

USI Best Paper Prize Session

UBP 01

Is Sterile Water Better Than Normal Saline For Visual Clarity During Semi-Rigid Ureteroscopy? A Prospective Double-Blind Randomized Controlled Trial

Debnath A, Rajadoss MP, Jeyaseelan L, Chandrasingh J, Kumar S, Devasia A

Christian Medical College, Vellore, Tamil Nadu

Introduction: Sterile water offers better vision when compared to normal saline in transurethral resection of prostate and percutaneous nephrolithotomy. Its use has not been explored during ureteroscopic lithotripsy (URSL) despite low systemic fluid absorption.

Objectives:

1. To compare visual clarity between sterile water and normal saline during URSL.
2. To compare post-operative outcomes between the two groups: ureteric injury grade (on completion of surgery) and stone clearance/re-intervention rates.

Methods: 107 adults with ureteric stone (aged 18-70 years) were randomized to receive either water (Arm A: n=53) or saline (Arm B: n=54) as irrigant fluid.

Ureteroscopic laser lithotripsy was performed. Fluid samples were collected from ureter intra-operatively for turbidity measurement. Quality of vision was rated by a 5-point Likert scale. On completion of ureteroscopy, the grade of ureteric injury was noted.

Data analysis: Longitudinal data analysis by generalized estimation equations was done for turbidity and Likert values. P value<0.05 was considered statistically significant.

Results: Age, stone size and location were similar between the two groups.

Overall mean Likert was higher in Arm A (water) suggestive of better vision (p=0.001). Mean turbidity was significantly low in Arm A, correlating with clearer visual field (p=0.01)

Ureteric injury (mild grade) was lower with water compared to saline (34% vs 62%).

Additional intervention rate for stone clearance was 5% in Arm A (water) as compared to 9% in Arm B (saline).

Conclusion: Sterile water has better clarity of vision compared to normal saline in URSL, resulting in fewer ureteric injuries and lesser re-intervention rates.

UBP 02

Role of Heavy Metals And Trace Elements In Carcinoma UB : A Case-Controlled Study

Ankit Sachan, Panaiyadiyan Sridhar, Nayak Brusabhanu, Javed Ahsan Quadri, Seth Amlesh, Ahmadullah Shariff

AIIMS New Delhi

Introduction: Heavy metals and trace elements induces oxidative stress, which leads to different types of genetic, cellular and organ damages which facilitate carcinogenesis and progression of CAUB. We aimed to analyse alterations of trace elements levels in CA UB patients.

Methods: This observational study included CA UB patients undergoing cystectomy or TURBT. The primary outcome measures were to determine blood and urinary levels of trace elements and/or heavy metals [Arsenic(As), Copper(Cu), Manganese(Mn), Selenium(Se), Cadmium(Cd), Lead(Pb), Mercury(Hg)] in CAUB patients and controls. Secondary outcomes include comparison of serum assays of antioxidant enzymes [glutathione peroxidase (GSH-Px), superoxide dismutase (SOD), lipid peroxidation (LPO) between two groups.

Results: During study period, 100 CA UB patients and 100 healthy controls were included for analysis. Compared with the control group, CA UB patients had significantly higher mean values of As, Mn and Pb levels in the blood. Of note, blood concentration of Se is decreased in CA UB patients (149.1 ± 55.00 vs 182.7 ± 46.89 ; $p=0.0001$). However, blood Cu, Cd and Hg levels were comparable between two groups. We noticed significantly lower serum GSH-Px (113.5 ± 44.75 vs 163.9 ± 120.5 , $p= 0.0002$) and SOD levels (11.35 ± 5.643 vs 13.75 ± 3.999 , $p = 0.008$) and higher serum LPO levels.

Conclusions: A significantly altered heavy metals concentration is noted in blood and urine in Ca UB patients as compared to healthy controls. An associated lower levels of GSH-Px and SOD antioxidant enzyme with an increased LPO in carcinoma UB patients signifies an imbalance in the redox status.

UBP 03

Comparison Of The Ease Of Doing Surgery And The Operative Outcomes In Patients Undergoing Pelvic Lymph Node Dissection First, Compared To Those Undergoing Cystectomy First During Laparoscopic Radical Cystectomy: An Ambispective Study.

Santosh Kumaraswamy, Manoj K Das, Abhishek Pandey, Gorrepati Rohith, Dheeraj Kumar Dheeroo, Swarnendu Mandal, Prasant Nayak

All India Institute of Medical Sciences – Bhubaneswar

Introduction and Objective: The optimal timing of pelvic lymph node dissection(PLND) during Laparoscopic radical cystectomy(LRC) is unknown. This study compared patients who underwent PLND before cystectomy with those who underwent PLND after cystectomy with respect to the ease of performing surgery(total operative time, cystectomy time and PLND time) and the operative outcomes (number of dissected lymph nodes, blood loss and complication rates) in patient undergoing PLND before and after cystectomy.

Methods: This observational cohort study included 44 patient who underwent LRC with ileal conduit formation between 2019 and 2022. Initial consecutive 22 patients underwent PLND after cystectomy(Group 1) and the last 22 patients underwent PLND before cystectomy(group 2). We compared the total operative time, cystectomy time ,PLND time, number of dissected lymph nodes, blood loss and complication rates between the two groups

Results: There were no significant differences in the baseline characteristics and among the two groups. The total operative time (344.23 ± 41.58 min vs. 326.95 ± 43.63 min, $p = 0.19$), cystectomy time(119.36 ± 34.44 min vs. 120.91 ± 35.16 min, $p = 0.53$) , PLND time(126.82 ± 18.75 min vs. 119.36 ± 23.34 min , 0.25) , number of dissected lymph nodes (13.27 ± 4.86 vs. 14.5 ± 4.76 , $p = 0.40$) and blood loss(

620.45±96.23ml vs. 642.27±131.8ml, p 0.20) were similar in the two groups. The complication rates were also similar in-between the two groups.

Conclusions: PLND done after cystectomy was comparable to PLND done before cystectomy with respect to the ease of doing surgery and the operative outcomes. The surgeon must choose the timing of PLND during LRC according to his preference.

UBP 04

Effect of Ureteric Access Sheath on Outcomes of Retrograde Intra Renal Surgery for Renal Stone Disease: A Randomized Controlled Trial

Saket Singh, Prof S K Singh, Kalpesh M Parmar, Sudheer K Dewana, Kapil Chaudhary
Aakash Healthcare, Dwarka , Delhi

Background - The need of Ureteric access sheath (UAS) in Retrograde Intra Renal Surgery (RIRS) has been controversial for gaining high success in terms of Stone free rate (SFR), reducing operative times and complications. There has been lack of high level of evidence in literature on this topic.

Materials and Method- This prospective double blinded randomized controlled trial (RCT) was conducted in the Department of Urology, from July 2019 to Dec 2021. Ninety patients were randomized into two groups; 41patients in Group 1(RIRS with UAS) and 40 patients in Group 2(RIRS without UAS) were finally analysed after exclusion. All the patients underwent pre-operative double J stent placement at least 10 days prior to the definitive procedure. Double J stent was removed 2 weeks post-surgery. The effect of UAS on the outcome of RIRS (SFR, operative time and complications) for renal stone disease was assessed.

Results- Demographic parameters (age, BMI, comorbidities) and Pre-operative parameters (stone burden, proportion of recurrent stone formers and proportion of patients with inferior calyceal stones) were comparable between the two groups. Stone free rate was comparable in Group 1 and Group 2 (78.05% vs 80%, p-0.829). Postoperative complications were higher in the UAS group, but not statistically significant(4.88% vs 0%; p-0.157). Operative times (45.49 vs 48.38 min; p-0.484) and VAS scores (p-0.577) were also comparable between the two groups.

Conclusion- Use of UAS during RIRS doesn't add to the success rate in terms of stone free rate. Even the operative time and complications are no different.

UBP 05

Efficacy of Low Dose Intravenous Epinephrine Infusion in Improving Perioperative Outcomes in Patients Undergoing Transurethral Resection of Prostate – A Prospective Parallel Arm Double Blinded Randomized Control Trial

Gorrepati Rohith, Das Manoj Kumar, Gaur Abhay Singh, Mandal Swarnendu, Santosh Kumaraswamy, Dheeraj Kumar Dheeroo, Prasant Nayak
All India Institute of Medical Sciences – Bhubaneswar

Introduction and objective: Perioperative bleed continues to be major morbidity of transurethral resection of the prostate (TURP). This study aims to determine the efficacy of intraoperative low-dose intravenous epinephrine infusion in improving intraoperative bleeding and perioperative outcomes of TURP surgery.

Methods: This was a double-blinded, randomized control trial (CTRI/2021/09/036964) done from July 2021 to June 2022. All patients undergoing TURP were included. Patients with uncontrolled hypertension, cardiac disease, on anticoagulants were excluded. The study group received intravenous epinephrine, whereas the control group received normal saline at the same rate (0.05 ¼g/kg/min) throughout the procedure. Intraoperative blood loss was the primary outcome. The secondary outcomes were incidence of intraoperative hypotension, resection time, indwelling catheter time, and length of hospitalization (LOH).

Results: Based on the deemed sample size, 14 patients were included in each group. Demographic and clinical profiles were comparable in both groups. The mean blood loss in the study group was lower than the control group but statistically insignificant (67.12+/-19.9 ml vs 81.38+/-17.4 ml; p=0.064). Incidence of intraoperative hypotension was significantly lower in the study group (7.7% vs 46.2%; p= 0.02). Rest of the secondary outcomes, resection time (97.31 +/- 40 min vs 102.8 +/- 54.9 min; p=0.80), mean indwelling catheter time (p=0.57), postoperative complications (p=0.40), and LOH (p=0.31) were comparable in both groups.

Conclusion: In this first-of-its-kind trial, low-dose epinephrine infusion did not reduce intraoperative blood loss in patients undergoing TURP without systemic adversities. However, it significantly reduced intraoperative hypotension, which complicates spinal anaesthesia in elderlies with cardiac comorbidities.

UBP 06

Is Peri Calculus Ureteral Thickness (P-Cut) On Non Contrast Computed Tomography A Predictor For Impacted Ureteral Calculus- A Prospective Study

Pruthvi Raj H, Manohar CS, Keshava Murthy R, Shivalingaiah M
Institute Of Nephro Urology, Bengaluru

Introduction : Potential complications associated with impacted stones are ureteral perforation, ureteral avulsion and future risk of ureteral stricture .The ability to predict ureteral stone impaction from preoperative imaging could be advantageous in several ways as it is easier to convince patient and have the patient & surgeon prepared for upcoming complications during URS

Study Type: Prospective Study

Material & Methods - Any patient undergoing URS at INU from jan 2022 to july 2022 for whom demographic data, pre operative imaging (NCCT KUB) details and intra operative details (Stone mobility, Level of edema, Guidewire passage, Contrast passage) post operative events were recorded.

Results : A total of 73 patients were included in the study. No significant difference between groups in demographic data, no differences in pre-operative hydro nephrosis, stone location, and stone size were observed between groups.

Of the 73 patients, 22 were found to have an impacted ureteral stone at the time of surgery based on Likert scale criteria. Patients with an intra-operative finding of an impacted stone had statistically significant higher ureteral thickness above, around (P-CUT), below, and P-CUT surface area with all four p-values < 0.002. Multivariate analysis revealed that P-CUT surface area was independently predictive of impaction at the time of surgery (p-value 0.01),

Conclusion- Above 4 parameters help predicting the stone impaction accurately and hence better the provider and patient for pre op counselling and surgical planning

UBP 07

Comparison Of Ga-68 Psma Pet/Mri With Multiparametric MRI In Diagnosis (Localization) And Local Staging Of Prostate Cancer

Deka Hiranya, Pooleri Ginil Kumar, Prasad Vishnu, M R Bindhu, Kannan Rajesh

Amrita Institute Of Medical Sciences And Research Centre: Amrita Institute Of Medical Sciences

Introduction and objective: Gallium-68 prostate specific membrane antigen-positron emission tomography/magnetic resonance imaging (Ga-68 PSMA PET/MRI) is an emerging modality for evaluation of prostate cancer. Here we compare diagnostic accuracy of Ga-68 PSMA PET/MRI with multiparametric magnetic resonance imaging (mpMRI) for diagnosis (localization) and local staging of prostate cancer.

Methods: This is a prospective observational study of men with biopsy proven cancer prostate who underwent pre-operative Ga-68 PSMA PET/MRI followed by radical prostatectomy between July 2020 and Dec 2021 with final histopathological examination as gold standard. Localization of the tumour was based on 30 anatomic regions and local staging was analysed for ECE (extra capsular extension), SVI (seminal vesicle invasion) and LNI (lymph node involvement). Sensitivity and specificity for PET and mpMRI were calculated and compared with Mc Nemar test. Association between SUVmax with Gleason score in HPE was assessed by Kruskal Wallis test.

Results: Seventy five men with mean age of 65 years were imaged. Ga-68 PSMA PET/MRI had a better sensitivity ($p < 0.001$) with similar specificity ($p = 0.103$) than mpMRI for localization and increased sensitivity for SVI ($p = 0.031$). SUVmax and PI-RADS score were significant predictor of tumor positivity ($p = 0.038$ and $p = 0.025$) with Gleason score 7 and higher correlating with SUVmax of 7 ($p < 0.001$).

Conclusion: Ga-68 PSMA PET/MRI improved the diagnostic accuracy for localization along with local staging of cancer prostate compared with multiparametric MRI with high sensitivity and similar specificity.

UBP 08

Collagen Dressing - An Initiative towards improving oral quality of life post Buccal Mucosa Graft Harvest for Substitution Urethroplasty -(A Randomized Double Blinded Control Trial)

Pranav Jasuja, Vikram Prabha

Kles Dr Prabhakar Kore Hospital & Mrc , Belagavi

Introduction - Innumerable studies have suggested notable donor site complications following BMG harvesting (be it relevant pain, difficulties with mouth opening or perioral numbness) significantly affecting the quality of life of the patient. Citing this, there is a specific need to look beyond conventional methods (primary healing / closing the defect with sutures) of managing intraoral defects.

Aim - By means of our study, we suggest an alternative, suture less , cheap and effective method of intraoral defect coverage in the form of COLLAGEN Dressing and its comparison to the conventional method i.e., Primary Healing, in a Prospective Randomized Double Blinded manner

Methods - Patients were randomized to the A group (Case) (Collagen dressing)(n=30) or B group (Control)(Primary healing)(n=30) in a 1:1 ratio using a computer-based randomization. Patients were given self-made questioners post operatively and various short term and long term outcomes were compared . Chi-square/Fisher Exact test has been used to find the significance of study parameters on categorical scale between two or more groups.

Results - There was statistically significant improvement noted in reduction of pain, mouth opening, achieving hemostasis, formation of granulation tissue, decreased peri-oral numbness, and re-epithelialization. (p=0.001)

Conclusion - Collagen Dressing along with N Butyl Cyanoacrylate as oral graft site dressing fabricated applaudable results and received notable acceptability among patients and hence should be harmlessly encouraged in the field of Urology.

UBP 09

Comparative Outcomes Of Intravesical Gemcitabine, Mitomycin C (As Hyperthermic Intravesical Chemotherapy-Hivec) And Bacillus Calmette Guerin(BCG) In Intermediate And High Risk Non-Muscle Invasive Bladder Cancer(NMIBC)

Shreyas N M, Rajeev Sood, Hemant Goel, Umesh Sharma, Anurag Singla, Arun Makkar
ABVIMS & Dr.RML Hospital, New Delhi

Introduction and objectives: Intravesical therapies following Transurethral resection of bladder tumor is the current standard of care for NMIBC.A global shortage and a significant side effect profile of intravesical BCG has led to a quest for potential new agents. We compared Gemcitabine with BCG and Mitomycin C(as HIVEC) in terms of efficacy and side effect profile.

Methods: 100 patients of intermediate and high-risk NMIBC as per EUA 2020 risk stratification were enlisted in a single centre between January 2021 and March 2022 and electronically randomized into 3 groups in a 2:1:1 fashion, with Gemcitabine limb having 50 patients and 25 patients each in HIVEC and BCG limbs. Three monthly follow-ups was done with cystoscopy, urine cytology and BTA test. Adverse effects were graded according to the Modified Clavien-Dindo Classification System.

Results: With a mean follow-up period of 6 months, recurrence-free survival was 100 % in both Gemcitabine and BCG group.Gemcitabine was found to have the most favourable side effect profile and the association was found to be statistically significant (p=0.00361).

Conclusions: Gemcitabine shows promising results in intermediate and high risk NMIBC, being comparable and non-inferior to BCG and Mitomycin C(HIVEC) in terms of efficacy and fares much better in terms of tolerability and side effect profile and therefore can be effectively used as an alternative to the already time tested intravesical therapies. The study is limited by a small sample size and a shorter follow-up period.

UBP 10

Medical Expulsive Therapy (MET) In Adults With Ureteral Calculi: A Prospective Evaluation Of Patient-Reported Outcomes

Abhishek Pandey, Swarnendu Mandal, Santosh Kumaraswamy, Gaur Abhay Singh, Kirti Singh, Manoj Kumar Das, Prasant Nayak

All India Institute Of Medical Sciences, Bhubaneswar, Odisha, India

Introduction And Objective: Patient-reported outcomes (PROs) for ureteral stones predominantly assess the pain. Despite the lack of evidence, multiple trials studying the efficacy of medical expulsive therapy (MET) have used PROs to define spontaneous stone passage (SSP). We aim to objectively evaluate the accuracy of PROs to predict successful SSP and the probability of patient's symptom resolution after stone passage.

Methods: We conducted a single-center, prospective observational study, recruiting adults with isolated, uncomplicated, ≤ 10 mm ureteral calculus. Patients were assessed for symptoms and received a baseline low-dose non-contrast-enhanced computed tomography (NCCT) and four weeks of MET. Upon completion of MET, a re-evaluation of symptoms and PROs was done along with a repeat NCCT.

Results: A total of 171 patients were included, and an SSP rate of 66.4% (n=99) was found. Patient-reported pain-cessation, stone visualization, and stone capture were significantly associated with successful SSP. However, 25% of patients who reported complete cessation of pain still harbored ureteral calculus. Pain resolved in 91% of patients after SSP at four-month follow-up. While hematuria and nausea resolved in all patients, lower urinary tract symptoms (LUTS) were not resolved in 17% of patients. Stone location and size, hematuria, and ureteral wall thickening were also associated with successful SSP.

Conclusions: We concluded that patient-reported pain cessation, stone visualization, and stone capture predict successful SSP, but these subjective assessments should not be taken as a surrogate marker of successful SSP, which should be confirmed with repeat imaging. Moreover, non-pain-related symptoms should be considered while evaluating PROs.

UBP 11

Prospective Randomized Controlled Study Of Comparing Efficacy Of Prophylactic Intraprostatic Antibiotic Injection With Oral Antibiotic Verses Standard Oral Prophylaxis In Patients Undergoing Transrectal Ultrasonography (Trus) Guided Prostate Biopsy

Supreeth N, Hemant k Goel, Umesh Sharma , Anurag Singla, Rajeev Sood

ABVIMS & Dr RML Hospital, New Delhi

Introduction: TRUS biopsy for suspected carcinoma prostate is associated with 7% risk of infectious complications with routine single antibiotic prophylaxis. AUA recommends peri-procedural Fluroquinolones (FLQ) / cephalosporins (<24 hours), but there is increasing prevalence of drug resistant pathogens to FLQ. No standard international consensus on prophylaxis exists till now.

Objective : To evaluate and compare the efficacy of combined intraprostatic prophylactic antibiotic injection and oral antibiotic with standard oral prophylaxis in allevating infectious complications of TRUS guided prostate biopsy patients.

Method: Study conducted in our institute from March 2021 to July 2022. A total of 90 consenting patients randomized into 2 groups (group A/B).

Group A i.e control arm with only oral antibiotic prophylaxis. Group B i.e test arm with oral antibiotic prophylaxis (Tab Ciprofloxacin 500 mg 1 hr before & 12 hrs after biopsy) & additional intra prostatic antibiotic (inj Amikacin 500mg intraprostatic divided in both lobes) under TRUS guidance. Assessing the infectious rates between the 2 groups by symptoms & urine c/s (at 72 hours or earlier), followed till 7 days.

Results: The odds of acquiring infection in control arm, Group A (only oral antibiotic prophylaxis- 24.4%) post TURS biopsy is 11 in contrast to those of the test arm Group B (intraprostatic antibiotic-2.2 %) which is significant (p value = 0.002). Hospitalisation rate 6.6 % in the oral ciprofloxacin group (group A), while nil in the intraprostatic group (Group B).

Conclusion: Intraprostatic antibiotic injection with oral fluoroquinolone is a very effective prophylactic combination therapy in significantly reducing infectious complications associated with TRUS guided prostate biopsy.

UBP 12

Comparative Study Between Thulium Fiber Laser And Holmium Laser In URSL

Rinaldo, Pradeep Nayak, Harish Pal, Rohan Shankar, Ujwal Kumar, Sameer Trivedi
IMS, BHU, Varanasi

Introduction: Thulium fibre laser (TFL) is a new technology and may challenge Ho:YAG as the laser of choice owing to a number of advantageous properties. So our primary aim is to compare Ho:YAG and TFL in URS lithotripsy in terms of safety and efficacy.

Methods: This study is a prospective randomised study of 120 patients conducted between March 2019 to February 2022 at BHU. Patients >18 years with ureteral stones (>5 mm) were included in the study. The primary outcome was the stone-free rate (SFR) assessed on NCCT at 3-month follow-up. We also calculated the following- ablation speed (stone volume [mm³]/laser-on time [min]), ablation efficacy (total energy [J]/stone volume [mm³]), and energy consumption (total energy [J]/laser-on time [min]). Secondary outcomes were the operative time and lasering times, complications including retropulsion and endoscopic view deterioration.

Results: SFR was 90% in the Ho:YAG group and the TFL group. Operative time was shorter using TFL (49 min) compared to Ho:YAG (57 min), p = 0.008. Bleeding that impaired the endoscopic view was the most frequent intraoperative adverse event and occurred in 22% of the Ho:YAG group and 5% of the TFL group, p = 0.014. Mild retropulsion occurred in 13 patients in Ho:YAG group whereas only in 3 patients in TFL group.

Conclusion: TFL has significantly less operative time, lower retropulsion rate and better endoscopic view with equal stone free rate compared to Ho: YAG. The results of this study support TFL as the laser of choice for URS lithotripsy.

USI Best Video Session Prize Session 1

UBVP 01 – 01

Trans Or Retro? When to Choose What in Robotic Partial Nephrectomy for Posteriorly Located Tumours

Vishnu Prasad, Dr Ravi Chandran, Dr Ginil Kumar Pooleri

Amrita Institute Of Medical Sciences, Kochi, Kerala

Introduction and objectives: Ever since robotic surgery has been introduced for partial nephrectomy the traditional approach has been transperitoneal. Retroperitoneal approach via the robot has only been recently explored. We present to you a video where we performed both approaches and compared the two.

Methods: The first case is a 41-year-old male patient who had a well-defined 2.2 * 1.9 cm lesion in the upper pole of the right kidney, lying posteriorly. He underwent a robotic partial nephrectomy via the transperitoneal route. It was seen that after looping the hilar structures, the entire kidney had to be flipped to identify and locate the tumor. The tumor was enucleated and removed after clamping the renal artery. Suturing was done after fixing the kidney using the fourth robotic arm. The second case demonstrates the retroperitoneal approach in a 63-year-old male patient who came with hematuria. He had a 2.2 cm cystic lesion in the right kidney which was completely endophytic and lying near the hilar structures. After initial retroperitoneal space creation using a visiport, the robotic ports were introduced, and further dissection done. The tumor was located using intraop USG, enucleated after clamping the renal artery. A single layer closure was done.

Conclusion: Retroperitoneal approach can be advantageous in thin patients with a small renal tumor located posteriorly. It is especially beneficial if the tumor is located just behind the renal hilar structures.

UBVP 01 – 02

Robot-Assisted Laparoscopic Radical Prostatectomy - Will Retzius Sparing Technique Spare The Rest?

Sumit Mandal, Anil Baid, Amit Mittal, Ankit Mishra, Uday Pratap Singh, Aneesh Srivastava
Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh

Introduction: Robotic radical prostatectomy has maintained gold standard status for treatment of localized prostate cancer. Here we demonstrate the Retzius-sparing approach for robotic radical prostatectomy done through posterior peritonectomy only.

Methodology: A 69-year-old diabetic, hypertensive gentleman was evaluated for LUTS with 60 cc prostate with a hard nodule on the right lateral aspect. With serum PSA 11.5 ng/mL, mpMRI detected a PIRADS 5 lesion in right posterolateral peripheral zone which on biopsy showed adenocarcinoma of prostate Gleasons score 3+5=8. After ruling out metastasis in PSMA PET scan, he was prepared for surgery.

In Trendelenburg position, with 4 robotic ports and one Airseal and retractor port, posterior dissection began. After B/L seminal vesical and vas ligation, posterior dissection continued laterally, to further anteriorly. On right side, extrafascial dissection was done. Bladder neck was opened posteriorly and median lobe was dissected around. DVC was ligated with 4-O Vicryl. Apical dissection was done and urethra was divided. Urethrovesical anastomosis was done with Stratafix over 18 Fr silicone catheter. B/L pelvic lymphadenectomy was done and specimen retrieved. With a pelvic drain placed, wounds were closed.

Results: The operative time was 5 hours and 50 ml of blood was lost during the surgery. The patient started walking the next day and went home in 3 days. His urethral catheter was removed on day 10 and was continent and had nocturnal penile tumescence.

Conclusion: With improved continence and maintained potency, the Retzius sparing technique of robotic radical prostatectomy may come out as the preferred technique.

UBVP 01 – 03

Robotic Radical Nephrectomy and Level II IVC Thrombectomy: Our Experience

Sunny Goel, Sachin Arakere Nataraj

Medanta, The Medicity

Introduction and Objective: Radical nephrectomy with IVC thrombectomy is a standard treatment for renal mass with Inferior vena cava (IVC) thrombus. It is traditionally carried out via open approach with long incisions, increasing morbidity and hence recovery of patient. We have described robot assisted level II IVC thrombectomy that replicate the same steps as open surgery.

Methods: We retrospectively analysed our results from 2018 to 2020 of patients undergoing robot assisted level II IVC thrombectomy. We observed our data in terms of blood loss, console time, IVC clamping time and major complications.

Results: We operated on 10 such cases of which 6 were right sided. Our console time ranged from 165 - 210 min, IVC clamping time ranged from 9 - 16 min, blood loss ranged from 150 - 280 ml. There were no major Grade III - IV Clavein Dindo complications.

Conclusions: Robot assisted level II IVC thrombectomy is safe and feasible option. Pre-operative planning is essential to prevent adverse events. Steps of surgery replicate open surgery

UBVP 01 – 04

Innovative Technique of Reinforcing Thin Right Renal Vein During Live Donor Renal Transplant

Vishal Balan Pillai, Tarun Dilip Javali

M S Ramaiah Medical College Hospital, Bangalore

Introduction: When performing live donor kidney transplantation, the left kidney is generally preferred. Here we present video where we have reinforced the thin right renal vein with PTFE felt and providing a feasible alternative.

Materials & methods: 39-year-old male, k/c/o HTN, underwent Renal transplant and subsequently developed chronic allograft failure, presented for second kidney transplant. The voluntary donor is a 30-year-old, female who is his wife with no comorbidities. CT Renal Angiogram showed: Rt Kidney: 1 Renal artery, 1 Renal vein (2 cm length - 1 cm diameter). Renal transplant procedure was carried out with donor Rt Kidney harvested in view of better function of the Left kidney.

