively.

Outcome measurements and statistical analysis: An IBM compatible personal computer was used to store and analyze the data and to produce graphic presentation of the important results. Calculations were done by means of statistical software package namely “SPSS, 19 edition”. The significance of the results was estimated by calculation of probability of chance “P-value”. It is calculated using the Chi-Square value, student t test, Mann-Whitney test and F test.

Results and limitations: We noted Induction of spermatogenesis was achieved in six men (30%) of the 20 patients with azoospermia. All of them had a pathology report of the previous testicular biopsy showing hypo-spermatogenesis. The improvement in sperm count in these patients ranged from 3 million to 15 million/ml. Conclusions: Azoospermic patients may have an improvement in semen quality following varicocelectomy. This limited study demonstrates that men with azoospermia due to hypospermatogenesis have a better chance of recovery if they were treated by varicocelectomy repair followed by subsequent spermatogenesis. Histopathology can be considered as an indicator before proceeding for varicocelectomy repair in men with non obstructive azoospermia.

STAGED SUBSTITUTION URETHROPLASTY OF LONG ANTERIOR URETHRAL STRURE USING BUCCAL MUCOSA GRAFT

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Purpose: Long anterior urethral stricture constitute challenge for reconstruction. Variable etiological factors are encountered, LS, failed hypospadias repair and previous attempt of urethroplasties. We evaluated our centre experience with cases of long anterior urethral structure that were managed by 2-stage substitution urethroplasty using buccal mucosa graft procedure.

Patients and Methods: Between the year 2008 and 2011, 78 patients with long anterior urethral stricture (8.8±1.8 cm) were managed by 2 stage substitution urethroplasty using buccal mucosa graft. 1st stage 78 patients and 2nd stage 60 patients. The 1st stage was excision of most fibrotic areas of the urethral plate, the remaining of the urethra is laid open and augmented with BM for 2nd stage closure after 6 month.

Results: 78 patients mean age (36.4±10.8 years), stricture length (8.8±1.8 cm). The etiology was unknown 35(44.9%), post failed hypospadias 28(35.9%) and LS 15(19.2%). 1st stage was complicated by graft contracture in 5 (6.4%) patients that needed re-grafting, one patient had bleeding from the buccal mucosa site that needed haemostatic sutures, oral numbness was reported in 4 (5.1%) patients. 2nd stage was complicated by wound dehiscence in 2 (3.3%) patients, fistula in 6 (10%) patients, meatal stenosis in 3 (5%). Restricture in 7 (11.7%), The mean follow up 17.1±7.3 month. The overall success was 49 (81.7%) patients.

Conclusions: Staged urethroplasty using buccal mucosal graft procedure was an effective surgical option for patients with long anterior urethral strictures, that was especially indicated for those who had undergone failed previous surgical treatments and patients with lichen sclerosus.
THE EFFECT OF TURP ON IMPROVEMENT OF IRRITATIVE SYMPTOMS IN BPH PATIENTS WITH PREOPERATIVE DETRUSOR OVERACTIVITY

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Introduction: BPH is the commonest cause of LUTS in males over 50 years of age. Although the obstructive symptoms secondary to the obstruction caused by the enlarged prostate usually improve after TURP, there is a significant portion of the patients still complaining of the irritative LUTS. These irritative symptoms are usually attributed to preoperative detrusor overactivity (DOA).

Purpose: To assess the effect of TURP on the improvement of DOA in BPH patients undergoing TURP.

Patients And Methods: From January 2005 to August 2010, 541 patients with BPH underwent TURP as a treatment of SPE. 332 patients were enrolled in this study. Preoperative evaluation entailed IPSS, irritative IPSS, Qmax, total prostatic volume by TRUS (TPV) and filling cystometry. These parameters are followed up after 3 months, 6 months and 12 months of TURP.

