

S18**Treatment of BPH with transurethral bipolar vaporization in saline (TUV-P.is)**

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Introduction and Objectives: To evaluate the effectiveness and the safety of the transurethral bipolar vaporization (TUV-P.is) in the treatment of benign prostate hyperplasia (B.P.H)

Material and Methods: From July 2008 to May 2009, 91 patients with B.P.H and prostate volume less than 50 cc, underwent TUV-P.is using the OLYMPUS (TUR-plasma vaporization) device. Patients with prostate volume more than 50 cc, prostate cancer, urethral strictures and neurogenous bladder were excluded. We have also evaluate pre- & postoperatively, the grade of urinary discomfort due the B.P.H, (using the IPSS questionnaire and the QoL score), the residual urine volume, the prostate volume, the Q max, the value of Hct, the operative time and the duration of permanence of intravesical catheter.

Results: Postoperatively non-one of our patients had haematuria, retention of urine or urethral strictures. Mean resection time was 31 min. (10-59), mean duration of permanence of intravesical catheter was 1.6 days (1 to 5). The mean postoperative Qmax. rate after 2 months was 17.2 ml/sec in confront of those preoperative that was 8.4 ml/sec. Two months postoperatively the IPSS was diminished from 20 (preoperative) to 7 (postoperative), such as the QoL score from 4.8 to 1.5 correspondently. There was also a diminution in the mean residual urine volume from 88 ml to 17 ml in the same period of time. Moreover preoperative and postoperative levels of serum hematocrit were not statistically different.

Conclusions: From our initial results from the use of Transurethral Plasma vaporization in saline (TUV-P.is), it seems that it is a valid, secure and efficacy technique for the treatment of B.P.H. Furthermore studies and a longer follow-up period is needed in order to have more validated results for this therapeutic approach.

S19**Urodynamic evaluation on patients with chronic pelvic pain syndrome**

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Introduction and Objectives: The purpose of the investigation was to conduct urodynamic evaluation on patients with chronic pelvic pain syndrome (CPPS) and thus define a specific urodynamic profile that might add to the pathophysiology of the syndrome. This profile may also aid definitive treatment.

Material and Methods: Participants were 34 men with mean age 34.2 (SD=8.5; range, 24-45 years). All patients presented with symptoms of chronic prostatitis (eg, dysuria, frequency of micturition, burning perineal sensation, lower abdominal discomfort and/or suprapubic pain). They were classified as having CPPS after excluding prostatic infection by standard bacteriological methods. The patients were then evaluated with urodynamic measures including free-flow rate, filling (water) cystometry, a pressure-flow study of micturition, and electromyography of the external urethral sphincter.

Results: Of the 34 total patients, 22 (64.7%) had a low mean Qmax of 10.4±1.6 mL/s (range, 4-14 mL/s); 25 (73.5%) had a first sensation of filling and 27 (79.4%) a first desire to void at low volumes (<150 and <250, respectively). Nine patients (26.5%, 7 obstructed and 2 unobstructed) had idiopathic detrusor overactivity. Regarding pressure-flow measures, 25 (73.5%) had an obstructive pattern of micturition, as defined by a low Qmax of 9.7±1.44 mL/s, a high intravesical pressure at maximum flow of 87.4±4.5 cmH2O, and an increased opening intravesical

pressure of 76.7±4.5 cmH2O. The EMG of the external sphincter was normal in all patients.

Conclusions: A significant proportion of the patients with CPPS had a particular urodynamic pattern of functional infravesical obstruction and sensory bladder deficit.

S20**Frequency of LUTS/BPH in men aged between 50 to 80 years**

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Introduction and Objectives: To determine prevalence and severity of LUTS in two groups of men. To show how much bother symptoms cause and to investigate the correlation between these two variables. To explain relative importance of each symptom due to the bother it causes. To clarify the influence of LUTS on QoL.

Material and Methods: Two groups of patients were examined. Investigational group of 102 men who complained on LUTS at first visit to urologist, and control group of 109 men who did not complain on LUTS, but came to urologist because of other reason. Survey was completely performed by one urologist in office manner. DAN PSS-1 questionnaire was used to estimate the symptom severity and symptom bother. Men answered questions without additional help. Relative importance of symptoms was estimated multiplying numeric values of symptom severity and symptom bother for every single symptom.

Results: Men who came to the urologist with complaints on LUTS have moderate and severe symptoms, significantly were more bothered with symptoms, they reported higher relative importance of symptoms, and in average they were older than men who did not complaint on LUTS. Relative importance of symptoms showed that in investigational group three of four highest ranked were storage symptoms. These symptoms consistently cause significant bother in comparison to voiding and post-micturition symptoms which showed to be variably bothersome in our study group. QoL assessment confirmed in control group that symptoms might be present, but not affecting significantly QoL. In investigational group QoL was disturbed in 85% of men.

Conclusions: LUTS are present both in man who are seen in urologists office and in those who are not. The true is that relying only on symptom severity, clear difference between symptomatic and nonsymptomatic patient can not be found. Symptom bother is the issue which differentiates patients with same symptom score, and is important factor influencing the men seeking help behavior. Relative importance of each symptom illustrates how the same symptom severity can be variably bothersome. We recommend DAN PSS-1 questionnaire as simple and accurate tool in assessing broad spectrum of LUTS features in man.