Results & Observations: Donor underwent Rt Open Donor Nephrectomy in whom the Rt renal vein was taken with the IVC cuff. In spite of the IVC cuff, the Rt renal vein was found to be short and fragile. In view of this, PTFE Felt was used to reinforce it using Prolene 7-0 and was anastomosed end to side with recipient's left external iliac vein. Donor's right renal artery was anastomosed to recipient's left external iliac artery. Total ischemia time - 55 minutes. Immediate urine output noted on table. Patient was started on Ecospirin and later discharged on Rivaroxaban 10 mg bd for 6 weeks - 8 weeks

Conclusions: The technique described here can be employed as less time taken, its off the shelf material utilized, no need for additional preparation of patient or subjecting the patient to additional morbidities/procedures for other techniques in re enforcing the renal vein as described in literature

UBVP 01 – 05

A prospective evaluation of neurovascular bundle preservation in robot assisted laparoscopic radical prostatectomy in high risk localized prostate cancer

Anup kumar, Y M Prashanth, Ruchi mittal, Ketan Kapoor, Saumya Iyer, Preet mohan
Vardhaman mahavir medical college and safdarjung hospital, New delhi

Introduction & Objective We report short term oncologic and functional outcomes in patients with preoperative EAU high risk prostate cancer, undergoing nerve sparing robot-assisted radical prostatectomy (RARP).

Methods All consecutive patients undergoing RARP (da-Vinci Xi Robotic system) in high risk localized prostate cancer, by a single surgeon, between Oct 2019 and Feb 2021, at our institution were included. The various clinical data were recorded and analysed.

Results Out of 101 patients with high risk localized prostate cancer(EAU classification), 41 underwent complete (group 1), 37 underwent partial (group 2), and 23 patients underwent non-nerve-sparing procedure (group 3). There were no difference in preoperative characteristic between the groups, but group 3 had higher Gleason score sum ($p = 0.001$), positive cores on biopsy ($p = 0.001$) and higher T stage ($p = 0.001$). Side specific positive surgical margins (PSMs) rates were higher for non-nerve-sparing ($p < 0.001$). Continence rate at 3 month was significantly higher in complete NS group ($p = 0.01$), however, difference was not statistically significant at 1 year. The Potency rate was significantly higher and mean time to potency was significantly lower in complete NS group in comparison to non-NS group ($p = 0.02$ and 0.03 , respectively).

Conclusions In high risk prostate cancer patients, selective nerve sparing during RARP, using the preoperative clinical variables (clinical stage and positive cores on biopsy) and surgeon's intraoperative perception, could provide reasonable short term oncologic, functional outcomes with acceptable perioperative morbidity and positive surgical margins rate.

UBVP 01 – 06

Robot-assisted radical cystectomy with totally intracorporeal ileal neobladder diversion: A prospective evaluation of perioperative, oncologic, and functional outcomes

Anup Kumar, Y M Prashanth, Ruchi mittal, Ketan Kapoor, Saumya Iyer, Preet mohan
Vardhaman mahavir medical college and safdarjung hospital, New delhi

Introduction and objective: This study aimed to provide the surgical steps for RARC with totally intracorporeal ileal neobladder diversion and evaluate perioperative, oncologic, and functional outcomes.

Methods: All consecutive patients undergoing RARC with intracorporeal ileal neobladder (Modified Pitcher Pot) between January 2020 and January 2022 were included. Perioperative variables, pathologic

data, early and late complications, urinary continence, potency, and recurrence-free survival were evaluated as outcome measures.

Results: A total of 51 patients were included in the study. The mean age was 61.7years. The clinical stage was T2 in 29(56.8%) and T3 in 22(43.2%) patients. There was no open conversion. The median operative time, estimated blood loss, and postoperative hospital stay were 329min (range, 310-347 min), 270 mL (range, 150-370 mL), and 6.5days (range, 5-11days), respectively. No positive surgical margins were observed. The intraoperative and postoperative complications were 3 (5.8)% and 5 (9.8%) respectively and mainly Clavien 1 and 2 only. In histopathology pT2, pT3, pN0 and pN1-2 were found in 33 (64.7%), 18 (35.2%), 28(54.9%) and 23(45.0%) respectively. The mean number of lymph nodes removed were 19. The median follow-up time was 13.1months (range, 5.4-24.0months). At 6 months after surgery, the daytime continence rate was 4690.1%, while the night time continence rate was 4180.3%. Only 8(15.6%) reported capability of potency.

Conclusions: RARC with intracorporeal ileal neobladder is a complex procedure but technically feasible with acceptable oncologic and functional outcomes. Larger studies with long-term follow up, and RCTs are indispensable to assess the potential of this technique.

USI Best Video Session Prize Session 2

UBVP 02 – 07

A Prospective Evaluation of Robot Assisted Laparoscopic Anterior Exenteration in Females with Muscle Invasive Bladder Carcinoma

Singh PM, Kumar A, Yadav S, Prashanth Y M

Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi

Introduction & Objective: Minimally invasive anterior exenteration is becoming very popular in females with muscle invasive bladder carcinoma. However, this is technically challenging and confined to centers with advanced laparoscopic expertise. We prospectively evaluated the outcomes of robot assisted laparoscopic anterior exenteration (RALE) in females with muscle invasive bladder carcinoma.

Methods: All consecutive female patients undergoing RALE for MIBC by a single surgeon between Oct 2019- Oct 2021 at our institution were included. The various clinical data were recorded and analyzed

Results: A total of 69 patients were included in study. The mean age was 62.7 years. The prior abdominal surgery was found in 28.9% patients. The neo-adjuvant chemotherapy was given in 33.3% patients. The clinical stage was T2 in 56.4% and T3 in 43.6% patients. The extracorporeal and intracorporeal ileal conduit was made in 68.1% and 21.9% respectively. The mean operating time and estimated blood loss were 145.3 min and 153.1 ml respectively. There was no conversion to open. The mean hospital stay was 4.1 days. The intraoperative and postoperative complications were 4.7% and 9.5% respectively and mainly Clavien 1 and 2 only. In histopathology pT2, pT3, pN0 and pN1-2 were found in 66.8%, 33.3%, 57.1% and 42.8% respectively. The mean number of lymph nodes removed were 19. There were no positive surgical margins in any patient.

Conclusions: RALE in females with MIBC is feasible, safe with acceptable perioperative morbidity. However, it is a technically challenging procedure and should be done by surgeons of significant surgical expertise.

UBVP 02 – 08

Robotic Assisted Kidney Transplant [Multiple Vessel] with Partial Cystectomy and Ileal Conduit in Case of Chronic Kidney Disease with Genitourinary Tuberculosis and Thimble Bladder.

Kaddu DJ, Sandeep P, Cherian D, Thomas A, Bhagat P, Sodhi B, Kishore TA.

Depart of Urology, Aster Medcity Hospital, Kochi, Kerala

Introduction & Objectives: We performed 2 cases of Robotic Assisted Kidney Transplant [RAKT] with partial cystectomy and ileal conduit. We are presenting one case who had genitourinary tuberculosis (GUTB) with chronic kidney disease (CKD). RAKT has comparable or better outcomes compared to Open Kidney transplant even with complex and advanced procedure.

Materials & methods: 43-year male with GUTB progressed to CKD with hemodialysis requirement, due to contracted low-capacity bladder.

Surgery was performed in following sequence.

1. In Trendelenburg 45degree , after placing standard RAKT ports, ileal loop marking, raising peritoneal Flap, right external iliac vessel skeletonization, partial cystectomy was done.
2. In Supine position, Ileal conduit formation with intestinal staplers.
3. In, Trendelenburg 45degree RAKT, RA uretero-ileal conduit anastomosis.
4. Finally in supine, Maturation of ileal stoma conduit and closure of all skin incisions.

Results & Observations: Warm ischemia time- 3 min, Cold Ischemia time- 31 minutes, Rewarming time- 57 min, Console time -92 min, total operative time was 362 min. Blood loss was 75 ml, hospital stay was 7 days.

Functional Outcomes: Serum creatine on: preoperative, day-1, 1-week, 1-month was respectively, 7.61, 1.82, 1.06, 1.26 mg/dl. Nadir creatinine was 1.04, on day 4 with glomerular filtration rate (GFR)- 82.9778 ml/min.

Conclusions: Robotic Assisted Kidney Transplant (double arteries anastomosis) with partial cystectomy and ileal conduit is complex and advanced surgical procedure. This can be performed safely with successful outcome with robot by experienced and skillful surgeon. Compared to open, robot has advantages of less blood loss, earlier recovery, less pain and cosmetic scar.

UBVP 02 – 09

Extracorporeal Hitch in Robotic Assisted Kidney Transplant

Sharma Himanshu, Kandhari P, Joshi B M, Kaushal R, Chaturvedi S, Maheshwari R, Kumar A

Max Superspecialilty Hospital, Saket

Introduction : Robotic assisted Kidney Transplant (RAKT) is being done in a selected centres across the world. The standardisation of the technique has been initiated by Vattikuti-Medanta technique but it is still evolving. One of the most crucial steps in RAKT is vascular anastomosis and bears a direct correlation with warm ischemia time. Our study aims at reducing the warm ischemia time by modifying the suturing technique with the introduction of an extracorporeal hitch

Material and methods : We compared 25 paired patients with single vessel renal allograft and evaluated the difference in anastomotic time and warm ischemia times in two groups

Results : We found a significant difference in the arterial and venous anastomotic time as well as warm ischemia time in the patients in whom the anastomosis was performed using extra-corporeal hitch

Conclusion : Extra-corporeal hitch technique of vascular anastomosis significantly reduces the anastomotic time thereby reducing the warm ischemia time.

UBVP 02 – 10

Robotic management of complex ureteric strictures: Buccal mucosal graft ureteroplasty with the use of da Vinci fluorescence imaging and multi-image display technologies

P Sharma, H S Talwar, Sachin A N

Medanta Institute of Kidney and Urology, Medanta ,The Medicity, Gurugram

Introduction: Buccal mucosal ureteroplasty with omental flap is an emerging alternative to bowel interpositions for long segment ureteric strictures. We aim to demonstrate the point of technique of buccal mucosal ureteral reconstruction and the advantages of using indocyanine green in ureteral identification and ureteral perfusion.

Methods: A total of twelve cases underwent robotic reconstruction for complex ureteric strictures. Various etiologies included prior instrumentation, urolithiasis, tuberculosis and retroperitoneal fibrosis. A preoperative CT scan, retrograde pyelogram and DTPA scan was performed to know the detailed anatomy and renal function. Buccal mucosal graft was harvested and used as an onlay patch for ureteroplasty. Indocyanine green and firefly technology alongside TilePro helped to precisely identify the ureteric strictures, while simultaneously performing ureteroscopy.

Results: Out of the twelve cases, seven ureteric strictures were on the left and five on the right side. Mean length of ureteric stricture was 5cm (4-6cm). Three had dual strictures, one on the left and two on the right. Appendicular graft was used in one case. Recurrence was seen in one case, which was managed endoscopically. Mean robotic console time was 175 minutes and mean hospital stay was 3 days. One patient had post-operative ileus which was managed conservatively.

Conclusion: Tissue transfer techniques (buccal mucosa/appendicular graft) can address long segment ureteral strictures. Onlay is preferred than interposition. Indocyanine green must be used for precise ureter identification and ureteral vascularity. TilePro multi-image display with simultaneous ureteroscopy allows identification of ureteral stenosis. Circumferential dissection/transection is to be avoided, as it disrupts blood supply.

UBVP 02 – 11

Robotic retroperitoneoscopic salvage retroperitoneal lymph node dissection in a patient with post chemotherapy post surgery in a recurrent testicular cancer

Abhinav Veerwal, T B Yuvaraja, Santoshwaigankar, Akash Shah

Kokilaben Dhirubhai Ambani Hospital

Introduction And Objective: Robotic retroperitoneal Retroperitoneal Lymph node Dissection(RPLND) for testicular tumour in post-chemotherapy setting is a challenging surgery. We describe the technique of Robotic Retroperitoneoscopic RPLND in a Post Chemotherapy post surgery (PCPS) setting practised at our centre.

Methods: Case - 36 Year Male with h/o High Inguinal Orchiectomy in 2012 for left Testicular Mass. s/o NSGCT with raised tumour marker , CECT s/o enlarged paraaortic and paracaval LN 8 cm. Received 4 Cycles of Chemotherapy BEP Regimen, follow up tumour markers normal and PET CT over 4 years. s/o Large retroperitoneal LN - 2cm which increased to Lymph node masses in left para aortic, aortocaval and retrocaval, Largest - 6.5cm , for which he underwent Robotic RPLND in 2017 which was s/o of Teratoma. After counselling , patient opted for Robotic Retroperitoneoscopic RPLND.

Results: There were no intraoperative complications. Total operating time was 84 minutes. Total Blood loss was 150ml. The patient resumed physical activity and oral intake on postoperative day POD 1. The patient had grade 1 Clavien dindo complication. Drain was removed on POD 2 and patient was discharged on POD 3.

Conclusions: Robotic Retroperitoneoscopic RPLND is a good approach for management of retroperitoneal lymph nodal mass in a carefully chosen patient especially in Recurrent localised mass. It avoid difficulties associated in transperitoneal approach, especially in operated patient avoiding injury to visceral organs, bowel paralysis, and adhesion. This is apart from advantages of early postoperative recovery , reduce post operative stay and cost.

UBVP 02 – 12

Robotic-Assisted Radical Cystectomy with the Creation of Intracorporeal Orthotopic Neobladder (Clinique Saint Augustin Technique)

Misra A, Singh U P, Pathak A, Raj H, Mandal S, Shukla A, Srivastava A

SGPGIMS: Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Introduction and Objective: Robotic-assisted radical cystectomy (RARC) has gained momentum compared to open radical cystectomy for managing invasive bladder cancer. The advantage is significantly lesser blood loss and a shorter hospital stay. The techniques of intracorporeal urinary diversion have not yet been standardized. Intracorporeal diversion may result in a lower risk of complications, but the long-term functional outcome is unknown.

Methods: A 30-year male presenting with gross painless hematuria was found on evaluation to have a bladder mass. Contrast-enhanced computed tomography (CECT) revealed a 5 x 2.5 cm mass in the left lateral wall of the urinary bladder causing an upstream left hydronephrosis. The transurethral biopsy revealed a muscle-invasive urothelial carcinoma with squamous differentiation. The DaVinci-Xi system was used following the standard port placement and positioning for a pelvic dissection. After

completing cystoprostatectomy and extended pelvic lymph node dissection, a 40 cm ileal segment was isolated 20 cm away from the ileocecal junction and used to form a modified-Y-shaped-neobladder.

Results : The total operative duration was 590 minutes, with an estimated blood loss of 150 ml.

The patient started early ambulation, taking a full oral diet by the fourth day and was discharged on the tenth day. Histopathology concurred with the preliminary report, with total lymph node yield being 74, of which two were positive.

Conclusions: RARC with totally intracorporeal neobladder is a promising alternative with the benefit of early ambulation and shorter hospital stay.

USI Best Video Session Prize Session 3

UBVP 03 – 13

Rare Problems With Titanium Clips During Laparoscopic Donor Nephrectomy

N Kuppurajan, K P Sampathkumar

Kovai Medical Center and Hospital

Introduction: Laparoscopic donor nephrectomy is an established method in renal transplantation. Undoubtedly operating on a healthy person requires utmost care.

Objectives: We would like to share our occasional problems with titanium clips during pedicle ligation in laparoscopic donor nephrectomy.

Patients and methods: We have been routinely doing laparoscopic donor nephrectomy since 2012. Since then, we have occasionally come across problems with titanium clips such as scissoring effect on the vein, crushing effect on the rigid artery and slippage of thin tissue.

Conclusion: Titanium clip is the safest among the available clips. However improper application or usage on improper tissues may cause a problem. Hence anticipation in this scenario will be beneficial.

UBVP 03 – 14

Hand-Assisted Retroperitoneoscopic Nephrectomy In Autosomal Dominant Polycystic Kidney Disease (ADPKD)

Sanjeevan K V,

Amrita Institute of Medical Sciences & Research Centre, Kochi

Introduction and Objective: Nephrectomy in ADPKD often entails large incision. Laparoscopically, it is done by transperitoneal access, using morcellator, which is time-consuming, and risking bowel injuries and peritoneal contamination with infected and haemorrhagic cyst fluids from the kidney. This video demonstrates a simplified, safe and clearer method of hand-assisted retroperitoneoscopic nephrectomy in ADPKD.

Methods: In the lateral decubitus, laparoscope is inserted by direct access through a small skin incision using optical trocar visualising the entire course of the passage of the scope traversing the layers of lumbar fascia and reaching the retroperitoneal fat. Space is created by bluntly dissecting with the tip of the scope and with positive pressure. Two working ports are inserted under vision. Renal vessels are identified, breaking any cyst coming in the way, and clipped and severed. After dissecting around the kidney to the possible extent, hand is wriggled through small incision, which will remain leak-proof. Rest of the mobilisation is completed by the digital palpation, supplemented by laparoscopic dissection under vision. The specimen is retrieved widening the hand port or breaking large renal cysts.

Results: Four nephrectomies were done in three patients, with no significant blood loss, wound infection or any other notable complication. Operating time was 152 (100 - 195) min; after drain removal by day 1, patients were ready for discharge by 2nd-3rd day postop.

Conclusions: Hand-assisted retroperitoneoscopic nephrectomy in ADPKD is feasible and adequately safe. It may be anticipated that prior repeated infections may cause adhesions, rendering the procedure difficult or impossible.

UBVP 03 – 15

Post-Chemotherapy Robotic Complete Template Nerve-Sparing Retroperitoneal Lymph Node Dissection

Amandeep Arora, Ganesh Bakshi, Mahendra Pal, Ajit Gujela, Gagan Prakash
Tata Memorial Hospital, Mumbai

Introduction: Nodal metastasis is the most important prognostic factor in penile cancer (PeCa). Our aim here was to determine the oncological outcomes in patients with PeCa stratified according to their nodal stage, focussing on the subset of pN3 patients.

Methods: We conducted a retrospective review of 509 patients with PeCa who were treated at our tertiary care centre from 2012-2019. Multivariable logistic regression analysis (MVA) was performed to identify predictors of nodal/distant recurrences.

Results: At initial presentation, 368 (72.3%) patients were cN0. 7.6%. Of these 257 (69.9%) underwent staging evaluation for the groins. Of these, 198 (53.8%) remained as pN0, while upstaging to pN1, pN2 and pN3 status occurred in 18 (4.9%), 7 (1.9%) and 34 (9.2%) patients respectively. Out of the 34 patients upstaged to pN3, 24 had ENE of inguinal LNs and 10 had positive pelvic LNs. At 24 months, pN3 status due to pelvic nodal metastasis had a significantly lower DFS (32.6% vs 66.6%) and CSS (38.7% vs 72.8%) compared to pN3 status due to ENE of inguinal LNs alone. On MVA, pN3 nodal status (overall) was found to be an independent predictor of nodal/distant recurrence (Odds ratio: 3.23). However, this odds ratio increases to 8.79 (95% confidence interval: 3.76 – 20.55) when the pN3 status is due to involvement of pelvic LNs.

Conclusion: pN3 due to pelvic nodal disease has a much poor prognosis compared to pN3 due to inguinal LN ENE. Our results suggest that the two categories of pN3 status should be staged differently.

UBVP 03 – 16

Renal Allograft With Multiple Vessels - The Robotic Rebuttal

Sharma Himanshu, Joshi BM, Kandhari P, Desai P, Chaturvedi S, Maheshwari R, Kumar A
Max Superspeciality Hospital Saket

Introduction: Robotic assisted kidney transplant (RAKT) is a feasible treatment option for patients with end stage renal disease. Despite the advantages of enhanced dexterity, wristed instruments, three-dimensional vision and scaled motion with robotic platform, the problem of increased warm ischemia times and longer vascular anastomosis time persists especially with multiple vessel renal allografts (MVRA). We aimed to demonstrate technical feasibility of utilising the internal iliac artery autograft (IIAA) in RAKT to reduce warm ischemia times in a triple vessel renal allograft.

Materials and methods: We present a novel demonstration of the technique to utilise the internal iliac autograft in RAKT to manage MVRA which has never been reported previously. The technique is divided into three distinct steps. Step 1 is the retrieval of the IIAA, preparing the external iliac vessels for future anastomosis and raising a peritoneal flap for the transplant kidney. Step 2 involves bench dissection and ex-vivo vascular reconstruction to anastomose MVRA with IIAA. The final step is to anastomose this autograft-allograft complex with the external iliac vessels.

Results: We were able to perform a single in-vivo arterial anastomosis for a triple vessel renal allograft thereby reducing warm ischemia times.

Conclusion: Our technique eliminates the need for more than one arterial anastomosis, reduces the warm ischemia time and represents a novel method to manage grafts with multiple vessels during RAKT

UBVP 03 – 17

Laparoscopic Kidney Preserving Excision of Para-Aortic Paraganglioma

Keshav Agarwal, Kumar Rajeev, Singh Prashant
All India Institute of Medical Sciences, New Delhi

Introduction and Objectives: Paragangliomas are rare neuroendocrine tumours arising from chromaffin tissue at extra adrenal sites. Given their myriad location from skull base to the pelvis, they often pose a surgical challenge. Herein, we demonstrate laparoscopic resection of a difficult paraganglioma encasing the left renal vessels in a young patient.

Methods: A 26 year old lady was diagnosed to have a 4.1x3.1 cm para-aortic paraganglioma in the left hilar region which was encasing the left renal artery by more than 1800 and displacing the renal vein anteriorly. After standard preoperative optimisation, she underwent excision through a 4-port transperitoneal laparoscopic approach. After mobilisation of the descending colon medially, the left renal vein was found to be draped over the mass. Initially, the paraganglioma was dissected along its medial and inferior margin followed by its careful separation at the superior border from the renal vein. Having performed circumferential mobilisation, the paraganglioma was then carefully separated from the renal artery without any vascular injury.

Results: The operative time was 180 min and the estimated blood loss was 150 ml. No complications occurred during the procedure. Postoperative USG Doppler revealed a normal renal artery and normal

renal vein. She was discharged on post operative day 3. At follow up visits at 1 month and 3 months, BP improved significantly and requirement of anti hypertensive drugs reduced drastically.

Conclusions: With appropriate surgical expertise with meticulous tissue handling, despite the difficult anatomy, complete laparoscopic excision of paraganglioma with preservation of renal parenchyma is safe and feasible.

UBVP 03 – 18

Laparoscopic Retroperitoneal Pyeloplasty: Our experience and tricks involved in its execution.

Naveed Khan, Syed Sajjad Nazir, Muneer Khan

Kidney Hospital, Srinagar

Management of Ureteropelvic junction is nowadays performed using minimally invasive techniques. The transperitoneal technique is generally the preferred option due to the large working space, familiar anatomy, and ease of learning. But its limitations are colon mobilization and intraperitoneal spillage of urine.

To obviate these the retroperitoneal route is preferred which is direct, with no intraperitoneal dissection and better management of any potential urinary leaks, however, is a technically demanding procedure and is not ventured by all.

We share our experiences and demonstrate the technique of Retroperitoneal pyeloplasty and the tricks involved in its execution.

USI Best Video Session Prize Session 4

UBVP 04 – 19

Oyster Pearl Extraction Technique via Open Anatomic Nephrotomy for endophytic renal tumors.

Gujela Ajit, Prakash G, Bakshi G, Arora A, Sepuri RT, Pal M

Tata Memorial Hospital, Mumbai

Introduction and objective: Endophytic renal tumours pose challenge in achieving the purpose of Nephron sparing surgery (NSS) owing to their lack of visibility over kidney surface. Among these, deep & centrally located variants are notorious as their surgical management involves loss of more nephrons and relatively more compromised vascularity of the spared renal parenchyma. Open wedge resection & anatomic resection are the option for such tumours. The present video aims to demonstrate the 'Oyster-pearl extraction technique' via open anatomic nephrotomy in managing complex endophytic renal tumour.

Case details: 58 year old female with an incidentally detected right renal mass in interpolar region with RENAL score 10x. Pre-operatively the serum creatinine was 0.7 mg/dl, GFR of right and left kidney were 31 ml/min each. After evaluation, Oyster pearl extraction technique via open anatomic nephrotomy was performed for excision of the mass. The operating time and ischemia time were 140 minutes and 35 minutes respectively, with blood loss of 300 ml. The post-operative hospital stay was of 2 days. At 6

months, S.Creatinine was 0.8 mg/dl, GFR of right and left kidney were 27 ml/min and 29 ml/min respectively, with no local or distant

Conclusion: Oyster-pearl extraction technique via Open anastrophic nephrotomy offers a promising approach to manage centrally located endophytic renal masses. Advantages include the preservation of maximal functional renal parenchyma, technical reproducibility as urologists are familiar with anastrophic technique for large staghorn calculi and a clear view of tumor and its anatomical relations during resection

UBVP 04 – 20

Surgical Management Of Lichen Sclerosus Induced Fossa Navicularis Strictures

Bhavatej Enganti, Mallikarjuna C

Asian Institute of Nephrology and Urology, Hyderabad, India

Introduction and Objective: We present our experience, surgical approach and techniques for the management of Lichen sclerosus (LS) induced fossa navicularis strictures (FNS).

Methods: This was a retrospective study of patients who underwent surgery at our institute for FNS due to LS since June 2016. Patients demographics, symptom scores, urine flow studies, strictures characteristics, and imaging were analysed. Single stage or staged approach was planned: based on the glans contour, meatal stenosis and scarring, and underlying LS. Single stage approach was performed by ventral or dorsal approach. Staged approach was planned by ventral extended meatotomy followed by dorsal-inlay augmentation in the second stage. Buccal mucosal graft (BMG) was used for augmentation in all patients. Patients with minimum follow-up of 6 months were included in the study. Patients were assessed for complications, symptom scores, uroflowmetry and stricture recurrence on follow-up.

Results: Total 28 patients (age:35±6 years) with a mean dysuria score of 2.3±0.4 were enrolled. Mean stricture length was 2.5±0.8 cm, and 75% had a circumcised phallus. Sixteen (57.5%) patients underwent staged approach. Of which, 10(62.5%) patients opted not to undergo second procedure. Single stage surgery was performed in 12 patients (Ventral approach: glans-cap preserving surgery[n-4], dorsal-inlay[n-3]; double-face[n-2]; and Dorsal approach[n-3]). At a mean follow-up 32 months, there was 4 failures (staged approach [n;1], single stage [n:3])

Conclusion: Management of LS induced FNS by staged approach is safe and preferred in obliterative strictures with scarred glans. Single stage (ventral or dorsal approach) surgery should be performed with caution.

UBVP 04 – 21

Video presentation of nerve sparing clitoroplasty -ventral approach with bilateral Gonadectomy in 46XX DSD with SRY translocation

Sridhar Reddy K, Sulabh L, Pal H, Rinaldo M, Kumar U, Trivedi S

Institute Of Medical Sciences, BHU, Varanas

Introduction and Objectives: The incidence of Clitoral hypertrophy is 1-3 per 10,000 new born and is often the prominent manifestation of virilising congenital adrenal hyperplasia and DSD. The surgeries performed for Clitoral hypertrophy has evolved over the years from clitoridectomy, clitoral recession with reposition to nerve sparing clitoroplasty owing to the better understanding of anatomy and physiology of

clitoris. We present a video of nerve sparing (NS) clitoroplasty by ventral approach with bilateral gonadectomy in a case of 46XX DSD with SRY translocation.

