

pseudo incontinence, there was no more urine leakage from vulvar region. There was neither haematoma nor infection postoperatively.

Conclusions: Reduction of hypertrophied labia minora is simple and safe procedure and restores the natural rounded contour of the edge of the labia minora. It should be considered for cases in which functional and esthetical reasons could be resolved by this technique.

S126

Our experience in treating 27 genito-urinary fistulas during 2002–2008 in regional Shkodra hospital, Albania

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Introduction and Objectives: To study the etiology and therapeutic aspect of genito-urinary fistulas in the population of North of Albania.

Material and Methods: This is a retrospective study analysis the genito-urinary fistulas in our hospital during years 2002–2008. The main outcomes analyzed for 27 patients were etiology, surgical approaches, needs for tissue interposition and cure rate.

Results: We treated 27 patients, 16 patients as a consequence of difficult hysterectomy, 7 patients because of obstructed labor, 2 patients as a result of trauma and 2 patients because of irradiation. In 60% of cases we realized via transvaginal using Martiuz flap. In one of these cases with total missing of urethral wall we used the TVT to control postoperative incontinence. In other cases we used transabdominal approach using omental flap. In one case of uretero-vaginal fistula we dissected the ureter from vagina, repaired both organs and protected the suture line to ureter with a J stent. The total success rate was 85%.

Conclusions: Genito-urinary fistulas as a social debilitating condition needs surgical treatment. In our society most of cases comes as a consequence of gynecologic surgery, but there are still cases as a result of obstructed labor. The % of repair is reasonably good 85%.

S127

Hanged ventral buccal mucosa graft in the treatment of urethral stricture after failed hypospadias repair

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Introduction and Objectives: Urethral stricture is one of the common complications after severe hypospadias repair. Usually, two or more procedures are needed to its correction due to a lack of available material after previous repair. We present one stage urethral reconstruction by ventral placement of buccal mucosa graft and emphasize necessity for its hanging to periurethral tissue.

Material and Methods: In period from August 2002 to September 2008, 13 patients, aged 9 to 32 years, underwent urethral stricture repair after failed hypospadias surgery. Stricture was opened ventrally and properly sized buccal mucosa graft was placed to augment urethral lumen. Graft was hanged on surrounding urethral tissue by several U sutures. This way, good covering of the graft and prevention of its folding with retraction were achieved. Associate chordee (10 patients) and secondary vesicoureteral reflux (3) were corrected simultaneously.

Results: Mean follow-up was 36 (8–71) months. A successful result was confirmed in all patients by urethrography and uroflowmetry. One urethral fistula was corrected three months

later. Recurvation did not occur in this group. There was no recurrence of the reflux in endoscopically treated patients.

Conclusions: Hanged ventral buccal mucosa graft presents simple and safe variant for urethral stricture repair. Proper anchoring of the graft is very important for its survival and prevention of folding with retraction.

S128

Reconstructive urethral surgery for residual hypospadias and/or complications after failed hypospadias repair in childhood

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Introduction and Objectives: To evaluate retrospectively our results in urethral reconstruction in teenager and adults with persistent hypospadias and/or complications after multiple failed hypospadias repairs in childhood.

Material and Methods: Between October 1999 and February 2008, 40 patients (p) underwent reconstructive surgery for persistent hypospadias and/or complications after failed hypospadias repairs in childhood. Mean age was 30.45 years (18–72 years). The reason for presentation was: stricture (8p), fistula (8p), stricture and fistula (7p), residual hypospadias (6p), residual hypospadias and penile curvature (4p), residual hypospadias and stricture (1p), residual hypospadias and fistula (1p), residual hypospadias, penile curvature and hair (1p), stricture and penile curvature (1p), stricture fistula and penile curvature (1p), stricture and stone on the hair (1p), stricture and diverticula (1p). We have performed 27 one-stage urethroplasty: buccal mucosa graft (3p), flaps (13p), Snodgrass (5p), combinations urethroplasty (6p), and 13 two stage urethroplasty: simple with buccal mucosa graft (10p) or preputial skin graft (1p) and combination urethroplasty (2p).

Results: 19p/40p (47.50%) had complications: fistula (13p), dehiscence of glans (4p), dehiscence of neourethra (1p) and fibrous diafragma (1p). 21p/40p (52.50%) had a final successful outcome, with a mean follow-up of 37.62 month (7–107 month). The same good outcome had 11p/40p (27.50%) reoperated for complications, the rate of success on long follow up raising to 80%.

Conclusions: The operations for this iatrogenic urethral pathology have a high rate of complications (47.50%) and reoperations (27.50%), demanding specific type of urethroplasty for each particular case. The choice must be done on the basis of general urethral reconstructions rules, filtered through personal experience of the urologist, to achieve at the end the goals of hypospadias surgery. The performance of each type of urethroplasty demands vast experience in this field, and the urologist involved in this type of urethral reconstructive surgery must be familiar to all urethroplasty. Before surgery the patient must be informed about the possible complications and reoperations, necessary to obtain at the end a good functional and reasonable aesthetic result.

S129

Treatment of proximal hypospadias using extended snodgrass technique with dorsal dartos flap wrapping

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Introduction and Objectives: Since Fistula formation is the most common complication with various rates, we evaluated the importance of a urethral covering using long vascularized dorsal subcutaneous tissue for fistula prevention, Snodgrass technique, for correction of proximal hypospadias.

