[42] Critical analysis of the outcome of primary unilateral vesico-ureteric reflux in a contemporary series

Abdulhakim Alotay

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International Prostate Symptoms Score (IPSS) and urine flow data were obtained in every patient. Perioperatively, we measured prostate resection time, weight of resected tissue and occurrence of any complications. Bladder residual content and duration of transurethral drainage were measured postoperatively.

**Results:** The mean (range) prostate tissue weight was 51 (45–80) g. The mean (range) operative duration was 45 (35–70) min. No conversions and no major complications occurred in any cases. The transurethral catheter was removed in 110 cases before discharge and in 410 cases the following day. All cases left hospital the same day. All patients had noticeable improvement in IPSS and maximum urinary flow rate.

**Conclusion:** BPV of BPH in selected patients can be carried out safely as a day care procedure and has beneficial outcomes for patients and services.

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[41] Complications of temporary urinary diversion using nephrostomy tube or JJ ureteric stent in pregnant women with symptomatic urolithiasis

Abdolreza Haghpanah, Dariush Irani, Anahita Dehghani
Shiraz University of Medical Sciences, Shiraz, Iran

**Objective:** To report the complications of JJ stent and percutaneous nephrostomy (PCN) tube causing hospitalisation of pregnant women, as symptomatic urolithiasis is one of the most important causes of abdominal pain during pregnancy and in some situations it is better to implement temporary treatment and postpone any surgical procedures.

**Methods:** In this cohort study, from August 2013 to September 2016, 23 pregnant women with urolithiasis were referred to our centre in whom temporary urinary diversion was performed. The mean (SD; range) patient age was 27.1 (4.8; 20–37) years and most of them (69.5%) presented in the first trimester. All the procedures were done under ultrasonographic guidance with local anaesthesia. All the patients were followed routinely in the Urology and Gynaecology and Obstetrics clinics.

**Results:** We inserted a PCN tube in 12 patients (52.1%) and a JJ stent in 11 (47.8%). The mean (SD) age of the patients was 27.5 (5.4) years in the PCN Group and 26.7 (4.3) years in the JJ-stent Group ($P = 0.710$). Of these, seven patients (30.4%) developed complications including febrile UTI (two of 12 in the PCN Group and one of 11 in the JJ-stent Group) and bothersome stent-related symptoms (four of 11 in the JJ-stent Group). The occurrence of complications was not significantly different between the groups (two of 12 in the PCN Group vs five of 11 in the JJ-stent Group, $P = 0.193$); these patients were admitted and after stabilisation surgical treatment using ureteroscopy was performed. Surgical treatments were done in the second trimester. All the patients completed their pregnancies to full-term without any serious obstetric complications.

**Conclusion:** Temporary urinary diversion using a JJ stent or PCN tube can be associated with some potential complications that can threaten the mother and her foetus. In these situations, we advise temporary management until the second trimester when the surgical procedure is safer.

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[42] Critical analysis of the outcome of primary unilateral vesico-ureteric reflux in a contemporary series

Abdulhakim Alotay
Prince Sultan Military Medical City, Riyadh, Saudi Arabia

**Objective:** To explore the possible risk factors that affect the resolution rate in patients with primary unilateral vesico-ureteric reflux (VUR) under conservative treatment, as VUR is a common finding in the paediatric age group with the risk of repeated urinary tract infections and renal damage.

**Methods:** We retrospectively evaluated all patients with VUR between 2006 and 2014, and only patients with primary unilateral VUR were included. Records were reviewed for: age at diagnosis, antenatal history, gender, mode of presentation, side and grade of VUR, associated hydronephrosis (HN), presence of scarring, and split function on dimercaptosuccinic acid (DMSA) scan. Clinical and radiological outcomes were assessed. Both uni- and multivariate analyses were conducted.

**Results:** A total of 68 patients (32 boys and 36 girls) with primary unilateral VUR were included, with a mean age at diagnosis of 10 months. Antenatal HN was detected in 50% of the patients. VUR was high grade (IV–V) in 22 patients (32%). Associated HN was evident in 39 patients (57%). DMSA scans showed renal scarring in 16 patients (23%) and a mean split function of 47%. After a mean follow-up of 7 years, VUR resolved in 49 patients (72%). VUR grade, DMSA split function, and associated high-grade HN were significant predictors of VUR resolution. On multivariate analysis, the presence of high-grade HN with VUR was the only significant independent risk factor.
Conclusion: The resolution rate in primary unilateral VUR under conservative treatment is significantly affected by the grade of VUR, split renal function on DMSA, and presence of high-grade HN. Association of high-grade HN with VUR carries a low chance for spontaneous resolution.