Results: Of the 432 patients who completed the follow up period, 103 patients (31%) were found to have DOA preoperatively evidenced by uninhibited bladder contractions on filling cystometry. In the 103 patients with preoperative DOA, The IPSS, and TPV all decreased significantly after 12 months of the TURP. The Qmax and QoL showed significant improvement. Postoperative TURP Filling cystometry showed evidence of DOA in 35 patients (34%). Interestingly, those 35 patients showed insignificant decrease in their irritative LUTS. Persistent DOA was associated with larger prostates and longer pre-operative periods of symptoms.

Conclusions: Although TURP can improve DOA in BPH patients, there is still a subgroup of patients that will experience DOA postoperatively. Those patients usually have large prostate volumes and predominant irritative LUTS preoperatively.

Keywords: Detrusor overactivity, benign prostatic hyperplasia, TURP.

TESTICULAR CATCH UP FOLLOWING ADOLESCENT VARICOCELE REPAIR

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Background: Varicocele is present in 15% of the general population and it is affecting 40% of infertile men. Varicocele has risk effects on spermatogenesis and the results are oligo-asthenospermia by various mechanisms. Sometimes varicocele is affecting the adolescents and there is controversy regarding repair.

Objective: We investigated the effect of varicocele repair on testicular volume and growth in adolescents with varicocele and testicular atrophy.

Design, Setting, and Participants: In a 2-year period a prospective study was carried at Menofya university hospitals on 23 adolescents with varicocele. Testicular atrophy was considered when there was a decrease in size by 20% than the other testicle size. These boys underwent varicocele surgery and follow up was carried out 6, 18 months. Preoperative and postoperative testicular volumes were monitored and measured with Doppler scrotal ultrasonography.

Outcome measurements and statistical analysis: An IBM compatible personal computer was used to store and analyze the data and to produce graphic presentation of the important results. Calculations were done by means of statistical software package namely "SPSS, 19 edition".

The significance of the results was estimated by calculation of probability of chance “P-value”. It is calculated using the Chi-Square value, student t test, Mann-Whitney test and F test.

Results and limitations: We noted significant improvement in testicular volume with less than 20% disparity between the 2 gonads in the 23 patients.

Conclusions: Our study confirms significantly increased testicular volume in many surgically treated boys and shows that physiological catch-up growth occurs in adolescents after varicocelectomy.
LAPAROENDOSCOPIC SINGLE-SITE SURGERY (LESS) 
DISMEMBERED PYELOPLASTY IN A CHILD

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Introduction and objectives: Although there are increasing reports in the literature about role of LESS as an option for treatment of different urologic pathologies, the applications of LESS in pediatrics is still lacking. We present a video that shows the technique of LESS dismembered pyeloplasty in a child.

Materials and methods: This is a 10 years old boy that was presented with recurrent left flank pain. His ultrasound showed left hydronephrosis and dilatation of the left renal pelvis. His intravenous urography showed left advanced hydronephrosis and left ureteropelvic junction obstruction (UPJO). LESS pyeloplasty was done through 2-cm umbilical skin incision where the Covedien port was inserted. Both articulating and straight instruments were used. Crossing vessels were found and mobilized. LESS dismembered pyeloplasty was done using 4/0 Vicryl sutures. Hand-free intracorporeal suturing was used and ureteropelvic anastomosis was done through both interrupted and continuous suturing and JJ was inserted antegradely.

Results: Operative time was 170 minutes. There was no conversion to open surgery or conventional laparoscopy. No extra-port was added. There were no intraoperative or postoperative complications. Blood loss was less than 50 c.c. Postoperative hospital stay was 2 days. Follow-up of the patient after 6 months showed complete clinical cure with marked reduction of left hydronephrosis and patent ureteropelvic junction. The child has invisible skin scar.

Conclusion: LESS dismembered pyeloplasty is technically feasible, effective and safe option for treatment of UPJO in pediatrics with a significant low morbidity.

