[63] Traumatic testicular displacement and torsion: A case report and literature review

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Objective: To report on a case of traumatic testicular displacement (TTD) and torsion, which is a rare consequence of pelvic trauma.

Methods: A 34-year-old motorcycle rider who presented immediately following a head-on collision with a car. His past surgical history included bilateral inguinal varicocele repair. The patient recalled that his genitals collided with a part of the motorcycle before coming off the vehicle. He complained of left-sided groin pain and was found to have an empty left hemiscrotum, a tender palpable lump in the left suprapubic region, and bruising in the area. A contrast-enhanced computed tomography (CT) scan revealed an empty scrotum and an ovoid structure measuring 5 × 3 × 4 cm in the subcutaneous tissue with an adjacent spermatic cord and surrounding fat stranding. He was immediately transferred to the operating theatre for surgical exploration of the lower abdomen.

Results: After anaesthesia, the testis was repositioned into the scrotum and then we proceeded with exploration of the scrotum that revealed a torted left testicle. De-torsion, warm fomentation and orchidopexy of a viable left testicle was performed. He made an uneventful recovery. He was then transferred to a tertiary trauma centre for further management of his injuries. TTD is defined as migration of one or both testicles outside the scrotum. The most common mechanism of trauma is a rapid deceleration straddle injury against a motorcycle fuel tank. Predisposing factors include inguinal hernia repair, wide external inguinal ring, and atrophic testes. Radiological examinations of choice include colour-flow Doppler ultrasonography and CT scans of the abdomen and pelvis. Management consists of either closed reduction of the testicle or surgical exploration.

Conclusion: Early diagnosis and management of TTD is imperative to preserve the displaced testicle.

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[64] The usefulness of prostate-specific antigen screening in men presenting with haematuria in our practice in a District hospital in the UK

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Objective: To review the usefulness of prostate-specific antigen (PSA) testing in men presenting to an urgent clinic with haematuria in our practice in a District hospital in the UK.

Methods: We reviewed the retrospective data of 200 patients who presented with visible haematuria (VH) and non-visible haematuria (NVH), aged between 50 and 79 years, between January 2016 and June 2017. All patients underwent digital rectal examination (DRE) and PSA testing as part of our standard investigation for haematuria.

Results: In all, 200 cases were included. A total of 155 cases had VH, 134 of them had a benign DRE and normal PSA level. One of the other 21 cases had an abnormal DRE and elevated PSA level and was diagnosed with Gleason 8 prostate cancer. Three of 21 cases had abnormal DREs and normal PSA levels, two of these patients underwent transrectal ultrasonography (TRUS)-guided prostate biopsy, which revealed Gleason 6 prostate cancer in one of them but showed no evidence of malignancy in the other patient. Whilst, 17 of the 21 cases had normal DREs and elevated PSA levels, 11 of the 17 cases had a repeat PSA test which came back normal, while the other six cases were further investigated with magnetic resonance imaging of the prostate and/or TRUS biopsies, but no malignancy was found. A total of 45 cases presented with NVH, all of them had benign DREs. Only four cases with elevated PSA levels with no malignancy were detected in further investigations. Overall, the number of patients who underwent further investigations was 14/200 (7%). Overall, the rate of prostate cancer diagnosis was 1%; the rate of diagnosis with VH was 1.29% and 0% with NVH.

Conclusion: Despite using PSA as a standard investigation for patients who presented to the urgent clinic with haematuria, the rate of cancer diagnosis was very low (1%) and detected in patients with abnormal DRE rather than elevated PSA levels. Our cancer detection rate of 1% is less than those from the European Randomized Study of Screening for Prostate Cancer (ERSPC; 8.2%), Prostate Testing for Cancer and Treatment (ProtecT; 2.2%) and the Prostate, Lung, Colorectal, and Ovarian cancer screening trial (PLCO; 1.4%). PSA level measurement should not be considered as a useful test in standard investigations of haematuria, unless an abnormal DRE is found during examination.

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[65] Use of the R.E.N.A.L nephrometry score in decision making for renal cell carcinoma (RCC) treatment

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Objective: To assess the usefulness of the R.E.N.A.L nephrometry score in surgical decision making in patients with renal cell carcinoma (RCC). The R.E.N.A.L nephrometry score parameters are radius, exophytic/endophytic properties, nearness of the tumour to the collecting system or sinus, anterior or posterior location, and location relative to the polar lines. Classification of RCC according to nephrometry score: low complexity score 4–6, moderate complexity 7–9, and high complexity score 10–12 points.

Methods: We looked retrospectively at the imaging of 70 cases of RCC against the operative procedure that was performed.

Results: There were 20 cases with low complexity scores: seven (35%) underwent radical nephrectomy (RN) and 13 (65%) underwent partial nephrectomy (PN). There were 32 cases of moderate complexity: 24 (75%) underwent RN and eight (25%) underwent PN. There were 18 cases of high complexity and all of them (100%) underwent RN.

Conclusion: Of the 20 (35%) cases with low complexity scores the T1a RCC tumours should have been offered PN. Of the 32 cases with moderate complexity scores, 24 (75%) patients with T1b RCC tumours should have been offered PN after discussion of an 8% risk of positive surgical margins. Nephron-sparing surgery should be offered to patients with low or moderate complexity and the R.E.N.A.L nephrometry score can used to aid this decision.

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[67] End-to-end anastomotic urethroplasty for post-traumatic complete rupture of the membranous urethra

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Objective: To report our experience and the feasibility of end-to-end anastomotic urethroplasty, as this is an excellent technique for the management of post-traumatic urethral stricture.

Methods: We present an end-to-end anastomotic urethroplasty in a 17-year-old patient who had abdominopelvic polytrauma at the point of impact. Upon review, the lesional balance revealed a splenic rupture with haemoperitoneum and complete rupture of the membranous urethra, clearly visible on anterograde and retrograde opacification, and fractures of the pubis and the orthopedically treated ischium. The patient underwent an urgent splenectomy for haemostasis with suturing of a grievous wound. After a period of 3 months urethroplasty was performed.

Results: Two tips to gain sufficient length of the urethra: the mobilisation of the anterior urethra and the separation of corpora cavernosa in the median line. Two solutions are possible to better individualise the upstream end: the use of a soft fibroscope light or the Beniquet, as in our patient. The urethral anastomosis was performed mucosa against mucosa, the bladder catheter was removed 1-month postoperatively, with a follow-up of 5 years without recurrence.

Conclusion: End-to-end anastomotic urethroplasty is a reliable technique for the treatment of post-traumatic urethral stricture.

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[68] Presence of viable circulating tumour cells in kidney cancer

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