Methods: A 20 year old reared as female presented with primary amenorrhea and hirsutism . On genital examination, gonads of 4*5 centimetre were palpated in bilateral inguinal region. There was clitoral enlargement with phallic length of 3 centimetre and clitoral index 100mm². Both urethral and vaginal opening were present with blind ending vagina of 10 cm. Imaging confirmed the examination findings along with presence of 2.5*0.6 cm hypoplastic uterus. Karyotyping showed 46XX with deletion of q arm of X. FISH showed translocation of SRY onto X chromosome. Patient underwent bilateral gonadectomy with NS clitoroplasty by ventral approach.

Results: Patient now has normal appearing genitalia, a small clitoris covered by skin hood and preserved sensation to light touch. Histopathology of gonads showed presence of seminiferous tubules.

Conclusions: NS clitoroplasty by ventral approach provides an aesthetically appearing clitoris with preservation of sensation. Bilateral gonadectomy with NS clitoroplasty followed by hormonal replacement therapy along with psychologist counselling provided a holistic approach in management of 46XX DSD with SRY Translocation.

UBVP 04 – 22

Laparoscopy Guided Multi - Tract Supine PCNL For Large Stone Burden in Ectopic Kidney

Chandra Mohan vaddi, Paidakula Ramakrishna, Siddalinga Swamy PM, Manas Babu, Soundarya Ganesan, Hemnath Anandan, Somnath Sharma

Preeti Urology & Kidney Hospital, Hyderabad

Introduction and Objective: Management of renal stones in ectopic kidney is challenging. The approach to kidney stone treatment in these instances should be highly tailored to the specific individual, stone burden, and kidney location. We are presenting a video of one such case of ectopic malrotated kidney with stones, where we had to use a combined approach of laparoscopy with percutaneous nephrolithotomy (PCNL) in an oblique supine position and modified lithotomy.

Materials and Methods: 50 years male patient presented with bilateral loin pain for 3 months. CT showed ectopic malrotated right kidney with large pelvic calculus with multiple secondary calculi in all calyces. Patient in oblique supine position with modified lithotomy, laparoscopic pyelolithotomy was planned after RGP. Even after laparoscopic removal Fluoroscopy showed major stone burden in all calyces that were inaccessible with laparoscopic approach. So, we performed PCNL in the same position to retrieve those stones. Three tracts (22 Fr) were made to remove stones. Nephrostomies were placed. Pyelotomy was closed after placing a 3.5 Fr Double J stent.

Results: A staggering 156 stones were removed through this combined approach in single position. Post operative period was uneventful and the patient was discharged on 3rd post operative day. Post operative CT showed 2 residual fragments measuring 6 mm and 7 mm.

Conclusion: Oblique supine position with modified lithotomy allowed us to access this ectopic malrotated kidney from antegrade, retrograde and laparoscopic route and this enabled us to achieve a good stone clearance in single session in this patient.

UBVP 04 – 23

Simultaneous Bilateral Video Endoscopic Inguinal Lymphadenectomy

Abhineeth K P, Manoj Biswas, Kumar Madhavan, Devashish Kaushal, M R Viswas
AIIMS Bhopal

Introduction Inguinal lymphadenectomy is the standard of care for nodal metastasis in the case of penile cancer. The most clinically significant prognostic factor with penile cancer is the regional involvement of lymph nodes. Video endoscopic inguinal lymphadenectomy (VEIL) was described and currently practised with proven equivalent oncological outcomes. In this video presentation, we describe our technique of bilateral simultaneous VEIL.

Methods A 74-year-old male with a pT1aN2M0 penile cancer with bilateral palpable inguinal nodes underwent radical bilateral inguinal lymphadenectomy 6 weeks after partial penectomy. We performed the simultaneous bilateral VEIL technique. After developing a plane deep to Scarpa's fascia, locating 3 ports and infusing gas at 10-15 mmHg, a retrograde dissection with the same limits as the standard open surgery was performed.

Results: Total Operative time was 128 minutes. Out of the 32 lymph nodes retrieved (right side -12, left side -20), eleven were positive for malignancy. Lymphorrhea was noted from the bilateral inguinal region, which was managed conservatively.

Conclusion: Simultaneous bilateral VEIL can provide adequate oncological control and lower morbidity when compared to open radical inguinal lymphadenectomy. A bilateral simultaneous VEIL should be considered as a treatment option for patients requiring inguinal lymph node dissection when surgical teams and supporting laparoscopic equipment are available.

UBVP 04 – 24

3 Dimension Laparoscopic Gonadal Vein Transposition For Nutcracker Syndrome - A Safe Approach.

Pankaj Bhirud, Krishnamohan Ramaswamy, Harigovind Pothiyedath

Metromed Institute Of Advance Urology And Renal Transplant (MART), Calicut, Kerala, India

Introduction & Objectives: Nutcracker Syndrome (NCS) describes left renal vein compression between the superior mesenteric artery and the aorta. Although uncommon, it is an important diagnosis due to the important morbidity associated with it, including the risk of chronic kidney disease from long-term left renal vein (LRV) hypertension and the risk of LRV thrombosis. We present our experience with management of a case of nutcracker syndrome.

Materials & Methods: A 16 years old male presented to our department with history of occasional episodes of severe colicky left sided flank pain for last 2 to 3 years associated with grade 4 varicocele. He was evaluated with USG abdomen followed by CT venography and was diagnosed to have nutcracker syndrome. He underwent 3d laparoscopic left side gonadal vein transposition.

Results & Observations: procedure was done in right lateral position followed by supine position with trans-peritoneal approach with 3d laparoscopy. Left renal vein along with left gonadal vein were grossly dilated. Gonadal vein was transposed to external iliac vein, after which left renal vein size reduced significantly. Operative duration was 120 minutes. Post operative recovery was uneventful. Patient is asymptomatic at six months follow up.

Conclusions: The abdominal vascular compression syndromes discussed here are uncommon and are potentially easily missed on a cursory review of radiologic examinations, particularly in a nonspecific and vague clinical setting. Hence, knowledge of the typical imaging findings and associated clinical symptoms is essential so that they can be carefully sought and excluded.

USI Best Poster Prize Session 1

UB POS 01 – 01

Our experience on OSAKA regimen (Bladder preservation protocol) in patients with advanced bladder cancer.

Manav Gideon, Ginil Kumar Pooleri

Amrita institute of Medical Sciences ,Kochi

Introduction and Objectives: Osaka Medical College regimen is a novel bladder preservation therapy involving balloon-occluded selective arterial infusion of radio sensitizing chemotherapy with concurrent hemodialysis (HD), followed by radiation therapy.

Objectives are to study the feasibility of this novel regimen in patients with advanced cancer bladder (Ca Bladder).

Methods: Two patients having advanced Ca Bladder with Cisplatin ineligibility and poor performance status were managed with OSAKA regimen. Patients underwent super selective catheterisation of anterior division of internal iliac artery, followed by concurrent instillation of Cisplatin (100 mg) via micro catheters. Additional Fogarty catheter was used to prevent reflux (As balloon occlusion catheter used in original OSAKA regimen was unavailable), followed by hemodialysis. Within 72 hours definitive Radiation therapy was given. Image guided radiation therapy (IGRT) with Helical Tomo using Accuracy Radixact Tomotherapy machine. 60 Gray/30 fractions was given to the bladder and nodes (50 Gray to bladder and nodes plus margin, with a boost of 10 Gray to bladder plus margin). Response was monitored by 3 monthly Fluorodeoxyglucose Positron Emission Tomography (FDG PET) imaging.

Results:

First patient - Tolerated well, showed complete response at 3 month FDG PET imaging, 1 year FDG PET showed bony metastases and patient was managed accordingly.

Second patient - Tolerated well, showed complete response at 3 and 12 month FDG PET imaging, and is under follow up.

Conclusions: The OSAKA regimen, as a bladder preservation strategy, is feasible and safe in selective advanced Ca Bladder patients.

UB POS 01 – 02

Validation of MAP (Mayo Adhesive Probability) score and preoperative factors to predict adherent perinephric fat in robotic assisted partial nephrectomy.

Niramy Pathak, R Prajapati, A Singh, A Ganpule, R Sabnis, M Desai.

Muljibhai Patel Urological Hospital, Nadiad

Introduction: Mayo Adhesive Probability (MAP) score is based on posterior perinephric fat thickness and perinephric fat stranding and ranges from 0 to 5. We intend to validate the score and identify preoperative factors predictive of Adherent Perinephric Fat (APF) encountered in robotic assisted partial nephrectomy (RAPN).

Methodology: The observational study done in 62 patients undergoing RAPN over 3 years. Relevant data was collected. Associations of variables with presence of APF during RAPN were evaluated by multivariable logistic regression models and using Chi-square test to calculate p value.

Results: Out of total 62 patients included, 24 patients (38.7%) had intraoperative APF. 35 were males. Mean age 51.27(20-77) years. An increased likelihood of APF with an increase in age ($p=0.003$), higher preoperative creatinine ($p=0.003$), greater posterior perinephric fat thickness ($p=0.002$), and perirenal fat stranding ($p < 0.001$). From these 4 variables, posterior perinephric fat thickness and fat stranding were the most predictive. The combined score given to these 2 highly predictive factors for APF and the calculated score is termed Mayo Adhesive Probability (MAP) score. APF was seen in 10.7% of patients with MAP score 0, 25% with score 1, 50% with score 2, 44.4% with score 3, 88.8% with score 4, and 100% of patients with score 5 was found.

Conclusion: MAP score can be easily calculated from a CT scan. We validate the MAP score in RAPN. Higher MAP score has higher APF which would be useful to all urologists doing RAPN

UB POS 01 – 03

Neurovascular Structure-Adjacent Frozen-Section Examination (NeuroSAFE) Technique of Nerve-Sparing (NS) Robot-assisted Radical Prostatectomy (RARP): First Indian Experience

Ravi Taori, Raghunath SK, Gowtham Krishna, Kinju Adhikari, Tejus Chiranjeevi, Anil Kumar
HCG Hospital, Bengaluru

Introduction: Primary objective of uro-surgeons is oncological safety by ensuring negative surgical margins (NSM) and best functional recovery through nerve preservation in appropriate patients. NeuroSAFE technique of intra-operative frozen-section (IFS) analysis was devised for comprehensive assessment of surgical margins around the neurovascular adjacent surface (NVAS) of the prostate. We analysed our initial experience with this technique.

Methods: Five NS-RARPs were performed between October 2021-February 2022. NVAS of the prostate was differentially inked and marked for orientation. NVAS was sectioned into 4mm thick slices. These were mounted on cryo-stamps and frozen at -25°C . Two 6-m cryosections were prepared from each block, mounted on a slide and H&E stained. Slides were viewed by pathologists and margin status was conveyed to the OR.

Results: Mean age of patients was 59.2 ± 1.3 years. All had clinically organ-confined disease with ISUP grade ≤ 3 . Mean operative time of NS-RARP with NeuroSAFE was 240 ± 21 minutes and average NeuroSAFE time was 45 ± 3.8 minutes. All patients had NSM on IFS. No patient had Clavien-Dindo grade >1 complications. Margins were negative on final histopathology. No patient had BCR at 6 and 12 weeks. Three patients could have sexual intercourse and only one patient required single precaution pad at 12 weeks.

Conclusion: NeuroSAFE is feasible and can ensure intraoperative oncological safety of the NS procedure. Moreover, it gives the opportunity to convert positive surgical margin to prognostically favourable NSM by secondary resection. Our first in India experience is encouraging with favourable oncological and functional outcomes.

UB POS 01 – 04

A Randomised controlled trial comparing : Thulium Fiber Laser Vs Holmium laser with Moses technology for kidney stone in Mini PCNL using the suction sheath.

Abhishek Singh, Darshit Shah, Arvind Ganpule, Ravindra Sabnis, Mahesh Desai
MPUH, Nadiad

Introduction and Objective: To present comparison between high-power Holmium with MOSES technology (HPH-M) and Thulium Fiber laser(TFL) during mini-PCNL. Objective was to study fragmentation efficiency, fragment size distribution and stone-free rates (SFR).

Methods: We performed mini-PCNL with suction for renal calculi <3cm using HPH-M(Lumenis, Israel) or TFL(Urolase SP, IPG Photonics).Each arm had 45 patients each. Mini PCNL was performed using the 18fr Shah Suction sheath and a 12fr nephroscope . Stone fragments were segregated using a specially designed sieve to assess proportion of dust(<1mm), small fragment (1-3mm) and large(>3mm) fragments. Laser settings used were 0.1-0.2 J / 200 Hz and 0.4 to 0.6 J / 50 to 70 Hz for TFL and HPH-H lasers respectively . A fiber size 365 micron and 400 micron was respectively used in TFL and HPH-H lasers. SFR was calculated based on NCCT KUB at the end of 1 month.

Results: Both groups were comparable in terms of stone size (p=0.11), volume(p=0.71) and density(p=0.96). Lasing time(671v/s634 seconds;p=0.73), stone fragmentation rate(4.8v/s5.1 mm³/s;p=0.49) and total laser energy(25v/s20 KJ;p=0.29) were comparable in both arms. Both groups produced similar dusting (49v/s46.4%;p=0.62). On sub-set analysis based on stone density, all outcome parameters were comparable except 1-3 mm and >3 mm fragments were more in TFL(p<0.001). Stone-free rates at 1 month was 95.5% in HPH-M group and 93.3 % in TFL group.

Conclusion: Within constraints of the laser fiber size and energy settings, both modalities were equivalent in terms of fragmentation efficiency, proportion of dusting and stone-free rates across stone densities.

UB POS 01 – 05

Withdrawn

UB POS 01 – 06

Impact of the use of Indocyanine Green Guided Fluorescence on Perioperative Outcomes Following Robot-Assisted Partial Nephrectomy: A VCQI Database Analysis.

Gopal Sharma, M. Shah, P. Ahluwalia, P. Dasgupta, B. Challacombe, M. Bhandari, G. Gautam
Max Super Specialty Hospital, Saket, Delhi

Introduction: To compare perioperative outcomes with and without use of intraoperative Indocyanine green (ICG) in robot-assisted partial nephrectomy (RAPN).

Methods: With this multi-center retrospective study, we compared perioperative outcomes following RAPN with and without ICG-guided fluorescence. We matched 465 patients who underwent RAPN with fluorescence for age, body mass index (BMI), Charlson comorbidity index (CCI) and RENAL nephrometry scores (RNS) to those who underwent RAPN without fluorescence.

Results: The two groups were also comparable for clinical variables such as symptoms, single kidney, bilaterality, face of tumor, tumor side, preoperative hemoglobin, creatinine and eGFR. Use of selective arterial clamping, outer and inner renorrhaphy was significantly higher with fluorescence group. Operative time (165.14 ± 59.1 vs. 190.2 ± 65.5 , $p=0.000$) was significantly shorter with fluorescence, however, there was no difference in the two groups for WIT (18.17 ± 7.7 vs. 18.18 ± 9.4 , $p=0.985$), blood loss (100 ml (20-2050 ml) vs. 100 ml (10-3500 ml), $p=0.132$) and intraoperative complications (8.6% vs. 5.8%, $p=0.099$). Conversion to radical nephrectomy was significantly higher with non- fluorescence group (2.99% vs. 0.4%, $p=0.002$). Need for blood transfusion was significantly lower with fluorescence group (0.43% vs. 6.6%, $p=0.000$). There was no difference between the groups for length of stay, postoperative complications and pathology. Trifecta outcomes (74.4% vs. 70.1%, $p=0.143$) were similar in the two groups.

Conclusion: Our findings show RAPN with fluorescence is associated with shorter operative time, lower conversion to radical nephrectomy and need for blood transfusion. However, there was no impact on trifecta outcomes of the use of fluorescence.

UB POS 01 – 07

Challenges and Pitfalls in Setting up A Urodynamic Practice. A Retrospective Audit as per International Continence Society Guidelines

Gurpremjit Singh, Panwar Vikas K. , Mittal Ankur , Mandal Arup K. , Talwar Harkirat S.

AIIMS Rishikesh

Introduction : This study aims to compare our urodynamic practice to ICS GUP (International Continence Society Good Urodynamic Practice) standards and identify quality control improvement areas.

Methods: The audit was done retrospectively with patients attending for urodynamic tests from January 2021 to March 2022 according to "Good Urodynamics practice" laid down by ICS. The initial audit was done after 31 cases, and a reaudit was done after the subsequent 129 cases to assess the quality improvement in our patients. A questionnaire was developed to gather information, including the guidelines laid down by the ICS.

Results : An initial audit was conducted after 31 cases, and a reaudit was conducted after 129 cases. The initial audit consisted of 80% males, and the reaudit consisted of 70% males. Both conventional and video urodynamics was performed. ICS standard urodynamics protocol was mentioned in the initial audit in 9% of the cases, which improved to 84% of cases after the initial audit. Post initial audit, display of patient position, infused volume, and flow traces improved from 3% to 60%. The various factors in the quality of tracings improved from 35% to 91%. The flow markers and voided volume results improved from 3% to 92%. The most common complication encountered post urodynamics was fever and dysuria in 2-3% and 5-6 % of cases, respectively.

Conclusion: This audit showed improvement after an initial audit and helped us understand and follow ICS GUP standards. This would also help any new urodynamic center to maintain adequate standards laid by ICS.

UB POS 01 – 08

Treatment of complex rectourethral fistula with Gracilis interposition flap: our experience

Dhruva G Prakash, Prasad Mylarappa

M S Ramaiah Medical College

A rectourethral fistula (RUF) is an uncommon complication resulting from surgery, radiation or trauma. Although various surgical procedures for the treatment of an RUF have been described, none has gained acceptance as the procedure of choice. The aim of this study was to review our experience with surgical management of RUF.

Methods: The outcomes of 6 male patients (mean age, 51 years) with an RUF who were operated on by a single surgeon between 2021 and 2022 were assessed.

Results: The causes of the RUF were iatrogenic in four cases (two after radiation therapy for rectal cancer, one was following surgery during infancy for imperforate anus, and one after surgery for a bladder stone) and traumatic in two cases. Fecal diversion was not done in any of the cases. All patients underwent single stage repair with excision and closure of the fistulous tract with interpositioning with gracilis muscle flap mobilised for the leg lower limb. No urinary strictures and incontinence were observed in patients after gracilis muscle flap interposition. The mean follow-up period was 28 months, and closure of the fistula was achieved in all six patients (100%) who underwent definitive repairs..

Conclusion: Depending on the severity and the recurrence status of RUF, a complex gracilis muscle flap interposition can be used to achieve closure of the fistula.

UB POS 01 – 09

Minimally Invasive Surgical Management of Renal Mass in Pregnancy by Laparoscopic Partial Nephrectomy

Wani Amish, Mallikarjuna C, Ghouse Md, Taif Md, Adapala Rajesh, Pallagani Likhiteshwar

Asian Institute of Nephrology and Urology, Banjara Hills, Hyderabad, Telangana

Introduction and objective: Renal masses are rare but the commonest urological neoplasm in pregnancy. Further tumor spread and fetal maturity makes treatment challenging. We present 2 cases of renal mass diagnosed in pregnancy managed with laparoscopic partial nephrectomy (LPN).

Method: 22-week primigravida, known case of tuberous sclerosis, and 16-weeks primigravida presented with right renal lower polar mass, 6.5 x 5.1cm, with perinephric bleed and with incidentally detected left renal mass (5x5.5cm) respectively. Both patients were counselled and preferred to proceed with LPN.

The considerations during the surgery: 1. Both operated in 2nd trimester after fetal organogenesis is achieved, 2. Positioning was relative to the standard flank position to prevent excess compression on IVC by the uterus, 3. Adequate fluid resuscitation before the procedure to counter the pneumoperitoneum induced volume dependent decreased venous return. 4. Camera port placement by open

Hasson's technique. 5. Intra-abdominal pressure was kept less than 12mm Hg. 6. Ports placed laterally and cephalad due to the enlarged uterus. 7. Maternal hyperventilation and end tidal CO₂ monitoring throughout the surgery.

Results: Mean operative time, warm ischemia time and intraoperative blood loss was 125, 24minutes and 250ml respectively. Immediate post operative fetal viability was confirmed. Histopathology of the specimens revealed angiomyolipoma and papillary renal cell carcinoma respectively. Both delivered a normal healthy baby via normal vagina delivery at term. Follow up upto 24months was unremarkable.

Conclusions: LPN is challenging option for treating renal mass in pregnancy. Should be performed by a skilled laparoscopic surgeon in selected patients.

UB POS 01 – 10

Estrogen and Androgen Receptors as Prognostic Predictor for Non-Muscle Invasive Bladder Cancer

Sharma AP, Singh PP, Kakkar N, Devana SK, Bora GS, Mavuduru RM, Singh SK

PGIMER, Chandigarh

Introduction and Objective: Literature regarding the expression of sex hormone receptors in urothelial cancer, and its associations with tumour factors or patient outcomes is controversial. In the current study, we aimed to determine the expression status of AR, ER α and ER β and its potential role as prognosticator in patients with NMIBC.

Materials and Methods: 60 patients of NMIBC were screened and 57 (41 males and 16 females) were included in our study. The Tissue microarray slides were evaluated by pathologists blinded to the clinical information. Association of distribution of steroid receptor with stage, grade, progression and recurrence was seen.

Results: Mean age of the population was 60.9 \pm 9.3 years. Pathologically, majority of the patients were Ta (Ta: T1 stage 61.4% vs 38.6%). Nine (15.8%) of the tumours stained positive for AR while one (1.8%) tumor stained positive for ER α and thirty-six (63.2%) tumors stained for ER β . Higher proportion of male NMIBC stained positive for AR (19.5% vs 6.2%, p= 0.420) while ER β positivity was higher in females (58.5% vs 75%, p=0.247). AR negative tumors showed higher recurrence (20/48-42%) as compared to AR positive tumors (2/9-22%). ER β positive tumors showed higher recurrence (15/36-42% vs 7/21-33%, p=0.179). Progression-free survival (PFS) was found to be significantly lower for ER β negative group. (log-rank test p= 0.035)

Conclusion: AR negative and ER β positive tumors are likely to recur more frequently than AR-positive and ER β negative patients. PFS was lower in ER β negative group. AR and ER β can have prognostic significance in NMIBC patients.

UB POS 01 – 11

Pfannenstiel Incision Versus Iliac Port Site Incision for Retrieval of Resected Specimen after Laparoscopic Nephrectomy: A Prospective Randomized Parallel Arm Study.

Dheeroo D K, Sahoo S, G Rohith, Nayak P, Tripathy S, Mandal S

All India Institute of Medical Sciences, Bhubaneswar

Introduction and objectives: Although laparoscopic nephrectomy is the standard of care for benign and malignant renal masses, the location of the incision for kidney retrieval remains a point of debate, and no clear-cut guidelines exist. Aim was to assess the outcomes of kidney specimen retrieval after laparoscopic nephrectomy using a Pfannenstiel incision vs. an Iliac fossa incision group. In this CTRI Registered trial (CTRI/2022/03/041075), we present the interim analysis of our data.

Methods: The calculated sample is 52 (26 = each arm). In this open-labelled, parallel-group, RCT, we report the interim analysis of 27 patients (14,13 in each arm). The primary endpoint was the surgical site pain in the immediate postoperative period (measured by VAS at the 4th hourly). Secondary endpoints were total operative time, incision length, blood loss during specimen retrieval, postoperative hospital stay duration, Manchester scar scale (wound-site cosmesis) at three months postoperatively, or wound complications in the early postoperative period between groups.

Results: Demographic characteristics were comparable in both groups. Pain at 8 and 20 hours postoperatively demonstrated a significant difference (P 0.02 and P 0.03, respectively) in favour of the Pfannenstiel incision group. The iliac fossa group had a significantly shorter retrieval time (18.44+/-9.449 min versus 34.22+/-27.508 min, P 0.005). There were no significant differences between groups on other parameters.

Conclusion: The Pfannenstiel incision has significantly less operative site pain and the retrieval time was much shorter with the Iliac fossa incision. Recruitment is still ongoing, allowing the data to mature.

UB POS 01 – 12

Is Pre Operative PSMA (Prostate Specific Membrane Antigen) PET/CT A Reliable Predictor of Pelvic Lymph Node Metastasis in Intermediate and High Risk Localised Prostate Cancer:A Multi Centre Retrospective Analysis

Dinesh Thomas Cherian, Bikramjit singh, Deepak kaddu, Ginil kumar pooleri, Ravichandran, Kishore TA
Aster Medcity, Kochi

Introduction: Precise preoperative staging of biopsy proven prostate cancer is imperative to decide on the appropriate treatment. The primary objective was to retrospectively analyse the percentage of patients “negative for metastasis” on 68Ga PSMA PETCT that translated to absent pelvic node metastasis on histopathology (Negative predictive value-NPV) Thus in a subset of patients extended pelvic lymph node dissection could be avoided if the PSMA PET CT showed no lymph node metastasis The secondary objective was to analyse if pathological T stage and biopsy ISUP grades influenced the NPV of the PSMA PET CT

Methods: A total of 217 biopsy-proven, treatment-naive, intermediate and high-risk localised prostate cancer patients were included in the study. All the patients had undergone a PSMA PET/ CT assessment of their pelvic lymph nodes and the patients “negative for metastasis” on the preoperative PSMA PETCT underwent Robotic assisted radical prostatectomy with extended pelvic lymph node dissection-ePLND.

Results: The NPV of PSMA PET CT in patients with intermediate risk prostate cancer was 86.9% compared to 71.43% in patients with high risk prostate cancer. As the ISUP biopsy grade increased the NPV decreased from 94.12% in ISUP 1 to 44.83%(p<0.0001) in ISUP 5. PSMA PETCT is not accurate in differentiating T2 from T3 because 56/84(66.66%) intermediate risk patients and 109/133(81.9%) high risk patients were upstaged to T3 on histopathology.

Conclusions: PSMA PET CT cannot replace e PLND with respect to accurate preoperative lymph nodal staging in intermediate and high risk prostate cancer since the NPV is below 95% (86.9%,71.43%) respectively.

USI Best Poster Prize Session 2

UB POS 02 – 13

Evaluating outcomes of stone free rates in Retrograde Intrarenal Surgery(RIRS) with T Tilt position : A prospective randomized study

Vishal Balan Pillai, D Ramesh, Manasa T

M S Ramaiah Medical College Hospital, Bangalore

Introduction: The lower pole of the kidney presents a unique challenge as it is the most difficult location for retrograde intrarenal surgery. We investigated a modified patient position to increase stone-free rate by analysing presence of residual fragments. We randomized patients into standard position and the T-Tilt position (15° Trendelenburg and 15° airplane away from the surgical side kidney)

Methods: In this prospective, randomized study, patients were randomized into the standard or T-Tilt position. Demographics, comorbidities, and operative parameters were collected. Stone free rate was determined with CT KUB at 1-month follow-up and the data analyzed applying the relevant statistical tests.

Results: A total of 70 patients were analysed: 35 standard patients and 35 T-Tilt patients. The groups had similar patient and stone factors. Stone-free rates for isolated lower pole stones were significantly different: standard position was 67 % vs. T-Tilt position was 94 % ($p < 0.001$). Clavien-Dindo scores did not differ significantly ($p = 0.3$).

Conclusions: The T-Tilt patient position was associated with higher stone-free rates. It is an atraumatic, cost-effective technique. These results suggest that modifying patient positioning during retrograde intrarenal surgery improves stone-free rates.

UB POS 02 – 14

Management of Untreated Classical Bladder Exstrophy in Adults: A Case Series of The Outcomes of Indiana Pouch from A Single Centre

Mandal A, Kumar N, Vasudeva P, Barkesiya BL

Vmmc and Safdarjang Hopsital, New Delhi

Introduction: The management of adults seeking surgical correction for complete bladder extrophy (CBE) is unique in contrast to neonatal CBE repair. We report our experience with the Indiana pouch (continent urinary reservoir) in 6 consecutive adults.