HOLMIUM LASER FOR PERCUTANEOUS NEPHROLITHOTOMY IN INFANTS

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Purpose: This video will present the technique of using Holmium Laser during PCNL for disintegration of renal stones in infants.

Patients and Methods: The patient was a 2-year old boy who had bilateral large renal calculi. Under the effect of general anesthesia and after fixation of a 5F ureteral catheter, the infant was placed in prone position. A percutaneous puncture was established under fluoroscopic guidance. The tract was dilated to 24F using Alken’s coaxial dilators. An 18.5F pediatric nephroscope was used. Holmium Laser power was adjusted at 1.7 Joule and 6 Hertz. Laser was transmitted through a 300 Micron fiber that touch the stone surface. The irrigation served to wash out the stone dust resulting from photo-thermal effect of Laser. Sizable fragments were removed by forceps and smaller fragments were retrieved by a suction device. Then a nephrostomy tube was fixed for 48 hours. After 2 months, the other side was treated by the same technique.

Results: Both procedures were completed safely and there was no postoperative complication. Postoperative non-contrast CT confirmed the stone-free status. Stone analysis revealed mixed calcium oxalate and uric acid.

Conclusion: Holmium Laser can be safely and effectively used for disintegration of large stones during PCNL in infants.
CLIPLESS LAPAROSCOPIC RIGHT ADRENALECTOMY IN A PATIENT WITH CUSHING SYNDROME

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Objective: To evaluate the safety and feasibility of controlling the right adrenal vein with ligaSure without application of Hem-O-Lok.

Patient and Methods: A thirty seven year old female patient, presented with marked weight gain during the past 2 years prior to presentation. She is known to be diabetic and hypertensive since 2 years. She has irrelevant past surgical history. General examination demonstrated the presence of stigmata of Cushing syndrome (moon face, buffalow humb, trunkal obesity and striae rubra). Twenty four hour urinary cortisol was markedly elevated. Contrast enhanced spiral CT of the abdomen and pelvis detected right suprarenal adenoma measuring 5x6 cm. The procedure started with creation of pneumoperitoneum, then three 10 mm ports were inserted, another two 5 mm ports were added for retraction. The right adrenal vein was too short to apply a clip, so ligaSure was used to control it, the dissection was completed using the ligaSure then the mass was extracted with the aid of the Endobag.

Results: The procedure was completed safely and efficiently in 2 hours with blood loss less than 50 cc. The patient received intraoperative 300 mg hydrocortisone that was gradually withdrawn allowe the next 10 days. The tube drain was removed in the second day postoperative and the patient was then discharged safely.

Conclusion: Clipless laparoscopic adrenalectomy is safe and feasible, with control of the vein using the ligaSure.

LAPAROSCOPIC PYELOLITHOTOMY: INDICATIONS AND TECHNIQUE

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Purpose: Laparoscopic Pyelolithotomy, although uncommonly performed, may be considered in patients, who have a large single renal-pelvic calculus, have renal anomalies, and are poorly compliant. We present our experience with this procedure in ten patients.

Patients and Methods: 10 patients underwent laparoscopic Pyelolithotomy for a large renal-pelvic calculus. Seven patients had solitary pelvic stones (two of them were staghorn with additional small calyceal stones) with a mean size of 3.6 mm² (range 2.6-5.2 mm²). 2 cases had a large stone in ectopic pelvic kidney, and the last case had multiple secondary stones to ectopic PUJ. All cases were approached transperitoneally with dissection of renal pelvis like open surgery with v shaped incision stone extraction.

Results: The procedure was completed laparoscopically in the ten patients. The length of surgery ranged between 90-180 minutes (mean 116.5 min). There were no minor or major complications, and the estimated blood loss was <50 mls in all cases. All patients were discharged on postoperative day 3 with the drains removed. Four patients were stented (Three with ureteric catheter which removed after 3days and one with JJ remained indwelling for 4 weeks). The remaining patients was not stented. Seven patients were stone free on follow-up imaging, two patients with multiple calyceal stones& one with small residual fragment which was treated by SWL.

