

(standard urodynamics). Mean pouch pressure during AUD was approximately 2 fold lower than SUD.

## S12

### Continental derivation of urine in children using the method of Mitrofanoff

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**Introduction and Objectives:** Specifying the operational methods and reporting the results of continental derivation of urine in children using the method of Mitrofanoff when appropriate indications exist.

**Material and Methods:** During a period of five years, six continental derivations of urine using the method of Mitrofanoff were executed in the Pediatric clinic of urology at UMHATEM "N.I. Pirogov". We performed appendicovesicostomy in four of them, where three reimplantations were done using the method of Politano-Laedbetter and one using the Le Duc's method. Due to the lack of appendix in two cases the continental derivation was performed using Monti modification.

**Results:** In four of the cases very easy self-catheterisation and good continens were achieved without any reported complications. In two of the cases, due to the leakage of urine from the bladder neck, a secondary execution was necessary.

**Conclusions:** We would like to recommend this method for continental derivation of urine when indications exist because of its relatively easy performance and good results obtained.

## S13

### Postirradiation vesicovaginal fistulas

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**Introduction and Objectives:** Post irradiation vesicovaginal fistulas (piVVF), with histological changes including fibrosing of exposed tissues and vasculitis (telangiectasies). Reconstructive surgery on devitalizing tissue is very complex. Extend of surgical reconstruction depends on changes of piVVF and its localization.

**Material and Methods:** In five years period (since 1999–2005) we treated surgically 39 pts with piVVF. Mean age are 47 years (36–68 years) Preoperative diagnosis including anamnesis, cystoscopically findings, intravenous urography, retrograde uereteropyelography, CT urography etc. Small trigonally and subtrigonally fistulas we treated conservatively with urethral catheter. Large, extensive retrotrigonal fistulas we treated immediately with transabdominal approach (TAA), because we have good exposure of anatomical structure involved in pathological postirradiation changes. TAA is good for reconstruction like ureteric reimplantation, omental interposition with omental wrap. In the situation with excessive fibrotic changes on surround tissues we have possibilities for pelvis exenteration and one of the methods of supravesical derivations.

**Results:** Fistulas excision with omenatal interposition in 25 pts (65%). Bilateral ureterocystostomy in 6 pts (15%) Ureterocutaneostomy in 2 pts (5%). Cystectomy with Brucker derivation, like method of choice in 4 pts (10%). Uretrosigmoidostomy in 1 pts (2%). Dysuric symptoms persist postoperatively in 60% of pts. (postirradiation cystitis), conservative treatments. Postoperative recidivs in 5% (pts with simple excisions).

**Conclusions:** Transabdominal approach with wide opening of bladder, good exposure of surround anatomical structure involved in piVVF, possibilities for reconstructive surgery made this approach superiorly than transvaginally approach (smaller

operating field and limited possibility for reconstructive surgery).

## S14

### Operative treatment of the bladder exstrophy by the method of Arap in childhood age

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**Introduction and Objectives:** We used the operation of Arap as a method of choice for treating the bladder exstrophy in childhood age.

**Material and Methods:** For a period of 6 years in the Clinic of pediatric urology we operated 10 children (6 girls and 4 boys) at an average age of 1 year by the method of Arap. We accepted as our modification the combination of 1<sup>st</sup> and 2<sup>nd</sup> act of the operation in one in all children. In one of the cases we used reconstruction of the sigma-conduit as we detubularised the sigma. In the 4<sup>th</sup> act of the method (forming the neourethra) in one of the children we used bucal mucosa for the plastic reconstruction of the urethra.

**Results:** We follow up the early and late results in children operated by this method. As a most common complication we observed stricture of the neourethra. The final results in terms with the capacity of the neovesica, continens and spontaneous miction are satisfactory. Postoperatively we did not observe vesicoureteral reflux and urostasis in the upper urinary tract.

**Conclusions:** In conclusion we recommend the use of the operation of Arap as a method of choice in the delayed (1 year of age) operative treatment of the bladder exstrophy.

## S15

### Percutaneous nephrostomy: a tool for treatment of obstruction and a source of infection. An interdisciplinary approach

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**Introduction and Objectives:** The basic aim of this study was to analyze the results from the percutaneous nephrostomies (PNS) inserted in our clinic and to assess their role in treating urinary tract obstruction and acute infection.

**Material and Methods:** We performed a retrospective chart review of 119 patients (65 males and 54 females, mean age 59 years) treated by percutaneous nephrostomy (PNS) for upper urinary tract obstruction in our Urology department for a period of 2 years. A total number of 147 PNS were inserted: 45% in the right kidney, 31% in the left one and bilateral in 24% of the cases. Pelvic malignancies caused the obstruction in 57% of the patients. We analyzed the indications for PNS, the surgical technique, the laboratory findings upon admission, and the effectiveness of the percutaneous drainage. A parallel analysis of 226 patients (95 males and 131 females, mean age 57 years) treated in the Nephrology unit for pyelonephritis over the same period was also done. Patients were divided according to complicated or non complicated urinary tract infections (UTI). Bacterial strains, laboratory findings and causes for complicated UTI were analyzed.

**Results:** Successful renal drainage was obtained in 100% of the cases. In 92% the nephrostomic tube was inserted only under ultrasound guidance. Only 12% of the patients required perioperative dialysis, while in the rest the kidney function was restored after the insertion of PNS. Pyonephrosis was found in 22% of the cases – in all these patients the procedure helped in healing the infection. The comparative analysis of the nephrological patients with UTI showed that PNS could effectively treat obstruction and acute UTI, but it could also be