Case series: 6 patients presented with CBE with a mean age of 23 yrs. The majority opted continent catheterizable pouch. One patient opted for primary repair of CBE. Later on, due to failed primary repair

(n=1), underwent continent urinary diversion. Postoperative care was on a fixed protocol. All these adults were offered the same form of bladder substitution (Indiana pouch and its modification). We have performed the procedure between 2020 -2022 and reported the short-term outcome in form of the dry intervals of 4 hours or more with Clean intermittent catheterisation (CIC).

Results: 5 patients underwent Florida pouch modifications of Indiana pouch. Except one, abdominal wall closed primary in all patients. At 1 year follow up daytime and night time dry intervals of 4hrs or longer were achieved in 5 patients. No pouch- related early complications were noted. Transient small bowel obstruction noted in 2 patients and one patient developed a superficial wound infection. One patient have less than 2hrs dry periods at 4 months follow-up, which occurred secondary to high pouch pressure. No late complications were noted till last follow-up.

Conclusions: Management of adult classical bladder exstrophy is challenging. Indiana pouch is a safe, reliable, and reproducible procedure to provide a socially acceptable quality of life with a dry interval of 4 hours.

UB POS 02 – 15

Casale Technique of Continent Cutaneous Diversion in Complex Obstetric Labour Injury

Goel A, Kumar A, Yadav S

Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi

Introduction: Monti et al. described a continent catheterizable conduit using ileal segment but its length was limited. Casale in 1999, described a modification, where 3.5 cm of ileum is isolated on its mesentery and divided into 2 segments for 80% of its circumference. Each ring of bowel is divided adjacent to the mesentery but on opposite sides, allowing the bowel to be unfolded and reconfigured in a single long strip that may then be tubularized. We share our experience of Casale technique of continent diversion in an obstetric labour injury with complete urethral loss.

Case Report: A 22-years-old primigravida presented with obstructed labour with uterine rupture, vaginal tear, bladder perforation and complete urethral avulsion. Procedure: Emergency LSCS done followed by repair of uterus, vesicovaginal tear and vaginal wall. Urethra could not be repaired due to unhealthy and necrotic urethral tissue and SPC was placed. At 6 months, MCU revealed vesicovaginal fistula at bladder neck. On Antegrade cystoscopy - Bladder neck was found to open into vagina with complete urethral loss. Definitive Management: Casale's modification of Yang Monti procedure done. Ureteral stents were removed on POD 20. Patient was started on CIC after 6 weeks and SPC was removed after 48 hours. Patient remained continent on follow up.

Conclusion: Thus, Casale's technique of ileovesicostomy for creation of continent catheterizable stoma according to the Mitrofanoff principle is a feasible and effective technique of urinary diversion in obstetric injury with irreparable urethral loss.

UB POS 02 – 16

Can we Define Ideal Pneumoperitoneal Pressures on the Basis of Intra-Operative and Post-Operative Physiological Parameters in Adult Laparoscopic Renal Surgeries?: A Prospective Randomized Study

Himanshu Raj, Ranjan A, Puneeth K, Srivastava A, Singh UP, Sureka SK

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

There aren't properly validated studies defining safe and ergonomically efficient pneumoperitoneal pressure (PP) for transperitoneal laparoscopic renal surgeries (LRS). This study aims to define ideal/safe pneumoperitoneal pressure in various transperitoneal LRS.

Methods: In a prospective randomized setting, 78 adults randomized in 3 groups based on pneumoperitoneal-pressure (Group I, 8-10; Group II, 11-13 and Group III, 14-16 mmHg). Hemodynamic parameters and blood gas measured at four points: before CO₂-insufflation (T0), 10 min after insufflation (T1), before desufflation (T2) and 10 min after desufflation (T3). Postoperative pain at 1, 6, and 12 hours and time to start oral feeds noted. Technical feasibility based on successful surgery completion, duration and intraoperative complications.

Results: Group I and II showed similar hemodynamic and ventilatory parameters at T1 and T2. In Group III, hemodynamic and respiratory changes were more pronounced at T1 and T2. At T3, most parameters were statistically restored to baseline in Group I and II but not in Group III. Mean postoperative pain at 1 hour was least in group I, but comparable between group I and II at 6 and 12 hours. Postoperative pain and time to start oral feeds was significantly greater in Group III. In group I, 5 patients, with BMI >30 were excluded due to crossover to group II due to operative difficulties.

Conclusion: Pneumoperitoneal pressures of 10 mm Hg or less cause least disturbance in intra- and postoperative homeostasis and is ideal for LRS. However, technical difficulty may be encountered in obese patients, requiring higher pressures. Pressure above 13 mmHg should be avoided.

UB POS 02 – 17

Oncological Outcomes and Prognostic Factors of Consecutive Adrenocortical Carcinoma Patients Treated Surgically with Curative Intent

Sepuri BRT, Pal M, Bakshi G, Menon S, Arora A, Gujela A, Prakash G

Tata Memorial Hospital, Mumbai

Introduction: Adrenocortical carcinoma (ACC), is a rare malignancy and an aggressive tumor characterized by a high recurrence rate and poor response to treatment. This study analyses consecutive series of ACC operated at Tata Memorial Hospital, Mumbai to evaluate the prognostic value of various clinical and pathological characteristics

Methods: We retrospectively evaluated 20 ACC patients operated at our centre and evaluated the prognostic value of age at diagnosis, gender, stage, pathological features such as modified Weiss score and number of mitoses and type of treatment with respect to overall survival (OS).

Results: Median age at ACC diagnosis was 44.5 (range: 19 to 64) years; 12/20 were left sided tumors. Median size of the tumor was 11.75cm (4-25cm), with 1 T1, 10 T2, 8 T3, 2 T4 at presentation. 9 patients underwent lymph node dissection during the surgery and out of them 2(18%) had pathological lymph node positivity. None of the patients had positive surgical margin. 4 patients died at median of 13 months (3-48). Median OS was 23 months (3-123). 6 had recurrence with in 12 months lung being the most common site of recurrence(4/6). Modified WEISS score was 5 in 10/20(50%). Time of recurrence less than

6 months, lung metastasis, modified WEISS score (>5), higher mitotic figures (>15), and Furhman grade (3-4) were associated with poor prognosis.

Conclusion : ACCs are inherently aggressive tumors operated rarely even at high volume cancer centres. Despite complete surgical removal very few patients have a long term survival with unsalvageable distant failures.

UB POS 02 – 18

Novel technique for the treatment of large sub-capsular contained renal hematoma with combined use of percutaneous drainage and streptokinase injection.

Pawan Kandhari, Himanshu Sharma, Amit Bansal, Pragnesh Desai, Ruchir Maheshwari, Samit Chaturvedi, Anant Kumar.

Nagpur

Introduction: Subcapsular renal haematoma occurs due to trauma or spontaneously. It is usually managed conservatively but it takes a long time to resolve. Patient's may have persistence of pain or infection. We put forth a novel method to manage large contained subcapsular renal hematoma by combined use of percutaneous drainage and streptokinase injection.

Methods: We had 12 patients who presented in last 5 years with large subcapsular renal hematoma who did not have active bleeding but were symptomatic. Percutaneous drainage of the hematoma was performed first followed by this streptokinase was injected into the hematoma with a dose of 7.5/15 lakh units with 50 cc Normal Saline depending on the size of hematoma. Nephrostomy tube was kept clamped for 2 hours. This was repeated every 3rd day after reassessing the diameter of the hematoma. Patients were monitored during this period. Once there was symptomatic and radiological resolution percutaneous drain was removed.

Results: Above stated protocol was successful in treating subcapsular hematoma in all the cases. The average time to pain relief was 5 days and total duration of drainage was 22 days. Relative to baseline, there was reduction in the diameter of hematoma from 11 cm to 1 cm. Active bleeding, infectious complications or recurrence of symptoms were not found in these patients.

Conclusions: Combined use of percutaneous drainage and streptokinase injection was a safe and effective treatment for patient with large subcapsular renal hematoma.

UB POS 02 – 19

Restaging Transurethral Resection of Bladder Tumor in High Volume Center : An Over Treatment ?

Anupam Shukla, Sumit Mandal, Himanshu Raj, Ankit Mishra, Aneesh Srivastav, Uday Pratap Singh, Sanjoy Sureka

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Introduction And Objective: Restaging TURBT for all high grade, lamina invasive tumours may be an over treatment for patients with lower risk of harbouring persistent or recurrent disease after complete resection by an experienced urologist. We aim to identify predictors of persistent disease or disease upstaging with frequency of upstaging on repeat procedures.

Methods : Retrospective analysis done at our centre from 2011 to 2020. If first TURBT was done elsewhere, the histopathology blocks were reviewed at our centre. Patient with high grade or T1 disease or absence of detrusor muscle, was considered for restaging TURBT. Group A patients who after having their primary TURBT elsewhere underwent restaging at our centre. Group B patients who underwent both their primary and restaging TURBT at our centre. The number, size and morphology of the growth and status of the previous scar site were noted on cystoscopy.

Results : In Group A, 13 patients (65.0%) and in group B, 4 patients (6.15%) were upstaged to muscle invasive high-grade disease. Factors predicting higher risk of upstaging in both groups are size, number and morphology of mass. Morphology was common predictor in both groups. Other factors including age, comorbidities and smoking status affected rates of upstaging.

Conclusions : Upstaging was observed in only 6% patients which shows that reTURBT may be unnecessary after complete resection in certain patients at a tertiary centre. Solid morphology, multiple growths at primary resection and tumours larger than 3 cm are predictors of tumour upstaging.

UB POS 02 – 20

Negative Predictive Value of The Prostate-Membrane Specific Antigen Positron Emission Tomography for Avoiding Pelvic Lymph Node Dissection with Radical Prostatectomy

Amandeep Arora, Archi Agrawal, Ganesh Bakshi, Mahendra Pal, Santosh Menon, Gagan Prakash
Tata Memorial Hospital, Mumbai

Introduction: The prostate-specific membrane antigen positron-emission-tomography (PSMA-PET) scan is increasingly utilized for staging of prostate cancer (PCa). Here, we sought to evaluate the accuracy of PSMA-PET scan with the aim of identifying patients who could be spared a pelvic lymph node dissection (PLND) at the time of radical prostatectomy (RP) based on the results of the PSMA-PET scan.

Methods: We retrospectively reviewed records of patients who underwent a PSMA-PET scan followed by an RP with extended PLND (external iliac, obturator and common iliac nodes) at our tertiary cancer care centre from Aug 2015-June 2022. The nodal status in the PSMA-PET scan was compared with the final histopathology of the PLND.

Results: A total of 198 patients were included and were stratified as follows based on MRI and PSMA-PET scans: 6 (3%) low-risk, 49 (24.8%) intermediate-risk, 46 (23.2%) high-risk localized, 82 (41.4%) locally-advanced node-negative and 15 (7.5%) node-positive patients. The negative predictive value (NPV) was 89%, 93.8%, 87% and 86.6% for overall, intermediate-risk, high-risk localized and locally-advanced node-negative patients respectively. The median SUVmax of the primary prostate lesion in patients who were true negatives as identified by the PSMA-PET scan was significantly lower (11.9 vs 26.4) than that in patients who were false negative (negative on PSMA but positive in final pathology).

Conclusion: The high NPV of PSMA-PET scan coupled with SUVmax of the primary lesion can help make a decision to avoid a PLND in intermediate-risk patients with a 'negative' PSMA-PET scan, in whom PLND is currently decided based on nomograms.

UB POS 02 – 21

Comparison of Trifecta Outcome Achievement Rate for Laparoscopic Partial Nephrectomy Between R.E.N.A.L Nephrometry Scores ≤ 7 And >7 - A Retrospective Study

Mitra A, Sadanala ME, George AJP, Kumar S, Thampi NJ
Christian Medical College, Vellore

Introduction: Laparoscopic partial nephrectomies (LPN) are safe for small renal masses. With increasing expertise, LPNs are being done for complex tumours in recent practice. A retrospective analysis was done to compare the rate of achieving Trifecta, for LPNs done for renal masses of R.E.N.A.L – nephrometry scores ≤ 7 and >7 . Trifecta was defined as warm ischemia time (WIT) 25 minutes, negative surgical margins (NSM) and no $>$ grade 2 Clavien-Dindo postoperative complications (CD).

Methodology: One hundred and seventy patients underwent LPNs between January 2016 to December 2021, of which 88 tumours were R.E.N.A.L scores ≤ 7 and 82 were >7 . Baseline characteristics, WIT, NSM and CD were documented. Analysis was done by comparing the proportion of occurrence of these parameters.

Results: Baseline characteristics including demographics and comorbidities were comparable between the two groups. WIT 25 min was achieved in 132 patients (79.4%, 95% CI-72.5-84.9) [≤ 7 group-68 patients (78% 95%CI-68.7-86.3), >7 group-64 patients (80%, 95%CI-68.7-86.3; $p=0.882$]. NSM was achieved in 147 patients overall (86%, 95%CI-79.8-90.5) [≤ 7 group-79 patients (89% 95%CI-80.7-94.4), >7 group-68 patients (82%, 95%CI-72.4-89.4), $p=0.192$]. More than $>$ grade 2 CD occurred in 10 patients overall (6%, 95%CI-3.3-10.9) [≤ 7 group-2 patients were re-explored for hemorrhage (2%, 95%CI-0.5-9.1), >7 group-8 patients, 1 was re-explored for urinary leak, 1 for hemorrhage, 1 required prolonged ICU care for Type 2 respiratory failure and 5 had angioembolization for hemorrhage (10%, 95%CI 5-18.9), $p=0.040$]. There were no deaths. Trifecta was achieved in 106 patients overall (64%, 95%CI-56.6-71.2) [≤ 7 group-58 patients (68.2%, 95%CI-57.5-77.3), >7 group-48 patients (60% 95%CI 48.8-70.2); $p=0.270$].

Conclusion: Comparable Trifecta outcomes can be achieved when LPN is used for complex renal tumours, but with higher angioembolization rates.

UB POS 02 – 22

Patterns of Recurrence in Penile Cancer - Implications For Surveillance Strategies

Amandeep Arora, Gagan Prakash, Mahendra Pal, Uday Chandankhede, Manoj Tummala, Ganesh Bakshi
Tata Memorial Hospital, Mumbai

Introduction: Given the rarity of penile cancer (PeCa), surveillance protocols for patients following their primary treatment remain less clearly defined. Here, we aim to study the recurrence patterns in PeCa patients, including the time to recurrence and site of recurrence.

Methods: We retrospectively evaluated a prospectively maintained database of 509 patients with PeCa who underwent definitive management at our tertiary care centre from 2012-2019. Patients with recurrences following this initial definitive therapy were identified. The disease-free survival (DFS) for local, nodal and distant recurrences and the cancer-specific survival was determined.

Results: Of the 509 patients, 141 (27.7%) patients had recurrence over a median follow-up of 35.5 months. The median time to recurrence for local, nodal and distant recurrences was 25, 7 and 4 months

respectively. For local recurrences, 52.3% had occurred by the end of 2 years while 93% occurred by 5 years. For nodal and distant recurrences, more than 95% occurred within the first 24 months. The 5-year CSS for patients with local recurrence was 91% while the 2-year CSS for those with nodal and distant recurrences was 34% and 7.5% respectively. On multivariate analysis, pN3 nodal status was found to be an independent predictor of nodal/distant recurrence (Odds ratio: 3.23; [95% Confidence interval: 1.74 - 5.98]; $p < 0.001$).

Conclusion: Local recurrences continued to occur over a period of 5 years and thus warrant long-term follow-up. More than 95% of nodal and distant recurrences occurred within the first 24 months and suggest that continued surveillance beyond this would offer little benefit.

UB POS 02 - 23

Study of Predictive Factors Affecting Outcomes of Patients Undergoing Transperitoneal Laparoscopic Donor Nephrectomy: A Single Centre Experience

Niramy Pathak, R. Shetty, A Singh, A Ganpule, R Sabnis, M Desai.

MPUH: Muljibhai Patel Urological Hospital, Nadiad

Introduction: Lap donor nephrectomy should be a zero error surgery. We aim to study factors such as lay of colon on kidney, height and depth of hepatic or splenic flexure, loaded or unloaded colon, stickiness of mesenteric fat, perinephric fat thickness, visceral fat content, tobacco addiction. The first four factors are intraoperative factors and last three factors are preoperative factors. All factors other than stickiness of mesenteric fat are objective parameters

Methodology: We retrospectively reviewed data of all patients who underwent lap donor nephrectomy in previous six months and the previously mentioned parameters were assessed in 77 patients and outcomes that were studied were hospital stay duration, operating times, postoperative paralytic ileus and postoperative wound complications.

Results : Of the 77 patients, 14 were males, mean age was 52.5 years. Average hospital stay was 4.8 days. Mean perinephric fat thickness was 0.81 cm, mean Body fat proportion (as an indicator of visceral fat) was 34.1% and mean operating time was 165 minutes. Statistically significant results were that loaded colon had more postoperative wound complications p-value 0.026 and more perinephric fat thickness had more operative times p-value 0.039. Clinically significant and statistically insignificant result was that patients with loaded colon had more hospital stay p-value 0.07.

Conclusion: Certain factors, specifically, presence of perinephric fat and presence of loaded colon can predict outcomes and difficulty of lap donor nephrectomy and accordingly can be used to predict surgical difficulty.

UB POS 02 - 24

Role of Shear Wave Elastography to Assess Stiffness of Central Corpora Cavernosa in Vasculogenic and Non-Vasculogenic Erectile Dysfunction Patients: A Novel Diagnostic Modality

Singh Pushpendra, Sharma Aditya, Singh S.K, Mavuduru S Ravimohan, Dey Souvik, Sathaye Shekhar

PGIMER Chandigarh

Introduction: Shear-wave elastography(SWE) is a new modality for evaluation of ED by assessing the stiffness of tissue. SWE could be an objective tool for assessing penile rigidity during erection and to establish the vascular subtype of ED. Here we present the SWE values in ED patients in our subpopulation and compare SWE findings between vasculogenic and non-vasculogenic ED patients.

Material and Methods: 40 patients with clinically diagnosed ED filled out an IIEF-5 questionnaire and underwent SWE as well as PIPE test after intracavernosal injection for penile erection. SWE values were obtained serially at 5 minutes interval at two locations: Central(cavernosal artery centered circular region)and Peripheral(near the tunica albuginea). SWE values were compared with the ED types based on PIPE test.

Results: The mean age of patient was 32.48 ± 6.6 years and the median IIEF-5 score was 11(IQR:9-14). IIEF-5 scores had significant inverse correlation with central SWE value in erectile state ($p=0.000$, $r= -0.536$). Vascular ED patients had significantly higher central SWE value in erectile state than non-vascular ED patients ($p=0.001$). ROC analysis revealed that the cut off value for central SWE was 5.65 kPa in erectile state with the sensitivity, and specificity for predicting vascular ED being 90.9% and 61.1 % respectively. The Area under the curve was 0.816 with a standard error of 0.071 ($p=0.001$).

Conclusion: Central cavernosal shear wave elastography is a good modality to objectively quantify the penile rigidity and can be used to distinguish subtype of erectile dysfunction.

UB POS 02 - 25

Are Systematic Prostate Biopsies Avoidable ? Analysis of A Prospectively Maintained MR-Targeted Biopsy Database

Ashwin Mallya, Sachin Kathuria, Ajay Sharma
Sir Ganga Ram Hospital

Introduction:We evaluated role of MRI targeted biopsies (TBx) vs systematic biopsy (SBx) in detection of Clinically significant prostate cancers (CSC) and examined if SBx can be avoided altogether.

Materials and methods: Ninety six men with PIRADS ≥ 3 lesions underwent TBx (2-3 cores per lesion) followed by SBx (12 cores). Detection rates for CSC (\geq Grade group 2) compared and concordance rates with post Radical prostatectomy (RP) histopathology studied.

Results: Mean age, PSA and prostate volume were 65.7 years, 11.2 ng/ml and 43 ml respectively. Fifty five (57%) men were detected with CSC. Thirty seven detected on both modalities. If TBx OR SBx only approach had been followed omitting other , 6 (11%) and 12 (21%) respectively with CSC would be missed. SBx detected 5 (9%) with clinically insignificant cancer (CIC) undetected on TBx whereas TBx detected 3 (4%), undetected on SBx. Among 12 CSC missed by SBx, 8 (67%)were Transition zone/anterior (TZ/A). Among 6 CSC missed by TBx, 2 (33%) were TZ/A. Twenty eight men underwent RP, pathologic upgradation with SBx and TBx was seen in 8 (29%) and 3(11%).

Conclusions:TBx yielded benefit of 21% in detection of CSC over SBx. SBx cannot be avoided as 11% CSC would be missed if TBx alone was performed. CIC detection rates were higher in SBx Vs TBx. Majority of CSC missed on SBx were anterior/ TZ lesions.

USI Best Paper Prize for Young Urologist's

UBYP 01

Concept Of Ideal Puncture Zone For PCNL: Revisited

Rishi Nayyar,

AIIMS, New Delhi

Objective: To describe a concept of ideal 'Puncture Zone' as against any single ideal 'Puncture Tract' for percutaneous nephrolithotomy (PCNL) and present our results using this concept. Through this description we aim to reduce the gap in inter-understanding of an ideal PCNL tract, puncture making methods, and varying literature on predictors of success of PCNL.

Methods: The known principles of an ideal puncture were applied in a 3D perspective for puncture making. The largest imaginary cone that can fit into a respective calyx, with its tip in the pelvis defines the 'Puncture zone' for that calyx. This concept allows fine tuning of the ideal puncture tract based upon the desired corresponding manipulation zone and also shifts the focus of puncture making to infundibulum anatomy from the tip of calyx. A retrospective review of 136 cases by a single surgeon using this concept is presented.

Results: Upper, mid and lower calyceal punctures were made in 66, 18, and 55 cases respectively. 33 cases had multiple (>3) stones, 21 only calyceal/infundibular stones, eight partial staghorn and 12 were complete staghorn stones. Mean stone size was 29 ± 15 (Range: 5-53) mm. Complete clearance was achieved in 127 cases, five of which required two tracts. Blood transfusion was required in one case.

Conclusions: The puncture zone concept has provided good results in our hands. It may help easier understanding of PCN puncture making and provides a background for reconciliation between description of an ideal tract and practical puncturing techniques used by different surgeons.

UBYP 02

Development and Internal Validation of a Nomogram Predicting Need For Additional Therapy Following Robotic Radical Prostatectomy

Gopal Sharma, M Shah, P Ahluwalia, G Gautam

Max Super Specialty Hospital, Saket, Delhi

Introduction: After radical prostatectomy (RP) about 15-20% patients with prostate cancer will develop biochemical recurrence (BCR). Most of these patients will require additional therapy in the form of radiation or hormonal therapy. With this study we aimed to identify factors predicting need for additional therapy following RP.

Methods: In this retrospective chart review of our robot-assisted RP (RARP) patients, we compared patients who needed additional therapy following surgery to those who did not require additional therapy. Univariate and multivariate analysis was run to identify predictors of need for additional therapy. Preoperative and postoperative predictive models were prepared and internally validated. A nomogram using above two models was also prepared.

Results: Of the 536 patients included in the study, 206 patients (38.4%) had BCR after a median follow up of 42 months. Using multivariate analysis, a preoperative model including 4 variables {Biopsy Gleason

grade, clinical stage, prostate-specific antigen (PSA) and Charlson comorbidity index (CCI)} was selected. A postoperative model consisting of seven variables (PSA, CCI, clinical stage, seminal vesicle invasion, margin status, lymph node status and radical prostatectomy specimen ISUP grade) was selected. Both the models were found to be internally valid using bootstrapping, Hosmer-Lemeshow test and calibration plots. On ROC analysis, models had an AUC of 0.78 and 0.87 respectively. On DCA, model was found to be clinically beneficial at a threshold probability of 10% and 5% respectively.

Conclusion: We developed and internally validated preoperative and postoperative models predicting the need for additional treatment following RARP.

UBYP 03

Sleep disorders among male patients with lower urinary tract symptoms. A prospective observational study

Ankur Mittal, Panwar Vikas K, Singh Gurpremjit, Mandal Arup K, Gupta Ravi, Ghorai Rudra P
AllIMS Rishikesh

Introduction With the exception of nocturia, few reports have been published on the relationship between LUTS and sleep disturbances in patients visiting urology outpatient. The purpose of this study was to assess the association between various LUTS and sleep disturbances.

Methods This was a prospective observational study. A total of 123 male patients with a history of LUTS aged more than 40 years were recruited from Urology OPD. IPSS was utilized to assess LUTS. To assess the quality of sleep, Pittsburgh sleep quality index was used. Berlin questionnaire was used for screening obstructive sleep apnea.

Results A total of 123 participants were enrolled in this study. The mean age of the participants was 61 +/- 11.1 years. Nocturia > 3 episodes was significantly more in patients with PSQI > 5 ($p < 0.05$). There was a greater prevalence of severe LUTS in patients with PSQI > 5 ($p < 0.05$). There was an increased prevalence of moderate and severe symptoms in patients with high BQ. Patients with PSQI > 5 had more severe LUTS (53% of patients) compared to patients with PSQI \leq 5 (5% of patients) ($p = 0.000$). Patients with PSQI > 5 had overall poorer QOL scores with QOL being 4,5,6 in 45.7%, 18%, and 4.8% of the patients respectively.

Conclusion There is a significant association between the prevalence of nocturia, the existence of sleep disorders, and moderate to severe LUTS. Therefore, screening for sleep disturbances may be performed on male patients who present with a LUTS in urology OPD.

UBYP 04

Moving towards SSD (Stent free, Skin suture removal free & Drain free) approach in living donor kidney transplant program is worth to be considered: Single centre Experience

Jyoti Bansal,
Manipal Hospital Jaipur

Background: Laparoscopic donor nephrectomy is well established practice though conventional open vs robotic assisted kidney transplant still is debatable in terms of outcome and superiority over one another. Despite being in naive stage of our transplant program, our team considered to adopt SSD approach where ever feasible and look for the outcome. Here we would like to share our experience for conventional open kidney transplant.

Results: Total 85 cases were done. From October 2020 to Jan 2022 total 43 cases were done with SD (Skin suture removal free & Drain free) approach (Group 1). From February 2022 to June 2022 total 32 cases were done successfully considering SSD (Stent free, Skin suture removal free & Drain free) approach (Group 2). Mean duration of hospital stay was 14.73 versus 11.83 in group 1 & 2 and difference was significantly different. Incidence of UTI during hospital stay and between period of discharge and DJ stent removal were also significantly different. No need for hospital readmission in group 2 for DJ removal and consequent follow up. 5 incidences of Clavien Dindo complication (2 of grade I and 3 of grade IIIb) in group 1 patients. 2 incidences of Clavien Dindo complication (1 of grade IIIa and 1 of grade IIIb).

Conclusion: SSD approach is safe enough to be considered. It significantly reduces length of hospital stay & incidence of UTI. Completely resolved issues were stent dysuria, risk of forgotten DJ stent, following patient for any ureteric obstruction post DJ removal.

UBYP 05

Retrospective External Validation of MSKCC & Briganti Nomogram For Prediction of Pelvic Lymph Node Involvement In Indian Prostate Cancer Patients Of All Risk Categories

Sepuri BRT, Bakshi G, Prakash G, Arora A, Pal M

Tata Memorial Hospital, Mumbai

Introduction & Objectives: Extended pelvic lymph node dissection (PLND) is an integral part of surgical management in patients undergoing radical prostatectomy for high-risk localised, and locally advanced Prostate cancer (PCa) and nomograms (Briganti, MSKCC 2018) can be used to risk stratify patients who require PLND in low and intermediate risk disease. We sought to compare their performance across all risk category patients who underwent RP to assess their predictive value for LNI.

Methods: This is a retrospective analysis of 200 men who underwent RP with PLND between 01/01/2012 and 31/12/2021.