Conclusions: Laparoscopic Pyelolithotomy can be done safely, effectively, and efficiently with proper patient selection and adherence to standard laparoscopic surgical principles.
LAPAROSCOPIC ADRENALECTOMY FOR PHEOCHROMOCYTOMA IN PREGNANT PATIENT

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Objective: To emphasize on the feasibility and safety of transperitoneal laparoscopic adrenalectomy for functioning adrenal mass in a pregnant patient.

Patient and methods: A twenty year old pregnant lady (gestation 8 weeks) presented with recurrent attacks of headache, palpitation and sweating since 2 months. She is hypertensive since 5 months. She had irrelevant past surgical history. Abdominal ultrasonography detected an isoechoic mass measuring 2x1.3 cm seated at the left suprarenal region, this was confirmed by MRI of the abdomen and pelvis. The procedure started by insertion of Hasson port using the open technique, then another 3 ports were inserted under vision (one 10mm port and two 5 mm ports). The insufflator was adjusted in order to keep the abdominal pressure below 12 mmHg. The left adrenal vein was identified and controlled using Hem-O-Lock, the dissection was accomplished using the ligasure, and then the mass was extracted with the aid of the Endobag.

Results: The procedure was completed safely and efficiently in 1 hour and 30 minutes with blood loss less than 50 cc. postoperative pelvic ultrasonography revealed viable fetus. The tube drain was removed in the second day postoperative and the patient was then discharged safely.

Conclusion: Transperitoneal laparoscopic adrenalectomy is feasible and safe for functioning adrenal masses in pregnant ladies.

LESS SACROCOLPOPEXY

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Introduction and objectives: LESS has been reported for treatment of many urologic pathologies. In this video we present the technique of LESS sacrocolpopexy in a patient with uterine prolapse.

Materials and methods: We present female patient who were 42 years old that presented with second degree uterine prolapse. For this patient LESS sacrocolpopexy was done using R-Port and both pre-bent and straight instruments. Two interrupted 3/0 PDS sutures were taken from the posterior vaginal wall and fixed to the peritoneum of the sacral promontory.

Results: LESS sacrocolpopexy was successfully completed without conversion to open surgery or conventional laparoscopy. No extraport was added. Operative time was 105 minutes. Blood loss was < 50 c.c. Hospital stay was one day. Follow up of the patient (9 months) showed complete clinical cure and invisible umbilical scar.

Conclusion: LESS sacrocolpopexy is technically feasible and safe procedure for treatment of uterine prolapse with very low morbidity.
TRANSPERITONEAL LAPAROSCOPIC URETEROUREROSTOMY FOR THE MANAGEMENT OF RETROCAVAL URETER

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Objectives: To describe our experience of 2 patients with retrocaval ureter treated laparoscopically through transperitoneal route, with antegrade stenting method.

Methods: Since 2009, 2 patients with symptomatic retrocaval ureter have undergone laparoscopic repair of their anomaly at our institute. In all 2 cases, the ureter was transected and repositioned anteriorly with an end-to-end anastomosis and the retrocavally located ureteral segment was resected.

Results: The mean operative time was 160 minutes, without any intraoperative or early postoperative complications. In 1 patient, a ureteral stricture was detected that resolved with reinsertion of a double-J stent. Histopathologic examination of the resected ureteral segments revealed sclerosis and muscular hypertrophy. All patients remained symptom-free during the follow-up period.

Conclusions: With all the advantages of a minimally invasive procedure and preserving therapeutic efficacy, the laparoscopic approach should be considered a standard choice for surgical treatment of retrocaval ureter in symptomatic patients. Care should be taken to excise the pathologically narrowed retrocavally located ureteral segment.

