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 patientes with acut and sever pain, the adminstration of injectable intraproststic antibiotic is one of the managed ways. An equally drug distribution within the whole prostate especially central zone is a therapeutic succusful condition to obtain durable effects. The aim of this study is the evaluation of 3D USG usefullness in controling 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 adminstred in 15 patients. Indication for such a treatment was persistent pain unrelieved after orally drugs adminstration during chronic exacerbated prostatitis. 17 injections performed – one single injection in 14 patientes and 3 injections in one patient in 2 and 3 monthes interval. Age ranged from 26 to 65 years. Average 50.2. Gentamicin (9 times), tazocin (4 times), augmentin (twice), ciprofloxacin (twice) were adminestred intraproststic 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 analized and scheduled for injection after 3D USG performance. USG transducer was used to obsereve prostate in transversal and vertical cross-section. Injectable drugs were given to each lobe in a precise regular and symetrical 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 succsses of such proposal way of treatment was due to the effect of equally drug disposition. Pain complains 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 succsses.

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 determinated 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 teleradiotherapy of prostate cancer (1). In all cases performed following procedures before the operation: voiding urethrocystography, 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 demonstated 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. Gökçe[1]*, S. Aslan[2], F.R. Yalçınkaya[1], M. Davarcı[1], Y.S. Kaya[1], N. Savas[3], S. Gorur[1], S. Dagli[2], A.N. Kiper[1], M.D. Balbay[1].
[1]Mustafa Kemal University Tayfur Ata Sökmen Medical School, Dept. of Urology, Hatay, Turkey; [2]Mustafa Kemal University Tayfur Ata Sökmen Medical School, Dept. of Otorhinolaryngology, Hatay, Turkey; [3]Mustafa 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?

2. Did your child improve after surgery in his/her enuretic episods? If yes was this:
   2.1. A complete stop?
   2.2. A partial stop?

We categorized the patients postoperatively into 3 groups:
1. Patients with complete resolution of nocturnal enuresis.
2. Patients with partial improvement.
3. Patients with no change in their complaints.

Partial improvement was defined as a minimum of 50% decrease in the frequency of bedwetting recorded preoperatively. All data were collected between November 2008 and May 2009. The chi-squared test was used to compare the prevalence of NE before and after surgery.

Results: Of the 398 patients 98 were excluded from the study because of incomplete records. The incidence of NE in the entire study group (n = 300) before adenotonsillectomy was 30.7% (92 patients). Among the 92 patients, 64 (69.6%) were male, and 28 (30.4%) were female (p = 0.001). In 46 patients who agreed to participate in the study 26 (56.5%) had complete resolution, 8 (17.4%) had a partial improvement and 12 (26.1%) had no change in NE following adenotonsillectomy. We observed a partial improvement or complete resolution of NE in 73.9%. To define whether the results related to enuresis were statistically significant, a chi-square test for equal proportions was performed. The chi-square value was found to be 13.131 resulting in p < 0.0001. Resolution of OSA symptoms was observed in 100% of these patients postoperatively.

Conclusions: Children with OSA symptoms have a high rate of NE. We have demonstrated that relief of OSA symptoms will also result in complete resolution or partial improvement of NE in more than two-thirds of patients. In the differential diagnosis of a child presenting with NE, OSAS should be kept in mind and the presence of NE should be investigated in a child presenting with OSA symptoms.

N60
Treatment of the stress incontinence using different types of Trans Obturator Tape (TOT) in women – analysis of failures after surgery

M. Mikulska-Jovanović, Z. Wolski, A. Łapuć, L. Pokrywka*.
Departament of General, Oncological and Pediatric Urology Collegium Medicum Nicolaus Copernicus Univ, Dept. of Urology, Bydgoszcz, Poland

Introduction and Objectives: The estimation of the efficacy of different types of trans obturator tape in the treatment of the stress urinary incontinence in women and the analysis of the causes of failure after surgery.

