

involvement symptoms like lower extremity edema, varicocele, dilated superficial abdominal veins, proteinuria and pulmonary embolism. In all patients CT scanning, abdominal ultrasound examination, contrast inferior venacavography, urography and ECHO were required before surgery. Patients were qualified to the procedure by urologist, anesthesiologist and cardiothoracic surgeon. All patients underwent radical nephrectomy and vena caval thrombectomy. We used Robert Krane method: removal of Renal Cell Carcinoma extending into the right atrium, with opening thorax, using cardiopulmonary by-pass, profound hypothermia and circulatory arrest.

Results: In August 2008 we have contacted with patients or their families. For past 6 years, 20 patients were operated, 11 (55%) of them died (including two patients who died in postoperative period), average time to death was 19 months, 9 (45%) patients still alive, average survival time is 41 months. The longest survival time is 75 months. Two patients, mentioned before, died in postoperative period as a result of severe, massive pulmonary embolism. There were no operative deaths.

Conclusions: The specific operative strategy used in these patients appear to provide a survival benefit and prevent pulmonary embolism. In patients with atrial tumor thrombus distant metastases uro-cardiosurgical procedure present possibility of prolonged survival. We were planning to change indications to this procedure, because our results and new possibilities of the adjuvant chemotherapy.

Poster Session 6: External genital

Saturday, 12 September 2009, 09:50–11:50

Poster room 1

N76

Results of an analgesia method in varicocelelectomy under local anaesthesia for pain relief

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Introduction and Objectives: The effect of peroperative paracetamol infusion on pain in patients with varicocele

Material and Methods: Fifty-nine patients were randomized in two groups and microscopic varicocelelectomy under local anesthesia with a subinguinal approach were performed. Locally prilocain hydrochloric injection and placebo infusion (isotonic NaCl) was used for the first group. In addition to prilocain hydrochloric, peroperative intravenous paracetamol infusion (20 minutes) was done for the second group. 28 patients were in the first group and 31 patients were in the second. All patients had left varicocele, one was recurrent. Intraoperative and postoperative (half an hour and 4 hours later) pain was assessed by Visual analogue score (VAS).

Results: Mean age for two groups were 21.1 and 21.7 ($p > 0.05$); mean vein diameters were 3.1 and 3.0 ($p > 0.05$). Mean VAS were 5.35, 2.8 and 0.67 for group 1; 2.68, 1.51 and 0.51 for group 2. There was statistical significance between peroperative and early postoperative scores for two groups. Although late VAS for group 1 was higher; there was not any statistical significance ($p > 0.05$). However group 1 had higher postoperative analgesic requirement (25.8% for group 1 and 8.6% for group 2). Side effects were not seen due to infusion and paracetamol.

Conclusions: Peroperative intravenous paracetamol infusion reduces peroperative and postoperative pain and increases the comfort of patients.

N77

Risk-adapted management for patients with clinical stage I non-seminomatous germ cell tumor of testis

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Introduction and Objectives: Testis cancer is the most common cancer in young men and its incidence continues to rise. Even if prognosis is considered as good, a group with bad prognosis still remains. We aimed to evaluate whether two courses of chemotherapy after orchiectomy in patients with clinical stage I, nonseminomatous germ cell testicular tumour at high risk of relapse, will spare patients additional chemotherapy or surgery.

Material and Methods: High-risk patients had one or more of the following: preorchiectomy alpha-fetoprotein level of 80 ng/dL, 80% embryonal cell carcinoma or greater, vessel invasion in the primary tumour and tumour stage pT2 or greater. Low risk patients had none of these factors or had 50% teratoma or more without vessel invasion. High-risk patients were offered two 21-day courses of outpatient chemotherapy consisting cisplatin, etoposide, and bleomycin (BEP). Low-risk patients were observed.

