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 latency of <2 min usually reached 8 min and in some reached 20 min following the surgery. Whilst patients with a latency latency 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 (Qmax)] 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 Qmax 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 (Qmax). The postoperative data recorded included: Qmax, 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 Qmax was highly significant in both groups. Postoperative complications were minimal and comparable in both groups. The stricture recurrence rate