

and MACP values (232.2 ± 53.8 vs. 194.06 ± 74.47 $p=0.0054$) and 80% of the patients remained continent. Radical prostatectomy patients were no changes in the state of anal continence, no significant difference was observed in the parameters of the anal sphincter regarding either the RASP (84.7 ± 26.5 vs. 83.5 ± 26.7 mmHg) or the MACP (311 ± 100 vs. 294 ± 86 mmHg) results. Comparing the preoperative results between the two types of operations there were no significant difference in RASP (86.33 ± 18.75 vs. 84.7 ± 26 mmHg) and in the MACP (232.2 ± 53.8 vs. 311 ± 100 mmHg). Referring to the postoperative reports, however, the RASP values in the case of Mainz pouch type II the distraction of urine was detected to be lower, the difference was not significant (76.13 ± 13.86 vs. 83.5 ± 27 mmHg). The values of MACP (194.06 ± 74.47 vs. 294 ± 86 mmHg) were nevertheless significantly better in the case of patients who underwent radical prostatectomy.

Conclusions: Both the rest anal sphincter pressure and the maximal contraction pressure values decrease significantly after the Mainz pouch type II distraction of urine. Radical prostatectomy has no influence on the functions of anal sphincter. Comparing the two types of surgeries, we detected the significant decrease of the contractility of perineal muscle

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Managing the retroperitoneal tumors – 20 years single center experience

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Introduction and Objectives: The aim of this study was to present our experience in managing retroperitoneal tumors knowing that these special tumors represent a big challenge for many surgeons.

Material and Methods: Between January 1989 and January 2009 in our department were accepted 152 patients with retroperitoneal tumors, others than kidney or adrenal gland. 101 males and 51 female were diagnosed with primary or secondary retroperitoneal tumors. Clinical findings were represented by lumbar pain, tumor, digestive symptoms, fever, reno-vascular hypertension, and signs of compression (vena cava, vena porta). Imagistic evaluation was represented by abdominal ultrasound, IVP with major signs of urinary tract obstruction. CT and MRI represented the gold standard examinations. Imagistic protocol was completed with pulmonary radiography, renal and bone scintigraphy, Doppler ultrasound for vessels and digestive endoscopy. CT or ultrasound guided biopsy was not a routine in our department.

Results: Surgery was performed in 144 cases. The transperitoneal approach was considered in 96% of cases. Different operations were performed according to the extension and the stage of the tumor as follows: tumorectomy combined with nephrectomy and adrenalectomy, simple radical tumorectomy, vena cava resection, haematoma drainage, surgical cure of cyst, tumorectomy and bowel resection, duodenum resection, tumorectomy and caudal pancreatectomy, laparotomy and biopsy. The pathological study of retroperitoneal tumors was dominated by different sarcomatous types in 83 cases. Other patients presented various types of histological findings: neuroblastoma, benign soft tissue tumors, benign cysts, old haematoma, lymphoma and some of them secondary, metastatic retroperitoneal tumors.

Conclusions: Retroperitoneal tumors were detected frequently in advanced stages, due to non-specific clinical signs and to their deep position. Pain, tumor and compression represented the main clinical findings. CT and MRI were a must for the evaluation of these tumors. Trans-peritoneal approach

was preferred and different conditions such were invasion of neighborhood structures, extension and lymph node dissection were solved using this way. Because retroperitoneal tumors were in many cases sarcomas, which are well-known chemo- and radio-resistant, surgery represented the main curative treatment.

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The androgen status of the appendix testis determines the effect of hormonal treatment in cryptorchidism

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Introduction and Objectives: Efficacy of hormonal treatment in cryptorchidism is still debated. While some authors have found that human chorionic gonadotropin and luteinising-hormone-releasing hormone are very useful in causing the descent of retractile testis, randomized double blind trials have shown poor outcome of hormonal treatment in 1–5 years old boys with undescended testis. To investigate the causes of this contraversion, we aimed to compare the androgen receptor status of the appendix testis in congenital undescended and retractile testis.

Material and Methods: Total 21 appendix testis were removed from 18 boys, who underwent orchiopexy. Group U (n=9) including 3 patients with bilateral and 3 patients with unilateral congenital undescended testis and Group R (n=12) including 12 boys with acquired undescended testis, who were previously followed up because of retractile testis. Immunohistochemistry was carried out with BioGenex monoclonal anti-human receptor antigen (Clone: F39.4.1) and after incubation of the primary antibody, sections were stained with the fluorescein isothiocyanate conjugated goat anti-mouse secondary antibody. Sections were counterstained with 4,6-diamino-2-phenylindole (DAPI). Light microscopy (immunohistochemistry) and confocal laser microscopy (immunofluorescence staining) were used to visualisation of sections.

Results: Androgen receptor expression was found both immunohistochemistry and immunofluorescence staining in the epithelial layer of appendix testis 100% in Group R (12/12), but there was no visible androgen receptor expression in Group C (0/9).

Conclusions: The presence of androgen receptor in the epithelial cells of appendix testis in patients with retractile testis and absence in patients with congenital undescended testis can be a possible cause of the effectiveness of hormonal treatment in retractile testis and uneffectiveness in patients with congenital undescended testis.

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Two stage hypospadias cripples buccal mucosa graft repair

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Introduction and Objectives: Complications after failed hypospadias surgery could be severe including anterior urethral strictures with obstruction in urine and semen elimination, urethral fistula, urethral lithiasis, urethritis, recurrent UTI, the treatment of these cases being extremely difficult. The urethral reconstruction requires complete excision of the scarred local tissues and use of extragenital tissues for repair.