Results: Of the 108 patients, we classified 71 as high risk and 37 as low risk of relapse. All of the high-risk patients received two courses of BEP chemotherapy. Low risk-patients were kept on close-up. The median follow-up was 26 months (range 10 to 60). 3 of the 71 patients in high-risk group relapsed with viable cancer and required additional chemotherapy and 1 patient with normal biomarkers and a late-appearing mass underwent retroperitoneal lymphadenectomy for mature teratoma. All 4 relapsed patients were in high risk group and presently they are free of disease. None of the 37 patients at low risk of recurrences developed relapse.

Conclusions: We recommend two courses of adjuvant chemotherapy after postorchiectomy for high-risk patients with stage I nonseminomatous germ cell tumour of the testis. Adjuvant chemotherapy for these patients results in a low relapse and morbidity, which compares favorably with the results of surveillance or RPLND. This well-tolerated approach may spare patients additional surgery or protracted chemotherapy, reduce the cost, and eliminate the compliance problems associated with intensive follow-up of high-risk patients.

N78

Endoscopic versus open hydrocelectomy for the treatment of adult hydroceles

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Introduction and Objectives: To compare outcomes of endoscopic treatment of hydrocele with conventional open hydrocelectomy regarding complications and patient satisfaction.

Material and Methods: Patients with clinically significant hydroceles were prospectively enrolled into two treatment groups. Groups 1 and 2 consisted of patients who underwent endoscopic (n=26) and open surgical treatments (n=27), respectively. Outcome measures were per and postoperative complications and recurrence rates. Postoperative comfort and patients' satisfaction of cosmetic appearance after the operation was evaluated with a questionnaire at discharge and at day 10 after the intervention.

Results: Average follow-ups were 17 months for both Groups 1 and 2. Hydrocele recurred in the first two cases in Group 1, during the education period. No recurrence was encountered in Group 2. As a complication, moderate to severe edema

occurred in 4 cases in the endoscopic group. In the open surgery group, significant edema and hematoma occurred in 8 and 2 cases, respectively. One case with hematoma resulted with wound dehiscence. On the first and tenth postoperative days, endoscopic procedure was found more cosmetically acceptable and covered a more comfortable convalescence period when compared to open surgical group ($p < 0.05$). In Groups 1 and 2, 87 and 70% of the patients, respectively, declared that they would recommend this procedure to their friends ($p < 0.05$).

Conclusions: Endoscopic method is a viable option in the treatment of hydrocele. Outstanding feature of the endoscopic method is an earlier achievement of a better cosmetic outcome and a comfortable postoperative period when compared with the conventional treatment.

N79

Coenzyme Q10 treatment reduces lipid peroxidation, inducible and endothelial nitric oxide synthases and germ cell-specific apoptosis in testicular ischemia/reperfusion injury

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Introduction and Objectives: To evaluate the preventive effects of Coenzyme Q₁₀ (CoQ₁₀) in ischemia/reperfusion (I/R) injury due to testicular torsion/detorsion (T/D).

Material and Methods: Adult male Wistar rats were divided into 3 groups of 7 each. One group underwent 1 h of testicular torsion and 4 h of detorsion; one received pretreatment with CoQ₁₀ before detorsion; and one group underwent sham operation. At the end of the experiments, bilateral orchiectomies were performed. Lipid peroxidation products, inducible nitric oxide synthase (iNOS), endothelial nitric oxide synthase (eNOS), and apoptosis protease-activating factor 1 (APAF-1) were assessed in the testis.

Results: Testicular T/D caused a significant increase in lipid peroxidation products, iNOS, eNOS and APAF-1 expressions in ipsilateral testes ($p < 0.001$), but not in the contralateral testes. The animals treated with CoQ₁₀ had a significant decrease in these parameters compared with T/D group ($p < 0.01$).

Conclusions: These data emphasize that CoQ₁₀ administration before the reperfusion period of testicular torsion provides a significant decrease in testicular lipid peroxidation products, expressions of iNOS and eNOS and germ cell-specific apoptosis.