Results: Out of 200 patients, 6 were low risk, 64 in intermediate, 60 in high risk and 70 in locally advanced PCa. 35/200 patients had LNI (17%). The AUC of Briganti and MSKCC was 0.74 & 0.89, respectively. Sensitivity for cut-off 7% in Briganti and MSKCC was found to be 94% & 100% respectively, where as specificity was 16% & 66% respectively. With Briganti, using the cut-off value of 7%, PLND could have been avoided in 21/200 (10.05%) (low-4/6 (66%), intermediate - 12/64 (18.75%), high-6/60 (10%), locally advanced-2/70 (0.02%)), without missing any cases with LNI. With the MSKCC using the cut-off of 7% PLND could be avoided in 65/200 (32.5%) - 5/6 (83%) in low, 31/64 (48%) in intermediate, 23/60 (38%) in high and 6/70 (8.5%) in locally advanced, without missing any cases with LNI. $\hat{\Delta}$

Conclusions: In our Indian cohort, both MSKCC and Briganti can be used for low, intermediate and high risk PCa patients for predicting LNI. The MSKCC nomogram outperformed Briganti in predicting LNI. This could help selecting patients in whom PLND can be avoided with its implications for reducing morbidity and resource utilization.

UBYP 06

Holmium (HOL) Versus Thulium Fiber Laser (TFL) for Retrograde Intra Renal Surgery (RIRS) - A prospective Randomized study

Gopal Ramdas Tak, Deepak Ragoori, Jyoti Swaroop, Prashant Nanavati, Shanti Darga, Purna Chandra Reddy, Mallikarjun Chiruvella

Asian Institute Of Nephrology & Urology, Banjara Hills, Hyderabad, India

Objective: To compare the stone-free rate (and other relevant parameters) between commercially available Holmium and Thulium fiber laser for retrograde intrarenal surgery (RIRS) in the treatment of kidney stones size between 1- 2 cm.

Material and methods: We did a prospectively randomized study which included a total of (n=106) patients: 49 patients who underwent RIRS using Holmium laser and 57 patients who underwent RIRS using Thulium fiber laser between October 2020 and March 2022.

Results: The stone-free rates after one session were 83.67% and 89.47% of the Holmium and Thulium groups, respectively which were statistically insignificant ($p=0.384$). Around 8.16% of the holmium group & 3.5% of the Thulium group required auxiliary procedure ($p=0.313$). The mean duration of operation was 37.43 ± 11.61 min in the Holmium group and 37.19 ± 17.58 min in the Thulium group ($p=0.936$). The hospital stay in the Holmium group was (1.19 ± 0.45 vs. 1.3 ± 0.53) days in the Thulium group. Complication rates were comparable in either group ($p=0.187$).

Conclusion: This study revealed that both Holmium laser and Thulium fiber laser are comparable to each other in terms of stone-free rate, operative time, hospital stay, and complications. It's just individual perception; favoring one laser fiber over the other laser.

USI Prize for Best Ideas and Innovations

UBP-INN 01

Development and validation of a nomogram predicting intraoperative complications during robot-assisted partial nephrectomy

Gopal Sharma, M Shah, P Ahluwalia, P Dasgupta, B Challacombe, M Bhandari, G Gautam

Max Super Specialty Hospital, Saket, Delhi

Objective: To develop and internally validate a preoperative nomogram predicting intraoperative complications (IOC) following robot-assisted partial nephrectomy (RAPN).

Methods: In this observational study, data for demographic, preoperative and postoperative variables for the patients who underwent RAPN was extracted from the Vattikuti collective quality initiative (VCQI) database. IOC were defined as the occurrence of intraoperative surgical complications, blood transfusion or conversion to open surgery/radical nephrectomy. Backward stepwise logistic regression analysis was used to identify predictors of IOC. The nomogram was internally validated using bootstrapping (5000 reps), a maximum area under the curve (AUC) from the receiver operating curve (ROC), and goodness of fit, calculated using the Hosmer-Lemeshow test. Decision curve analysis (DCA) was performed to assess the clinical utility of the model.

Results: Among the 2,114 patients, IOC were noted in 158 (7.5%) patients. On multivariate analysis, five variables i.e. Renal nephrometry score (RNS) (odds ratio (OR) 1.13 (1.02-1.25)), clinical tumor size (1.01 (1.001-1.024)), partial nephrectomy indication - absolute versus elective (OR 3.9 (2.6-5.7)) & relative versus elective (OR 4.2 (2.2-8)), Charlson comorbidity index (OR 1.17 (1.05-1.30)) and multifocal tumors (OR 8.8 (5.4-14.1)) were identified as independent predictors of IOC. A nomogram was prepared using these five variables. The model was internally valid on bootstrapping and goodness of fit. The AUC

estimated from the ROC analysis was 0.76 (0.72-0.80). DCA revealed that the model was clinically useful at threshold probabilities greater than 5%.

Conclusion: With this study, we developed and internally validated a nomogram predicting IOC during RAPN.

UBP-INN 02

Smart urology - Indian way of practicing urology

Vipin Sharma, Pankaj M Joshi, Jyotsna Kulkarni, Sanjay B Kulkarni

Bombay Hospital Indore Madhya Pradesh

Introduction - We wish to present our few small innovations to make urology practice easy. 1. Portable Endo unit - with use of smart phone, portable battery source and binocular adaptor, we can create our own portable Endo unit, so that procedure like cystoscopy, DJ stent removal can be done in non-availability of conventional Endo unit. 2. Straw SPC scopy - Many times in stricture urethra, we are not able to find proximal access, so with straw spc scopy iwe can find out the proximal urethra, without doing proper spc and wait for 2 to 3 weeks. In this method, we can use simple straw through trocar SPC and from there mini nephroscope or flexible ureteroscope can pass and SPC scopy can perform. 3. Needle and wire - Guidewire (0.025/0.035) can be pass through 20 G needle and very helpful in retrograde threading of foley's catheter, finding proximal urethral end in fracture pelvis urethral injury or in complete blockage of anterior urethral blockage, passing the wire in mini-nephroscope through irrigation channel. 4. Parachute gown/drape - parachute cloths can be used as part of gown and drape, which is water and heat resistant, washable, autoclavable, and cheap replacement for disposable gown and drape. Urologist can perform surgery without getting wet in water or blood. 5. Vicryl tacker - vicryl taker can use in suturing (tacking) graft on dorsal wall in double face urethroplasty in ventral approach. And can be used to controlled bleeding from dorsal vein in PFUI repair.

Conclusion - we can achieve extraordinary through innovative thinking.

UBP-INN 03

Development of an innovative visual aid for self catheterisation for female patients

Ashish Rawandale,

Institute of Urology, Dhule

Introduction: Self catheterisation for female patients has always been a challenge to the person teaching and the female patient trying to learn it. The peculiar anatomy of the female perineum and the inability of the patient to directly visualise the urethral meatus, poses these challenges.

Aims Objectives: The present innovative project was initiated with an aim to create a portable, affordable, wireless mobile based visual aid to help the female patient learn her own perineal anatomy and perform self catheterisation with accuracy.

Material and methods: Designing, prototyping, Bench and clinical evaluation of the prototype was done. The innovation consists of a handheld wireless pencil video scope which telecasts the image onto a mobile screen via an app. The catheter is attached to the videoscope in such a way that the catheter tip is seen

in the center of the visual field. Holding the pencil tip the patient self catheterises undervision. A bench evaluation and 10 patient clinical evaluation was done.

Results: Bench and Clinical evaluation showed advantage of the innovation as an assist to self catheterisation.

Conclusions: Our affordable, indigenous, reusable, portable, visual aid is first of its kind innovative therapeutic tool for self catheterisation. It allows learning and performing self catheterisation accurately. This would help in reduction of infection. It helps CIC in physically challenged patients. It allows adjustments of the picture on screen and helps patient image orientation. It can record and give instructions during the procedure. The clinical evaluation was promising.

UBP-INN 04

A Novel Technique Of Bagging - Cling, Cover And Conceal (C3)

Sureka S K, Misra A, Karunakaran P

SGPGIMS: Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Introduction and Objective: C3 is a specimen entrapment technique using an endo-bag during a laparoscopic or a robotic procedure. Though specimen packing and retrieval is a basic procedure, the method of specimen placement into the endo-bag is not standardized. Endo-bags are tough and have replaced the traditional glove bags used for specimen retrieval. Space constraints sometimes make the process tedious and warrant the need for simplification. We present a safe, effective, and easily reproducible technique of specimen packaging for retrieval.

Methods: C3 technique has a simplified 3-step process-

1. Cling- The specimen is held in its longitudinal axis from the cranial end by the assistant laparoscopic instrument within the peritoneal cavity, next to the abdominal wall, to gain space. This orientation causes the shortest diameter to be presented to the endo-bag.
2. Cover - The endo-bag is brought up from caudal to cranial with jiggling movements, engulfing the specimen.
3. Conceal - The endo-bag is sealed with hem-o-lock clips, preventing spillage of the contents outside and providing sturdiness during the retrieval process.

Results: This technique provides subjective ease to the tired operating surgeon at the end of a surgical procedure, especially in large-sized specimens. The duration of bagging is significantly reduced, with less chance of tumor spillage.

Conclusions: In the C3 technique, a step-wise process is followed, standardizing the specimen packaging process, which enables easy, less frustrating, error-free and spillage-free retrieval in a significantly shorter time.

UBP-INN 05

Modification Of Kulkarni's Single Stage Omg Urethroplasty For Pan Anterior Urethral Stricture - Amalgamating It With Asopa's Procedure

Kumar N, Sarwar F, Singh MK, Karan SC
Narayan Medical College and Hospital, Sasaram

Introduction and Objective - Kulkarni single stage OMG urethroplasty is a well recognised technique for reconstruction of pan anterior urethral stricture. We present its modification by amalgamating it with Asopa's procedure to fix the graft at meatus.

Methods - 54 years old gentleman presented with voiding LUTS with dysuria. Lichen sclerosus changes were seen over glans with meatal stenosis with purulent discharge. After suprapubic diversion, RGU/VCUG showed fossa navicularis stricture with irregular penile urethra and midbulbar urethral stricture. He was planned for dorsolateral OMG urethroplasty (for bulbar segment) + dorsal inlay for meatal and fossa navicularis stricture. Transventral dorsal meatotomy done and 6.5F ureteroscope introduced which showed unhealthy penile urethral mucosa, so graft was fixed at dorsal meatotomy with 3 point fixation and inserted under vision to the penile urethra (Asopa procedure) and thereafter Kulkarni's single stage dorsolateral OMG urethroplasty with penile invagination was done.

Results - There was easy passage of graft into urethral field, with no risk of injury to the graft and meticulous meatal reconstruction leading to excellent cosmetic outcome.

Conclusions - This modification of Kulkarni urethroplasty leads to intraoperative ease in placing the oral mucosal graft and excellent cosmetic and functional outcome.

UBP-INN 06

Two techniques to facilitate Retroperitoneoscopic procedures

Sanjeevan K V, Amrita Institute of Medical sciences, Kochi

Introduction And Objective: Trocars for retroperitoneoscopy are generally inserted by open technique. Balloon expanders and sometimes hand ports are used. Two manoeuvres to facilitate cheap and safe retroperitoneoscopic surgeries avoiding the above measures and accessories are video-illustrated.

Methods: a. Direct optical access for retroperitoneoscopy: The laparoscope is introduced into the retroperitoneum through a small skin incision using visual trocar sheath and bladeless obturator by pushing with twisting movements, splitting and traversing all layers of the lumbar sheath and muscles under vision, and safely reaching the space outside the renal fascia. The space is developed by blunt dissection with the tip of the scope and positive pressure. The working ports are then inserted under vision and the surgery is proceeded in the usual way.

b. Hand insertion without hand port: Skin is incised transversely in the suitable location to the width of the surgeon's wrist. The outer muscle layers are incised with cautery and the inner layers are split. The surgeon's hand corresponding to the operating side of the patient is gradually inserted into the retroperitoneum by twisting and turning. Small wound with the hand inside remains leak-proof.

Results: These techniques are found useful in all retroperitoneal surgeries including large adrenal, renal and retroperitoneal masses, polycystic kidneys, pyeloplasties, donor nephrectomies, ureteropyelolithotomies and nephroureterectomies. Advantages - avoidance of hand ports, balloon expanders and suture-fixation of ports.

Conclusions: Direct optical access to the retroperitoneum and small incision for direct hand insertion described here can facilitate retroperitoneal surgeries keeping them cheap and safe.

Podium Session 1

POD 01-01

Can A Renal Cell Carcinoma Inflammatory Score be Predictor of Overall Survival in Renal Cell Carcinoma Patients?

Dhanshekar N, Manohar C S ,Keshavamurthy R ,Nagabhushan M, Vivek K

Institute of Nephrourology, Bangalore

Introduction : Several standard prognostic scores, including NLR and PLR, have been reported to have prognostic value in patients with RCC.

Objective : To assess if RCC inflammatory score(RISc) based on preoperative CRP,albumin,ESR,serum calcium andAST/ ALT ratio can be a prognostic indicator of OS in RCC.

Methods : In this retrospective study, all RCC patients between January 2010 and 2019 who underwent nephrectomyhaving Preoperative data:T stage and laboratory measurements (CRP,albumin,ESR, AST, ALT and serum calcium) were included. Each patient assigned a total RISc score:0 to 10 based on sum of individual biomarker scores of 0,1,or2 and classified as low risk(1-3),intermediate risk(4-6) and high risk group (7-10).Overall survival defined as the time from surgery to either death from any cause or last date of follow-up

Results : The study included 102 patients : 67(65.68%) male & 35(34.31%) female.Most between 50-60yr age group (35.29%). In the study,52/102(50.98%) presented with T1 disease,14/102(13.72%):T2 disease and 36/102(36%):T3 disease.17(16.6%).Patients had 36(35.29%) FNG2(furhman's grade),15(14.70%)FNG3 and 4(3.9%)FNG4. 84/102(82.35%)patients had clear cell variant. On RISc score application, 29(28.4%)patients belonged to low risk, 54(52.4%)to intermediate risk and 19(18.62%)to high risk group. In this study, pathological T stage,FNG, tumor size,RISc group and each component of RISc were significantly associated with OS (all $p < 0.05$).

Conclusion : Increased RISc score is associated with shorter overall survival after surgery in patients with RCC.Hence RISc is a significant predictor of OS and can be incorporated routinely for risk stratification and treatment decision-making for operable RCC patients

POD 01-02

Perception and factors affecting compliance to Intravesical Bacillus Calmette - Guérin Therapy in carcinoma bladder patients: an in-depth analysis in a tertiary care-a mix method study design

Rohith Gorrepati, Mishra Abhisek, Nayak Prasant, Mandal Swarnendu, Das Manoj Kumar, Gaur Abhay Singh, Pandey Abhishek

All India Institute of Medical Sciences – Bhubaneswar

Introduction and objective: Intravesical Bacillus Calmette–Guérin (iBCG) therapy for urinary bladder cancer (UBC) is associated with poor compliance due to various psycho-social issues unique to its

treatment.. The objective of this study was to identify and analyse the patient's perception and the factors that affected its adherence.

Methodology: This mixed-method study was conducted on UBC patients who received/received iBCG. Following purposive sampling, patients who received at least one induction and one maintenance dose were assigned to a compliant group, and who did not were assigned to the non-compliant group. The patient's quality of life was assessed using the World Health Organization Quality of Life Instrument (WHOQOL-BREF). Semi-structured, in-depth interviews (IDI) of 35-40 minutes were conducted. The transcribed verbatim was analysed by deductive coding and content analysis. The appropriate codes, domains and themes were identified and analysed.

Result: Demographic and socio-economic characteristics were comparable in both groups. The mean treatment expenditure was higher in the non-compliant group (1.87+/-0.75 vs 3.87+/-1.31; p=0.04). The quality of life measured was similar in both groups. IDI analysis noted that the primary reasons for non-compliance were frequent hospital commute, COVID travel restrictions, lack of knowledge, loss of daily wage, paucity at various levels in government hospitals and expensive corporate healthcare. Treatment-related severe frequency and dysuria also significantly contributed to non-compliance

Conclusion: Compliance can be achieved if the patients cope with the initial phase of treatment with positivity and optimism. Good symptomatic relief with proper knowledge and guidance could address the non-compliance

POD 01-03

Evaluation of Modified R.E.N.A.L. Nephrometry Score in Prediction of Perioperative Outcomes of Partial Nephrectomy

Annappa Kamath K, S Vasudevan

Government Medical College Thiruvananthapuram

Introduction: Partial nephrectomy has emerged as a standard treatment for small renal masses offering oncologic control equivalent to radical nephrectomy, with preservation of renal function. R.E.N.A.L. Nephrometry Score(RNS)- is a standardized system to report renal masses but its correlation to perioperative outcomes of partial nephrectomy is equivocal. Identifying these shortcomings, Salah and ElSheemy et al proposed a Modified R.E.N.A.L nephrometry score (MRNS). In this study, we evaluate Modified RNS and its role in predicting the perioperative outcomes of partial nephrectomy.

Method: It is a Hospital based prospective observational study to evaluate utility of Modified RENAL Nephrometry Score in predicting perioperative outcomes of Renal mass patients undergoing partial nephrectomy in the Department of Urology.

Results: Clinical staging was T1a (46.6%), T1b (53.4%). Median RNS was 9 (4–12). Low, moderate and high complexity masses were found in 32.6%, 40.3% and 27.1%. Complications and rate of conversion to radical nephrectomy were 18 (30%) and 6 (10%). In modified RNS, complications (p = 0.044), conversion to radical nephrectomy and rate of positive surgical margin (p = 0.046) were significantly higher with increased complexity level. Although other variables (PCS entry, operative time, hemoglobin drop, blood transfusion) did not show statistically significant difference when comparing both scores, they were better

associated with the complexity level in the Modified RNS with their remarkable increase in the high when compared to the low complexity level.

Conclusions The Modified nephrometry score was associated with better prediction of outcome of partial nephrectomy when compared to existing scoring systems.

POD 01-04

18-Fluoro Positron Emission Computerised Tomography (18f-Pet-Ct) Scan Vs Contrast Enhanced Computerised Tomography (Cect) Scan of Chest, Abdomen and Pelvis in Evaluation of Patients with Bladder Cancer Intended for Radical Cystectomy

Sumit Mandal, Himanshu Raj, Ashish Ranjan, Sanjoy Sureka, Uday Pratap Singh, Aneesh Srivastava
Sanjoy Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttarpradesh

Introduction: Although CECT chest-abdomen-pelvis is recommended for staging bladder cancer it may miss lymph nodal or small distant metastases in some patients. We evaluated if 18F-FDG-PET/CT was superior in detecting them to cause any change in staging and its impact on treatment decision.

Methodology: In this prospective study in tertiary care centre from January 21 to June 22, patients with muscle invasive bladder cancer (MIBC), lamina invasive high-grade bladder cancer and BCG failure planned for radical cystectomy were included who underwent staging with FDG-PET/CT after CECT chest-abdomen-pelvis, within 4-weeks. The nodal and distant metastases were noted and, treatment decision before and after FDG-PET/CT was determined.

Results: 47 patients were analysed with MIBC in 33 (70.2%). Mean age was 59.8 ± 11.8 years. FDG-PET/CT scan detected more lymphadenopathy than CT (22 vs 7, 46.8% vs 14.8%). cN0, cN1 and cN2 was respectively staged in 40, 6 and 1 patients by CT versus 25, 11 and 11 by FDG-PET/CT; thus, upstaging to cN1 and cN2 was seen in 9 and 6 patients respectively (Sensitivity 0.5 vs 0, Specificity 0.76 vs 0.82), with decision changed in 5 (35.7%). For upfront radical cystectomy done in 9, LN metastases was found in none out of 2 patients detected in CT and 3 out of 7 patients detected in FDG-PET/CT.

FDG-PET/CT scan detected new distant metastasis in 7/41 (17%) patients with decision changed in 6 patients.

Conclusion: 18-F-FDG PET/CT scan significantly upstaged nodal and distant metastatic stages and is more sensitive with similar specificity in correctly staging and deciding treatment in bladder cancer.

POD 01-05

An Experience in Long Term Outcome of Our Modified Orthotopic Neobladder Technique using Short Segment Ileal Bowel - Retrospective Observational Study

Saurabh Negi, S.S Yadav

SMS Medical College and Hospital, Jaipur

Introduction: After radical cystectomy, ileum is ideal for neobladder creation now-a-days. The aim of the study was to assess the long term functional, urodynamic, metabolic outcome and complications occurred in long run after our modified neobladder.

Materials and Methodology:In retrospective study, from 2010 to 2021 total 85 patients who underwent radical cystectomy following orthotopic urinary diversion with modified ileal neobladder using 25 cm ileal segment were enrolled. During follow up, urodynamic, metabolic, functional and renal parameters were assessed at regular interval with continence and voiding pattern.

Results:The operation was precisely successful in all cases with zero perioperative death. A mean follows up of 3 years observed. Good, satisfactory daytime & night time continence were achieved in 100 %, 91.01% respectively at one year. Mean maximal bladder capacity was 540 ± 158.4 ml, mean maximum urine flow rate was 16.7 mL at 3 years. Mean resting and voiding pressure 19.3 cm H₂O, 35.4 cm H₂O respectively at 3 years. Early complications were observed in 18 patients (20.2%), late complications were observed in 11 patients (12.35%). None of patient developed hydronephrosis, neobladder-ureteral reflux or deterioration of renal function, severe metabolic acidosis.

Conclusion:The result of the study demonstrates that this modified technique of using short ileal segment to form a near spherical, low pressure, acquiescent reservoir provides satisfactory, safe, and good functional alternative to Hautmann neobladder.

POD 01-06

Safety and Feasibility of Tubeless Supine PCNL : A Case Series

Singh Jivtesh, M Nagabhushana, R Keshavamurthy, RP Sanjay, KR Surag

Institute of NephroUrology, Bengaluru

Objective :To assess the efficacy of management of Renal calculi with Tubeless supine PCNL in a tertiary care centre in Southern India.

Materials and Methods :Patients who underwent Tubeless Supine PCNL from January 2022 to July 2022 were included in the study. Recurrent stone formers, previously operated cases and patients with Staghorn or Multiple calyceal stones were excluded from the study. After insertion of a retrograde 5F ureteral catheter, the patient was placed in Galdakao modified Valdivia position. After Calyceal puncture, tract was dilated upto 16 Fr in Mini PCNL or 24 Fr in standard PCNL, depending upon the stone burden. In Cases of Supine Mini PCNL, if procedure was totally uneventful with minimal bleeding, Totally tubeless PCNL was done.

Results :A total of 15 patients underwent Tubeless Supine PCNL at our institute from January 2022 to July 2022. Mean age of the patients was 38 years. Mean stone size was 2.7 cm in the largest dimension. Median operative time was 53.44 min (range: 40-70) and the stone-free rate was 100%. Among the 15 cases operated, 11 (73.3%) were tubeless and 4 (26.67%) were totally tubeless. There were no significant intra-op or immediate post op complications in the cohort. Mean duration of Post op stay for the patients was 2.33. (Range = 2-4 days)

Conclusion :Tubeless supine PCNL is a viable and safe approach for treating selected patients with results similar to Prone technique.

Podium Session 2

POD 02-07

Assessment of Hypoandrogenism and its Association with Stricture Characteristics and Treatment Outcomes among The Patients with Urethral Stricture Disease

Kushwaha Swapnil Singh, Padyala Murali K, L N Dorairajan, H Nandheesha, Kalra Sidhartha, KS Sreerag
Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry

Introduction & Objectives: Hypoandrogenism has been associated with urethral stricture length and proposed as an etiological factor for urethral stricture disease. We assessed the level of androgens among patients with urethral stricture disease, compared them with normal subjects, and evaluated its relationship with stricture characteristics and treatment outcome.

Methods: A total of 156 patients were recruited, 78 patients with urethral stricture disease and the remaining 78 patients without urethral stricture disease as age-matched controls. We analyzed serum testosterone, sex hormone binding globulin (SHBG) levels, and dihydroepiandrosterone sulphate (DHEAS) levels using Beckman coulter DXI automated system and followed them for six months in the postoperative period to observe for recurrences.

Results: Hypoandrogenism was defined as serum testosterone less than 300ng/dl and/or free testosterone index less than 25. 71.8% of patients in the stricture group had hypoandrogenism compared to 17.9% in the age-matched control group, with a statistically significant difference ($p=0.0001$). Considering only the free testosterone index, the prevalence of hypoandrogenism in cases and age-matched controls was 35.9% and 6.4%, respectively. We also noted that low serum testosterone was associated with longer strictures. After six months of follow-up, 21.7% developed recurrence in the hypoandrogenism group, and only 9.5% developed recurrence in eugonadal patients.

Conclusions: Patients with hypoandrogenism have more severe, longer strictures and are more prone to recurrences than eugonadal men. These findings provide a strong platform to conduct further studies for peri-operative testosterone replacement in treating urethral stricture disease in patients with hypoandrogenism.

POD 02-08

Comparison of Procalcitonin and Neutrophil to Lymphocyte Ratio Used for Prediction of Expulsion of Distal Ureteric Calculi

Gaurav Faujdar, S.S Yadav

Sawai Man Singh Medical College, Jaipur

Background: Ureteric stone is responsible for around 20% of urinary tract stones and among them 70% of these are located in distal portion of the ureter. Stone causing ureter obstruction produce inflammatory changes in ureteric wall and prevent spontaneous passage of stone. The objective of the study was to investigate the predictive role of procalcitonin and Neutrophil to lymphocyte ratio for spontaneous passage of stone.

Materials & Methodology: Total 150 participant having ureteric stone of 4 to 8 mm, were included in prospective observational study. The patients were followed up for 4 weeks. Spontaneous Stone Passage (SSP) was confirmed with either the patient collecting the stone during urination or by Non-Contrast CT performed at 4 weeks. Blood samples of the patients were analysed and White blood cells, sedimentation,

Neutrophil to Lymphocyte ratio (NLR), procalcitonin level and compared to analyse predictors of future SSP.

Result:The procalcitonin levels of the Spontaneous stone passing SSP (-ve) group (209.05 \bar{X} , $\hat{\sigma}$ 78.45 pg/ml) were significantly higher than the not passing the SSP (+ve) group (130.76 \bar{X} , $\hat{\sigma}$ 24.18) (P<0.001). NLR is significantly higher in the SSP -ve (3.84 \bar{X} , $\hat{\sigma}$ 0.41) than the SSP +ve (2.18 \bar{X} , $\hat{\sigma}$ 0.38) group (P<0.001). In single and multivariate analysis, significant activity was found for procalcitonin in SP +ve group.

Conclusion:The findings of the study suggests that high level of procalcitonin, and High NLR have a negative effect on passage of stone. So early intervention can be planned to these patient to prevent complications.

POD 02-09

Comparative Analysis of Outcomes of Open Modified O'connor Repair Verses Laparoscopic O'connor Repair Verses Laparoscopic Transperitoneal Extravesical Vvf Repair

Tilala Yash Manharlal, Samir Swain , Sabyasachi Panda

S.C.B. Medical Collage and Hospital, Cuttack

Introduction & objective : Vesicovaginal fistula (VVF) is the most commonly acquired urogenital fistula following obstetric, Gynecological, and pelvic surgeries. Management options include Open transabdominal and transvaginal repair or laparoscopic and robotic approaches. We conducted a retrospective study comparing open transabdominal modified O' Connor repair vs Laparoscopic O' Connor repair Vs Laparoscopic transperitoneal extravesical repair.

