Methods: The present study shows the effectiveness of cutting the bulbospongiosus muscle bilaterally and frenular delta excision for treatment of premature ejaculation to delay the time to ejaculation in normal men. The study was conducted from 06/04/2011 to 06/04/2016 and included 60 men.

Results: The operation success rate was 96.6%, with immediate results after the first intercourse, usually 3 weeks after surgery. The intravaginal ejaculation latency time increased 200–1000%, patients with a latency time of <2 min usually reached 8 min and in some reached 20 min following the surgery. Whilst patients with a latency time of >5 min, the latency time increased up to 15–20 min and some reached 30 min following the surgery. The result is permanent.

Conclusion: The described surgery is an effective treatment for premature ejaculation. In this study we also explain why some patients do not respond to local anaesthesia applied to glans.

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[14] A prospective study of transurethral bipolar resection and vaporisation of large prostate adenomas

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Objective: To report our experience following the introduction of transurethral bipolar vapo-resection of large prostate adenomas and to evaluate it to the traditional techniques used to date in Algeria in the surgical treatment of large prostates.

Methods: This was a prospective longitudinal study, conducted in our department, between December 2015 and September 2016, including 40 patients with a surgical indication for benign prostatic hyperplasia (BPH) with prostate volumes of >70 mL, consenting to the procedure. We evaluated functional parameters [International Prostate Symptom Score (IPSS)/quality of life (QoL) score, maximum urinary flow rate (Q_max)] pre- and postoperatively according to a quarterly schedule, surgical data (resection time, resected volume), as well as the duration of catheterisation and bleeding complications.

Results: The mean (range) prostate volume in our series was 118.72 (70–254) mL and the indications were dominated by medical treatment failure and urinary retention, at 55% and 35%, respectively. The evaluation of the IPSS and QoL score showed a constant decrease from a median of 26 and 6 preoperatively to 1 and 0 at 15 months postoperatively, respectively. The median Q_max increased from 5.1 mL/s preoperatively to 14.9 mL/s at 15 months postoperatively. In all, 10% of the patients had postoperative clotting and two patients required surgical haemostasis. The average time to removal of the urinary catheter was 3 days. The average resection speed increased from 0.5 mL/min to 1.6 mL/min at maturity.

Conclusion: The combination of resection and vaporisation in large adenomas seems to be effective according to our data, it does not require any particular training for an already established urologist and the investment seems reasonable and compatible in an economic context.

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[15] The role of mitomycin C intralesional injection during visual internal urethrotomy in urethral stricture recurrence

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Objective: To evaluate the efficacy of transurethral intralesional injection of mitomycin C (MMC) during visual internal urethrotomy in decreasing the recurrence rate of urethral stricture, as direct visual urethrotomy is a common endoscopic procedure for short bulbar urethral strictures but one of the major drawbacks of this procedure is stricture recurrence.

Methods: In this prospective, controlled, randomised study, from December 2015 to April 2018, 55 patients with symptomatic urethral stricture (primary or secondary) were included. Diagnosis of stricture was confirmed by history taking, physical examination, abdominal ultrasonography, uroflowmetry, and retrograde urethrography. In all, 27 patients were treated by visual internal urethrotomy alone, and 28 by visual internal urethrotomy followed by intralesional injection of MMC. The preoperative data recorded in both groups included: patient age, length of stricture, aetiology of stricture, presentation of patients, and maximum urinary flow rate (Q_max). The postoperative data recorded included: Q_max, postoperative complications, and incidence and timing of stricture recurrence during the follow-up period.

Results: All preoperative data were comparable in both groups, without statistically significant differences. The mean age of the patients was 39.6 years in the MMC group and 42.8 years in the control group, the mean length of the stricture was 9.4 mm in the MMC group and 9.1 mm in the control group. Postoperative improvement in Q_max was highly significant in both groups. Postoperative complications were minimal and comparable in both groups. The stricture recurrence rate
was significantly lower in the MMC group \( (P = 0.021) \), and occurred 1 year after the operation.

