

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 Q<sub>10</sub> (CoQ<sub>10</sub>) 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 CoQ<sub>10</sub> 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 CoQ<sub>10</sub> had a significant decrease in these parameters compared with T/D group ( $p < 0.01$ ).

**Conclusions:** These data emphasize that CoQ<sub>10</sub> 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  $5.00 \pm 2.91$  (0-10) compared with  $13.5 \pm 2.62$  (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.

**Conclusions:** PCT-RPLA remains critical in the management of pts with NSTT. Pts found to have T at PCT-RPLA have a probability for recurrence of 81%. The size of RM, worse histology and IGCCG risk classification were predictors of ds recurrence.

## N82

### Comparison of local anaesthetic effects of tramadol with prilocaine during circumcision procedure

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**Introduction and Objectives:** Recently, it has been shown that tramadol was an effective local anaesthetic in minor surgery. The aim of this study was to compare the local anaesthetic effects of tramadol hydrochloride with prilocaine for circumcision procedure.

**Material and Methods:** This article was planned with 40 ASA-I patients undergoing circumcision for religious belief. Patients were randomly allocated to receive either 5% tramadol (2 mg/kg) plus adrenaline (0.0125/cc) (Group 1, n=20) or 2% prilocaine plus adrenaline (0.0125/cc) (Group 2, n=20). Both were infiltrated intradermally in a circumferential pattern and in a double-blinded fashion. The degree of the burning sensation and pain at the injection site were documented. Sensory block was assessed 1 min after injection and they were asked to grade touch and pinprick sensation. Five minutes after drug administration, incision was performed and intensity of pain, felt by the patient was evaluated on a four-point scale (0-3). Injection site pain and local skin reactions were also recorded.

**Results:** Mean ages were 9.7 and 10.3 years for Groups 1 and 2, respectively. Mean duration of surgery was 19.6 minutes. Throughout the operation and in early postoperative period, no local or systemic adverse effect was observed. All children were discharged on same day. After 24 hrs, patients were invited for control. In control visit, 2 out of 20 (10%) in Group 1, and 10 out of 20 (50%) children in Group 2, reported extra need for oral Ibuprofen (p<0.05). First analgesic medication time was 9.5 (±2.1) hours (hrs) in group 1, and 8.7 (±3.1) hrs in Group 2 (p>0.05). Total postoperative Ibuprofen consumptions were 10 and 50 milligrams for Group 1 and 2, respectively (p<0.05).

**Conclusions:** A combination of tramadol 5% plus adrenaline can provide a safe and effective local anaesthesia during circumcision procedure and postoperative period in children.

## N83

### High risk clinical stage A nonseminomatous testicular tumors: Primary retroperitoneal lymphadenectomy or cisplatin-based chemotherapy?

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**Introduction and Objectives:** It was previously reported that the patients (pts) in clinical stage A (CS-A) nonseminomatous testicular tumors (NSTT) were more likely to relapse if they have >50% embryonal carcinoma (EC) and microvascular tumor invasion (VI+). The aim of this study is to report the value of retroperitoneal lymphadenectomy (RPLA) vs cisplatin (CDDP)-based chemotherapy (CT) in high risk (HR) NSTT with normal values of serum tumor markers (STM) postorchietomy.

**Material and Methods:** 138 pts entered a prospective but non-randomized study from 1980 to 2005. The pts are divided into 2 groups according to applied primary treatment. Arm A (n=60): RPLA with 2 cycles of CDDP-based CT in PS-B1/B2 and Arm B (n=78): only 2 cycles of CDDP-based CT following orchietomy [PVB (n=15), PEB (n=63)]. Pts characteristics were

stratified according to primary treatment: 70%, 59% were >50% EC. 45%. 64% were VI+ and 22%, 26% were >50% EC with VI+, respectively.

**Results:** Arm A – relapses occurred in 10 pts (17%) (7/46 (15%) in PS-A and 3/14 (21%) in PS-B1/B2 within median free interval (MFI) of 8.3 months (m) (range 2-3)(lung5, RPLN 1, only elevated STM 1) and 51.3 m (range 8-12o) (RPLN 1, only elevated STM 2) with survival in 95% and 86%, respectively). 21 pts (35%) received postop CDDP-based CT (7 in relapse in PS-A and 14 due to LN metastasis). Overall, alive and free of disease (AFD) are 55 pts (9%) ate median follow-up (MFU) of 14.5 years (y) (range 10.8-16.3) (1 pt died of other malignancy at 90m). There were 11 surgical complications in 6 pts (10%), 2 minor and 9 major complications. Ejaculatory disturbances occurred in 12 pts (20%) Arm B – 2 pts (2.6%) relapsed within MFI of 8 m (9.7) (lung 1, RPLN+lung 1). Both relapsing pts underwent salvage CT+lung surgery with finding of viable GCT, 1 pt died at 18 m. AFD are 77 pts (9%) at MFU of 8.5 y (range 4-17.6). Hemathologic toxicity was mild: 11 G3 and 8 G4 with 4 episodes of febrile neutropenia among 125 treatment cycles according to PEB regimen. 2 G3 and 6 G4 neutropenia occurred in pts treated by PVB regimens. 2 pts presented tinnitus. The comparison of the results between Arm A and B demonstrated significant difference of RR (p<0.0036) and DSS (p<0.0416) in favor of Arm B.

**Conclusions:** Pts with HR CS-A NSTT are not necessarily helped by initial RPLA, except to secure the RP and make diagnosis and treatment of relapse potentially easier, but at what price? According to our experience 2 cycles of CDDP-based CT following orchietomy constitute the treatment of choice with acceptable toxicity. However, optimum therapy has not yet been defined, and we are currently evaluating a regimen with only 1 course of CDDP-based CT following orchietomy.

## N84

### Extremely low occurrence of late events following adjuvant carboplatin chemotherapy for clinical stage A seminomatous testicular tumors

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**Introduction and Objectives:** Radiotherapy (Rtx) has been the standard treatment of patients (pts) with clinical stage A (CS-A) seminomatous testicular tumors (STT) for decades. Carboplatin (CBDCA) has been advocated as an effective treatment alternative to avoid well known late effects of Rtx (2nd cancer, gastrointestinal and cardiovascular toxicity) and the high recurrence rate of surveillance. Since CBDCA chemotherapy (CT) was initiated more than 18 years ago, we evaluated the long term oncologic effectiveness and morbidity.

**Material and Methods:** Between 1982 and 2005, 230 pts received adjuvant single-agents CBDCA CT (400 mg/sqm/q 3 weeks), 2-3 weeks after radical orchietomy: 222 pts received 2 cycles and 8 pts with persistently elevated hCG post-orchietomy 3-4 cycles. In all pts CT could be performed on outpatient basis during 2 h.

**Results:** 6 pts (2.7%) relapsed within median free interval (MFI) of 13.8 months (m) (range 4-34) (RPLN 5, only elevated hCG 1), including 2 late relapses at 28 and 34m. All relapsing pts achieved CR with cisplatin-based CT. Among 476 treatment cycles no life treating toxicity was observed. Mild gastrointestinal discomfort occurred in 40 pts (17.4%). Myelosuppression was minimal with none pts demonstrated leucopenia or thrombocytopenia gr. II-III. CBDCA CT was not associated with alopecia, renal, neuro or ototoxicity. Metachronous GCT occurred in 4 pts (1.7%) within MFI of 20.2 m (range 4-36) (3pts had discordant histology, organ preserved