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[43] Post-pyeloplasty follow-up plan, less invasive plan
Abdulhakim Alotay
Prince Sultan Military Medical City, Riyadh, Saudi Arabia

Objective: To describe a well-structured postoperative pyeloplasty protocol for follow-up, with less cost and minimal possibility of nephron function loss, as pelviureteric junction obstruction (PUJO) is the most common uropathology found in of patients with antenatal hydronephrosis (HN; 30%), with no agreement regarding the ‘gold standard’ investigation to use after pyeloplasty for PUJO.

Methods: We retrospectively evaluated 130 paediatric patients with congenital PUJO in the period 2009–2013. Patients with bilateral PUJO or unilateral PUJO in a solitary kidney, associated with a dilated ureter or reflux, and patients with missed follow-up were excluded. We included only those with unilateral PUJO. Open dismembered pyeloplasty with stenting was the technique used in all cases. All patients were investigated postoperatively by multiple ultrasonographies and at least one diuretic renography.

Results: In all, 95 patients with a mean (range) age of 48 (3–180) months were included. After a mean (range) follow-up period of 4 (2–6) years, we assessed outcomes. Overall, 70 patients (73.7%) showed improved HN, 20 (21%) had stable HN, and five (5.3%) had deteriorated and needed re-intervention. Of the improved group, 39 patients (55.7%) improved within the first 6 months and 59 (84.3%) by the end of the first postoperative year, whilst the remaining patients improved in a time range of 2–6 years. None of the improved or stable group had an obstructive washout curve.

Conclusions: As most of the improvement occurs within the first 12 months after pyeloplasty, ultrasonography can be the single modality used for follow-up for the first year post-pyeloplasty for patients with improved HN and those with non-obstructive curves. Only for patients with unimproved HN by the end of the first year post-pyeloplasty, should further investigations be implemented to exclude obstruction.

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[44] Long-term outcome of shockwave lithotripsy in the management of patients presenting with calcular acute urinary retention
Mohamed Ali Mohsen, Tamer Zewin, Khaled Sheir, Ahmed Shokeir
Mansoura University, Mansoura, Egypt

Objective: To evaluate the efficacy of shockwave lithotripsy in the long-term in the treatment of calcular acute urinary retention (AUR).

Methods: From March 2015 to February 2017, a prospective study was conducted, and included a total of 50 male patients who were diagnosed with AUR as a result of urethral or vesical radio-opaque stone(s) at the Mansoura Urology and Nephrology Center. All patients underwent extracorporeal shockwave therapy.

Results: A total of 47 of 50 patients (94%) were included, as only they underwent an initial successful treatment by shockwave lithotripsy. The mean (SD) age was 44.5 (11.8) years, the mean (SD) stone greatest dimension was 12.2 (3) mm, 33 stones (70.2%) were migratory and 14 stones (27.6%) were secondary in nature. At long-term follow-up of this patient cohort, there was recurrence of vesical stones in none, two (4%), and seven (15%) at 6-, 12- and 18-month intervals, respectively. The mean (SD) age of the nine recurrent cases (19%) was 52.3 (5.7) years and eight were secondary with one migratory in nature.

Conclusion: Shockwave lithotripsy is a successful modality of treatment in vesical stones; however, it should be used with caution in patients aged >50 years and with a history suggestive of infravesical obstruction.

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[45] Role of nephrometry scoring systems (R.E.N.A.L.-PADUA) in planning nephron-sparing surgery in patients with renal masses: Retrospective study of 88 cases
Abdelkrim Boulatrous, Nassim Laskri, Soumeya Lekouaghet, Karim Atoui, Abdelhalim Chouakria, Samir Atik, Sina Haiahem, Malik Atoui, Mourad Nouacer, A. Khenniche, Abdelkrim Kadi, Kheireddine Chettibi
Urology Department, University Hospital Annaba Algeria, Annaba, Algeria

Objective: To assess the utility of nephrometry scoring systems (R.E.N.A.L.-PADUA) in planning nephron-sparing surgery (NSS) in patients with renal masses. NSS has become the standard for the management of localised renal masses; however, an objective preoperative evaluation is needed. The nephrometry scores role is preoperative evaluation of the complexity of partial nephrectomy (PN) and evaluation of possible