

**S6****Urachal carcinoma of bladder**

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**Introduction and Objectives:** Urachus is a musculofibrous band extending 3 cm above the bladder dome to the umbilicus. Urachus is between transversalis fascia and peritoneum and epithelial canal persistent in 70% of adults. The urachus develops into the median umbilical ligament from bladder to umbilicus. Primary adenocarcinoma of the bladder and urachus are extremely rare about 0.5–2% of all bladder malignancies and urachal carcinoma represent 10% from all bladder adenocarcinoma. Patient with urachal carcinoma has symptoms of dysuria, haematuria, abdominal pain, umbilical discharge and as in one of our cases with periurachal abscess between transversalis fascia and peritoneum.

**Material and Methods:** We analyzed bladder carcinoma from 1989–2009 in our hospitals and found 3 cases of urachal adenocarcinoma in 2 male patients and one female. Male patients were 56–59 years old and female patient was 64 years old. All of them had adenocarcinoma and the female patient had symptoms of abdominal pain and hematuria, male patients had hematuria mucinous secretion, omphalitis with abscess between peritoneum and transversalis fascia.

**Results:** All patients had worked up by cystoscopy, CT scan and physical examination for diagnosis and done on 2 patients one male and one female partial cystectomy extended from bladder to umbilicus removal of umbilicus and posterior rectal fascia. The third male patient who was presented with umbilical discharge and paraurachal abscess first was done incision with drainage and 6 weeks later partial cystectomy with extended resection of urachus and peritoneum and on bladder apex and urachus found mucinous adenocarcinoma. This patient had postoperative radiation and treatment for obstructive lower urinary symptoms.

**Conclusions:** Primary adenocarcinoma of bladder and urachus are extremely rare of all bladder malignancies and most of them had different clinical manifestation. Urachal carcinomas are 90% adenocarcinoma and 70% are mucinous positive. Partial extended bladder resection is always recommended with postoperative chemotherapy with irinotecan, 5 fluorouracil/leucovorin because 90% of these carcinomas are adenocarcinoma.

**S7****Bladder endometriosis: which treatment?**

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**Introduction and Objectives:** Endometriosis affecting the urinary tract is very rare and the most common site of involvement is urinary bladder with an incidence that is generally considered about 1%. The common clinical manifestations of bladder endometriosis include dysmenorrhea, dyspareunia, and urethral and pelvic pain syndrome occurring cyclically. Cystoscopy is the most useful diagnostic test with confirmation by histologic study. The aim of this study is to evaluate the best therapeutic strategy for the treatment of the bladder endometriosis.

**Material and Methods:** From May 2003 to December 2008, 9 women of reproductive age (mean age 34.6 years) were diagnosed suffering from bladder endometriosis, treated with transurethral resection (4/9) with hormonal therapy (2/9) and laparoscopic partial bladder cystectomy (3/9).

**Results:** All patients affected by bladder endometriosis, whichever treatment performed, have showed improvement about symptoms and quality of life.

**Conclusions:** The best treatment for the bladder endometriosis is possible only if the therapeutic choice is done assessing anamnesis, the age of the patient, localization and extension of the endometriosis in bladder, the severity of the symptoms, desire for future pregnancies.

**S8****Quality of life after radical cystectomy**

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**Introduction and Objectives:** Quality of life (QoL) has been evaluated in patients after radical cystectomy due to invasive urinary bladder carcinoma according to the type of urinary derivation (continent / Bricker/ UCN).

**Material and Methods:** The research included 82 patients who had been operated at Clinic of Urology, Novi Sad. Questionnaire was answered by 71 of them (all were polled 12 months after operation, or even later). Ratio of male to female patients was 3.47:1. Youngest one was 41 and the oldest 78 years of age. An average age was 63.45 years. The most frequent urine derivation was ureterocutaneostomy according to Bricker – 56.4%; ureterocutaneostomy (UCN) – 19.74%; “vesica ileale” Padovana (VIP) – 15.51%; neovesica orthotopica Hautmann – 5.64%; neovesica orthotopica Studer – 2.82%. Continent bladders were performed in total of 23.97%. Psycho-physical, emotional, social and economic consequences of malignant diseases treatment were investigated by adequate questionnaire. We have used EORTC QLQ-30, standard questionnaire, with two special queries added.

**Results:** We have noticed that most invasive disease occurred in patients whom UCN has been performed, according to TNM classification and pathological histology analyses. The highest percentage of mortality (30%) during the postoperative period of one year was reported in the group of patient whom UCN has been performed. Patients with continent derivation answered in 35.3% of cases that they had spent most of the day in bed, with Bricker in 32.5%, and those with UCN in 35.7%. In the case of continent derivation only two patients (11.76%) stated that they experienced very limited work abilities and everyday activities, while in the cases of Bricker derivation rate of limitation was 22.5%, and in UCN cases 42.85%. Personal hygiene was easiest to keep in cases of continent derivation and ratio of answers to maximum score was 6.53, Bricker 6.14 and UCN 5.56 of maximum 7 points. Ability to stay out of the house environment, patients with continent derivation scored with 4.97, Bricker 4.16, while UCN patient with 4.21 of maximum 7 points. Better possibilities for sex life has also been noticed in group of patients with continent derivation (score 1.43) and in Bricker patients it was 1.26, of maximum 7 points 1.43. When polled if they had been worried during past week, all compared groups gave approximately the same answer distribution.

**Conclusions:** The results are significantly affected by the follow-up time (time after operation until polling varied), age, patient's personality, ability to solve problem, ways of upbringing and grade of education. From studied data, it can be concluded that quality of life is higher in patients whom reconstructive operation has been performed. As psychological and social factors in operative techniques choosing has been very important, we hold opinion that patient should be informed about possible advantages and disadvantages of certain type of derivation.