

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