GUA-41 Features of diagnosis and treatment of echinococcosis of kidneys

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Background: Isolated kidney damage with echinococcosis is detected in 2–3% of cases and pathology is recognized in the presence of various complications, the frequency of which varies from 15% to 52% of cases. The reliability of the results of ultrasonography (US) is low. Multispiral computed tomography (MCT) does not allow you to visualize the nature of the soft tissues of the cyst, so it is impossible to determine the nature of the pathology. The most appropriate and affordable method is magnetic resonance imaging (MRI). The aim of the study is to study the results of a comprehensive examination and treatment of patients using modern radiological and immune studies.
Methods: A study of the results of examination and surgical treatment of patients with renal echinococcosis for the period from January 2012 to December 2018 was carried out. All patients underwent US, CT, MCT, MRI and of enzyme immunoassay (determine antibody units-AE) to detect echinococcosis.
Results: Of the 53 patients, 41 (77.3%) were men and 12 (22.6%) women. The average age of the patients was 48.2 ± 2.8 years. Eosinophilia was detected only in 38 (71.7%) patients; according to enzyme immunoassay data, positive results were obtained in 44 (83%) cases, the average value was 2.5 ± 0.3 AE (normal 0.36 AU). To characterize the changes in the cyst, a classification proposed by H.A. Gharbi was used. A "positive result" was considered when changes in the cyst related to types II–V were detected, which are most characteristic of a parasitic pathology. It was possible to establish a reliable diagnosis with the help of US only in 15 (28.3%) cases, according to MRI, in the presence of signs of types II–III in 38 (71.6%) cases. Despite the fact that "positive" results with the use of MCT were 33.9% (18 patients), nevertheless, the advantage of this method was the possibility of detecting a calcified capsule of an echinococcal cyst. When using MRI, other no less pathognomonic and highly reliable symptoms characteristic of echinococcosis were revealed, such as detachment of the chitinous membrane (in 20.7% of cases), the presence of daughter cysts and septa in its lumen (in 20.3% of cases). Traditional surgical intervention was performed in 48 (90.5%) cases. Removal of the chitinous membrane with the contents of the cyst, and subsequent marsupielization, was performed in 42 (87.5%) patients. Nephrectomy was performed in 6 (12.5%) cases. Retroperitoneoscopic laparoscopy was performed in 5 (9.4%) cases and in 2 (3.7%) patients it was possible to successfully complete the operation by removing the echinococcal cyst.
Conclusion: A kidney cyst can be easily detected using ultrasonography, but it is not possible to clarify its nature, a comprehensive examination of the patient using serological studies, MCT and MRI allows you to clarify the diagnosis. The choice of surgical procedure (traditional or minimally invasive) depends on the experience of the surgeon and the availability of appropriate equipment.

GUA-42 Laparoscopic radical prostatectomy: a single-surgeon experience of 8 years

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Background: Laparoscopic radical prostatectomy (LRP) has long become a popular mode of surgical treatment of prostate cancer and remains the only available minimally-invasive option in the countries where robot-assisted surgery cannot be afforded. There is a lack of published data on LRP in Georgia. We analyzed the short-term oncological and functional outcome after LRP based on 8 years of a single-surgeon experience.
Methods: We retrospectively analyzed the data on 689 patients who underwent LRP performed by a single surgeon between June 2010–when we pioneered LRP in Georgia–and June 2018. The following parameters were recorded: operative time, intraoperative blood loss, complications, functional outcomes, surgical margin status, and oncological follow-up.
Results: The median age at surgery was 63 years. The median prostate-specific antigen at diagnosis was 11.7 ng/mL. The analyzed surgeries included 292 transperitoneal and 397 retroperitoneoscopic procedures. The technology used included two- and three-dimensional video systems in 423 (61.39%) and 266 (38.60%) cases, respectively. Pelvic lymph node dissection was performed in 425 (61.68%) patients. Median operative time, blood loss, and length of hospital stay were 125 minutes, 184 mL, and 5 days, respectively. Mean catheterization time was 8.4 days. No conversion to open surgery was recorded and the overall intra- and postoperative complication rate was 9.23%, including Clavien IV in 19 (2.76%) and Clavien V in 2 (0.29%) patients. Neither of these two mortalities was related to the surgery or cancer-specific causes. Pathological stage pT2 was reported in 530 (76.92%), pT3a in 92 (13.35%), pT3b in 63 (9.14%), and pT4 in 4 (0.58%) cases. The overall positive margin rate was 18.72%. Overall, 77 patients (11.18%) presented persistently elevated PSA (>0.2 ng/mL) and 37 (5.37%) developed biochemical recurrence 12 months after surgery. At 12-month follow-up, 68.5% of the patients reported to be completely continent, 28.88% needed 1–2 pads daily, and 2.62% needed more than 2 pads daily. In the patients, in whom a nerve-sparing approach was attempted, self-reported rate of erection sufficient for intercourse was 51.2% 12 months after surgery.
Conclusions: The data reported herein are the largest available in Georgia to date. The results are comparable with those reported in similar studies worldwide. Limitations of our study are its retrospective nature and short duration of follow-up.

GUA-43 Optimization of modern methods for urine derivation and exenteration of pelvic organs (anterior and complete) in women during the urinary bladder and cervical cancer: our purpose and vision for the future

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Objective: The goal of the research was to identify women population suffering of urinary bladder and cervical cancer, to determine the size of exenteration and select adequate methods of urine derivation.
Indications for locally developed tumors: Timing of exenteration, category of patients, the only ultimate way to get rid of localized tumors.
Materials and methods: The study was conducted from 2007 until 2018, with 39 patients suffering from urinary bladder and cervical cancer, aged from 35 to 64 years. The average age was 53.6 years.
Urinary bladder cancer – 25 cases, T1m – 4 cases, T2 – 9 cases, T3 – 7 cases, recurrent bladder cancer – 5 cases.
In 1 case there was kidney pelvic papillary cancer with multiple metastasis in urinary bladder.
Thirteen patients had locally advanced cervical cancer, 3 of which had primary T3b cancer, and the remaining 10 patients were suffering of recurrent cancer after surgery and after chemotherapy.