gland volume was measured using transrectal ultrasound. All patient with PSA > 3 ng/ml underwent prostate biopsy.
Results: The average age was 66.23±12.72 in group A and 68.27±12.9 years in group B. HOMA-IR (2.35± 4.3 vs 3.45±6.4), adiponectin (10.89±4.96 vs 7.3±4.5 ng/ml), TNF alpha (4.4± 4.1 vs 5.3±3.8 pg/ml), IL-6 (4.1±3.6 vs 5.9±6.8 pg/ml) was significantly higher in MS+PC patients (all $p < 0.05$). By multiple linear regression, we found that among independent predictors of HOMA-IR were the body mass index, PSA level, and the serum levels of leptin, TNF alpha, IL-6 (positive correlation) and adiponectin (negative correlation). TNF alpha and IL-6 levels was correlated with the extent of histological injury ($p = 0.001$).
Conclusions: The mechanisms by which adipocytokines promote insulin resistance are complex, and our understanding incomplete. Several pathogenic mechanisms may be involved in the effect of insulin resistance in prostate cancer and adipocitokines and inflamatory citokines has a statisticaly significant role at least in our study. Further investigations are needed.

C94
Anastomotic stricture after radical prostatectomy – risk factors

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Introduction and Objectives: Identification of parameters associated with an increased risk of the vesicourethral anastomosis stricture formation after the radical prostatectomy (RP).
Material and Methods: A total of 651 patients underwent RP from January 2000 to December 2008. Patients with missing data about the follow-up were excluded from the analysis ($n = 42$). In addition to standard parameters, specimen weight, margin status, operating time, intraoperative blood loss, technique of bladder neck reconstruction, time to catheter removal, surgical complications and postoperative radiotherapy were registered. The freedom from the anastomotic stricture formation was calculated using the Kaplan-Meier method, multivariate analysis was performed by using the stepwise regression method.
Results: Mean age was 62 years (40–79), mean level of the prostate specific antigen was 10.25 ng/ml (0.59–50.00 ng/ml). As locally advanced were identified 26.76% of specimen, median weight was 49 g (17–203 g). Median operating time was 135 minutes (44–540), mean blood loss 1395 ml and median period of catheterization was 14 days (6–42). Surgical complication occurred in 68 (11.17%) cases. Adjuvant or salvage radiotherapy was indicated in 80 (13.14%) patients. A total of 103 (16.91%) men underwent an endoscopic procedure due to the anastomotic stricture formation, 27 (4.43%) patients repeatedly. Perioperative blood loss ($p = 0.034$), time to catheter removal ($p = 0.001$), surgical complication ($p < 0.0001$) and postoperative radiotherapy ($p = 0.0091$) were found to be statistically significant in prediction of the anastomotic stricture formation.
Conclusions: Neither any of the preoperative and histological parameters nor surgical technique increased a risk of the vesicourethral anastomosis stricture after RP. Patients at greatest risk for a subsequent endoscopic procedure were those with both perioperative blood loss greater than 1700 ml and surgical complication.

C95
Reevaluation of Gleason score, extraprostatic extension and surgical margins status on radical prostatectomy specimens: learning curve in uropathology

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Introduction and Objectives: It is well known that there is a substantial inter and intraobserver variability in evaluation of critical pathohistological parameters on RP specimens. Particularly, these variabilities are present in work of pathologists from community hospitals e.i. pathologists that routinely perform whole area of surgical pathology and are not dedicated to uropathology field alone. Recently, we have started to evaluate our 10-year material from clinico-pathological point of wiev. In time period 2000–2009 we managed 2735 needle core biopsies and 936 radical prostatectomy specimens.By reevaluating pathohistological parameters on RP specimens and assuming that our pathologist has made progress in uropathology field from year 2004 we try to define if there is learning curve and which factors influence it.
Material and Methods: One of us (BP) reevaluated Gleason score (GS), extraprostatic extension (EPE) and surgical margins status (SM) on 53 radical prostatectomy specimens originaly diagnosed in 2004.
Results: Overall concordance in SM assessment was reached in 39 cases (73%), EPE in 35 cases (66%) and GS in 34 cases (64%), respectively. All 7 GS 4 and 5 cases in year 2004 turned to GS 6 in present rewiev, 6 cases GS 6 turned to GS 7 and 3 cases of GS 7 turned to GS 6, respectively. One case GS 7 turned to GS 8. In all but one of the discordant GS cases the difference showed ±1 GS digit. Forteen cases that were negatively assessed for EPE in 2004 turned to be EPE positive (14/53, 26%). Four cases assessed as SM negative turned to be positive (4/53, 7.5%), six SM positive cases turned to be negative (6/53, 11%) and four undetermined cases in 2004 turned to be negative (4/53, 7.5%).
Conclusions: Assuming that current pathological assessment is correct (considering possible intraobserver variability error) we showed good concordance between original 2004 Gleason score assessment and current 2009 one (mostly within ±1 GS digit). However, we could't be satisfied with original extraprostatic extension assessment which, on reevaluation showed shift from negative to positive in 26%. Regarding surgical margins assessment we observed shift from positive/undetermined in 2004 to negative in 10 cases (19%). Considering year 2004 as a starting year for this study we conclude that learning curve for our pathologist mostly affected surgical margins and extraprostatic extension assessment. To achieve lesser variability and more accurate diagnosis pathologist needs to dedicate himself to uropathology field. Urologist may contribute to this effort by improving operative technique (less surface artifacts and incisions which make correct pathological analysis difficult).

C96
Follow-up of patients with accidental finding of infiltration of pelvic lymph nodes after radical prostatectomy

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Introduction and Objectives: Retrospective evaluation of patients surviving with positive pelvic lymph nodes (N1) after radical prostatectomy (RPE).
Material and Methods: We have retrospectively evaluated 325 patients, who underwent RPE in our hospital since 1998 to 2006. Overall follow up was 3 to 10 years. Our interest was focused on patients with unexpected finding of positive lymph nodes