

requirements (in terms of equivalent of the diclofenac), in group 1 was less ($t = 2.31$, $p < 0.05$) than in group 2 (121.6 ± 19.13 mg and 198.2 ± 14.30 mg respectively).

Conclusion: Totally tubeless PNL in patients with existing nephrostomy tube shows reliably better operation time, hospital stay duration and analgesia requirements. In this regard, to patients with an existing nephrostomy tube, as an alternative to the standard PNL, we can recommend totally tubeless PNL.

GUA-22 Results of primary TRUS prostate biopsy depending on PSA level and prostate mpMRI data

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Background: In the success of treatment of prostate cancer, timely diagnosis of its localized form is very significant. In this issue, prostate biopsy plays a key role. However, a high percentage of negative results of the primary biopsy raises, many questions are standing to researchers regarding the improvement of indications for this invasive procedure.

Objective: To analyze the results of primary transrectal prostate biopsy, depending on the level of total PSA and mp-MRI data of the prostate.

Material and methods: The analysis of the results of 217 primary multifocal biopsies of the prostate performed according to medical indications, according to negotiability of patients to RSSPMCU in the period 2016–2019y. Of these, 203 patients underwent a primary biopsy at once, 14 patients after performing a multiparametric MRI of the prostate on a Philips Ingenia 1.5 Tesla machine with an assessment PIRADS-v2 scale (Prostate imaging reporting and data system).

The average age of patients was 68.94 ± 0.54 (years), the volume of the prostate gland (gland + adenoma) was 72.69 ± 2.13 (cc), while the average level of total PSA in serum was 29.27 ± 0.08 (ng/ml). Preparing patients for biopsy included: discontinuation of antiplatelet drugs before 7 days, the start of ciprofloxacin administration 500 mg \times 2 times a day before the procedure. The material for the study was taken TRUS guided, under local anesthesia, by using a BIP-high speed multi biopsy gun, biopsy needle 18–20 g \times 20 cm, tissue took from 10 sites of the prostate gland, with coverage of the peripheral and apical zones. In 14 patients whom performed preoperatively mp-MRI, besides standard 10 shots performed additional 4 to 6 shots from suspicious zone.

Results: Out of 203 primary biopsies, adenocarcinoma was verified in 145 (71.4%) patients, whose prostate volume was 74.08 ± 2.12 (cc), in 58 (28.6%) – BPH, volume 68.73 ± 2.14 (cc), Table 1.

Table 1
Results of primary prostate biopsy from the level of total PSA (n = 203)

PSA level, (ng/ml),	Total number of patients, n,	Number of adenocarcinomas detected (%)	Number of patients with G1–2 (% of identified)	Number of patients with G3–4 (% of identified)
5–10	17	2 (11.2)	–	2 (100)
11–20	52	30 (57.7)	13 (43.3)	17 (56.7)
21–30	47	36 (76.6)	7 (19.4)	29 (80.6)
31–40	41	37 (90.2)	7 (18.9)	30 (81.1)
41–50	25	22 (88.0)	2 (9.1)	20 (90.1)
51–60	11	9 (81.8)	1 (11.1)	8 (88.9)
61–100	10	9 (90.0)	–	9 (100)

Analysis of morphological study results of the prostate biopsies, depending on the level of total PSA showed that with PSA levels of

5–10 ng/ml, 88.8% had a negative result, 5–20 ng/ml had 53.6%, 5–30 ng/ml – 42.5%.

Given the high negative result of primary biopsy in patients with PSA level up to 30 ng/ml, 14 patients who did not suspect c-r according to DRE and TRUS, performed m-p MRI of the prostate (8 of them with a PSA level of 5–20 ng/ml, 2 of 21–30 ng/ml and 4 of them 31 ng/ml and above), followed by performing a primary biopsy.

In 4 patients with total PSA levels above 31 ng/ml, adenocarcinoma was detected (100%); in 2 patients with PSA level of 21–30 ng/ml (PIRADS 2, PIRADS 3) – revealed BPH; of 8 patients with PSA levels of 5–20 ng/ml in 1 (12.5%) revealed a neuro-endocrine adenocarcinoma (with a total PSA level of 5.92 ng/ml, mp-MRI was rated according to the PIRADS 5 scale). Of 9 (90.0%) patients with a PSA level of 5–30 ng/ml, whom BPH was detected (mean PSA was 17.80 ± 1.40 , prostatic volume of 73.8 ± 11.8 , according to mpMRI PIRADS 2 – was in 4, PIRADS 3 – in 5 patients), 5 patients underwent TURP. A postoperatively histological examination confirmed the BPH.

Conclusions: Thus, after the primary transrectal biopsy of the prostate among patients with a total PSA level of up to 10 ng/ml, adenocarcinoma was detected in 2 (11.8%), with a PSA level above 11 ng/ml in 143 (76.9%). Of the 145 patients who had verified prostatic adenocarcinoma, the patients were 61–70 years old, of them G1-2 were diagnosed in 30 (20.7%) and G3-4 in 115 (79.3%). Of the 10 patients with a PSA level of 5–30 ng/ml, 9 (90%) with points on the PIRADS grade (2 and 3) had BPH. In our opinion, the main question which patients after mp-MRI may not perform a biopsy remains open.

GUA-23 Effect of 5- α reductase inhibitors on the results of transurethral resection of benign prostate hyperplasia

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Objective: Comparative evaluation of the results of the TUR of BPH in patients who have taken the alpha blockers for a long time with patients who took alpha blockers and finasteride 5 mg/day for more than 1 year.

Material and methods: This study included 120 patients who was underwent monopolar TUR of BPH. We carried out a prospective analysis of the results and the patients were divided into two groups. In 1st group we included 80 patients who in anamnesis had not receive treatment for BPH or for various periods received standard therapy with alpha adrenergic blockers. The average age was 67.8 ± 4.06 . The 2nd group included 40 patients who, in addition to alpha adrenergic blockers, took finasteride at 5 mg/day for more than 12 months, whose age was 68.6 ± 1.44 ($P > 0.05$). The volume of the prostate in patients with the 1st group was 57.8 ± 2.19 cm³, in the 2nd – 58.2 ± 2.34 , $P > 0.05$. All patients were performed monopolar TUR of BPH according to standard procedure under spinal anesthesia.

Results: The time of resection and the duration of intervention in patients of the first and second groups was 54.5 ± 1.30 and 41.2 ± 1.37 (min) respectively, $P < 0.05$. The volume of intraoperative blood loss in groups of patients was 269.9 ± 10.17 (ml) and 262.3 ± 12.37 (ml), $P > 0.05$.

In the postoperative period, among patients of the 1st group, only 38 (47.5%) complications were observed (TUR syndrome in 2, postoperative intensive staining of urine with blood in 23 (6 of them had repeated coagulation of bleeding vessels), complicated UTI was observed in 9, in 2 developed a urethral stricture, 2 had a bladder neck stricture). Among patients of the 2nd group, only 9 (22.5%) complications were observed (in 5 – hematuria, in 4 – complicated UTI), $P < 0.01$.