Material and Methods: During the period from April 2004 through November 2008 we evaluated 16 patients aged

9 months to 11 years who underwent proximal hypospadias surgery. Fourteen patients had penoscrotal and two had scrotal hypospadias. Chordee occurred in all patients and was corrected by dorsal plication. All patients underwent standard tubularized incised plate urethroplasty, which was followed by reconstruction of new surrounding urethral tissue. A very long, longitudinal dorsal dartos flap was harvested and transposed to the ventral side by the buttonhole maneuver. The flap was sutured to the glans and the corpora cavernosa to completely cover the neourethra with well-vascularized subcutaneous tissue. Penile body was covered using remaining penile skin.

Results: Mean follow-up was 24 (6–40) months. A successful result without fistula was achieved in 14 patients. There were one fistula and one stenosis of the glandular urethra, all solved by minor revision.

Conclusions: Snodgrass technique with urethral covering with long dorsal well-vascularized dartos flap represents a good choice for fistula prevention. Redundancy of the flap and its excellent vascularization are promising for good outcome in proximal hypospadias repair.

S130

Real incidence of penile curvature in hypospadias

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Introduction and Objectives: Real incidence of curvature in hypospadias is not clearly defined. It is generally accepted that curvature is most common in proximal forms, while rare in distal hypospadias. Starting from 2004, we established the rule that any form of hypospadias has to be checked for curvature during its repair by either pharmacological (PGE1) or artificial erection induced by infiltrating saline solution under pressure into the corporal bodies. Our aim was to define real incidence of curvature within various forms of hypospadias, in order to signify preoperative and intraoperative diagnosis of chordee as a part of hypospadias repair.

Material and Methods: We retrospectively reviewed 454 patients who underwent hypospadias repair at our department. The patients were distributed in two groups; those who were treated between 2005–2008, and those who underwent surgery from 2001 to 2004. In the first group (256 pts.), all patients were tested for chordee after degloving as a standard part of surgical procedure. In second group (198pts.) artificial erection as a test for presence of the chordee was not done and only visible curvatures were corrected.

Results: Out of 454 cases, in 104 (22.9%) curvature was diagnosed and surgically corrected during hypospadias repair. In the first group, penile curvature was diagnosed and treated in 81 (31.6%) patients, while in second correction of curvature was done in 23 patients (11.6%). In the patients with distal forms of hypospadias, in the first group, curvature was diagnosed and corrected in 38.2%, while in the patients belonging to the second group having the same distal form of hypospadias curvature was noted and corrected in only 6.8%.

Conclusions: Our results show significantly higher incidence of curvature in hypospadias, especially in its distal forms, in group in which testing of curvature was performed. This is the reason why all forms of hypospadias should be checked for presence of curvature and corrected during surgery.

Poster Session 9: Miscellaneous

Saturday, 10 October 2009, 09:40–11:40

Room 3

S131

Antimicrobial susceptibility in Gram-negative nosocomial retroperitoneal infections

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Introduction and Objectives: The microbiological pattern of nosocomially acquired retroperitoneal suppurative infections has not studied so far probably due to their very rare incidence. Therefore, our aim was to study pathogens involved and their antimicrobial susceptibility.

Material and Methods: Multicenter, retrospective case-control study involved data from urological clinics in Serbia, covering period 2000–2007 year. Variety of common clinical parameters was collected but microbiological pattern was particularly studied. Urinary tract pathogens were identified and the susceptibility to 9 antimicrobials determined. Descriptive statistics and logistic regression were used for data analysis.

Results: In total sample of 93 adult subjects with renal suppurations we found 19 cases of nosocomial origin and 74 controls. The results of the final regression shown that history of malignancy and chronic renal failure significantly increased the risk of developing nosocomial retroperitoneal infection (odds ratio [OR] OR=22.3, OR=4.8, respectively). Overall, 67 bacteria isolated in 15 cases and 36 controls. There were significant differences in isolated *Pseudomonas aeruginosa* (OR=6.6), mixed pathogens (OR=6.9), number of pathogens (OR=2.1), Gram positive bacteria (OR=6.3) between both groups of cases and controls. Resistance rates for all agents and all Gram-negative organisms were higher in isolates from cases than controls, except against carbapenems. There were significant differences in bacterial susceptibility to ceftriaxone, cefotaxime and ofloxacin in cases compared to controls.

Conclusions: Antibiotics commonly used for the treatment of nosocomially acquired retroperitoneal infections are less effective. Our results represent an initial step in defining a high-risk group that merits intensive infection control efforts.

S132

Clinical and economic considerations of treatments of uncomplicated urinary tract infections (UTIs) in Albanian clinical practice

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Introduction and Objectives: Infections of the urinary tract pose a serious health problem, partly because of their frequent occurrence. The goal of treatment of UTIs is to eradicate the infection by selecting the most appropriate therapy, that would demonstrate high clinical and bactericidal cure rate and a low potential for resistance. The chosen therapy should be associated with a reasonable acquisition cost, a convenient dosing regime conducive to patient compliance, minimal side effects. Especially in Albanian practice, the cost of the treatment is a very important element that should be pretty considered when deciding the treatments. According to our urologists practice uncomplicated UTIs are treated mostly with fluoroquinolones or trimethoprim-sulphamethoxazole for 3 days. The purpose of our study is to identify the relationship