Material and Methods: Retrospective analysis of institutional data for patients who underwent VVF repair between 2018-2022 Inclusion criteria: Primary or Recurrent, Single, Supratrigonal fistula. Exclusion criteria: Infratrigonal, Trigonal, Urethrovaginal, Ureterovaginal, Multiple, Complex, Post radiation or Malignant fistula. Total 40 Patients met the inclusion criteria Divided into three Groups: Group A included 20 patients of Open modified O'Connor repair, Group B 10 patients of Laparoscopic Transperitoneal Extravesical repair & Group C 10 patients of Laparoscopic Transperitoneal O'Connor repair.

Results: Baseline parameters were compared between each group. Open O'Connor repair & Lap O'Connor repair has longer operative time (149 mins & 158 mins) vs Lap extravesical (134 mins).(P value 0.013) Mean Blood loss is more in Open O Connor and Lap O Connor (336 ml & 282 ml) vs Lap extravesical (243 ml) (P Value 0.03) Mean Hospital Stay: 5.7 days vs 4.3 days vs 3.2 days (P value 0.000) Success Rate: 95% Open O'connor vs 100% Lap extravesical Vs 80 % Lap O'Connor No conversion of Laparoscopic to open procedure

Conclusion: Laparoscopic extravesical approach appears to be a convenient and effective method in selective VVF repair in primary as well as recurrent cases.

POD 02-10

Technique of en-bloc ERBT (En-bloc resection of Bladder Tumour) for large bladder tumour (>10CM)

Aditya K Sharma,

Apollomedics Super Speciality Hospital Lucknow

Introduction: En bloc resection of bladder tumor (ERBT) is an innovative new surgical technique, the use of which is becoming increasingly widespread. as tumour size increase there is increased technical difficulty in resection and retrieval of en-bloc tumour becomes a challenge.

Method: A 80 Year old patient presented with hematuria and large bladder tumor filling almost whole bladder. patient was having hematuria for past few weeks. He was medically high risk for any major surgery and family was unwilling for Radical cystectomy and diversion. therefore it was decided to go for ERBT and followed by Chemo Radiation. Video demonstrates technique of ERBT in very large tumours (over 10CM size)

Results: Surgery took over 90 minutes to complete without need for blood transfusion. Patient was discharged after 48 Hrs and he was referred for Chemo Radiation. Histopathology showed High Grade Muscle invasive Transitional cell carcinoma. He is being followed up for 2 years now without and recurrence of local disease or metastasis.

Conclusion: ERBT is feasible in large pedunculate tumours in selected cases. Combined multi-modality approach is useful in giving good outcome.

POD 02-11

Total Laparoscopic Bladder Augmentation for Post GUTB Chronic Painful Bladder

Aditya K Sharma,

Apollomedics Super speciality Hospital Lucknow

Introduction: Laparoscopic and Robotic approach for Bladder reconstruction are less commonly practiced. We present our technique of Laparoscopic Bladder Augmentation in a case of chronic painful bladder post Genito-urinary Tuberculosis

Method: Video Demonstrates salient technical aspect of this complex surgery.

POD 02-12

Analysis of Various Surgical Approaches to Supratrigonal Vesicovaginal Fistula Repair

Shivani Shah, Sanjeet Kumar Singh, Ishwar Ram Dhayal, Alok Srivastava

Ram Manohar Lohia Institute of Medical Sciences, Lucknow

Introduction and background: Vesicovaginal fistula is one of the most devastating gynaecological and obstetric complications causing serious physical, psychological, emotional and economical stress to patients. The management of VVF is individualized and dependent on the surgeon's experience and expertise. Scarce data is present on choosing the best approach for supratrigonal VVF.

Materials and methods: A retro-prospective observational study was done from Jan 2015 to Jan 2021 in the Department of Urology, on 75 women with supratrigonal VVF. The first subject was assigned to group 1(Vaginal repair, VA), the second to group 2(Laparoscopic repair, LA), and the third to group 3(Transabdominal repair, TA), with the cycle repeating subsequently. Solitary uncomplicated Goh type 1 VVF were included and complicated Goh type iii and type 2,3,4, were excluded.

Results: Lower (uterine) segment Caesarean section (LSCS), open or laparoscopic hysterectomy, and obstructed labour were the main causes. The average fistula size was 1.5 cm. Mean operative time was significantly low in VA, while analgesic requirement, hospital stay, and blood loss were significantly low in

VA and LA. Mean cost of expenditure was minimum for VA and maximum for LA. None of the patients developed Clavien grade 3 or 4 complications. Average comprehensive complication index (CCI) Score was highest in AA and least in LA patients.

Conclusion: VA and LA both are safe and effective for VVF repair. LA requires steep learning curve. VA has significantly less operative time. Hence, in simple supratrigonal fistula, one can go for VA as preferred option.

Podium Session 3

POD 03-13

Buccal Mucosal graft onlay technique for upper Ureteric and UPJ Strictures

Shreyas Raj, R B Nerli, Shridhar C Ghagane

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka

Introduction: A proximal ureteral and ureteropelvic junction stricture is characterized by a narrowing that causes a functional obstruction to the flow of urine. This leads to stasis, pain, urinary infections and eventually renal failure. Onlay repair using buccal mucosal grafts have been reported. In this paper we report our experience in the use of buccal mucosal grafts in the reconstruction of difficult upper ureteric and uretero-pelvic junction strictures.

Materials & Methods: We retrospectively looked at our hospital inpatient and outpatient records of all patients who underwent surgical treatment for benign upper ureteric strictures and ureteropelvic junction strictures.

Results: During the study period a total of 22 patients with a mean age of 32 ± 6.07 years underwent buccal mucosal graft repair. The mean length of the narrowing/stricture was 6.40 ± 1.44 cms.

Conclusion: Buccal mucosal onlay graft ureteroplasty is a suitable treatment option for long, complicated benign upper ureteric and select ureteropelvic junction strictures. It is technically simple and capable of providing optimum patency of ureter with good urinary drainage. It is safe and effective.

POD 03-14

Assessment of long term outcome, complications & impact on renal function in Reconstructive Urosurgery with Ileal segments: Review from a tertiary centre in Western India

Abheesh Hegde, Sandesh Parab, Tarun Jain, Mukund Andankar, Hemant Pathak

Topiwala National Medical College & B.Y.L Nair Ch. Hospital

Introduction: Bladder reconstruction using bowel segments is complex and technically demanding. Ilium is the commonest segment of bowel used. The long term outcomes, complications and impact on renal function have been analysed from a teaching hospital

Material & methods: An observational study was done over 15 years. Patients were followed up according to protocol to assess outcomes and look for complications. Urodynamic studies were also done in orthotopic bladder reconstruction patients

Results: Among the 115 cases that underwent reconstruction using ileum, there during the study period, 76% were males. Average age of the study population was 42 years. 72% underwent surgery for carcinoma bladder, 17% for tuberculosis, 8% for extrophy & 3% for other causes. 58% underwent ileal conduit surgery and 15% underwent ileocystoplasty among others. 7% required ancillary procedures. Most common short term complication was paralytic ileus and long term complication was stomal stenosis. Only 2% had permanent renal damage and 9% required revision surgery. Overall 5 year survival rate was 60% in the carcinoma group. The average follow up period was 4 years. The orthotopic bladder substitution group showed improvement in bladder function during follow up

Conclusion: Ileum for bladder reconstruction in well selected patients is a durable option. It is relatively easy and safe even in patients with borderline high creatinine. Metabolic acidosis and mucous associated complications can be minimized by adherence to strict protocol. In bladder malignancy ileal conduit has shown lower adverse renal consequences and is easily practiced by less experienced surgeons & trainee compared to orthotopic neobladder

POD 03-15

Outcomes of modified Bricker Uretero - Ileal Anastomosis in a tertiary care hospital

Bafna Sandeep, Bhat Seetharam, Addla Sanjay, Ragavan Narasimhan

Apollo Hospitals, Chennai

Introduction: RC remains the standard of care for MIBC. In most cases, ureteroileal anastomosis is commonly performed using the Bricker technique. Here we describe modified Bricker technique that minimizes anastomotic complications and helps to preserve the ureter vascularity.

Methods: In our study, 87 patients between January (2011 - 2021) who underwent modification of the Bricker technique at two different centers were analyzed retrospectively. The modified procedure involves end-to-end anastomosis of the left ureter and end-to-side anastomosis of the right ureter to the ileum. The left ureter was brought on the right side behind the colon. Perioperative and postoperative outcomes were assessed. patients were evaluated at 3 months with CECT KUB, DTPA renogram to assess split renal function, and 6 months thereafter with an Ultrasound scan.

Results: mean operative duration was 307.2 minutes and the duration for this step was 15 minutes. No major complications were recorded. The Single-J was removed between 8 -10 days after surgery. At a median follow-up of 1 year, 2 patients had ureteroileal anastomotic site stricture within 1 year; one was managed with antegrade stenting, and another on Percutaneous long-term nephrostomy. 2 patients had 30-day mortality due to urosepsis and 1 patient had mortality at 3 months. 40 % of patients have left side hydroureteronephrosis with no evidence of obstruction on the DTPA scan.

Conclusion: The described ureteroileal diversion is a safe efficacious procedure with low morbidity and serves as an alternative to the standard Bricker technique. This technique negates our concern about anastomotic complications and provides excellent functional results.

POD 03-16

Use of Prepuccial free graft for repair in Peyronie's disease: Outcome assessment at a tertiary care centre.

Pavan Ganesh Yalavarthi, Manasa T, Prasad Mylarappa
M S Ramaiah Medical College

Introduction: Surgical treatment remains the gold standard for treatment of Peyronie's disease (PD) after stabilisation. Plication techniques are associated with penile shortening and painful erections which has led to the emergence of grafting techniques with better patient outcomes. Therefore we aimed to assess the patient satisfaction and functional results of surgical correction for PD with plaque excision and prepuccial free graft technique.

Methods: From December 2016 to January 2022, 12 patients with PD underwent surgical correction using Prepuccial free graft following excision of the plaque. All patients had stable disease for at least 6 months prior to the procedure. Preoperative evaluation included medical and sexual history with International Index of Erectile Function 5 (IIEF-5) questionnaire, pain on erection, physical examination followed by Penile Colour doppler. Patients were assessed for decrease in curvature, erectile function and satisfaction at 3 & 6 months. Data was collected retrospectively and analysed.

Results: The mean age was 46.08 \pm 7.01 years and the mean operative time was 79 \pm 12 mins. The mean size of excised plaque was 4.2 cm² and the number of plaques ranged from 1 to 4. Postoperative pathological studies revealed fibroplastic hyperplasia of excised tissue. All patients had satisfactory correction of penile appearance. The erectile penile length improved significantly post procedure (<0.05). Postoperative intercourse satisfaction and overall satisfaction measured by IIEF-5 were significantly improved at 3 & 6 months which was maintained at last follow up.

Conclusion: Surgical treatment using prepuccial graft is safe and feasible for patients with PD with excellent functional outcomes and patient/partner satisfaction.

POD 03-17

Prevalent practices and changing trends in the management of Vesicovaginal Fistula (VVF): A cross sectional study from a nation wide questionnaire based survey

Anshuman Singh, Anupam Choudhary, Arun Chawla
Kasturba Medical College, Manipal

VVF management practices lack a standardized algorithm due to lack of good quality evidence. Most of the available evidence is from retrospective reviews and expert opinions. The evidence from developed countries is not uniformly applicable to developing countries due to marked variation in etiology. We conducted a national level survey Indian Urologists with experience in vesicovaginal fistula management to elicit their responses regarding various domains of VVF management and tried to obtain the most generalizable form of expert opinions from India. The primary and secondary objectives were to highlight the most preferred practices with respect to VVF management and to look for any change in trends in the newer generation of urologists respectively. This survey collected responses from 120 urologists on 30 questions divided within 6 domains which were analysed and classified into highly preferred, preferred and somewhat preferred categories depending on the level of overall. Items having \geq 10% difference in the responses of young and experienced urologists were considered to have discordance. The opinions

were conclusively similar in most of the items but a discordance was noted on the domains of duration of catheterization for conservative management, surgical approach for supratrigonal VVF, investigations considered mandatory for surgical evaluation and timing of catheter removal prior to surgery. The newer generation of urologists differed on certain issues. However, a uniformity in opinion among urologists is present and when the best available evidence is expert opinions, this study provides a more generalizable form of the same.

POD 03-18

Long-term Sexual Outcomes after Fracture Penis: The unmet need for Counseling and Rehabilitation

Abhishek Pandey, Santosh Kumaraswamy, Gaur Abhay Singh, Suman Sahoo, Manoj Kumar Das, Swarnendu Mandal, Prasant Nayak

AllIMS, Bhubaneswar

Introduction: Sporadic incidences of fracture penis give the impression of a rare trauma. While most studies and urologists focus on clinical presentation, management, and postoperative outcomes, long-term follow-up of sexual function is still lacking. We intend to elucidate the sexual outcomes over long-term follow-up.

Methods: We retrospectively analyzed our data on fracture penis patients and followed up with the patients. We report on the presentation, operative details, and the current sexual function of these patients.

Results: From May 2019 to July 2022, 16 patients with a mean age of 29 years presented with penile fracture after a median symptom duration of 1 day. Fifteen patients were operated on, and a mean tunica defect size of 1.4cm was noted, with the most common location being the proximal penis (n=8). Two patients had a concomitant urethral injury. At a median follow-up of nine months, seven patients reported resumption of normal sexual activities with no concern. Four patients reported painful erections with perceived curvature, while two reported new-onset premature ejaculation. Three patients could not resume sexual relations after surgery. None of the patients followed up on their own after a 90-days postoperative period.

Conclusion: Fracture penis patients are less likely to follow up after wound healing due to the social stigma associated with sexual health. While the repair may be successful, patients may still not resume normal sexual activities due to chronic pain or fear. Active follow-up and proper counseling are necessary for proper rehabilitation.

Podium Session 4

POD 04-19

Transcutaneous Posterior Tibial Nerve Stimulation in The Management of Refractory Overactive Bladder

Gaur Shantanu, Maiti Krishnendu, Pal Dilip Kumar

IPGMER & SSKM Hospital, Kolkata

Introduction & Objectives: Transcutaneous tibial nerve stimulation (TTNS) is a non-invasive method of stimulating the posterior tibial nerve. Very few studies have been done till date involving TTNS as a treatment modality in overactive bladder (OAB) with little experience in the Indian setup. The aim of this study is to determine if transcutaneous posterior tibial nerve stimulation is beneficial in the treatment of medically intolerable or contraindicated and refractory Overactive bladder.

Method: Twenty four patients of medically intolerable or contraindicated and refractory OAB from out-patient department of Urology at a tertiary care centre were recruited. Weekly sessions of TTNS were carried for a period of 12 weeks. Data from a 3-day voiding diary and a self-reported QoL-questionnaire were collected pre-treatment and at week 12. Statistical significance level was set at p value < 0.05.

Results: Twenty-four patients were included (62.5% women) with a mean age of 46.2 years. Subjective success was found in fourteen patients (58.3%), considered their situation better and requested to continue therapy to maintain the response. As regards the objective success, there was statistically significant reduction seen in number of urgency episodes and day time frequency post treatment at 12 weeks. Mean voided volume was found to be increased post treatment and the difference was statistically significant.

Conclusion: TTNS is an effective method for treatment of medically intolerable or contraindicated and refractory OAB with non-invasive approach and lack of serious treatment related side effects.

POD 04-20

The Effect of Ability to Comprehend Filling Sensations, and Voiding Commands, and Voiding Positions on The Outcome of Urodynamic Studies- A Variable Pertaining to The Indian Population, A Single Center Experience.

Manish C A, Ali Poonawala, Keshavamurthy R, Manohar C S

Institute of Nephro Urology Bangalore

Introduction: Patients participation is of utmost importance while inferring the results of a urodynamic study, with a reliable history, understanding the different filling sensations, following voiding commands, the effect of the unnatural premise to void, the associated sympathetic overdrive, and finally the position of voiding, mainly because majority of the rural Indian population are comfortable voiding in the squatting position, that precludes a void. The objective of this study was to objectify the effect these variables had on the outcome of the study and standardise a protocol to mitigate the differences in patient behaviour- Tailor made to the Indian population.

Materials and Methods: 104 consecutive patients undergoing UDS at our institute were included in the study, apart from the outcome of the study, the experiences of each of the patient in each of the above mentioned domain were recorded.

Results: 80.7% of the patients had difficulty comprehending the filling sensations explained and gave inconsistent responses, 34.61% of patients voided at strong sensation despite being instructed not to, 41.3% patients could not void in the presence of the operator, and when asked to void in privacy 49% of these patients had their vesicle sensor out during the void, 65.13% patients did not void at initial command, but when asked to change voiding position to what the patient is familiar with (squatting, sitting, standing) 86% of these patients had a successful void.

Conclusion: Understanding the challenges of each step and tailoring it to the patient population has a major bearing on the outcome of UDS.

POD 04-21

Urodynamic Findings Affecting The Success of Medical Management in Patients of Overactive Bladder: A Prospective Observational Study

Patravale Tanmay Bharat, Saravanan K, Ezhil Sundar V, Sarvanan PR, Harry Santhaseelan W
Madras Medical College, Chennai

Introduction and Objective: Overactive bladder management is marred by missed diagnosis and treatment failure. This study aims to prospectively evaluate the various findings during urodynamic evaluation of overactive bladder (OAB) and their association with outcomes of medical management

Methods: Patients with OAB and urodynamic detrusor overactivity (DO) were evaluated with urodynamic study and started on solifenacin, mirabegron, or combination of both for 1-3 months. In cases of failure, the medication was changed or combination therapy was tried. A successful treatment was defined using a symptom based scale. Success rates after initial or modulated OAB medication were analyzed based on patient and urodynamic characteristics including type of DO, bladder capacity, compliance, post void residue, and presence of DHIC, bladder outlet obstruction (BOO) and central nervous system (CNS) lesions

Results: A total of 150 patients were evaluated. Patients receiving mirabegron alone had higher initial success rate. Patients with phasic DO (60%), BOO (52%) and no CNS lesions (64%) exhibited higher success rates than those with terminal DO, no BOO, and CNS lesions, respectively. After switching or modulating the initial OAB medication following treatment failure, 32 (53.3%) of 60 patients still showed improvement in OAB symptoms, with an overall success rate of 65.33% after 6 months.

Conclusions: Patients with a phasic DO, urodynamic BOO, and no CNS lesions have comparatively higher success rates that can be improved by switching or modulating medication.

POD 04-22

Solifenacin Treatment in Overactive Bladder Management: Perceptual Mapping of Indian Urologists (SCORE Survey)

Sandesh Warudkar, Amit B Jain, Nilanj Dave, Alok Chaturvedi
Medical Affairs, Intas Pharmaceuticals Ltd, Ahmedabad

Introduction: This study was aimed to assess the perception of Indian urologists for treatment patterns of solifenacin which comes with an option of flexible dosing with single daily doses of 5-10 mg.

Methods: A paper based cross sectional survey with 5 survey questions was conducted amongst 251 urologists across India to capture viewpoints regarding Solifenacin treatment patterns in OAB patients.

Results: 55% survey respondents agreed to consider tapering down the dose to 2.5 mg of solifenacin in OAB patients, currently being treated with solifenacin 5 mg and showing symptom relief. 79 % participants agreed to consider lower the dose to 7.5 mg in OAB patients who are currently treated with solifenacin 10 mg showing good control over symptoms but have tolerability issues. 57% of respondents considered

escalating the dose to 7.5 mg instead of 10 mg would be more helpful for OAB patients refractory to solifenacin 5 mg. 65% survey respondents agreed for an add on treatment with solifenacin 2.5 mg instead of solifenacin 5 mg as next line of approach in patients refractory to mirabegron 25 mg /50 mg. 72% of respondents considered solifenacin 2.5 mg would be more appropriate to start with instead of solifenacin 5 mg in pediatric OAB patients.

Conclusion: Results of this survey clearly indicate that Solifenacin with a wide range of dose flexibility (2.5 mg, 5 mg and 10 mg) can allow the urologists to design treatment according to patient needs, which can help to alleviate antimuscarinic side effects.

POD 04-23

Estimation of The Prevalence of Occult Bladder Dysfunction in Diabetic Patients

Vamshi Krishna Vennamaneni, R M Meyyappan, Senthil Kumar T, J Saravanan, Prasanna C M
SRM Medical College Hospital and Research Centre

Introduction: It is estimated that the prevalence of diabetes mellitus will reach up to 300 million by the year 2022. The prevalence of diabetic cystopathy, a chronic known diabetic complication is about 26 to 87 percent.

Aim: To estimate the prevalence of occult bladder dysfunction in diabetic subjects attending outpatient clinic.

Inclusion criteria: All diabetic subjects >18 years of age.

Exclusion criteria

1. Patients who have had surgery of bladder, urethra, prostate, pelvic surgeries and neurological problems.
2. Patients with bladder / ureteric calculus, \geq grade II prostatomegaly, cystitis
3. Patients on medications such as anticholinergic, anti-depressants and diuretics.

Sample size 100 patients

Methodology Patients were given IPSS questionnaire to answer. All patients had uroflowmetry done. PVR was calculated with usg guidance. Patients were asked to maintain a bladder diary for 24 hours, which was submitted during their subsequent visit. Patients with IPSS score of ≥ 8 indicating moderate / severe lower urinary tract symptoms and those with $Q_{max} < 15$ ml / sec were advised urodynamic evaluation.

Results • 50 had urodynamic study. • 35 of 50 had bladder dysfunction in urodynamic group. 10 of 50 patients had bladder dysfunction in non-urodynamic group. • The mean Q_{max} in bladder dysfunction was 12.11 ± 3.77 and 19.64 ± 2.03 in no bladder dysfunction. • PVR values in bladder dysfunction were 95.58 ± 39.4 ml and 20.76 ± 13.2 ml in non dysfunction. • Mean bladder voiding efficiency was $80.4 \pm 5.67\%$ in dysfunction group and $95.4 \pm 2.73\%$ in non-dysfunction. • Delayed onset of first sensation of filling, higher maximum cystometric capacity, low Q_{max} and high PVR (>50 ml) were seen in bladder dysfunction.

Conclusion The prevalence of occult bladder dysfunction in diabetic subjects was 45%.

POD 04-24

Comparative analysis of medical therapy vs percutaneous tibial nerve stimulation in the overactive bladder as primary therapy

Pal H, S HariShankar, M Rinaldo, S Rohan, Pathak U, Trivedi S

IMS SSH BHU Varanasi

Introduction :OAB is a chronic condition that has serious effects on daily activities. Various studies have demonstrated the efficacy of posterior tibial nerve stimulation in overactive bladder and only a few studies have compared their efficacy with pharmacological treatment. In this study, we have compared the efficacy of PTNS and pharmacotherapy as primary therapy for OAB.

Material and Methods: A total of 60 patients were assigned to groups A (PTNS) and B (pharmacological therapy) of 30 patients each. Symptoms were documented using IPSS, OABSS, and indevus urgency severity score (IUSS). Group A was treated with PTNS twice a week for 6 weeks and symptoms were compared at presentation, 3 weeks, 6 weeks, and 3 months. Group B was treated with pharmacotherapy.

Results: Both the groups showed significant improvement in OABSS, IUSS, and urgency episodes. The OABSS, IUSS, urgency episodes in group A at presentation was 11.06, 2.4, 6.4 respectively which gradually improved to 4.8, 0.8, 1.1 respectively at 3 months. There was significant symptom improvement in group B from OABSS, IUSS, urgency episodes from 11.1, 2.25, 7.1 respectively at presentation to 5.1, 0.97, 1.2 at 3 months. Four and 3 patients did not respond to assigned treatment in groups A and B respectively. The complications were more in the pharmacological therapy group 9-45. In PTNS group, 3 patients reported mild lower limb pain and 1 patient reported tingling sensation.

Conclusion :PTNS could be considered as therapy in patients counselled and ready to adhere to the treatment protocol.

Podium Session 5

POD 05-25

The Study of The Efficay of Transurethral Dorsal Inlay Buccal Mucosal Graft Urethroplasty for Reconstruction of Meatal Stenosis, Fossa Navicularis and Distal Penile Urethral Stricture

Swadeep Kumar Srivastava, Debansu Sarkar

Institute of Post Graduate Medical Education and Research, Kolkata

Objectives: To study the efficacy of transurethral dorsal inlay buccal mucosal graft urethroplasty for reconstruction of distal penile urethral stricture.

Methods: A prospective study was conducted from Jan 2021 which include distal penile urethral stricture or fossa navicularis stricture or meatal stenosis without history of previous reconstruction surgery. Steps of the procedure: ventral sub-coronal skin incision with ventral urethrotomy, dorsal urethrotomy incision on urethral bed with dorsal meatotomy if required, transurethral delivery and spread fixation of appropriate BMG inlay dorsally, and ventral closure over 16 Fr silicon catheter. The patients were followed at 3 and 6 months for post-operative complications, fistula and re-stricture with uroflowmetry, PVR, cystoscopy and outcome questionnaires.

Results: This is an ongoing study. Till now we have enrolled 16 patients and 13 have completed the 6 month follow up. The mean age of the patients was 43 years (17-62); mean stricture length was 2.6 cm (1.5-3.5). There were no stricture recurrences or fistula. Mean pre- and post-operative Qmax values were 5.01ml/sec (2.2-7.3) and 19.3ml/sec (14.4-24.7), respectively. No significant change in sexual drive and erectile function of the patient. There was significant improvement in ejaculatory function and overall satisfaction of the patient. Except two all had vertical slit like meatal opening. Meatus position post reconstruction were distal glandular in all case.

Conclusion: Transurethral dorsal BMG inlay urethroplasty is a feasible option for treatment of fossa navicularis strictures. This single-stage technique allows for avoiding glanunoplasty or urethral mobilization with acceptable functional and cosmetic outcome.

POD 05-26

The Comparative Analysis between Transecting and Non Transecting Anastomotic Urethroplasty Techniques for Bulbar Urethral Stricture

Mollah Washim, Sharma Pramod Kumar, Mandal Soumendra Nath, Alam Tahzeeb, Dey Sumantra, Bajoria Suyash

Calcutta National Medical College, Kolkata

Introduction and Objective: Non transecting anastomotic urethroplasty technique allows repair of the urethra without transecting the corpus spongiosum and the urethral arteries within it. Objectives of this study is to compare the outcome following transecting and non transecting anastomotic urethroplasty techniques for short segment bulbar urethral stricture.

Methods: A prospective observational study was carried out on Thirty cases of short segment bulbar urethral stricture. Among them alternate cases was allocated to Transecting and Non transecting anastomotic urethroplasty respectively and Excision and primary anastomosis (EPA) group was considered as the control group. Recurrence of stricture, the bleeding amount during operation, operation time IIEF-5 scores after operation, maximum flow rate (Qmax), Rating scale of quality of life (QoL) evaluated in both groups.

Results: There is significant difference in post operative IIEF-5 scoring and operation time with higher post operative IIEF-5 scoring and less operation time in non transecting anastomotic urethroplasty group. Other variables are comparable in both group.

Conclusion: Excision of stricture and primary end to end anastomosis is the most frequently used operation method for bulbar urethra with high success rate but there is significant risk of potentially avoidable sexual dysfunction associated with the procedure. Non transecting urethroplasty can to a certain extent protect the residual erectile function with less operative time.

POD 05-27

Evaluating short term outcomes of Double Faced Buccal Mucosal Graft Urethroplasty for Near Obliterative Inflammatory Urethral Strictures: A Prospective Single Centre Study Comparing Two Different Techniques.

Ameya Sangle, Tarun Javali, Manasa T, Prasad Mylarappa, Ramesh D

Ms Ramaiah Medical College, Bangalore

Aims & Objective: Double-faced urethroplasty offers improved outcomes for the management of complex urethral strictures. In our study, we compared two different techniques of double faced buccal mucosal graft (BMG) urethroplasty.

