

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.

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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.

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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.

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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 IGCCG 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 IGCCG risk group ($p = 0.01$) were predictors of ds recurrence.