

**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

E. Kargi<sup>1</sup>, A. Isikdemir<sup>1</sup>, H. Tokgoz<sup>2</sup>, B. Erol<sup>2\*</sup>, F. Isikdemir<sup>1</sup>, V. Hanci<sup>2</sup>, C. Payasli<sup>1</sup>. <sup>1</sup>Karalimas University, Dept. of Plastic and Reconstructive Surgery, Zonguldak, Turkey; <sup>2</sup>Karalimas University, Dept. of Urology, Zonguldak, Turkey

**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 ( $\pm 2.1$ ) hours (hrs) in group 1, and 8.7 ( $\pm 3.1$ ) 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?

D. Argirovic<sup>1\*</sup>, A. Argirovic<sup>2</sup>. <sup>1</sup>Clinic of Urology, Outpatient Clinic Argirovic, Urology, Belgrade, Serbia; <sup>2</sup>CHC Zemun, Urology, Belgrade, Serbia

**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 sugery 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

D. Argirovic<sup>1\*</sup>, A. Argirovic<sup>2</sup>. <sup>1</sup>Clinic of Urology, Outpatient Clinic Argirovic, Urology, Belgrade, Serbia; <sup>2</sup>KBC Zemun, Urology, Belgrade, Serbia

**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