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**Introduction & Objectives:** The intractable and refractory to conservative treatments haematuria suppose a clinical situation of complex approach, generally secondary to advanced bladder neoplasms or as a complication of radiotherapy treatment. The aim of our study is to analyse the results of bladder embolization as a treatment for this pathology.

**Materials & Methods:** We performed a retrospective analysis of 19 patients with intractable haematuria who underwent bladder embolization at our center between 2007 and 2018. We evaluated the causes of haematuria, previous treatments, days of hospitalization, effectiveness of the embolization, transfusion requirements and patient follow-up.

**Results:** We analysed 12 men and 7 women. The average age of our patients was 72 years (11.40 standard deviation, SD), with the ASA 3 category in its majority (58%) and ASA 2 in 36.8%; only 1 was ASA 4. Haematuria was caused by bladder cancer (57.9%), benign prostatic hyperplasia (5.3%) or actinic cystitis (36.8%) secondary to neoplasia of the cervix and endometrium (20%), rectum (5.3%) or prostate (5.3) with a median onset of haematuria since the end of radiotherapy (RT) of 69 months. 68% of patients received previous treatment for haematuria: Haemostatic RT (31.6%), instillation with aluminium (26%) and transurethral haemostatic resection (21%); the median time to embolization was 14 days. We obtained success after embolization in 79% of the cases, allowing the hospital discharge of the patients after an average of 27 (16SD) days of admission in total (12 days after the embolization), without complications in 74% of the cases, with an average of transfused red cell concentrates of 10 before embolization and 4 subsequent to it. 42% of patients presented a relapse of haematuria after a median of 53 days (6-369). After a median follow-up of 11 months (1-59), the mortality of the series is 58%.

**Conclusions:** Bladder embolization is an effective short-term treatment for incoercible haematuria, which allows the resolution of the process without major complications and a decrease in transfusion requirements in most patients.