

N89**Usefulness of dermoscopy for differentiation of pearly penile papules and genital warts**

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Introduction and Objectives: In the differential diagnosis of pearly penile papules (PPP) there should be considered: ectopic sebaceous glands, genital warts, molluscum contagiosum and rarely lichen nitidus. In connection with wide spreading of human papilloma virus, pearly penile papules are often misdiagnosed as genital warts. The aim of this study was to research the specific, typical features of pearly penile papules in dermoscopy and assess usefulness of this method in differential diagnosis of pearly penile papules and genital warts.

Material and Methods: Seven patients with isolated PPP and 5 patients with coexisting PPP and genital warts were subjected to clinical and dermoscopic examination.

Results: Pearly penile papules in dermoscopy were observed as a pink and whitish cobblestone situated in one or several rows. Each papule contained central dotted or comma-like vessels and was surrounded by crescent-shaped structures. The dermatoscopic picture of genital warts was dominated by irregular vascular system which contain many punctate (dotted vessels) or more bigger vessels (red globules). As well pathognomonic feature was the presence of red or black dots corresponding with intravascular clots.

Conclusions: Find the above-mentioned dermatoscopic features of pearly penile papules allows to establish diagnosis and to restrict use of therapy. Also differentiation of pearly penile papules and genital warts in patients with coexisting both diseases allows to restrict the area of treatment.

N90**The real-life safety and efficacy of vardenafil: an international post-marketing surveillance study – results from 2543 Polish patients**

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Introduction and Objectives: to appraise the efficacy, safety and patient acceptability of vardenafil under real-life conditions in routine treatment of erectile dysfunction. The secondary aim was to evaluate the influence of the treatment on depressive symptomatology and self-esteem in men with erectile dysfunction.

Material and Methods: this was a prospective, open, uncontrolled, non-interventional, post-marketing, surveillance study. The observation period for each patient intakes over one month. For every subject investigator had to collect data at an initial and control follow-up visit. A patient questionnaire (PQ) together with CES-D and Rosenberg Scale questionnaires were used. 2543 patients were enrolled. As 2471 patients attended to initiating and at least one control visit they were included in intent-to-treat statistical analysis population.

Results: overall erectile improvement was reported by 94.5% of the subjects. Effectiveness varied depending on severity, etiology and duration of the disorder as well as on the age of the patient. Penetration was possible in 96.8% of all sexual attempts documented in PQs. In 88.3% of endeavours the erection could be maintained long enough to complete intercourse. There was a significant improvement in frequency of depressive symptomatology during the observation in overall score of CES-D. Percentage of patients who presented with depressive symptoms decreased from 59.33% to 36.58% at initial vs. control

visit respectively. Adverse drug reactions were very rare – 0.45% patients. The most frequent were flushing and headache.

Conclusions: in this observational study Levitra was generally well tolerated and highly effective treatment of mild, moderate and severe ED of varying etiology.

N91**Peyronie's disease – surgical treatment outcomes**

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Introduction and Objectives: Peyronie disease (PD) predominantly occurs in men aged 40–60 years. Exact etiology of PD is not clear. Usually, the penis hurts only during an erection. This pain occurs in one third of patients and is pathognomonic for PD. Penile curvature of varying degrees may be observed, only during an erection. Issues concerning surgical indication, patient selection, surgical techniques, and grafting are still discussed in literature. Aim: to evaluate outcomes of Peyronie's disease surgical treatment by venous grafting.

Material and Methods: A total 58 patients (surgery from 2003 to 2008 year) undergone lengthening procedures on the convex side of the penile curvature by means of vena saphena grafting. The mean age was 57 years (37–68 years). Onset of Peyronie's disease varies from 6 months to 2 years. The mean angle of curvature was 65.4±19.5 degree. Plaque was excised and vena saphena grafting was used to cover the defect. The mean follow-up time was 24.1±5.9 months (11–48 months). Patients were asked to contact surgeon by mail and answer questions concerning change of rection, straightness, pain when penis erected, glans penis hypoesthesia. 58 letters were sent and 44 answers were collected (response rate 75.9%).

Results: Increase of erection mentioned in 3 (6.8%) patients. The same erection observed in 29 (65.9%) patients. Worse erection reported in 12 (27.3%) cases. In 6 (13.6%) patients curvature appeared again, in 38 (86.4%) patients penis remains straight. Pain in erected penis remained in 3 (6.8%) patients, usually related with recurrence curvature. Glans penis hypoesthesia present in 13 (29.5%) patients.

Conclusions: PD surgery with v.saphena grafting is effective treatment of penile curvature. Glans penis hypoesthesia and erectile dysfunction are main long term complications of PD surgery.

N92**Sequential high-dose chemotherapy with hematopoietic stem-cell support in poor risk, relapsed or refractory germ-cell tumor patient treatment: Lithuanian experience**

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Introduction and Objectives: Poor-risk germ-cell tumors (GCT) represent significant challenges. Patients with poor-risk primary or relapsed GCT have been shown to benefit from high-dose chemotherapy (HDCT) with autologous stem cell support. In this paper we present our experience in using HDCT for poor prognosis primary, relapsed or refractory GCT at a single institution.

Material and Methods: Primary advanced poor-risk non-seminoma, according to the International Germ Cell Cancer Collaborative Group (IGCCCG) criteria and GCT refractory to cisplatin based chemotherapy were included. Sequential etoposide (1.5g/m²) cisplatin (100mg/m²) and ifosfamide (10g/m²) (VIP) regimen, followed by an infusion of autologous peripheral blood hematopoietic stem cells was used as a first

line therapy. For salvage treatment paclitaxel (200 mg/m²) and ifosfamide (6 g/m²) (TICE) followed by sequential carboplatin (AUC24) and etoposide (1.2 g/m²) were used. The data were reviewed retrospectively. Decline in tumor marker levels, tumor response, treatment toxicity and survival were evaluated.