TREATMENT OF DISTAL URETERAL STRICTION BY LAPAROSCOPIC URETEROVESICAL REIMPLANTATION

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Purpose: To analyze the results achieved to treat pelvic ureteric stricture using laparoscopic ureterovesical reimplantation.

Material And Method: In the last 6 months period, we perform a laparoscopic ureterovesical reimplantation in one male patient (59 years old), presented by left renal colic with past history of TURBT. Abdominal ultrasound, MSCT Scan and IVU revealed left hydro ureteronephrosis with delayed excretion of dye. Laparoscopic exploration, resection of the strictured ureteric part followed by ureteral reimplantation was performed. Bladder was mobilized before performing ureteroneocystostomy. Extravesical technique with submucosal tunnel (LG) was done.

Results: The procedure was completed successfully with no need to convert to open surgery. Time of surgery was 190 minutes. No intraoperative complications were encountered. Postoperative period was uneventful and the patient was discharged from the hospital after 3 days with an indwelling urethral catheter removed after one week. Follow up URS 3 weeks postoperatively demonstrated patent ureterovesical segment. Imaging study after 2 months (by MCU) revealed Grade I VUR.

Conclusions: Laparoscopic ureteral reimplantation is an effective and safe minimally invasive technique to treat benign distal stricture of the ureter.
**V9**

**TRANSMESOCOLIC RENAL PEDICLE CONTROL DURING TRANSPERITONEAL LAPAROSCOPIC RADICAL NEPHRECTOMY FOR LARGE RENAL TUMORS**

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**Objectives:** We describe our technique for early pedicle control during transperitoneal laparoscopic radical nephrectomy (TLRN) for large renal tumors that limit the available space inside the abdominal cavity even after establishing pneumoperitoneum.

**Methods:** A 45 years old patient presented with 11 cm left sided renal mass, was submitted to transperitoneal laparoscopic radical nephrectomy, after establishing pneumoperitoneum, the descending colon was high elevated high by the effect of the large renal mass below, which in turn made the deflection of the colon medially difficult with greater risk of bleeding during dissection. In our technique, we started with making a window through the mesocolon through which we could reach the renal pedicle and control it. Dissection of the kidney was continued transmesocolic and from its lower pole where there was a space allowing dissection of the colon from the kidney and heading to the upper pole till the whole kidney was dissected with its perirenal fat all around it. The specimen was extracted through a suprapubic incision.

**Results:** The technique was successful with operative time=175 min and blood loss volume=150 cc. No intraoperative or postoperative complications was encountered.

**Conclusion:** Transmesocolic route is feasible and rapid way for the early control of the renal pedicle during transperitoneal laparoscopic radical nephrectomy in cases of large renal masses limiting the space needed for colon dissection away from the kidney and it also decreasing the risk of intraoperative blood loss.

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**V10**

**WINGLESS GLANULOPLASTY IN HYPOSPADIAS REPAIR, DESCRIPTION OF THE PROCEDURE AND INITIAL RESULTS**

**MOHAMED ZAKI ELDAHSHOURY, WAEL GAMAL, AHMAD RASHED, MOHMAD MOSTAFA, ESAM ELDEAN SALEM, ELNISR RASHED, AHMAD MAMDOUH & ABD EL-MONIEM ABOUZEID.**

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**Aim of study:** Our aim is to describe the technique of wingless glanuloplasty and represents the initial results (cosmetic and function) of this technique in hypospadias repair.

**Material and Methods:** This study was done on 9 male patients with two degree of hypospadias (DPH=6 & mid penile hypospadias= 3). We had selected those cases with wide urethral plate > 8mm and grooved glans. All cases had repaired with TIP with additional covering of dartous fascia to augment the tube. Correction of chordee was by degloving (n=3) & modified Nesbit (n=4). U shape incision was created around the urethral platesame as in TIP just to the glans and in the glanular area just de-epithelization of 0.2-0.3mm around the urethral plate. Mglans suture was taken through the raw de-epithelized area of the glans, closure of urethral plate as in TIP; about 3 layers of approximating sutures were taken through the de-epithelized glans till complete closure of the glans. The neourethra was augmented with layer of penile dartous. TIP was created on suitable urethral catheter which was replaced by smaller one. Follow up duration was for one year by clinical examination and parent satisfaction.

