Abstract 1  Predictors for undergoing orchidectomy following testicular torsion in Ireland: A 10-year retrospective analysis using a national inpatient database

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Introduction: Testicular Torsion (TT) is a urological emergency. Sociodemographic factors such as age, ethnicity, income and insurance status have been associated with a higher risk of orchidectomy following TT. The aim of this study was to evaluate whether sociodemographic characteristics predict treatment decisions for TT in Ireland. We summarise the surgical modalities used to treat TT in Ireland over 10 years and analyse predictors of treatment choice.

Methods: Hospital In-Patient Enquiry data, encompassing all public hospital admissions in Ireland, were used to identify cases of TT nationally between 2009–2018. Descriptive analyses were carried out regarding demographic and clinical parameters. A multivariate logistic regression model delineated patient factors associated with orchidectomy.

Results: Between 2009 and 2018, 1,746 males under 25 years were treated for TT in Ireland. 16% of patients (n = 281) underwent orchidectomy. Transfer between hospitals (OR 5.86, 95% CI 2.57–13.40, p < 0.01) and age 0–4 years (OR 2.52, 95% CI 1.27–5) were strongly associated orchidectomy on multivariate analysis. Patients without private insurance were more likely to undergo orchidectomy (OR 1.35, 95% CI 1.10–1.81, p = 0.05). The orchidectomy rate varied significantly between provinces; Ireland’s most rural provinces, Ulster and Connaught, had the highest and lowest orchidectomy rates respectively (23% vs 10%, OR 2.58, 95% CI 1.31–5.08, p < 0.01).

Conclusion: The source of referral affects treatment outcomes in TT. Local expertise and resources impacts the surgical modality chosen. Educating families and removing barriers to care may reduce time to presentation and improve testicular salvage rates.

Abstract 2  Natural course of low-risk non-muscle-invasive bladder cancers (NMIBC): A 10-year follow-up and comparative study to European Association of Urology (EAU)

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Introduction: Current UK wide practice for surveillance of low-risk NMIBC varies immensely. NICE guidelines recommend different follow-up regimens compared to EAU. In light of this disparity, we compared our local low-risk NMIBC recurrence and progression rate with the EAU predicted rates, based upon 10 year follow-up of our cohort, in order to guide decision making when following up these patients.

Methods: Retrospective data of all urothelial histological specimens from 01/01/2009–31/12/2019 was collected (n = 1857). Recurrence, progression and outcome data at 1, 5 and 10 years were recorded for patients with G1pTa or G2pTa tumours only (n = 428). Those with prior recurrences or any other histology were excluded.

Results: Our G1pTa recurrence rates (EAU predicted) at year 1, 5 and 10 were 6.7% (15%), 21.7% (31%) and 12.5% respectively whereas progression rates to G2pTa or higher grade/stage were 1.1% (0.2%), 3.1% (0.8%) and 8.3%.

Our G2pTa recurrence rates at year 1, 5 and 10 were 11.1% (24%), 33.3% (46%) and 37.2% respectively while progression to G3pTa or higher was 0.8% (0.2%), 5.3% (0.8%) and 4.7%.

Conclusion: Although our low-risk NMIBC recurrence rates are lower than EAU predictions, our progression rates are higher. We therefore recommend follow-up is tailored to each individual following robust discussion with clinicians and an informed decision from the patient.


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Introduction: Covid-19 pandemic has disrupted hospital care due to health system oversaturation. The objective of this study was to