Results: From January 2004 to May 2009, 12 GCT patients (6 primary poor-risk GCT and 4 cisplatin refractory patients) were included. For 2 patients no data were available. Median age was 25.2 (17-35) years. Five patients had testicular primaries while another five presented with primary extragonadal tumor. Four of 5 patients underwent primary orchofuniculectomy, and all were managed with retroperitoneal lymph node dissection (RPLND) of residual disease. In one patient with initially high disease burden orchofuniculectomy was performed after chemotherapy. Three of 5 patients with mediastinal primaries underwent thoracotomy. 6 patients with primary GCT received VIP treatment. 3 relapsed and 1 refractory cases were treated with TICE protocol. 2 primary patients progressed after VIP and received second line treatment with TICE. Eight patients had elevated both AFP and β -HCG. After primary treatment, 8 of 12 patients had partial responses (PR), 1 had stable disease (SD) and 1 had progressive disease (PD). Pretreatment tumor markers decreased in all 9 patients with SD or PR but remained elevated in the refractory case. Chemotherapy related toxicity was acceptable, with grades III-IV thrombocytopenia (100%) and febrile neutropenia being the most prevalent (58%). Median follow up was 26.2 months. Overall survival was 66.7% and progression free survival was 58.3%. Eight out of 12 patients are alive and 7 are disease free. Two patients died from treatment toxicity, one from progression of disease, one from secondary acute leukemia.

Conclusions: HDCT is feasible and effective with acceptable toxicity in patients with poor risk primary and relapsed GCTs. Surgery remains an important part of any strategy.

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The value of radical radiotherapy in patients with penile cancer

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Introduction and Objectives: The data on radical external-beam radiotherapy in patients with penile cancer are scarce. Most commonly it is used as an elective treatment of inguinal and pelvic lymph nodes. However, radiotherapy is sometimes used as a first-line treatment of primary tumor or recurrent/involved lymph nodes. This is in case of contraindications or lack of patients' consent for surgery. So, it is important to evaluate radio-curability of penile cancer and efficacy of radiotherapy in such group of patients. Therefore, the aim of the study is to assess the value of radical radiotherapy in patients with penile cancer, presenting with macroscopic tumor in primary site or pelvic lymph nodes.

Material and Methods: Between 1989 and 2008 there were 35 patients with penile cancer, treated with radical external-beam radiotherapy at MSC Cancer Center. Among them there were 15 patients who were irradiated to the macroscopic penile or nodal tumor. The mean patients' age was 54 years (SD \pm 14). There were 6 patients treated as a first-line therapy of primary tumor and 9 patients who were irradiated to the involved lymph nodes or recurrent nodes/primary site. Patients were considered not suitable or refused surgery. External-beam irradiation was performed with 250 kV X-rays (3 patients), 1.25 MV gamma rays (5 patients) or 6-20 MV X-rays (7 patients). The median total doses given to uninvolved sites and to macroscopic tumor were, respectively: 50 Gy and 60 Gy with a median dose per fraction of 2 Gy. Median follow-up was 53 months. Treatment outcome

was evaluated in terms of tumor regression after radiotherapy and in terms of actuarial local control.

Results: Complete regression (CR) of macroscopic tumor after radiotherapy was observed in 10 patients (67%), in 2 patients (13%) partial regression (PR) was observed, no regression and progression were noted in 2 patients and one patient, respectively. Among patients with complete regression two patients had local recurrence; however, only in one patient it was a real recurrence in the field of radiotherapy. Actuarial 5-years Local Control was 57%. Treatment was well tolerated; acute Grade-3 and Grade-4 toxicity was observed only in the skin, in 7 patients (47%) and one patient, respectively.

Conclusions: Penile cancer is potentially radio-curable. External-beam radiotherapy may be the option for patients with primary/recurrent tumors or involved lymph nodes, who are not candidates or refuse surgery.

Poster Session 7: Stones and Reconstruction

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

Poster room 2

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Impact of stone location on success rates of ureteroscopic pneumolithotripsy

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Introduction and Objectives: To determine whether the stone location affects the stone-free rates of ureteroscopic pneumolithotripsy.

Material and Methods: From January 2000 to June 2008, 632 patients with 658 stones, ranging from 5 to 12 mm in size, underwent ureteroscopy (URS) with pneumolithotripsy. The patients were followed up preoperatively and postoperatively with noncontrast spiral computed tomography, abdominal plain radiography, renal ultrasonography, or intravenous pyelography. Patients were considered to have been treated successfully if they had no residual stones.

Results: A total of 658 ureteroscopy and pneumolithotripsy were performed on 226 female and 406 male, as a total 632 patients. Thirty-three stones were localized in proximal, 230 in the middle and 395 in the distal ureter. Of these, 575 (83%) were successfully treated with pneumolithotripsy without residual fragments. 52 patients (17%) had persistent stones that were treated by repeat ureteroscopy and pneumolithotripsy or with ESWL. Twenty-five (75%) of 33 upper ureter stones were cleared, 195 (85%) of 230 middle ureter stones were cleared, and 355 (90%) of 395 lower ureter stones were cleared. The residual stones were evaluated by abdominal plain radiography or noncontrast spiral computerized tomography in the postoperative first day and tenth day.

Conclusions: The results of our study have shown that stone location does not significantly affect stone clearance rates when performing ureteroscopic pneumolithotripsy.