N80

Fournier's gangrene: Overview of prognostic factors and definition of new prognostic parameter

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Introduction and Objectives: We reviewed our 2-yr experience with 18 patients treated for Fournier's Gangrene (FG) to identify the prognostic factors and evaluate this factors for predicting the disease severity and patient survival.

Material and Methods: The medical records of 18 patients with FG who were treated and followed up in our clinic were

reviewed. Data were collected in terms of medical history, symptoms, and physical examination findings. Biochemical, hematologic, and bacteriologic study results at admission and at the final evaluation, physical examination findings, The extent of the body surface area (TBSA%), the timing and extent of surgical debridement, and antibiotic therapy were recorded. Fournier's Gangrene Severity Index (FGSI) were evaluated according to whether the patient survivors or nonsurvivors.

Results: The results were evaluated in two groups: those who survivors (n:14) and nonsurvivors (n:4). Significant differences were found between two groups regarding hemoglobine, hemotocrite, magnesium, alkaline phosphatase levels, body temperature, heart rate and respiration rate, median TBSA%. No significant differences were found between survivors and nonsurvivors regarding other parameters. FGSI score for survivors was 5.00 ± 2.91 (0-10) compared with 13.5 ± 2.62 (9-15) ($p:0.001$) for nonsurvivors.

Conclusions: Hemotocrite, hemoglobin, creatinine, ALP, TBSA%, FGSI, heart and respiratory rate, rectal involvement and diverting colostomy were determined as an impressive prognostic factors and related to mortality. We defined low magnesium levels as new parameter for poor prognosis. However, we did not find predisposing factors and comorbid conditions to be significantly associated with mortality.

N81

Long-term outcome after postchemotherapy retroperitoneal lymphadenectomy in patients with residual teratoma

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Introduction and Objectives: The histological finding of teratoma (T) occurs in approximately 40% of all postchemotherapy (PCT) retroperitoneal lymphadenectomy (RPLA). We evaluated patients (pts) undergoing PCT-RPLA for T to determine their clinical outcome.

Material and Methods: Among a survey of 197 pts submitted to PCT-RPLA due to metastatic nonseminomatous testicular tumors (NSTT) from 1980 to 2005, we indentified 82 pts (42%) who were found to have only T in the RP. Pts undergoing ERP surgery were not included in this study because previous study have demonstrated that these pts may be at high risk of progression and relapse independent of tumor histology.

Results: Among 82 pts, 7 pts (82%) received only induction cisplatin-based CT, and 15 (18%) required additional CT regimens. PCT-RPLA pathology revealed mature T (MT) in 70 pts (86%),immature T (IMT) in 10 pts (12%) and T with malignant transformation (TMT)in 2 pts (2%). 16 pts (19%) relapsed at median free interval (MFI) of 22 months (m)(range 2-119). Among 13 pts submitted to redo-RPLA due to relapse, 7 pts (54%) had MT, 2 pts (15%) had TMT and 4 pts (31%) viable GCT (VC). 1 relapsing pt with only elevated STM achieved CR with CT alone (overall grossly 87% achieved CR in relapse). 2 pts following PCT-RPLA relapsed at 21 and 72 m with widespread metastasis and died despite salvage treatment. 7/13 pts (54%) who were rendered free of disease (ds) with redo-RPLA, relapsed again within MFI of 91 m. All but 1 pts died despite salvage treatment (2 TMT, 4 VC). Overall survival rate was 90% at median follow-up of 137 m (range 45-271). On univariate analysis, higher pre- and post-CT nodal size ($p < 0.0005$), intermediate/poor IGCCCG risk classification ($p = 0.02$), and the presence of TMT ($p = 0.002$) were significant predictors for increased risk of ds recurrence. On multivariable analysis RM size ($p < 0.005$), worse histology ($p = 0.001$) and unfavorable IGCCCG risk group ($p = 0.01$) were predictors of ds recurrence.