Poster Presentations – EUSC 2018 and 15th Annual AAU Conference

[50] The efficacy and safety of low-intensity shockwave therapy in erectile dysfunction

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Objective: To assess the effectiveness and safety of low-intensity extracorporeal shockwave therapy (Li-ESWT) on patients with erectile dysfunction (ED).

Methods: This prospective single-centre study included 21 male patients between January 2015 and October 2017. All patients were aged >18 years and in a stable sexual relationship. They had been diagnosed with ED for ≥6 months and still not satisfied with oral or intracavernosal injection treatment of their ED. Patients who had penile surgery, coagulopathy abnormalities, unstable or uncontrolled medical or psychiatric disorders, with neurological disorders, post radical pelvic surgery, on hormonal therapy or post pelvic radiation were excluded. The treatment course comprised of two phases using a low-energy shockwave generator, each for 3 weeks with two sessions each week (total 6 sessions) with a 3-week break, and total course duration of 9 weeks. Li-SWT was applied at 19 penile sites, each session delivering 3000 J to the patient’s penis, divided between the 10 points (each 300 J). The energy administered was 0.7–0.25 mJ/mm² depending on the patient’s tolerability. Patients were in the supine position with no anaesthesia given. The outcome was assessed using the International Index of Erectile Function-Erectile Function (IIEF-EF) score before and after treatment.

Results: In all, 21 patients were included in the study, with mean age of 43.9 years. Diabetes mellitus was present in 66.6%. All patients had sexual desire, with 95.25% having orgasmic function. All patients completed the first phase of treatment, and 71.4% felt an improvement and completed the second phase. The mean base IIEF-EF score for all patients was 10.14, which increased to 10.73 after the first phase. The IIEF-EF score rose to 12.8 in 15 of 21 patients who completed the full treatment course. About 66.6% of the patients would repeat the treatment and recommend it to a friend. Only one patient had mild ecchymosis and pain after treatment, which was treated conservatively.

Conclusion: Li-SWT is a safe modality for ED and could be an effective treatment with minimal changes that could be beneficial with other non-surgical management strategies such as oral and intracavernosal injection treatments.

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[51] The horseshoe kidney: Pathological and therapeutic aspects

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Objective: To report various therapeutic modalities for urological disorders associated with the horseshoe kidney. The horseshoe kidney is a malformation of the upper urinary tract, most often asymptomatic.

Methods: Through a series of three cases of pathological horseshoe kidneys that were associated with renal lithiasis, a syndrome of the pyelo-ureteric junction, tumour of the excretory ways, and finally traumatic.

Results: The specific characteristics of this rare malformation are underlined, and the therapeutic peculiarities adopted before each horseshoe kidney uropathy are discussed.

Conclusion: The topographic and vascular features must be taken into consideration before any therapeutic therapy for renal pathology on a horseshoe kidney.

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[52] Treatment of uretero-ileal stenosis after dilatation catheter cystectomy: Monocentric study

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Objective: To evaluate the treatment of uretero-ileal stenoses after dilatation catheter bladder tumour cystectomy in the Department of Urology, Ehu Oran, Algeria, as the dilatation catheter has been proposed as an alternative to open surgery in the treatment of uretero-ileal stenosis due to its low morbidity.

Methods: We performed a descriptive study on the results of balloon catheter treatment of uretero-ileal stenosis for a period of 4 years, from 2013 to 2016. Treatment consisted of catheterisation of antegrade or retrograde stenosis, dilatation of the stenosis with the balloon catheter, and then measurement of a mono-J catheter.

Results: During the period studied, we performed 92 cystectomies followed by 67 (72.82%) trans-ileal type bypasses. In all, 17 patients (25.3%) developed a stenosis, including eight left stenoses, five straight stenoses, and four bilateral stenoses. The average follow-up was 11.4 months. The average age was 58 years. Most patients had imaging at 3-months postoperatively. The pattern of discovery was fortuitous during an imaging examination for 11 patients (64.7%), emergency admission was evaluated at 35.2% for hyperalgic renal colic, acute renal failure with anuria and pyelonephritis. All patients had an emergency nephrostomy and were then scheduled for dilatation and placement of a mono-J probe. Nine stenoses (eight patients) were permeable with balloon dilatation and placement of a mono-J. In four patients the probe remained with an iterative nephrotomy change, and five patients had open surgery to re-stabilise the stenosis. Seven of the mono-J probes were placed antegrade. Six patients (75%) who received dilatation recurrent and had monojector ablation.

Conclusion: The dilatation catheter procedure is a minimally invasive and effective therapeutic option to avoid complete stenosis that requires a substantial operative procedure. In our department, this option is considered the first-line treatment, the surgical re-implantation or disassembly of Bricker was reserved for complete waterproof stenosis.

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[53] Neutrophil-to-lymphocyte ratio in non-muscle-invasive bladder cancer

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Objective: To evaluate the value of the neutrophil-to-lymphocyte ratio (NLR) in non-muscle-invasive bladder cancer (NMIBC) with different prognostic factors and with the risk of progression and recurrence of this neoplasm. The NLR has been recognised as a prognostic factor for multiple cancers as a systemic inflammatory response marker.

Methods: Retrospective analysis of 103 patients diagnosed with high-grade NMIBC treated by transurethral resection of the tumour plus adjuvant bacille Calmette–Guérin (BCG). Epidemiological data analysed included: gender, age, smoking habits, other neoplasms. Tumour data analysed included: size, stage, pattern, number, association with carcinoma in situ (CIS), and treatment-related effects. NLR was calculated based on a 30-day pre-transurethral resection blood sample. Statistical analysis included chi-squared test, Kaplan–Meier, and uni- and multivariate Cox regression analyses.

Results: In all, 97 patients (94.7%) were men, 53 were aged ≥70 years (51.5%) and 63 were smokers (61.2%). Overall, 85 (82.5%) were primary tumours, 62 (60.2%) were single, 65 (63.1%) were >3 cm, 68 (66%) were stage T1, and 87 (84.5%) were associated with CIS. The main BCG-related side-effect was irritative voiding symptoms in 19.4% of the patients. In all, 30.1% of the patients had a NLR of ≥2.5, with a median (interquartile range [IQR]) of 2 (1.47–2.71). The median (IQR) follow-up was 40 (19–81.5) months. A NLR of ≥2.5 was significantly related with smoking habits (P = 0.003). None of the other factors assessed showed any statistical significance. The 5-year recurrence-free survival for a NLR of <2.5 was 80% and for a NLR of ≥2.5 was 75%, without statistical significance. On uni- and multivariate Cox regression analyses a NLR of ≥2.5 was not a predictive factor for recurrence of high-grade NMIBC or progression.

Conclusion: In our study NLR failed to show its value as an independent prognostic factor for progression and recurrence in NMIBC. A threshold NLR value of 2.5 was statistically significant in those patients with smoking habits.

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[54] Preparation of biopolymer (dextran) and gentamycin blend against multi-drug resistant bacterial infections associated with catheters

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Objective: To characterise and investigate the toxicity of biopolymer dextran (from local isolates of Leuconostoc mesenteroides ssp.) and gentamycin blend against multi-drug resistant bacterial infections associated with catheters.