

ultrasound, spiral computed tomography with intravenous contrast (CT), MRI, puncture biopsy of the tumor under the control of ultrasound.

Results: In the early stages after the operation, standard side effects associated with access were observed: pain at the site of the puncture or surgical wound, subfebrile condition. With the destruction of liver tumors with a diameter of more than 3 cm, a transient increase in transaminases and bilirubin, alkaline phosphatase was observed. Postoperative mortality was not observed. Ultrasound in the early stages after the operation determined the formation of different echogenicity of a slightly larger diameter than the primary focus, which corresponded to the size of the destruction zone. Subsequently, these formations decreased slightly. In some cases, small tumors subjected to RFA were not visualized by repeated ultrasound. CT revealed homogeneous formations in the area of tumor destruction that did not accumulate a contrast agent in renal tumors. The presence of contrast perfusion after RFA of parenchymal organs made it possible to suspect incomplete tumor destruction.

GUA-53 The role of minimally invasive treatment methods in patients with neoplasms of the bladder with macrohematuria

Zhumagazin Zhanabay, Kurmanov Talgat, Tassybaev Didar
National Research Oncology Center, Nur-Sultan, Kazakhstan

Background: With prolonged and severe hematuria from the lower urinary tract, urological surgeons have to ligate the internal iliac arteries by the open method, under general anesthesia, while a number of patients have somatic diseases, weakened and a high operational risk. Minimally invasive surgery – chemoembolization for bladder cancer can be an alternative to the complex treatment of this formidable disease.

Material and methods: In the “National Research Oncology Center” from 2016 to November 2018, 12 patients with bladder cancer underwent “Chemoembolization of the Lower Cystic Arteries” The chemotherapy drug for this procedure was adriamycin in a dosage of 50 mg or cisplatin 50 mg. Hemosphaerae loaded microspheres 300–500 µm in size from Biosphere Medical (France) were used as a source of transportation of the chemotherapy drug. Seven out of 12 patients had stage T2N0M0 RMP, two stage T3NxM0 and 4 patients T1N0M0, all of them histologically verified transitional cell carcinoma G2-3.3 of them had an expansion of the upper urinary tract on one side and 1 on both sides. Ten patients reported episodic bleeding in the form of blood clots in the urine, while two had total magrohaturia.

Embolization of the cystic arteries was performed under local anesthesia by transfemoral access according to Seldinger under radiological control. Patients were discharged on the third day after surgery. All 12 bladder cancer patients underwent two «Chemoembolization of the Lower Cystic Arteries» courses with an interval of one month.

Results: The treatment results were evaluated according to the general condition of the patients, complaints, lack of hematuria, a decrease in the size of the tumor, and positive dynamics of the blood test parameters. In the first 2 days, 3 patients had a pain syndrome that passed after the use of non-narcotic analgesics. Hyperthermia, local pathological changes in the area of the introduction of a vascular catheter into the femoral artery were not observed. After two months during the follow-up examination, the patients did not have episodes of macrohematuria, blood tests improved. According to CT, ultrasound, cystoscopy, tumor sizes decreased on average by more than 25% after 2 Chemoembolization of the Lower Cystic Arteries. Six patients three months after the first Chemoembolization of the Lower Cystic Arteries underwent surgical interventions in the amount of transurethral resection – 4, open resection – 1, cystectomy – 1. The histology of the

removed tumor confirmed the therapeutic necrosis of the tumor tissue. Three patients with a common disease were referred for further chemoradiotherapy and three with an initial stage of the process continue to be followed up with the recommendation of local chemotherapy.

Conclusion: Thus, Chemoembolization of the Lower Cystic Arteries is a minimally invasive but effective method of exposure to bleeding from the bladder. It needs widespread use among patients when concomitant diseases do not allow the implementation of volumetric routine treatment methods. The small number of patients and the short follow-up period do not give grounds for final conclusions on the duration of treatment and the number of Chemoembolization of the Lower Cystic Arteries sessions in patients with bladder cancer.

GUA-54 X-ray vascular treatment of prostate cancer

Kurmanov Talgat, Tassybaev Didar
National Research Oncology Center, Nur-Sultan, Kazakhstan

Background: Prostate cancer is the leading disease worldwide. In the treatment of this disease, there are many moments when the use of routine treatments is not possible due to a number of objective reasons, such as age and other concomitant diseases, often make it impossible to carry out surgical methods. Especially in hormone-refractory form of prostate cancer, when cancer cells are insensitive to antiandrogenicity.

Minimally invasive surgery – chemoembolization in prostate cancer can improve the results of treatment in combination with conventional methods of treatment.

Prostatic artery embolization was first applied F. Carnevale, São Paulo, Brazil, (2009).

Materials and methods: In 2016, in a National Research Oncology Center, four patients with prostate cancer underwent “Super-selective chemoembolization of the prostatic arteries”. The chemotherapy drug for this procedure was adriamycin in a dosage of 50 mg. Hepasphere microspheres 300–500 microns in size from Biosphere Medical (France) were used as a source of transportation of the chemotherapy drug. Two out of four patients with prostate cancer had a hormone-resistant form. Three patients had stage T3bN0M0 prostate cancer, one stage T2bN0M0, histologically verified, Gleason number 7, 7, 8, 9. All patients had difficulty urinating, the amount of residual urine was from 54 to 98 ml. One of them, according to ultrasound sonography, had a pronounced expansion of the upper urinary tract. According to TRUS, the average volume of the prostate gland was 63 mm³. The average PSA level was 17 ng/ml. Super-selective chemoembolization of the prostatic arteries was performed under local anesthesia by transfemoral access according to Seldinger under radiological control. Patients were discharged on the third day after surgery. All were examined one month after Super-selective chemoembolization of the prostatic arteries. The treatment results were evaluated by their general condition, complaints, assessment of lower urinary tract symptoms according to the IPSS scale, reduction of prostate volume and a decrease in the amount of residual urine, and PSA level in dynamics. In the first 7 days, 3 patients had a pain syndrome that passed after the use of non-narcotic analgesics. In blood tests, hyperthermia, local pathological changes in the area of introduction of a vascular catheter into the femoral artery were not observed. After one month, a follow-up examination in all patients with obstructive symptoms showed an improvement in urination. In a patient with 2-sided expansion of the upper urinary tract, a significant decrease was noted. In all 4 patients, the amount of residual urine did not exceed an average of 50 mm³. According to the control TRUS, the prostate volume decreased to 38 mm³. The average PSA level was 8.0 ng/ml. IPSS before surgery = 25, L-5. In dynamics, a month after the operation, the IPSS gradient was 37.4 ± 3.6%. Thus, Super-selective chemoembolization as