[78] Idiopathic hypercalciuria complicated by polyuropolydipsic syndrome during pregnancy

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Objective: To report on a case of idiopathic hypercalciuria complicated by polyuropolydipsic syndrome during pregnancy. Idiopathic hypercalciuria is most often manifested by urinary lithiasis and/or nephrocalcinosis. The polyuropolydipsic syndrome is a rare complication of this condition and exposes the patient to the risk of hydroelectrolytic disorders. Thiazide diuretics are indicated during this syndrome in the absence of a contraindication.

Methods: We report the case of pregnancy during idiopathic hypercalciuria complicated by polyuropolydipsic syndrome.

Results: A 33-year-old woman, with no personal or familial pathological history, was referred for polyuropolydipsic syndrome. She had no extra-renal manifestations and her clinical examination was normal. Her diuresis was 6 L/24 h and the biological assessment showed a hypercalciuria at 17.5 mmol/24 h persisting after adjusting the intakes of salts and proteins. Calcium, phosphataemia, 25-OH vitamin D, and parathyroid hormone were normal. The patient was put on thiazide diuretic and the evolution was marked by the normalisation of diuresis and a decrease in calciuria. Before conception the treatment was stopped, and the patient had a pregnancy without complications.

Conclusion: Pregnancy during idiopathic hypercalciuria with polydipsic polyuria syndrome was completed without complications in this case. The literature is poor regarding this affliction in the pregnant woman.

doi:10.1016/j.aju.2018.10.031

[79] Rare case of late post-traumatic total penis necrosis

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Objective: To report on a rare case of late post-traumatic total penis necrosis. Total penis necrosis is a rare pathology because of the intensive blood supply of a penis from various sources. We only found 10 reported cases of such disease in the literature.

Methods: We present a detailed review of the medical records of patient with post-traumatic total penis necrosis.

Results: A man aged 70 years was admitted to the urology department in a grave condition with complaints of intensive pain in the penis and scrotum, and with considerable oedema. The patient remembered some unremarkable trauma of the scrotum. The general condition of the patient had suddenly become much worse during preceding 24 h. On 07/02/2017 an urgent operation was performed: dissecting and drainage of the penis and scrotum phlegmon and necrectomy. During the operation normal arterial pulsation at the base of penis was detected. Active antibacterial and disintoxication therapy was prescribed. Despite this, gradual spreading of necrosis on surrounding tissues was registered with the appearance of a specific strong gangrenous smell. The right testicle increased in size and became painful. On 14/02/2017 a repeat operation was performed. Severe necrotic changes of the penis were found. The penis was dissected at its base and removed. The urethra was also dissected to the basis of penis and anastomosed to the created opening on skin of the perineum. A urethral catheter was placed and a typical cystostomy was performed. The right testicle had signs of necrosis and was explored. The condition of the patient improved considerably by the next day. After catheter removal urination was normal.

Conclusion: The reasons for such an aggressive inflammatory process in this case remain unknown. This case once again testifies that at the signs of necrotising inflammation of external genital organs skin, only rapid and radical operative intervention can prevent spreading of the process to the surrounding organs regardless of the use of modern antibacterial therapy.

doi:10.1016/j.aju.2018.10.032

[80] Injection of verapamil into the plaque of patients with induratio penis plastica (IPP) – Morbus Peyronie

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Objective: To evaluate the efficacy of treatment based on the direct injection of verapamil into the plaque in patients with induratio penis plastica (IPP).

Methods: In all, 21 patients with IPP were included. The mean patient age was 65.3 years. The plaques were found at the dorsum of the penis; the mean deviation of the penis when erect was 52° and the mean size of the plaque was 8.5 mm. Erectile function was evaluated using the five-item version of the International Index of Erectile Function (IIEF-5) questionnaire.

Results: The mean IIEF-5 score was 11.9. The injection itself was reported to be relatively painless by all
the patients. The patients rated pain using a visual analogue scale (VAS) with scores of 1 or 2. Two patients (9.5%) reported a haematoma of the penis’ skin after one of a series of injections. There were no severe complications. The efficacy of the therapy was assessed 2 or 3 months after the last injection. Both objective and subjective improvements were found in 14 men (66.6%). The penis deviation was lowered to 26.5° in 48% of cases. The size of the plaque was lowered to 5.2 mm in 33.7% of cases and the IIEF-5 questionnaire scored 15.9 points in 29.3% of cases.

**Conclusion:** It is understood that the group of 21 patients is too small to properly evaluate the efficacy of the treatment. The long-term experience at our workplace indicates that treatment using injections of verapamil results in similar efficacy as treatment using extracorporeal shockwaves. Our findings show, that the injection of verapamil is an efficient and safe method. A significant number of patients report an improvement of their sexual health. The method is thus classed as a routine method of conservative treatment for IPP.

doi:10.1016/j.aju.2018.10.033

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**[81] Correlation between intravesical prostatic protrusion and the failure of medical treatment**

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**Objective:** To study the correlation between the index of intravesical protrusion of the prostate (IPP) and the failure of medical treatment in the treatment of urinary disorders for patients with prostatic adenoma.

**Methods:** This is a retrospective study lasting 2 years from 01/01/2016 to 01/01/2018, performed in the Urology Department of the International University Hospital Cheikh Khalifa in Casablanca. In all, 156 patients were included, having had ≥3 months of medical treatment. Patients were divided into two groups according to the extent of IPP: Group 1 included 67 patients with an IPP of <10 mm and Group 2 who included 89 patients with an IPP of >10 mm. The International Prostate Symptom Score and post-void residual urine volume (PVR) were compared between the groups at the beginning and 3 months after medical treatment.

**Results:** Comparison of results between the two groups show a greater improvement in scores for Group 1 compared to Group 2. Such a finding has been reported by previous studies with a greater improvement in the absence of a median lobe.

**Conclusion:** Determining the IPP index seems to be essential before any treatment. Medical treatment may be less effective in improving symptom scores and PVRs in patients with an IPP of >10 mm.

doi:10.1016/j.aju.2018.10.034

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**[82] Efficacy of bipolar photovaporisation of prostate median lobe enlargement using the transurethral resection in saline (TURis) system**

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**Objective:** To evaluate the efficiency of a vaporisation-resection of prostate median lobe enlargement in benign prostatic hyperplasia (BPH) using the transurethral resection in saline (TURis) system. Bipolar photovaporisation of the prostate has proven to be effective in the treatment of BPH symptoms with maximum safety and without increasing the complication rate or length of stay.

**Methods:** TURis has proven over last few years its efficacy as an endoscopic technique in BPH and has shown greater advantages in patient safety and outcomes postoperatively.

**Results:** TURis has recently been widely practised because it is less expensive, simple to learn, thus allowing practitioners a rapid learning curve. It has also been used in high-risk patients.

**Conclusion:** Technically, bipolar resection of prostate using the TURis system is entirely suitable for treatment of median lobes.

doi:10.1016/j.aju.2018.10.035

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**[83] Lateral suspension of cystocele prolapse by laparoscopic robotic surgery: A series of 27 patients**

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**Objective:** To evaluate the efficacy of lateral suspension of cystocele prolapse by laparoscopic robotic surgery using a vaginal mesh. Genital prolapse is frequent and can be found in ~50% of parous women. Its aetiology is complex and multifactorial. Developments in surgical techniques and synthetic material in the last 20 years have enabled us to use minimally invasive procedures with improved postoperative course and decreased recurrence rates.

**Methods:** We report on 27 cases of women with cystoceles. The treatment was a laparoscopic robotic surgery using a vaginal mesh with lateral suspension. From January 2016 to March 2017, 27 women with genital