**Conclusion:** The adjuvant use of transurethral intrallesional injection of MMC at the time of visual urethrotomy for short bulbar urethral strictures is a safe and highly effective procedure in reducing the stricture recurrence rate and in delaying the time for such recurrence.

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[16] Hydro-dissection and optical hydro-dissection ultrasonography guided percutaneous nephrolithotomy

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**Objective:** To report our experience of hydro-dissection ultrasonography (US)-guided percutaneous nephrolithotomy (HU-PCNL) used to facilitate entry to the pelvi-calyceal system (PCS) and optical HU-PCNL (OHU-PCNL) to visualise tissue layers during PCS entry. Both HU-PCNL and OHU-PCNL are used for difficult cases of renal stones that are not candidates for classical PCNL by use of US guidance, e.g. in obese patients, horseshoe kidney, ectopic pelvic kidney, transplanted kidney, and lower calyx stones covered by colon; and used in ectopic pelvic kidney PCNL to avoid abdominal organs injury. OHU-PCNL visualises the stone directly at the moment of entry to the PCS then passes the infundibulum, enters the pelvis, and allows selection of the optimum side for guidewire insertion. OHU-PCNL avoids colonic injury and if the needle perforates the colon it can be seen allowing removal of the needle and a change in direction.

**Methods:** Between January 2016 to October 2017, 30 patients underwent HU-PCNL with a mean (range) age of 36.4 (3–67) years (13 female, 17 male). Two patients had horseshoe kidneys, one patient had a transplanted kidney, one patient had a single kidney, and two patients had malrotated kidneys. In all, seven patients underwent OHU-PCNL with a mean (range) age of 39.7 (30–50) years (three female, four male), one patient had a left ectopic pelvic kidney.

**Results:** Five patients had renal stones (stone size 15–40 mm), one of which had a left ectopic pelvic kidney. The mean operation time was 90 min, four patients were in prone position and one in supine position due to an ectopic pelvic kidney, the mean age was 39.2 years. In four males and one female, the mean (range) operation time was 94 (60–180) min, and there were no abdominal organs injury or blood transfusions. The patients were admitted for only 1 day, except for the patient with the pelvic ectopic kidney who was admitted for 3 days.

**Conclusion:** OHU-PCNL is a safe novel method used in difficult cases of renal stones, especially in ectopic pelvic kidneys to prevent and allow early diagnosis of bowel injury. OHU-PCNL can avoid colonic injury and allow tangential entrance to the PCS.

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[17] Correlation of renal scarring to urinary tract infections and vesico-ureteric reflux in children

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**Objective:** To study the association between the grade of reflux and urinary tract infections (UTIs) and renal scarring at the first clinical presentation of patients who underwent anti-reflux surgery.

**Methods:** Between 2010 and 2017, 150 patients (194 renal units) who underwent anti-reflux surgery, had dimercaptosuccinic acid (DMSA) renal scans preoperatively (retrospective study). The patients were classified into non-scar and scar groups according to the DMSA scan results. Moreover, cases were classified into afebrile UTI, febrile UTI, and antenatal hydronephrosis (ANH) according to the mode of presentation. We correlated the mode of presentation and the grade of reflux to the presence/absence of renal scars in both groups. Grading of reflux was (I–V) according to the International Reflux Study Committee 1987.

**Results:** The mean follow-up was 45 months. The mode of presentation was afebrile, febrile UTIs and ANH in (50, 14) (20, 46) and (10, 10) in the non-scar and scar groups, respectively. Of the 20 patients who presented with ANH, 10 (50%) had scars. The mode of clinical presentation was correlated to the presence of renal scarring and its degree. The scar group had significantly higher grades of vesico-ureteric reflux than the non-scar group; grades I–II [40 patients, 50 units vs eight patients, 10 units], grade III [24 patients, 28 units vs 30 patients, 40 units] and grade IV–V [16 patients, 22 units vs 32 patients, 44 units] for the non-scar vs scar groups, respectively \( (P = 0.005) \).

**Conclusion:** Renal scarring is linked to higher grades of reflux and UTIs. We advocate proper investigations of infants who have UTIs with or without fever for early detection of reflux.

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