Material and Methods: Between October 2003 and June 2008, 160 TOT (outside – inside) procedures were performed. The following tape types were used: Obtape (Porges-Mentor) 70, Aris (Coloplast) 84, Monarc (AMS) 5 and Pelvicol 1. Average age of the patients was 56 years (40–77 years). Max flow rate (Q max) was on average 29.4 ml/sec before the procedure. The follow-up was 6–62 months, 27 on average. In case of a failure after the procedure, gynecological examination, cystoscopy and again a urodynamical examination was performed.

Results: 139 (86.9%) of the patients were cured completely – continence was defined as a lack of any involuntary leakage of urine and ceasing of sanitary pads use. In 14 (8.75%) patients, the recurrence of stress incontinence (SUI), in 2 patients a mixed urinary incontinence and in 5 (3.12%), symptoms of overactive bladder with urge incontinence was found. Among the patients with recurring SUI and mixed urinary incontinence, four (25%) had in the past one or more surgeries of the pelvis floor, one patient one year after procedure was pregnant with a Caesarean section birth, one had a small gynecological procedure (vagina polipus removing) in the third year since the tape implantation and this worsened continence. Average age of the patients with the recurrence of the incontinence was 59 years. Tape extrusion into vagina happened in 4 (2.5%) patients. In two cases this was the Obtape (on 70 procedures) (2.8%) and in two Aris (on 84 procedures) (2.4%). All extrusions were on antero-lateral vagina wall. In two patients, the first symptome of the tape extrusion was urinary incontinence recurrence, and two had no symptoms at all. In 7 (4.4%) patients, a postvoiding residual urine with urethra obstruction (Qmax <15 ml/s) was found. Three (1.9%) complete urinary retention happened, one in a patient with neurogenic bladder. one in patient with hypofunction of the detrusor – the tape was removed 5 months after the primary procedure, without incontinence recurrence. One patient, 3 months after CIC voids normally.

Conclusions: 1. TOT is effective method of treatment of SUI in a medium time follow-up – above 85% patients are completely cured. 2. The type of the used tape does not impact the percentage of the patients that are fully cured of SUI and does not impact the risk of the vagina tape extrusion. 3. The recurrence of the urinary incontinence could be the first symptom of the tape extrusion. 4. Having surgeries of the pelvis floor in the past and second gynecological procedures after the tape implantation are a potential cause of recurrence of SUI.

Poster Session 5: Renal disease
Friday, 11 September 2009, 14:50–17:00
Poster room 2

N62
Laparoscopic living donor nephrectomy – first Polish cases experience

M. Słojewski[1]*, A. Gołąb[1], K. Ciechanowski[2], T. Sulikowski[3], L. Domański[2], M. Ostrowski[3], A. Sikorski[1]. *[1]Pomeranian Medical University, Dept. of Urology, Szczecin, Poland; [2]Pomeranian Medical University, Dept. of Nephrology, Transplantology and Internal Diseases, Szczecin, Poland; [3]Pomeranian Medical University, Dept. of General Surgery and Transplantology, Szczecin, Poland*

Introduction and Objectives: Despite observed huge progress in understanding the immunological basis of transplantation and the development of new immunosuppressive agents that have significantly improved both the patient and graft survival, still the kidney donation from live volunteers remains the most consistent factor which affects the long-term survival. The first living-related donor nephrectomy was performed in 1953. Since then open surgery has become the standard for many years and thereby, due to the morbidity associated with this technique of organ retrieval, many possible kidney donors were reluctant to donate. The laparoscopic live-donor nephrectomy is the alternative for open approach. We present the first Polish experience of two living-donor laparoscopic nephrectomies performed in our center.

Material and Methods: In 2008 we have performed two living donor nephrectomies using this technique. In both cases left kidney was removed. The first donor was 56 year-old woman, a mother of chronically sick daughter, the second women, 42 year-old, gave her kidney to her husband. The donors were evaluated preoperatively in the nephrology department.The evaluation included medical, surgical and psychosocial suitability for live donation. In both cases we applied the retroperitoneal access which has been routinely used in our center. The kidneys were dissected between the perirenal fatty tissue and the fibrous capsule. The renal artery was identified from its posterior aspect and freed from the surrounding fatty and lymphatic tissue. The renal vein was dissected in order to gain the full, proper length