

were $12.7 \pm 6.11^\circ$ and $7.43 \pm 3.82^\circ$ for 1A and 1B subgroups respectively (p -value < 0.040). As regards the parameters of the erectile function of patients according to the IIEF-5 questionnaire, 12 months of follow-up conducted after the operation resulted in 20.4 ± 2.82 and 22.2 ± 2.44 for groups 1A and 1B subgroups respectively ($p > 0.352$). Reduction of the average ICEF score in 1A subgroup can be associated with the rejection of combined surgical intervention. When comparing the duration of an operation, a statistically significant difference was obtained, which are 211.0 ± 15.2 for 1A subgroup and 194.4 ± 18.1 for subgroup 1B with p -value < 0.05 .

Conclusion: Overall, a comparative analysis and discussion of the performed corporoplasty using the tunica vaginalis and buccal mucosa graft showed the slight advantage of the buccal mucosa graft with prolonged surgical intervention. With the use of the tunica vaginalis and buccal mucosa graft, a significant reduction in the angle of curvature was achieved, and the erectile status of the patients was improved, which remained stable in the long-term period 12 months later.

GUA-14 Experience of extracorporeal shock-wave lithotripsy (ESWL) in the treatment of urolithiasis in Kyrgyzstan

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Background: Extracorporeal shock wave lithotripsy (ESWL) is an effective, well-established method for treatment of renal stones. Rapid acceptance and widespread use of this technique have made this form of stone therapy the first choice of therapy for more than 80% of all patients with urolithiasis. We present the initial experience with ESWL on the 6th generation lithotripter (Modulith SLK intellect) with the electromagnetic principle of shock wave generation in the treatment of urinary tract stones.

Methods: A prospective study was conducted among 113 patients who underwent ESWL at the multi-profile medical center "EOS" between January and May 2019 for urolithiasis treatment.

Results: There were 124 treatments performed on 113 patients. The main indicators as a number, sex of patients, clinical forms of urolithiasis and the number, type of ESWL are presented in table 1.

Table 1
Indicators of the number, sex of patients, clinical forms of urolithiasis and the sessions type of ESWL

Indicators	Number (%)	Indicators	Number (%)
Number of patients	n = 113	ESWL sessions	124
Age	44 ± 12.5	Nephrolithotripsy	29 (23.4%)
Women	24 (21.2%)	Calicolithotripsy	14 (48.3%)
Men	89 (78.8%)	Pyelolithotripsy	15 (51.7%)
Urolithiasis clinical features:			
Renal calculi:	26 (23.0%)		
Renal calculi	12 (46.2%)		
Ureteropelvic segment	14 (53.8%)	Ureterolithotripsy	95 (76.6%)
Size of calculi		Upper	32 (33.7%)
≤10 mm	9 (34.6%)	Middle	13 (13.7%)
10–15 mm	16 (61.5%)	Lower	50 (52.6%)
15–20 mm.	1 (3.8%)	Duration of treatment:	45 ± 9.9 min
Ureteral calculi:	87 (77.0%)	Min duration	10'
Upper	29 (33.3%)	Max duration	65'
Middle	11 (12.6%)		
Lower	47(54.02%)		
Size of calculi			
≤10 mm	76 (87.4%)		
10–15 mm	11 (12.6%)		

As a result of the treatment were observed: complete destruction or stone free (71%), complete destruction with fragments discharge during the day (19%), partial destruction (48%) and partial destruction with fragments discharge during the day (19%). After the seven days follow-up 81% of patients showed complete discharge and 19% showed partial discharge. 2 patients underwent URS with laser crushing due to high density of the stone. There were 7 (6.2%) complications as an exacerbation of pyelonephritis after ESWL which was treated with stenting and adequate antibiotic therapy.

Conclusions: ESWL well tolerated and highly effective for the treatment of urolithiasis. The advantages of lithotripsy include, low incidence of complication, technical ease and high level of patient acceptance.

GUA-15 Combination treatment with low intensity extracorporeal shock waves and PDE5 inhibitors for vasculogenic erectile dysfunction: a comparative study

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Background: Erectile dysfunction (ED) is common in all age groups. Primary treatment with PDE5 is recommended; however, a significant number of men do not respond. Li-ESWT has shown promise as an alternative treatment, but its role remains unclear. We compared the therapeutic effects of both single-modality and combination treatment using Li-ESWT and Vardenafil in patients with mild and moderate stages of ED.

Methods: One hundred and nine men with vasculogenic ED were distributed into 4 groups and received different types of treatment (Table 1). Li-ESWT with Duolith SD1 Ultra was delivered over 6 sessions using 3000 shocks with energy density ranging from 0.10 to 0.30 mJ/mm². Frequency was 4.0 Hz. Penile blood flow velocity (PBFV), IIEF-5, EHS scores were measured at baseline (before procedures – BP) immediately after treatment termination (IATT), at 6th months (6mosAT) and 9th months (9mosAT) after treatment. Mixed Design ANOVA was conducted to compare treatment type (Table 1) effects on IIEF-5, EHS and PBFV results across different time points – BP, IATT, 6mosAT and 9mosAT (IBM SPSS Statistics, ver. 23.0).

Results: The statistically significant main effects of Treatment Type, Treatment Time and their interaction were revealed for IIEF-5 ($F(6.5,227.5) = 140.351$; $P < 0.001$; $\eta^2 = .80$), EHS ($F(7.89,276.04) = 33.99$; $P < 0.001$; $\eta^2 = .50$) and PBFVs ($F(5.96,208.28) = 89.14$; $P < 0.001$; $\eta^2 = .71$). Following up this interaction indicate that treatment type really does have statistically significant effect on IIEF-5, EHS and PBFV at different time points. The interaction results show that there are no significant differences in IIEF-5 and EHS scores and PBFV measurements between treatment groups at BP point, but single-modality treatment (*Li-ESWT only*) or its combination (*Li-ESWT with PDE5*) improve IIEF-5, EHS and PBFV over treatment time and reveals maximum and stable efficiency after 6 months. The therapeutic effects of single-modal PDE5 treatments are revealed at IATT time point for IIEF-5 and EHS scores only, which decrease to baseline level after 3-month therapy. During the whole single-modal PDE5 therapy PBFV value remained unchanged.