

Postoperative hospital stay among patients 1st group amounted to  $4.5 \pm 0.19$  versus  $3.3 \pm 0.09$  in the 2nd group,  $P < 0.05$ .

**Conclusion:** In the group of patients who took Finasteride 5 mg/day for more than one year, the frequency and severity of bleeding and infectious and inflammatory complications after TUR was significantly less than among patients who did not take Finasteride. Consequently, in this group of patients no addition interventions were performed, and no post-inflammatory sclerotic complications were observed.

#### GUA-24 Endoscopic recanalization of the cicatricial urethral obliteration

M. M. Bakhadir Khanov, S. S. Kasimov, D. Kh. Mirkhamidov  
Republican Specialized Scientific and Practical Medical Center of Urology, Tashkent, Republic of Uzbekistan

**Background:** The complexity of endoscopic treatment of urethral obliteration, unlike stricture, lies in the complete absence of the urethral lumen with its replacement with dense scar tissue and the limited range of therapeutic agents.

Purpose of the study. To improve the results of treatment of patients with cicatricial obliteration of the urethra.

**Material and methods:** The basis of the work was an analysis of the treatment results of 53 patients with urethral obliteration who had a complete physical examination, endoscopic treatment and further observation in Republican Specialized Scientific and Practical Medical Center of Urology. The age of patients ranged from 13 to 80 years (average  $46.4 \pm 19.8$  years). When contacting the clinic, all patients had suprapubic cystostomy drainage, which was previously installed due to the inability to urinate independently. Criteria for inclusion in the study was: availability of cicatricial obliteration of the urethra and neck of the bladder; high operational risk due to concomitant diseases; averseness of risk of sexual dysfunction; recurrence of cicatricial obliteration after unsuccessful reconstructive plastic surgery. Criteria for exclusion was: presence of urethro-perineal urinary fistulas; significant deviation of the meatus and displacement of the ends of the urethra. To restore patency of the obliterated urethra, we developed a new method for endoscopic treatment of urethral obliteration, which consists in determining the location and length of the urethral obliteration, creating of primary urethral canal under control of polypositional x-ray telecriteriascopy and electroresection of scar tissue. Effectiveness of the endoscopic urethral recanalization was evaluated according to the frequency of recurrence of urethral stricture at 1, 6 and 12 months of observation, regardless of the location and extent of obliteration.

**Results:** The average duration of the operation was  $36.3 \pm 2.5$  minutes. The need for drainage of the bladder after surgery averaged  $23.1 \pm 1.2$  days (range 21–29 days). The average patient stay in hospital (bed-days) was  $6.1 \pm 2.7$  days (range 1–16 days). Among the most serious intraoperative complications, bleeding was observed, which was observed in 1 patient (1.9%). Among the postoperative complications, the most frequent were infectious and inflammatory complications – in 7 (13.2%) patients. Of these, 6 patients had urethritis, 1 patient had acute prostatitis. In the process of observation, the number of relapses steadily increased, reaching 18.9% by the end of the study.

**Conclusion:** Endoscopic urethral recanalization is an available and effective method in treatment of patients with urethral obliteration. Relapses after this type of intervention by the end of 1 year of observation occur in 18.9% of patients.

#### GUA-25 Laparoscopic radical prostatectomy for locally advanced prostate cancer: a retrospective study

David Nikoleishvili<sup>1</sup>, Givi Koberidze<sup>1</sup>, Zaza Tchanturuaia<sup>2</sup>, Ambrosi Pertia<sup>2</sup>

<sup>1</sup>MediClubGeorgia Clinic, Tbilisi, Georgia; <sup>2</sup>National Center of Urology, Tbilisi, Georgia

**Background:** Patients with locally advanced prostate cancer (PCa), defined as a clinical tumor category  $\geq cT3$ , are at greater risk for subsequent disease-specific mortality. Currently, there is no consensus regarding the optimal treatment of men with locally advanced PCa and the data concerning minimally invasive surgical options in this category are scarce. In the present study, we aimed at reporting our experience with laparoscopic radical prostatectomy (LRP) and extended pelvic lymph node dissection (ePLND) in patients with cT3 or higher stage PCa treated at two centers in Georgia.

**Methods:** A total of 138 patients with locally advanced PCa, defined as cT3 or higher stage on digital rectal examination and/or magnetic resonance imaging, were retrospectively identified. Patients underwent LRP and ePLND from 2010 to 2016. Perioperative outcomes analyzed were operative time, blood loss, length of hospital stay, and complications occurred within 30 days after surgery. Oncological outcomes and the need for adjuvant therapy were also recorded.

**Results:** The median age at surgery was 65 years. The median prostate-specific antigen at diagnosis was 15.03 ng/mL. Median operative time, blood loss, and length of hospital stay were 180 minutes, 200 mL, and 6 days. Pathological stage pT2 was reported in 28 (20.3%), pT3a in 62 (44.9%), pT3b in 44 (31.9%), and pT4 in 4 (2.9%) cases. The median number of lymph nodes removed was 18. Overall, 48 (34.8%) and 31 (22.5%) patients had positive lymph nodes and positive surgical margins, respectively. In total, 23 (16.7%) patients experienced complications, classified as Clavien category I in 8 (5.8%), Clavien II in 6 (4.4%), Clavien IV in 2 (1.4%), and Clavien V in 1 (0.7%) patients. The latter outcome was not related to the surgery or cancer-specific causes. Overall, 42 (30.4%), 49 (35.5%), 13 (9.4%), and 16 (11.6%) patients received adjuvant radiotherapy (RT), hormonal therapy (HT), salvage RT, and salvage HT. Median follow-up after surgery was 21.5 months. The one-year urinary continence recovery rate was 72%. At 3-year follow-up, biochemical recurrence-free and clinical recurrence-free rates were 70.6% and 93.3%, respectively. Limitations of our study were its retrospective nature and short duration of follow-up.

**Conclusions:** LRP is a safe and effective option in patients with locally advanced PCa either alone or as a first step in a multimodal setting. Further studies with longer follow-up are needed. Individual predictors of biochemical recurrence should also be identified to better select patients for multimodal treatment.

#### GUA-26 Does TESA as effective as micro-TESE during nonobstructive azoospermia or embryologist factor is most important?

Aleksander Khelaia<sup>1</sup>, Nana Janelidze-Kurashvili<sup>2</sup>, Edgar M. Gonzales Tovar<sup>2</sup>

<sup>1</sup>National Center of Urology, Tbilisi Georgia; <sup>2</sup>Zhordania Clinic IVF Department, Tbilisi Georgia

**Introduction and objective:** Azoospermia is the absence of spermatozoa in ejaculate even after semen centrifugation at least two times. Azoospermia due to spermatogenic failure – nonobstructive azoospermia (NOA) observed in 1% of population and in 10–15% of infertile men. Predictive factors for the presence of spermatozoa in testis are still under debate.