**Results:** Mean operative time was 40-60minutes. As regard the functional and cosmetic outcomes, success was reported in all cases without any cases with glans disruption.

**Conclusion:** Modified glanuloplasty has many advantages, time consuming, less blood loss, no need for tourniquet in any case. Further comparative study with wing glanuloplasty and more number of cases are needed.

**Keywords:** Hypospadias, glanuloplasty, TIP, glans reconstruction & wing glanuloplasty.
Surgical Treatment of Peyronie's Disease with Plaque Incision and Application of Bovine Pericardial Graft

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We present this video film to describe the surgical technique based on Tunica Albuginea Resection which is effective for correction of penile curvature in Peyronie's Disease with application of Bovine Pericardial Graft for a 45 years old male patient.

Laparoscopic Pyeloplasty After Failed Open PUJO Repair, Will It Be the Procedure of Choice?

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Objectives: To report our experience in treating patients with failed previous open pyeloplasty by transperitoneal laparoscopic pyeloplasty.

Materials and Methods: 10 patients with previous failed open pyeloplasty were reviewed; all of them were submitted to transperitoneal laparoscopic pyeloplasty. All procedures were performed by the same surgeon [AH]. Dismembered pyeloplasty technique was utilized in all cases. Follow-up was carried out by ultrasonography initially, and diuretic renal scintigraphy and/or intravenous urography at least 6 months after the removal of the stent.

Results: The study group consisted of 6 men and 4 women with the mean age of 30.4 years (range, 22 to 45 years). Mean operative time was 120 minutes (range, 110 to 180 minutes) and mean hospital stay was 4.6 days (range, from 3 to 10 days). Mean follow-up was 10.1 months (range, 6 to 18 months). The overall success rate was 80% (8 cases), post-operative obstruction after stent removal was experienced in 2 cases, one case required reinsertion of stent for a month then removed without further signs of definite obstruction, the other case required PCN (infected hydronephrosis), further renal scan was done revealing split function of that kidney less than 10%, and the patient was submitted to nephrectomy. There was no conversion to open surgery with no major complications or required blood transfusion.

Conclusion: Laparoscopic pyeloplasty can be a promising method in treating patients with failed open pyeloplasty and it can be considered as a successful method instead of the open technique for the redo cases.
MEATAL ADVANCEMENT GLANDULAR EXCISION TECHNIQUE (MAGE): A SIMPLE PROCEDURE FOR REPAIR OF DISTAL PENILE HYPOSPADIAS

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Purpose: To allow using MAGPI technique in DPH with good cosmetic and functional results we developed our technique (Meatal Advancement Glandular Excision Technique “MAGE”).

Materials and Methods: A total of 30 patients were included in this study, our selection criteria were patients with DPH, mobile urethra, and pliable thick perineal skin without chordae. The patients were evaluated early for the hemostasis, exclusion of infection, ability of easy painless and forcible micturition, presence or absence of oedema, and late for shape and site of the meatus, shape of the glans, and shape of the penis.

Results: Between February 2007 and December 2011, 30 patients were selected to undergo our modified technique from around 250 hypospadiac patients presented to Sohag university clinic of pediatric urology. Twenty nine cases have satisfactory cosmetic and functional results with ideal urinary stream as described by both parents and physician. Only one case suffered meatal retraction and depressed glans with relatively bad cosmesis.

Conclusions: MAGE technique; modification of MAGPI technique with excision of the excess glandular tissues and slight mobilization of the glandular wings can be used for repair of distal penile hypospadias with excellent functional and cosmetic outcome.