Materials and Methods: 70 patients who underwent double faced BMG urethroplasty were retrospectively reviewed and grouped into A (Enzo Palminteri technique) and B (Joel Gelman technique). Post operatively, patients were followed up with AUA-SS, uroflowmetry and postvoid residual assessment.

Results: 36 patients belonged to group A and 34 patients belonged to group B. The mean stricture length measured was 4.42 ± 1.632 cm in group A and 4.11 ± 1.634 cm in group B with the preoperative mean Qmax and AUA score was 7 ± 1.318 ml/s and 19.75 ± 3.286 in Group A and 7.3 ± 1.497 ml/s and 18.68 ± 3.469 in Group B. Mean operative time was 162.7 ± 12.156 minutes vs 181.36 ± 7.429 minutes. Group A patients had significant intraoperative blood loss. Recurrence was noted in two patients, one from each group. Mean Qmax and mean AUA score at recent follow up was 19.3 ± 1.63 ml/s and 6.4 ± 2.10 vs 19.8 ± 1.59 ml/s and 6.6 ± 2.03 for group A and group B with a mean follow up of 36.6 ± 12.63 months and 36.8 ± 11.48 months respectively.

Conclusion: Double faced BMG urethroplasty for near obliterative urethral stricture is safe, efficacious with ventral onlay associated with lesser operative time.

POD 05-28

Dorsal Substitution Urethroplasty - A Comparison of Dorsal Inlay Vs Dorsal Onlay Vs Dorsolateral Onlay in Long Segment Urethral Strictures

Sridhar Reddy K, Shankar R, Nayek P, Pal H, Kumar S, Kumar L, Trivedi S

Institute of Medical Sciences, BHU, Varanasi

Introduction : Since Barbagli et al in 1996 renewed the concept of Dorsal Substitution Urethroplasty (DSU), it was instantly accepted worldwide. This led to inbreeding of newer techniques like Asopa's dorsal inlay and Kulkarni's dorsolateral onlay. Our objective was to compare these three techniques of DSU and analyse factors affecting the outcomes.

Materials: A total of 473 men underwent DSU from Jan 2010 to June 2021. Of these, complete records and follow-up data were available for 398 men who were included in the study for retrospective data analysis. The decision of choosing the technique of DSU is based on pre-operative evaluation findings, intra-operative findings, and as per the discretion of the operative surgeon. All patients were followed with pericatheter urethrography at 3 weeks, IPSS, and Uroflowmetry at 3, 12 months, and yearly thereafter.

Results: Of 398 patients, etiology was Lichen sclerosis in 159(40.1%), Iatrogenic in 123(30.9%), Infective in 84(21.1%), idiopathic in 19(4.7%) and Post Traumatic in 13(3.1%). Barbagli's dorsal onlay, Asopa's dorsal inlay, Kulkarni's dorsolateral onlay were performed in 185, 162, 51 patients respectively, Success rates were 91.1%, 89.7%, 92.1% at 3 months, 85.7%, 85.1%, 87.9% at 12 months, 79.7%, 77.1%, 83.2% at 60 months respectively. Patients with Lichen sclerosis had poor success rates at 12 and 60 months. 88 patients required auxiliary procedures

Conclusion: All DSU techniques had comparable results with Asopa's dorsal inlay having the least operative time.

POD 05-29

A Prospective Study to Evaluate Histopathological Findings as A Predictor of Failure of Anterior Buccal Mucosal Graft Urethroplasty

Gaurav, Priyadarshi S, Vyas N, Agarwal N

SMS Medical college , Jaipur

Introduction: Injury to the urethral epithelium causes scar formation. Fibroblast migration and accumulation of collagen causes various degree of fibrosis and sclerosis. A correlation between the degree of fibrosis and narrowing of urethral lumen will affect the outcome of surgery. The aim was to assess whether sclerosis in histology following anterior urethroplasty in anterior urethral strictures is a predictive factor for failure of surgery.

Methods: Resected stricture specimens from 42 patients undergoing open buccal mucosal graft anterior urethroplasty were collected prospectively during one year period. The degree of fibrosis and sclerosis in the specimens were evaluated using routine staining. These specimens were compared to normal urethral specimens. The uro-pathologist who conducted the analyses was blinded to the study design.

Results: The outcomes of the histological classifications were as follows: Out of 18 patients with grade I fibrosis, 3 had failures; 10 patients with grade II fibrosis were without any failure and with grade III fibrosis in 13 patients with sclerosis in 11 patients there were 5 failures. Sclerosis came out to be a significant risk factor on comparing patients with sclerosis or without sclerosis even after adjusting with age, aetiology and stricture length on comparing recurrence free survival on Kaplan Meier plot. The hazard ratio for failure in patients with sclerosis (HR=3.93, 95%CI 1.09-14.16; p=0.036) was four times higher than in those without sclerosis.

Conclusion: Histological finding of sclerosis in patients in the resected urethral stricture specimens may be predictor of re-stricture formation and may predict failure of surgery.

POD 05-30

Comparison of Outcomes of Two-Stage and Single-Stage Repair of Adult Penoscrotal Hypospadias: A Single Centre Single Surgeon Study

Singh Kirti, Gaur Abhay Singh, G Rohith, Pandey Abhishek, Mandal Swarnendu, Das Manoj K, Nayak Prasant

All India Institute of Medical Sciences, Bhubaneswar, Odisha

Introduction And Objective- Surgical outcomes of Adult Penoscrotal Hypospadias are dismal. We describe a two-stage repair technique (buccal mucosal grafting in stage one and tunica vaginalis flap in the second stage) and compare the outcomes with the single-stage repair.

Methods- Ten cases of Penoscrotal Hypospadias with ventral chordee in adults were treated with two-stage repair (Group 1). Chordee correction was done in the first stage, a thin and unhealthy urethral plate was excised, and a buccal mucosal graft of 3-4 cm width was placed. The second stage was undertaken after three months, in which neo-urethra was tabularized over a 14Fr silicone catheter with Tunica

vaginalis flap as the subsequent layer. Foley removal was done on POD 5. The outcomes were compared with single-stage repair (Group 2)(n=10) done previously by the same surgeon.

Results- While 6 cases had an excellent outcome in Group 1, only 3 had success in group 2. Only one developed a urethro-cutaneous fistula (UCF) in group 1; group 2 had five patients with UCF. In group 1, one patient developed an infection with complete suture line disruption, and Group 2 had 3 cases each of wound infection and wound dehiscence. One patient in group 1 and two in group 2 developed superficial glans necrosis. The two-stage repair has a higher success rate than the single-stage repair (60% vs. 30%).

Conclusion- Staged repair and use of 14 Fr Foley and early Foley catheter removal improve adult Penoscrotal hypospadias repair outcomes.

Podium Session 6

POD 06-31

Study on the Correlation between Clinical Outcome and Residual Prostate Volume after Transurethral Resection of Prostate for Benign Prostatic Hyperplasia

H Abishek Karthik, Selvaraj V, Radhakrishnan R, Natarajan B

Meenakshi Medical College and Hospital, Kanchipuram, Tamilnadu

Introduction and Objectives: Aim of the study was to determine whether the residual-prostatic-volume(RPV) has an impact on the outcome following Transurethral-resection-of-prostate(TURP) for Benign-prostatic-hyperplasia(BPH), which was measured in terms of subjective parameters like improvement in IPSS-score/QOL-score and objective-parameters like Peak-flow-rate(PFR) on Uroflowmetry.

Materials and Methods: Prospective-study on 60patients who presented with Lower-urinary-tract-symptoms(LUTS)/Acute-Urinary-Retention(AUR) due to BPH, measuring improvement in clinical outcome after TURP carried-out from July2021-July22.

Patients were stratified into two groups,based on the RPV. Group 1- $\leq 50\%$ of preoperative-volume and Group2- $>50\%$. The following variables of comparison-TotalIPSS, QOL-Index, PFR, Post-void-residue(PVR) where used to analyse the preop and postoperative(1 month) parameters. StudentT test was used and p-value calculated.

Results: Group1-34 patients,Group-2-26. PreoperativelyIPSS-score,QOL-index,PFR and PVR measurements were similar in the two groups-with pvalues of 0.13-0.35-0.08-0.48 respectively, showing both groups comparable and similar. Postoperatively regarding the IPSS score, the mean of group1-10.07 and-of group-2-8.45 with pvalue 0.04 showing statistically-significant reduction in the IPSSscore in group-1 than group-2. Considering QOL-index the mean improvement scores of two groups was 2.04 &1.98 with pvalue 0.14-not-significant. Comparing the PFR, the improvement in both groups was 9.80ml/s&6.91ml/s respectively with pvalue<0.001, highly-significant statistically. Comparing PVR, the reduction in group1-33 ml and group2-30 ml with pvalue0.41-notsignificant.

Conclusion: The improvement in subjective and objective parameters is significant across the patient groups studied, with the amount of tissue resected having a positive correlation with the clinical outcome. When the RPV < 50% the improvement in IPSS scores and PFR is significant. Hence, 50% tissue removal during TURP should be achieved in all patients for optimal symptom improvement.

POD 06-32

Is Awareness about Benign Prostatic Enlargement in General Population still a concern?

Maheshwari PN, Panda Madhumita, Banerjee Shyamashree

Fortis Hospital Mulund, Mumbai, Maharashtra

Introduction and objective: Across India, patients with benign prostatic enlargement (BPE) remain underdiagnosed or reach doctors at late stage. A focus group discussion (FGD) was planned to understand the awareness about BPE.

Methods: A FGD was conducted among male patients (>50 and <60 years) who had urinary complaints and their spouses. The discussion involved four domains: major concerns, possible causes, impact on QoL and source of information.

Results: A total of eight couples participated in the FGD. Major concerns for males were frequency & urgency. They believed cold weather was a possible cause but also blamed excessive water intake, diabetes, stress, hypertension, dietary habits, aging and enlarged prostate.

Even for the spouses the major concerns were frequency and urgency. They blamed diabetes or urinary tract infections (UTI) and also hypertension, alcohol consumption, and water intake pattern.

Both males and females agreed that the symptoms impacted their professional, social and emotional state. They also believed that doctors were the most trusted source of information, while Google was the most used platform.

Conclusion: Despite BPE being a common cause for urinary complaints, most participants were unaware of this disease. This FGD made us believe that as urologists we need to get involved in increasing BPE awareness. The first step to help them is to make them understand the commonality, warning signs, and possible treatment options. Our proactive approach would go a long way to improve the time between symptoms, diagnosis and appropriate treatment.

POD 06-33

A Prospective Study of Outcomes of Transurethral Resection of Prostate in patients with Benign Prostatic Hyperplasia with Underactive Detrusor

Ka. Patel Brijesh,

B.T.Savani Kidney Hospital, Rajkot, Gujarat

Introduction And Objective: Lower urinary tract symptoms for patients with BPH and underactive detrusor (DU) are outcome of increased Bladder outlet resistance due to Bladder outlet obstruction and inefficient detrusor contraction. Our study aimed to analyse the outcomes of TURP in patients with BPH with Underactive Detrusor

Method: A prospective study was conducted from September 2019 - January 2021. 41 patients undergoing TURP for BPH with detrusor underactivity were analysed. Patient's demographic characteristics, intraoperative and postoperative variables were evaluated. Voiding status, IPSS and QoL of patient, changes in Urodynamic parameters were evaluated

Result: In our cohort of 41 patients 37 patients were on per-urethral catheter at the time of presentation to us. Mean IPSS score was 19.6, Mean QoL score was 3. Post TURP out of 37 patients who were on catheter preoperatively, 35 were free from catheter and only 2 patients were-on catheter with success rate of 95%. The mean IPSS score reduced to 10.7 and mean QoL reduced to 1.9 postoperatively. Changes in Maximum flowrate(Qmax), Detrusor pressure(Pdet) at Qmax, Pdet Maximum at voiding, Bladder contractility index, Bladder voiding efficiency and Post void residual urine, after surgery were statistically significant.

Conclusion: With our study it is concluded that TURP is a good treatment modality in patient of DU with the BPH with the significant improvements in subjective and objective parameters.

POD 06-34

Transurethral Resection of Prostate for Large Gland - Does Pre Operative Prostatic Artery Embolisation makes your job easier?

A. Raghavendran, K. Natarajan, P. Velmurugan, T. Chandru

Sri Ramachandra Medical College

Introduction: BPH remains one of the most common diseases that the urologist has to manage. The last decade brought numerous new techniques, aiming to improve the minimally invasive approach to BPH. Prostate artery embolization (PAE) is an injection of small particles directly into the prostatic arteries bilaterally, leading to devascularization of hypervascular nodules. PAE+TURP was done in lesser number. In this case series, we have aimed to study the efficacy and safety of PAE+TURP for larger glands of more than 150cc.

Methods: We prospectively conducted this study with 5 patients with a prostate size of more than 150cc. Preoperative IPSS score was assessed for each patient. Each patient underwent Prostatic artery embolization by an interventional radiologist, 24 hours after the procedure patient underwent transurethral resection of the prostate. Patients were followed up for 6 months. Post-operative IPSS score was assessed.

Results: In the PAE + TURP group, the operation time (OT), intraoperative blood loss (BL), postoperative bladder irrigation time (PBFT) and the speed of the excised lesion (SEL) were higher. Following-up for 6 months, the prostatic volume (PV), maximum urinary flow rate (Qmax), postvoid residual volume (PVR), International Prostate Symptom Score (IPSS), quality of life (QoL) score, improved as compared to before the surgery, and the above-improved indicators. The incidence of postoperative complications in the PAE + TURP group was lower.

Conclusion: Compared to TURP alone, PAE + TURP should be promoted, because of its greater efficacy and safety in treating large BPH and fewer post-surgical complications.

POD 06-36

Bulbar Urethral Stenting for Bulbar Urethral Stricture in Comorbid patients - Initial Experience

Pankaj Bhirud, Krishnamohan Ramaswamy, Harigovind Pothiyedath

Metromed Institute Of Advanced Urology and Renal Transplant (Miart), Calicut, Kerala, India.

Introduction & Objectives: Benign Urethral Stricture is relatively common and management remains a therapeutic challenge for urologists despite recent developments in endoscopic and reconstructive surgery. Endoscopic internal urethrotomy is the most common procedure for the treatment of benign urethral stricture and has a 50-60% recurrence rate [1, 2]. The urethral stent was first introduced in 1988 for the treatment of recurrent urethral stricture and at that time was indicated for bulbar urethral strictures only [3] the purpose of our study was to evaluate the clinical efficacy of temporary placement of new bulbar urethral stent (BUS) in the management of recurrent urethral strictures.

Materials & Methods: This was a prospective study in 17 men who presented to our department with recurrent bulbar urethral stricture, during the period from June 2021 to June 2022. All men underwent urethral dilatation procedure followed by an endoscopic stent placement. All patients were having multiple comorbidities and they carried a high risk for any prolonged procedure under anesthesia.

Results & Observations: All patients voided well following the procedure. No patient reported discomfort at the stent site. No major complication or technical failure was noted during this initial experience.

Conclusions: This experience with the allium bulbar urethral stenting for treating urethral strictures suggests that it is safe and reliable treatment modality. A more extensive experience is necessary with a larger number of patients and a longer follow- up period to further confirm stents' efficacy.

Podium Session 7

POD 07-37

Predictive factors for persistence of Lower Urinary Tract Symptoms in patients of Benign Prostatic Hyperplasia after Transurethral Resection of Prostate: A Prospective Analytical Study

N Supradeep, Sujata Patwardhan, Vishnu Unnithan, Bhushan Patil, Amit B

Mumbai

Introduction: Transurethral resection of prostate(TURP) is an effective surgical modality to treat Benign enlargement of prostate(BEP)-associated Lower urinary tract symptoms(LUTS). This study was done to evaluate factors- clinical, radiological, and operative, which could predict the persistence of LUTS after TURP.

Methods: We included 120 adult men with LUTS related to BEP who were indicated for TURP between the time period of January 2021 and June 2022. All TURP were done by a single faculty. Various clinical, radiological and intraoperative factors were recorded. Patients were reassessed at 1 month and 3 months in the postoperative period for LUTS. Statistical analysis was done with the latest SPSS v28 software.

Results: Among patients followed up for 1 and 3 months postoperatively we observed that 35.83% patients had bothersome, predominantly storage-related (Urgency and frequency) LUTS. We studied the association of our studied factors with post-TURP LUTS and performed Univariate and multivariate logistic regression analysis with Receiver operating characteristic curve. Baseline severity of LUTS (IPSS)(p-value-

0.063), preoperative severity of voiding-LUTS (IPSS-v)(p-value-0.084) and duration of Diabetes(p-value-0.044) were found to be significantly associated with post-TURP-LUTS. The three factors were able to predict the post-TURP-LUTS with a sensitivity of 62.79% and specificity of 61.04%(diagnostic accuracy-61.67%). They had a PPV of 47.4% and NPV of 74.6% for predicting post-TURP-LUTS.(p-value-0.0027)

Conclusion: Preoperative factors (Preoperative severity of LUTS (IPSS), preoperative severity of voiding LUTS (IPSS-v) and duration of diabetes mellitus which are routinely evaluated in BEP-associated-LUTS planned for TURP can be used as a predictor for persistence of LUTS post-TURP.

POD 07-38

Uroflowmetry tests with sensation of normal Desire vs with Urgency: A Comparative Study and its Correlation with Ips

Varun Negi, Jvs Prakash, Pv Thiruvurul, Vetrichander, Kv Arasi, P. Arunkumar, V.Natarajan
Government Stanley Medical College and Hospital, Chennai

Objective: The objective of this study is to compare and evaluate the uroflowmetric tests performed for normal desire and in urgency for adult males having LUTS.

Methods: This prospective study includes 50 male patients having LUTS were taken. With a normal desire to void uroflowmetric parameters like Qmax -normal, Q avg-normal, Voided volume-normal and PVR was calculated. Same parameters were observed when tests was performed in urgency like Qmax-urgency, Qavg-urgency, VV-urgency and PVR urgency.

Results: Statistically significant parameters were obtained for all parameters and higher value was achieved for study done in urgency group (p value <0.05). A correlation analysis was performed for Qmax normal, Qmax-urgency with IPSS. The correlation coefficient of Qmax-urgency was found to be higher than Qmax-normal.

Conclusion: More reliable results are obtained with uroflowmetry tests done with the feeling of urgency to void.

POD 07-39

Can extra-urethral catheter length be a predictor of prostate weight and need for prostate surgery?

Prashant Motiram Mulawkar, Sanjay Kedia, Maitreyee P Mulawkar, Pankaj N Maheshwari, Utsav Shah
Tirthankar Superspeciality Hospital, Akola (MS) India

Introduction: It is a common observation patients with large prostatic have smaller visible length of the catheter.

Study questions: Does extraurethral catheter length (EUCL) have correlation with ultrasound prostate measurements? Can EUCL and clinical parameters predict need for prostate surgery?

Adult men on catheter for retention due to BPH were included. The EUCL was measured from the external urethral meatus to the end of the catheter. Detailed clinical and Ultrasound measurements like intra-vesical prostate protrusion (IPP), transverse prostate width (TPW), axial prostate length (APL), sagittal prostate maximum length (SPL), prostate weight (PW) were performed. Retention while on alpha blockers and failed voiding trial with alpha blockers were the indications for surgery. Need for surgery was classified

as pass/fail. Machine learning decision tree analysis in 80/20 fashion was done using python and scikit. Ethics committee approval taken.

Results: 110 patients were recruited (Jul18-Mar20, recruitment stopped due to COVID related restrictions) EUCL had a negative relationship with IPP, TPW, APL, SPL, PW. Retention episode while on alpha blocker and EUCL smaller than 169 mm were the strongest predictors for need for surgery.

Conclusion: As the prostate increased in size EUCL decreased. Retention while on alpha blocker and EUCL <169mm predicted the need for surgery. EUCL may be used at primary healthcare setting especially in resource poor setting as surrogate marker for prostate size and need for surgery.

POD 07-40

Comparison of safety, Efficacy and Morbidity of Green Light Laser Vaporization of Prostate with that of Transurethral Resection of Prostate in Patients with Benign Prostatic Hyperplasia

Vaswani Usha, Nagaonkar Santoshi, Joshi Vinod, Oza Umesh, Shah Bhargav, Pandya Bhargavkumar, Punatar Chirag

PDHinduja Hosiptal, Mahim, Mumbai

TURP challenged in the past decade by newer techniques like Green Light PVP. We aim to explore the value of GreenLight laser as an alternative to TURP. Study was conducted on total 62 patients and equally divided in two groups. Results were assessed by comparing IPSS and quality of life score, Qmax and PVR, duration of hospital stay and rate of complications between two procedures at follow up. No statistically significant difference in mean duration of hospital stay and duration on catheter. Mean duration of surgery was significantly lesser in PVP cases. Postoperatively, at follow up no statistically significant difference in the mean IPSS, mean postoperative Quality of Life score, mean Qmax & mean postvoid residue in both groups. Early complication like UTI was significantly higher in the PVP (12.9% vs 3.2%). Acute urinary retention significantly higher in the TURP group (12.9%). Post op irrigation requirement significantly higher in the TURP group. Late complications like Bladder neck stenosis were significantly higher in the TURP group (9.7% vs 3.2%). Urethral stricture was significantly higher in the TURP group (3.2%) and not reported in PVP group. Epididymo-orchitis (3.2%) was observed in the PVP group alone.

Comparable improvement in symptoms and objective measures of bladder outlet obstruction i.e. peak urinary flow rate and postvoid residual urine between GreenLight 180W-XPS PVP and TURP was noted. PVP did show promise of lower incidence complications at follow up. Greenlight PVP is a Durable surgical option with Efficacy and safety similar to TURP.

POD 07-41

Role of Turp in urodynamically proven under active detrusor patients following long standing bladder outlet obstruction due to benign prostatic hyperplasia.

Pandya Bhargavkumar, Joshi Vinod, Oza Umesh, Nagaonkar Santoshi, Adnan Hindustanwala, Vaswani Usha, Punatar Chirag

P.D. Hinduja National Hospital and Medical Research Centre, Mumbai

Introduction and objectives: Under active detrusor is a syndrome characterised by contraction of reduced strength and or duration resulting in prolonged bladder emptying and or failure to achieve

complete bladder emptying. The long standing BPH related BOO is important cause of detrusor under activity in elderly. Objective of this study to define role of TURP in selected cases.

Methods: All 40 patients aged 50-80 years with diagnosis of under-active detrusor following long standing bladder outlet obstruction due BPH admitted and treated between Feb 2010 and Feb 2015 were included in the study. Urodynamically proven under-active detrusor ($p_{det}@Q_{max}$ 25-40 cms of H₂O) were included in this study. All patients undergone Turp and results assessed in form of requirement of catheterisation post surgery after trial of void. Assessment of IPSS score and post void residual urine at 3 months follow up.

Results: Out of 40 patients , 23 patients had catheter and only 3 patients require catheterisation post surgery. Pre operative mean IPSS was 21 and post op IPSS was 5.7 which was statistically significant. Mean PVR in preoperative period was 180 ml and post surgery mean PVR was 27 ml at 3 months follow up.

Conclusion: Patients who have been diagnosed to have under active detrusor on urodynamic studies can be offered TURP provided they have average range of detrusor pressure (25 - 40 cm H₂O). This has significant improvement in outcomes in terms of symptoms , need of catheterisation, post void residue and quality of life.

POD 07-42

Comparing the Outcome after Thulium Laser Enucleation of the Prostate (ThuLEP) with Conventional Monopolar TURP for the Treatment of Symptomatic Benign Prostatic Hyperplasia: A Prospective, Randomized Study

Tadha Ajaykumar Dhirubhai, Debanshu Sarkar, D. K. Pal
Kolkata

Objective: The objective is to report the results of a randomized prospective trial comparing the ThuLEP with TURP for treatment of symptomatic BPH.

Methods: BPH patients (48) were randomized for surgical treatment with ThuLEP (24) or TURP (24). All patients were assessed pre-operatively and followed upto 3 months post-operatively. Several parameters related to BPH were collected at each follow-up, including International Prostate Symptom Score (IPSS), quality of life (QoL), maximum urinary flow rates (Q_{max}), international index of erectile function-5 (IIEF-5) and post-void residual volume (PVR).

Results: In compare to TURP, ThuLEP group has significant less need of catheter traction. The total time of postoperative irrigation is also significantly less in ThuLEP group. As ThuLEP is a new procedure, it required higher time to perform the surgery. ThuLEP was significantly superior to TURP in terms of need of catheterization time, drop in haemoglobin, less fall in serum sodium level and early hospital discharge. ThuLEP and TURP resulted in a significant improvement from baseline in terms of IPSS, PVR, Q_{max} and QoL, but no significant difference was found between the two groups. IIEF-5 was same as the baseline in both the groups. Late complications were also comparable.

Conclusion: The results of both surgeries are comparable in terms of PVR, Q_{max} and subjective scoring systems (IPSS, QoL). Significant less need of postoperative catheter traction and bladder irrigations are the main advantage of this newer laser technique. ThuLEP is safe and efficient BPH treatment method, comparable to the monopolar TURP.

Podium Session 8

POD 08-43

TURP: Modified Nesbit with Apical Release (Bring it all to Centre)

Nitesh Kumar,

Ford Hospital and Research Centre, Patna

Introduction and objective: Trans Urethral Resection of Prostate (TURP) has been the standard surgical treatment for Benign Hyperplasia of Prostate (BPH). Even in the era of LASERs, TURP remains the most commonly performed surgery for BPH. The availability of the modern day optics and the electro-surgical devices allow for a very good resection, enucleation and hemostasis under vision after the procedure. Modified Nesbit technique with apical release (bring it all to centre) preserves the sphincter, causes less blood loss and gives nice flow of urine. Traction causes discomfort to the patient and if prolonged leads to ischemia of bladder neck. Our objective was to evaluate the outcome of this new technique.

Methods: Video of a case was recorded and edited to be presented in the seminar. Key steps were detailed.

Results: Modified Nesbit technique with apical release (bring it all to centre) preserves the sphincter, causes less blood loss, less need for irrigation, no need for postoperative traction and gives nice flow of urine.

Conclusion: Modified Nesbit technique with apical release (bring it all to centre) is safe, easily replicable technique and possibility of superior results.

Link for Video: <https://youtu.be/79geER5xl-I>

POD 08-44

Prospective randomized trial assessing the severity of irritative symptoms and SUI after pulsed Thulium-YAG Laser Enucleation of the Prostate (ThuLEP) versus Thulium Fiber Laser Enucleation of the Prostate (ThuFLEP)

Dheeraj Kasaraneni, Priyatham Kasaraneni

Prashanth Hospital, Vijayawada

Introduction: Anatomical Enucleation of the prostate (AEEP) is considered one of the primary treatment options for BPH. A recently introduced thulium fiber laser (TFL) has the potential to minimize the thermal-related side effects due to its decreased penetration depth (0.15mm in TFL versus 0.2 to .4mm in Thu-YAG). The aim of this study is to compare the short term postoperative functional outcomes and severity of irritative symptoms following pulsed Thulium-YAG and thulium fiber laser enucleation.

Materials & Methods: This prospective randomized simple-blinded study. The inclusion criteria were moderate-to-severe LUTS. Patients were randomized between Thulium-YAG (Quanta 200 W) and ThuFLEP (IPG 35 W). Preoperatively, demographics, objective data (PSA, prostate volume, etc.) and data on urinary and sexual function (IPSS, IIEF, QoL, QUID, Qmax, ICIQ-MLUTS) were collected. Detailed perioperative

information was collected as well as postoperative data on urinary incontinence and functional outcomes at 1, 3, 6, 12 weeks and 6 months.

