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.

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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.

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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.

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

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Objective: To evaluate the efficacy of lateral suspension of cystoceles 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
prolapse were included in a continuous series. The treatment was a laparoscopic robotic surgery using a vaginal mesh with lateral suspension. Data concerning patient characteristics (age, parity, menopause, body mass index, surgical history) were identified, as well as functional symptoms. Postoperative anatomical and functional status was evaluated by each operator on a regular basis.

**Results:** The mean operative time was 102 min and the mean postoperative stay was 1.8 days. In the 27 procedures, there was a case of subtotal hysterectomy and in three cases urinary incontinence treatment. Bladder injury was noted in one patient. No case of conversion to laparotomy was encountered.

**Conclusion:** Our experience in managing genital prolapse by robotic laparoscopy with the placement of lateral suspension prosthesis gives satisfactory results. We report a low rate of complications, and anatomical and functional results comparable to other techniques.

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[84] Management and outcome of peri-urethral lesions

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**Objective:** To present a series of cases of peri-urethral lesions that presented to the urology and gynaecology department over the last 5 years. Peri-urethral lesions are unusual presentation to uro-gynaecology clinics. Clinical diagnosis can be challenging due a broad differential including urethral diverticulum, caruncle, prolapse, peri-urethral cyst, vaginal wall cyst, and neoplasms of urethral or vaginal origin.

**Methods:** A retrospective review of all patients who presented with peri-urethral lesions between November 2013 and June 2018. Data collected included presenting signs and symptoms, preoperative assessment, imaging, surgical management, and outcome.

**Results:** In all, 26 patients were identified (age range 24–83 years). The most common presenting symptom was vaginal pain ± dyspareunia in 18/26 (69%). In eight of the 26 (31%) the main symptom was a vaginal lump, seven (27%) had recurrent urinary tract infections, four (15%) had stress urinary incontinence, three (12%) had voiding dysfunction, and one (4%) was asymptomatic. On clinical examination, all patients were found to have a solitary vaginal lump measuring 1–4 cm. Five (19%) patients were treated conservatively. In all, 21 (81%) had trans-vaginal complete excision. Histological examination confirmed the diagnosis of urethral diverticulum in 15 patients (58%), Skene’s duct cysts in three, and Müllerian cyst and arterio-venous malformation one of each. There were no significant postoperative complications. Magnetic resonance imaging (MRI) findings did not match the histological diagnosis in nine of the 26 (35%) patients. The median follow-up period was 6 months and 10/21 (48%) had complete resolution of their symptoms. Five of 21 (24%) patients had persistent pain and have been treated conservatively by the pelvic floor physiotherapist or pain team, three of 21 (14%) had recurrent urinary symptoms and repeated MRI in two of them was negative. Three patients are still awaiting follow-up.

**Conclusion:** Peri-urethral lesions are uncommon but can be a challenging. MRI can be useful in diagnosis and to plan intervention, but in up to one-third the findings did not match the histological diagnosis. Surgical excision will alleviate symptoms with a small risk of recurrence of symptoms.

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