

dependent effect on neither 3T3 nor prostate fibroblasts proliferation.

N57

Three-dimensional ultrasonography (3D USG) administration in evaluation antibiotic distribution given intraprostatic injection during chronic prostatitis

J. Tyloch*, Z. Wolski, T. Drewa. *Nicolaus Copernicus University, Dept. of Urology, Bydgoszcz, Poland*

Introduction and Objectives: In chronic exacerbated prostatitis, particularly patients with acute and severe pain, the administration of injectable intraprostatic antibiotic is one of the managed ways. An equally drug distribution within the whole prostate especially central zone is a therapeutic successful condition to obtain durable effects. The aim of this study is the evaluation of 3D USG usefulness in controlling uniformly located antibiotic within the prostate cells.

Material and Methods: Since the period of 01.01.2006 to 30.06.2009. Intraprostatic antibiotic injection was administered in 15 patients. Indication for such a treatment was persistent pain unrelieved after orally drugs administration during chronic exacerbated prostatitis. 17 injections performed – one single injection in 14 patients and 3 injections in one patient in 2 and 3 months interval. Age ranged from 26 to 65 years. Average 50.2. Gentamicin (9 times), tazocin (4 times), augmentin (twice), ciprofloxacin (twice) were administered intraprostatic according to bacteriogram results obtained from seminal cultures. All these injections were performed under transrectal ultrasound control (TRUS). Prostate images acquisition in cross-section (transversal) were achieved after classic TRUS execution. Prostate configuration place and localization has been analyzed and scheduled for injection after 3D USG performance. USG transducer was used to observe prostate in transversal and vertical cross-section. Injectable drugs were given to each lobe in a precise regular and symmetrical manner. 3D USG images were achieved after each injection with attention paid to drug distribution at both lobes.

Results: 3D USG obtainment allows an accurate evaluation for injectable drugs localization and distribution in the prostate gland. The success of such proposal way of treatment was due to the effect of equally drug disposition. Pain complaints had relieved after single injection in 14 out of 15 patients. One patient needed 3 injections to gain well therapeutic effect.

Conclusions: 3D USG could be a valuable supplement for classic USG examination to precisely evaluate drug distribution and localization after intraprostatic injection. Besides, it could be a method that permits much more an exact drug disposition which in turn raises therapeutic success.

N58

Difficulties of qualification in patients to implant an artificial urethral sphincter

Z. Wolski, M. Gruszczyński*, M. Tworkiewicz. *Nicolaus Copernicus University, Dept. of Urology, Bydgoszcz, Poland*

Introduction and Objectives: In men urinary incontinence appears after operation on prostate and it is serious disability. Implantation an artificial urethral sphincter AMS 800 is chosen method of therapy in this patients. Indication for this procedure is total urinary incontinence, which is untreated other methods. The success of treatment with AMS 800 is determined by appropriate qualification of this patients, which depend on: assessment of manual and mental efficiency as well as exclusion of: bladder neck stenosis and/or urethral stricture, current local infection, neurogenic bladder and appropriate component selection of artificial urethral sphincter during operation. The aim of the study is show difficulties in the qualification to implanting the artificial urethral sphincter AMS 800, because of

the coexistence of additional diseases which are permanent or temporary contraindications.

Material and Methods: In the Department of Urology Collegium Medicum N.C. University in Bydgoszcz, in the period from 2004 to June 2009 48 patients with urinary incontinence (age 48–80) were hospitalized. They were qualified to implant AMS 800. The symptoms of urinary incontinence occurred after the first operation: total prostatectomy (24), TUR-P (17), adenomectomy (5) and internal urethrotomy after telerradiotherapy of prostate cancer (1). In all cases performed following procedures before the operation: voiding urethrocytography, urodynamic examination, urine culture. In some of them the examination was extended of: ureterocystoscopy and psychological testing. On the our research 2 patients were without urinary incontinence, 21 patients were direct qualified to implant AMS 800, however 25 patients required additional treatment and re-qualification. Urethral stricture was demonstrated in 19 from 48 cases, variations in psychological testing were in 4 from 15 cases, however neurogenic bladder in 5 from 48 cases was the reason of primary disqualification.

Results: 30 patients from 48 were qualified to implant AMS 800. Artificial urethral sphincter was implanted to 29 of them and one is still waiting to do it. 9 from 25 cases changed for the better after surgical/drug treatment and they were also qualified to implant AMS 800. 18 patients were disqualified. Treatment of recurrence urethral stricture was successful in 7 patients from 18. One of 5 patients got better and was qualified to implant AMS 800 after antimuscarine drug treatment and the injection in the bladder wall of botulinum toxin typ A. 2 of 4 patients with psychological disorders got better after drug treatment and they were qualified to implant AMS 800.

Conclusions: Recurrence posterior urethral stricture is the most common cause of permanent disqualification for implanting the artificial urethral sphincter. Relative contraindications, which can be treated pharmacologically are as follows: neurogenic bladder, urinary tract infection, transient depressive state.

N59

Improvement of nocturnal enuresis after adenotonsillectomy in children with obstructive sleep apnea syndrome

A. Gökçe¹*, S. Aslan², F.R. Yalçınkaya¹, M. Davarcı¹, Y.S. Kaya¹, N. Savas³, S. Gorur¹, S. Daglı², A.N. Kiper¹, M.D. Balbay¹.

¹Mustafa Kemal University Tayfur Ata Sökmen Medical School, Dept. of Urology, Hatay, Turkey; ²Mustafa Kemal University Tayfur Ata Sökmen Medical School, Dept. of Otorhinolaryngology, Hatay, Turkey; ³Mustafa Kemal University Tayfur Ata Sökmen Medical School, Dept. of Public Health, Hatay, Turkey

Introduction and Objectives: To investigate the prevalence of nocturnal enuresis (NE) in children who diagnosed with obstructive sleep apnea syndrome (OSAS) and the rate of resolution or improvement in NE following adenotonsillectomy.

Material and Methods: Retrospective chart review of 541 patients who underwent adenotonsillectomy for OSAS secondary to adenotonsillar hyperplasia between January 2005 and January 2009 was performed. 398 patients between the ages of 5 and 18 years at the time of surgery were included into the study. After chart review, families were contacted by phone call. The parents of each child was asked about preoperative presence or absence of NE and postoperative symptoms, including the presence or absence of snoring, witnessed apnea, restless sleep, drooling, and mouthbreathing. Only patients diagnosed with primary enuresis were included in this study. The following questions were asked to the parents of the patients who had preoperative symptoms of enuresis: 1. How frequently did your child wet the bed before surgery?