Results: Data on 348 participants were included (168-ThuLEP, 180- ThuFLEP). No differences were found in surgery duration; number of postoperative complications (Clavien-Dindo I-III), catheterization time and hospital stay. Functional outcomes up to 6 months didn't differ between the groups (IPPS, IIEF, QoL, QUID, ICIQ-MLUTS, Qmax, $p>0.05$). In ThuLEP, the SUI series rate was slightly higher than ThuFLEP.

Conclusions: ThuLEP and ThuFLEP are comparable in terms of duration and postoperative complication rates. The results of the study showed no differences in the rate of SUI and irritative symptoms.

POD 08-45

Comparison Of Photoselective Green Light Laser Vaporisation Versus Transurethral Resection For Benign Prostate Hyperplasia

Pulkit Garg, Mk Chhabra, Gordhan Choudhary
MDM Hospital/ SN Medical College, Jodhpur

Objectives: To compare the short term outcomes of the efficacy and safety of green-light laser photoselective vaporisation of the prostate (PVP) with transurethral resection of the prostate (TURP) for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH) in a prospective randomized trial.

Methods: 60 consecutive patients with enlarged prostate satisfying the eligibility criteria were randomly assigned for surgical treatment with TURP (n(A)30) or PVP (n(B)30) The groups were compared for functional outcome (both subjective and objective), perioperative parameters and complications. Patients were reassessed at 3 and 6 months. P value<0.05 was considered statistically significant.

Results: The baseline characteristics of the two groups were comparable. Mean age was 68.72years and 66.55 years, mean IPSS score was 18.35 and 19.77, mean prostate volume was 48.62cc and 44.50 cc in Group A and B, respectively. Improvements in IPSS, QOL, prostate volume, Q max and PVRU at 3 months were similar in both groups. PVP is associated with reduced blood loss, transfusion, clot retention, TUR syndrome, capsular perforation, catheterisation time and hospitalisation, but a higher dysuria rate when compared to TURP patients.

Conclusions: PVP is an effective alternative, holding additional safety benefits. PVP has equivalent IPSS, Qmax, QoL, PVR efficacy and fewer complications with additional benefits of lesser perioperative blood loss, lesser transfusion requirements and a shorter catheterization time.

POD 08-46

Comparison Of Efficacy And Safety Of Monopolar and Bipolar Transurethral Resection Of The Bladder Tumour In Patients Of Bladder Cancer : Open-Label Randomised Control Study

Deepak Kumar, Jyoti Mohan Tosh, Ankur Mittal, Vikas Panwar, Omang Agrawal, Gurpremjit Singh, Arup Kumar Mandal
AIIMS, Rishikesh, UK

Introduction : The aim of study was to determine the efficacy and safety of Monopolar TURBT (M-TURBT) and Bipolar TURBT (B-TURBT) in patients of bladder tumour.

Material And Methods : Total 150 patients were included in the study and randomized to two groups of 75 each: Monopolar TURBT (M-group) and Bipolar TURBT (B-group). Primary objective was to compare the incidence of obturator jerk in M-TURBT and B-TURBT. Secondary objectives were to compare the artifacts in pathological specimens, change in various blood parameters like electrolyte imbalance, TUR syndrome, and need for blood transfusion and to compare the duration of surgery on both the procedures.

Results 25.3% of the participants in the M group had obturator jerk intraoperatively as compared to 20% in the B group. There was a significant difference between the two groups in terms of quality of thermal artefacts ($\chi^2 = 9.797$, $p = 0.020$). Electrolyte difference in preoperative and post operative level was statistically not significant (p -value 0.218 and 0.201 respectively). No patient required transfusion and there was no incident of TUR syndrome in any group. The mean duration of operative time between the monopolar group is 78.53 ± 24.06 and the bipolar group is 73.87 ± 18.95 .

Conclusion No statistical significant difference was seen between these groups in terms of obturator jerk, blood parameters like electrolyte imbalance, duration of surgery. We found a significant difference between the monopolar and bipolar group in terms of quality of thermal artefacts.

POD 08-47

Efficacy Of Thulium Laser En Bloc Enucleation Of Bladder Tumor (Thulebt): An Institutional Experience

Vaibhav Kamble, Sunirmal Choudhury, Dilip Kumar Pal

IPGME and R: Institute Of Postgraduate Medical Education and Research

Objective: To analyze the efficacy of Thulium laser en bloc enucleation of bladder tumour (ThuLEBT) in comparison to transurethral resection of bladder tumour (TURBT) for treatment of non-muscle invasive bladder cancer (NMIBC) .

Materials and Methods: Prospective observational study involving 30 patients in each group of ThuLEBT and TURBT admitted in tertiary care centre from 1st January 2021 to December 2021.

Results: Significant difference was found in terms of less operative time ($p=0.01468$), less intraoperative blood loss, a lower incidence of obturator nerve reflex ($p=0.00006$), bladder perforation ($p=0.0455$) and bladder irrigation ($p=0.0027$), better acquisition of detrusor muscle ($p=0.0466$), less recurrence rate ($p=0.0455$) in favour of ThuLEBT over TURBT group. The analysis also demonstrated faster postoperative recovery in terms of the duration of catheterization, bladder irrigation and hospitalization time in ThuLEBT group.

Conclusion: ThuLEBT is an efficient and safe treatment for non-muscle invasive bladder cancer and it can be a better alternative choice in place of TURBT.

Keyword: Thulium, laser; Obturator Nerve, reflex; En bloc enucleation, urinary bladder cancer

POD 08-48

Predicting renal functional outcomes after surgical intervention for cicatrized bladder in patients with urinary tuberculosis: a multifactorial analysis

Hardik Patel, Dinesh Reddy, Anuj Dumra, Ashwin Shekar P, Rakesh Parashar
Sri Sathya Sai Institute of Higher Medical Sciences

Purpose: We evaluated the long-term renal function after augmentation cystoplasty (AC) in patients with tuberculous contracted bladder (TBC) and determined factors associated with decreased renal function (RF) during follow up.

Materials and Methods: We reviewed the records of 61 patients who underwent AC between 1994 and 2019 in our institute. The eGFR was calculated preoperatively at initial presentation, before AC and at various intervals during follow up. A renal function decrease was defined as a defined as new-onset stage-3A CKD or upstaging of pre-operative CKD stage 3A in follow-up. Multivariable analysis was done to evaluate the association of clinicopathological features and postoperative complications with decreased renal function.

Results: We analysed 39 patients who had a minimum follow-up of 1 year post AC. At a median follow-up of 52 months (IQR 31 - 103 months), 16/39 patients developed RF decrease. In univariate analyses, initial eGFR, and associated ureteric stricture in contralateral renal unit were significantly associated with new-onset renal insufficiency ($P < 0.001$ for each). On multivariate analysis, only initial presenting eGFR ($p < 0.001$) was an independent predictor of new-onset renal insufficiency. ROC cut-off levels for eGFR at presentation predicting the primary end point of RF decrease was 45 ml/min.

Conclusions: Decreased renal function is noted in most patients during long term follow-up after AC for TBC. After controlling for preoperative risk factors, patients with initial presenting low GFR < 45 ml/min are at greater risk of a decline in renal function following AC.

Podium Session 9

POD 09-49

Preoperative Urine Culture Vs Renal Pelvic Urine Culture: A Better Predictor of Urosepsis in Patients Undergoing Percutaneous Nephrolithotomy

Sampathirao Gopal Krishna, Manasa T, Prasad Mylarappa
Ms Ramaiah Medical College

Introduction and objective- Incidence of post Percutaneous nephrolithotomy (PCNL) systemic inflammatory response syndrome (SIRS) ranges between 10% to 35% with a small percent of them progressing to sepsis. Therefore, we prospectively determined the correlation between preoperative and intraoperative cultures, and evaluated factors associated with post-PCNL SIRS.

Methodology- After obtaining institutional review board approval, patients undergoing PCNL from September 2016 to July 2021 were enrolled in the study. All patients underwent urine culture evaluation prior to the procedure. Renal pelvic urine was collected by retrograde ureteral catheter placement or during initial percutaneous puncture of the pelvicalyceal system.

Results- A total of 160 patients were included in the age group of 20 to 70 years. Preoperative bladder urine culture(PBUC) was positive in 52 cases(32.5%) and treated with culture specific antibiotics before surgical intervention. Renal pelvic urine culture was positive in 72 cases(45%) of which 34 had negative PBUC. Most common pathogen was E-Coli followed by pseudomonas, enterococcus, klebsiella and proteus. Of the 160 patients, 54 patients (33.7%) had evidence of SIRS, including 6 requiring intensive care. Of the patients who developed SIRS, 25(46%) had concordant results with RPUC and PBUC.

Conclusion- Post operative systemic response after PCNL may occur despite a negative preoperative urine culture and the pathogens detected by PBUC are not necessarily consistent with those of RPUC. We recommend collecting pelvic urine and to identify the offending organism in patients with large stone burden since they may be at an increased risk of SIRS.

POD 09-50

Supine Pcnl for Renal Calculi- The Way Forward

Suhas T, Sivasankar M, Griffin M, Kamaraj V, Muthulatha N, Dev Krishna Bharathi, Mohammad Farooq
Saveetha Medical College and Hospital, Chennai

Objectives: To compare operative times, safety, and effectiveness of percutaneous nephrolithotomy in the supine versus the prone position.

Materials and methods:An observational study of 200 patients was conducted in our institution for 2years from 2018 to 2022 divided into 2 groups: 100 patients underwent modified supine percutaneous nephrolithotomy and 100 patients underwent standard prone PCNL. The inclusion criteria included a renal calculus (calyx or pelvis) of any size for which PCNL was indicated. Exclusion criteria were patients having contraindications for PCNL such as bleeding disorders, pregnancy, high risk, and co-morbid conditions. The measured data included operative time, number of punctures, stone-free rate, length of hospital stays, and rate of complications. The 2 groups were comparable in mean age, male to female ratio, calculus size, number of punctures, residual calculi, and postoperative fever and pain. The mean time to finish from initial position was 76.277 min in supine PCNL and 88.12 minutes in prone PCNL. The mean time before puncture was 20.92 minutes in the supine position and 31.84 minutes in the prone position. The mean time from puncture to finish was 45.32 minutes in the supine position and 56.28 minutes in the prone position. The mean difference of hemoglobin in the supine PCNL group was 0.354 gm% whereas in the prone PCNL group it was 0.61 g/dL.

Conclusions: Supine PCNL is associated with a significantly reduced operating time, stone free rates, complications, hospital stay, when compared to conventional prone position PCNL procedures with benefits of simultaneous retrograde access.

POD 09-51

Post-Nephrostomy-Tube Removal Urine Leak after Percutaneous Nephrolithotomy: Does the Calyx of Puncture Make a Difference?

Goyal Aditya, Maheshwari PN, Srivastava P, Pathrikar R
Fortis Hospital Mulund

Introduction and Objectives:The aim of this study was to assess if the calyx of percutaneous tract during percutaneous nephrolithotomy (PCNL) impacted urine leak (UL) post nephrostomy tube (NT) removal.

Materials and Methods:We retrospectively evaluated patients undergoing single-access, monoplanar, prone PCNL from 1st April 2016 to 31st May 2019 at our institute. Patients with urine leak for greater than 4 hours after NT removal were included in the UL group (n=18), while the non-UL group (n=60) comprised of patients with urine leak for less than 4 hours or no leak at all. These groups were compared for demographic, renal, stone related and peri-operative factors with particular stress on calyx of entry.

Results:Although the UL group had significantly older (mean 48 vs 31 years, p=0.003) patients with a higher proportion of diabetes mellitus (33% vs 11%, p=0.03), significantly greater (grade >3) hydronephrosis (55.5% vs 10%, p<0.001) with a significantly less cortical thickness (mean 6.4 vs 10.3 mm, p=0.001), 100% of the leaks happened from the middle/lower calyx tract and none from the upper calyceal access (p<0.001).

On multivariable regression analysis, grade >3 hydronephrosis (HN) with thin cortex, middle/lower calyceal access and keeping the NT for prolonged duration post-operatively were independent predictors of UL. There was no risk of a leak from upper calyx access in our study.

Conclusion:There is a negligible risk of UL from upper calyx access, so the possibility of delayed hydrothorax after NT removal in supra-costal access is minimal.

POD 09-52

Predictors of Surgical Intervention of Renal Colic in Pregnancy

Manne Tejaswini, Palaniyandy V, Chandru T, Kumaresan

Sri Ramachandra Institute of Higher Education and Research, Chennai

Introduction and Objective:Renal colic is one of the common causes of abdominal pain, particularly in the second and third trimesters of pregnancy. Owing to the dilated upper urinary tract secondary to physiological effects of pregnancy, up to 70-80% of calculi pass spontaneously. Patients who do not expel the calculi spontaneously require surgical intervention. We aimed to analyse and highlight factors predicting the need for surgical intervention in pregnant women with renal/ureteric calculi.

Methods:We retrospectively analysed data of 91 pregnant females who presented to our outpatient department between Jan 2021 and July 2022. The patients were segregated into two groups depending on the treatment they received.

43 patients (47.2%) required surgical intervention for managing symptoms, whereas the rest received conservative management.

Parameters evaluated included: stone size (<8mm / >8mm), location of the calculus, degree of hydronephrosis, fever, pain (lasting > four days), and C-Reactive protein levels.

Results : All the parameters: stone size, location, degree of hydronephrosis, fever, pain for <4/>4 days and C Reactive protein levels demonstrated statistically significant difference between the surgical intervention group and the conservatively managed group.

Conclusions : Our study highlights several independent predictive factors, which aid in identifying the probability of need for surgical intervention in pregnant women with renal colic. This may help save precious time in offering early surgical intervention in pregnant women and lessen the incidence of urosepsis and premature labour, particularly in the second and third-trimester. Prospective studies are ongoing to validate our results.

POD 09-53

A Prospective Observational Study on The Comparison of Pre-Operative Urine Culture with Intra-Operative Pelvic Urine and Stone Culture in Predicting Urosepsis.

Prabhu E, Srikala Prasad T, Sudhakaran S, Senthil Kumar S, Ramesh G, Anandha Kumar I, Mohamed Javid R

Chengalpattu Medical College, Chengalpattu

Introduction & Objective: One of the serious complications following percutaneous nephrolithotomy (PCNL) is sepsis and this can occur despite sterile preoperative urine. The aim of the study was to analyze the use of cultures from midstream urine (MSU), renal pelvic urine, and crushed stones in predicting the occurrence of urosepsis.

Methods: A prospective study was done on patients who underwent PCNL from June 2021 to May 2022. The samples collected for culture and sensitivity (C and S) were (1) MSU on the day before PCNL, (2) Urine from the pelvicalyceal system during percutaneous puncture, and (3) Stone fragments collected and crushed during PCNL. The postoperative period was monitored for signs and symptoms of urosepsis.

Results: A total of 104 patients were studied. The stone C and S was positive in 30.1% of patients, pelvic C and S in 13.7%, and MSU C and S in 10.8%. Out of these, 20 patients had systemic inflammatory response syndrome (SIRS) and 3 patients had septic shock. Out of the 20 with SIRS, 17 cases had stone C and S positive, 6 had pelvic urine C and S positive, and 2 patients had positive MSU C and S.

Conclusions: In comparison with pelvic urine and MSU C and S, Stone C and S is a better predictor of potential urosepsis. Hence we recommend routine collection of stones for C and S which can help in predicting the occurrence of urosepsis after PCNL.

POD 09-54

Preoperative Computed Tomography Parameters in Determining Ureteroscopic Lithotripsy Outcomes in Ureteric Stones

Mohamed Javid R, Srikala Prasad T, Sudhakaran S, Senthil Kumar S, Ramesh G, Anandha Kumar I, Prabhu E

Chengalpattu Medical College, Chengalpattu

Introduction & Objective: Computed Tomography (CT) is currently the investigation of choice in diagnosing and studying various factors in urolithiasis patients. Our research aimed to study various parameters in CT, especially the Ureteral Wall thickness (UWT) (as it has been less explored), that might affect the outcomes of ureteroscopic lithotripsy (URSL) in ureteric stone patients and to devise a scoring system incorporating the UWT in predicting the outcome of the surgery.

Methods: We studied 80 patients, who had a preoperative CT done and underwent URSL, for various factors such as stone location, stone size, Hydronephrosis (HUN) degree, Hounsfield Unit (HU) of stone, and UWT. Each factor was studied to know its influence on the outcome of URSL and a scoring system was developed taking into account all the factors to predict the outcome of surgery

Results: The stone-free rate of URSL was 83.8% (67/80). Univariate analysis found that stone size, location, UWT, HUN degree, and HU of stone significantly affect the stone-free rate ($p < 0.0005$, 0.016, 0.0005, 0.0005, 0.0005, respectively). The scoring system which was developed with these 5 parameters showed that as the score increased the stone clearance decreased with a logical regression trend.

Conclusions: Our study demonstrated that the various parameters that are studied above are independent factors that affect the outcome of URSL. Also, a CT-based scoring system has been developed using these factors to predict the outcome after URSL in individual patients and thereby aids in better planning of the treatment.

POD 09-55

Damage Control Electrocoagulation of Arterial Bleeders in Pcnl: Description of a Low Cost Modification
Zaheen khan, Pankaj Wadhwa, Harkirat S Talwar, Deepak Rathi, Feroz Amir, Rajesh Ahlawat
Medanta, The Medicity, Gurugram

Renal hemorrhage after PCNL is a dreaded complication. Arterial bleeding is invariably treated by selective renal angioembolization. We present our experience in the use of electrocautery for controlling arterial hemorrhage as a damage control procedure. We also describe a low-cost modification for the same.

Material & Method: We describe 3 cases of intraoperative arterial bleeding during PCNL managed by electrocoagulation of bleeders allowing completion of the cases in 2 instances. In the third case, bleeding was successfully arrested with electrocoagulation; a renal angiography without the need for embolization confirmed the hemostasis. The case was subsequently treated with RIRS at a later date.

we improvised; and used the Alken guide rod covered by a 10 Fr infant feeding tube (as an insulation cover) to perform point electrocoagulation. The distal knob of the Alken rod was left uncovered, this provided a larger surface area for coagulation (like a ball electrode); the proximal end was also left uncovered, allowing transmission of current via surface cautery pencil. Formal coil selective angioembolization was not needed as optimal hemostasis was achieved by ball fulguration itself.

Result: Hemostasis was achieved satisfactorily allowing case completion in 2 cases with an uneventful recovery.

Conclusion: Electrocoagulation of arterial bleeders is feasible in the event of arterial bleeding during PCNL. It affords interim hemostasis till a formal angiography can be undertaken. Our 'modified ball electrode' is low cost, easily accessible and may prove life-saving, especially in situations where immediate access to angioembolization is unavailable.

POD 09-56

Urine Nitrite, Urine Leukocyte Esterase and Serum Albumin-Globulin Ratio as Preoperative Predictive Markers for Postoperative Fever after Laser Lithotripsy

Chandan M N, Shivakumar V, Navaneet Srinidhi, Keshavamurthy R

Institute of Nephro Urology

Postoperative fever (POF), a potential complication following laser lithotripsy in 2-28% cases, which may progress to sepsis & carries a mortality rate of 28.3%-41.1%. Identifying markers which predict POF following laser lithotripsy for early identification and prompt management of POF are needed to prevent sepsis and mortality.

Objective: To determine the efficacy of preoperative urine nitrite, leukocyte esterase (LE) and albumin-globulin ratio (AGR) as predictive markers for POF.

Methods: Prospectively analysed 94 patients aged above 18 years who underwent unilateral laser lithotripsy between May 2021-April 2022. Patients were divided into two groups as with and without POF. The predictive markers for POF (temperature $>38^{\circ}\text{C}$ within 72 hours) like urine nitrite, urine LE, serum AGR were analyzed using logistic regression with other demographic and perioperative data.

Results: 12.77% of 94 patients had POF. There was no statistically significant difference between the two groups in terms of stone diameter (<10 mm vs >10 mm, POF 33.33% vs 66.67%, $p>0.05$) and stone laterality (left vs right, POF 41.67% vs 58.33%, $p>0.05$). Urine nitrite (90.24% vs 78.05%) had a better specificity than urine culture. 58.33% of urine nitrite positive ($P<0.001$), 66.67% of urine LE positive ($P<0.001$) & 75% of low AGR ($P<0.001$) patients had POF. In multivariate analysis, low AGR, LE positivity, and nitrite positivity were found to be independent risk factors for POF. Overall sensitivity and specificity comparison between urine nitrite & urine culture showed significant differences (McNemar test, $\chi^2=4.17$, $P<0.05$).

Conclusion: Preoperative positive urine nitrite, positive urine LE & low AGR were the independent predictors of POF following laser lithotripsy and may play an important role in anticipating & preventing postoperative sepsis & mortality.

POD 09-57

Shockpulse Versus Pneumatic Lithotripsy in Percutaneous Nephrolithotomy- Prospective Comparative Study

Shabir Ahmad Mir, Syed Sajjad Nazir, Tanveer Iqbal, Omar Saleem, Naveed Khan

Govt Medical College, Srinagar

Aim: To compare the safety and efficacy of shockpulse with pneumatic lithotripsy in percutaneous nephrolithotomy.

Methods: This prospective randomized comparative study was performed in Department of Urology, GMC Srinagar over a period of 1-year with 48 patients each in Group A (shockpulse) and Group B (pneumatic lithoclast). Various relevant parameters were compared.

Results: The patients in the two groups had similar patient demographic and stone characteristics. Mean stone fragmentation time was 19.21 ± 16.31 min in Group 1 and 28.45 ± 13.22 min in Group B ($p=0.003$). Mean total operation time was 49.28 ± 21.32 min in Group A as compared to 58.42 ± 20.47

min in Group B ($p = 0.035$). The mean fall in hemoglobin was 1.84 ± 1.56 g/dl in Group A and 2.01 ± 1.44 g/dl in Group B ($p = 0.581$) and the mean hospital stay was 3.21 ± 1.48 days in Group A and 3.5 ± 1.89 days in Group B ($p = 0.405$). The number of cases that required multiple tracts were four (8.3%) in Group A and 7 (14.58%) in Group B ($p = 0.522$). The stone-free rates were 83.3% in Group A and 79.16% in Group B ($p = 0.601$). Overall complications were not significantly different between the two Groups ($p > 0.05$).

Conclusions: Shockpulse seems to have significantly lower stone fragmentation time and total operation time as compared to pneumatic lithotripsy, despite the similar stone-free rates and complications between the two Groups

Podium Session 10

POD 10-58

Prospective Randomised Clinical Study to Compare Renal Artery and Vein Length Loss and its Significance, If any- Laparoscopic Versus Open Nephrectomy

Punia Sahil, Sadasukhi Nripesh, Sadasukhi Tc, Gupta HI, Gupta Manish, Sharma Ashish
Mahatma Gandhi Medical College and Hospital, Jaipur, Rajasthan

Objectives: To report the difference in loss of length of the renal artery and vein between an open and laparoscopic renal donor nephrectomy.

Methods: we take 50 open and 50 laparoscopic renal donors for comparison of loss of length of the renal artery and vein. This is a single-blinded study. All patients considered for left donor nephrectomy with a single renal artery and vein are included in this study. Patients considered for right donor nephrectomy, Abnormal renal artery and vein anatomy, Atherosclerotic renal artery or vein are excluded from this study.

Results: In our study, we take 50 open renal donor nephrectomies and 50 laparoscopic renal donor nephrectomies from a total of 115 renal donor nephrectomies from December 2021 to April 2022. for removing bias we take only the left side nephrectomy which has a single artery and vein. we used study randomizer software which uses cluster randomization which decide case should be operated either open or laparoscopy.

Conclusions ∴ In our study Difference between preoperative and intraoperative artery length in open donor was 0.3 cm while the difference between preoperative and intraoperative vein length was 2.3cm whereas the difference between preoperative and intraoperative artery length in laparoscopic donor was 0.5cm while the difference between preoperative and intraoperative vein length was 2.5 cm. The Difference between renal artery length in open vs laparoscopic donor nephrectomy is 0.2 cm, and the difference between renal vein length in open vs laparoscopic donor nephrectomy is 0.2 cm, which is statistically insignificant.

POD 10-59

Peri-Operative Complications in Renal Transplantation in A Tertiary Care Centre

Aggarwal D, Jithesh P, Dorairajan LN, Sreerag KS, Kalra S, Parameswaran S
Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry

Introduction And Objective: Renal transplantation is the most cost-effective yet least utilised therapy for end-stage renal disease. Post-operative complications are associated with significant morbidity and mortality. Surgical complications involve vascular and urological complications. Our objective is to study peri-operative surgical complications and their associated factors in renal transplantation.

Methods: This is a cross-sectional study that has included all patients who underwent renal transplantation.

Results: A total of 253 patients underwent transplantation [67 females (26.5%) & 186 males (73.5%)]. 94 (37.2%) & 159 (62.8%) were deceased and live donors respectively. Post-surgical complications occurred in 30% of patients, with postoperative mortality of 2.8%. Complications included surgical site infection (13.3%), perinephric collection (8.4%), urine leak (1.6%) & lymphocele (0.4%). 2.8% had postoperative decreased perfusion owing to stenosis/thrombosis. Postoperative Interventions included Percutaneous drainage (7.6%), re-exploration (4%) and graft nephrectomy (4.8%). The most common Clavien-Dindo class was 3a (39%). Significant association were reported between Clavien-Dindo class with duration of dialysis ($p=0.018$), BMI ($p<0.001$) & cold ischemia time ($p<0.001$); Re-exploration with postoperative urine leak ($p<0.001$) & percutaneous intervention ($p=0.003$). Patients had a median cold ischemia time of 111 minutes, a hospital stay of 17 days and creatinine on discharge of 1.29.

Conclusions: Early identification and treatment of surgical complications are critical for patients. Complications are low but significant. Higher severity of complications is found in patients with higher BMI, longer duration of dialysis and prolonged cold ischemia time. Re-exploration was more in patients who underwent percutaneous interventions or had urine leak.

POD 10-60

Impact Of Estimated Glomerular Filtration Rate On Elderly Kidney Donor: A Prospective Study

Virendra Kumar Soni, Pranjal Modi, Syed Jamal Rizvi, Suresh Kumar

IKDRC-ITS, Ahmedabad

Introduction-Chronic kidney disease (CKD) is a major public health problem. After donor nephrectomy, the remaining kidney presents a functional adaptation by an increase in renal filtration in every single nephron due to the increase renal plasma flow, which is accompanied by an increase in intraglomerular pressure. This renal hyper filtration is reflected by a quantifiable increase in renal volume.

AIMS and Objective-To assess estimated glomerular filtration rate and its impact in elderly living donor for kidney transplantation with minimum 1 year follow-up.

Results-1.Mean age of the elderly living kidney donors in the study was 56.83 ± 4.71 years, with 27 (35%) being aged 50 - 54 years, 25 (32.5%) aged 55 - 59 years and 25 (32.5%) aged ≥ 60 years.

2. Most of the elderly living kidney donors in the study were females (66.2%), while only 26 (33.8%) were males. The male: female ratio was 2: 1.

3. Most of the elderly living kidney donors in the study were nonsmokers (90.9%), while only 7 (9.1%) were smokers

4. The mean eGFR at baseline among the elderly donors was $101.7 \text{ mL/min/1.73m}^2 \pm 5.66$, which decreased to 53.13 ± 5.43 at 3 months .

The mean serum creatinine at baseline among the elderly donors was 0.65 ± 0.08 , which increased to 1.25 ± 0.14 at 3 months .

POD 10-61

Feasibility of live related kidney transplant with incidental nephrolithiasis and its long term outcome in donor and recipient

Anil Baid, Himanshu Raj, Anupam Shukla, Abhishek Patak, U.P.Singh, Aneesh Srivastava
Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Introduction - The behavior of transplanted kidneys with small calculus in-situ and any stone-related event in donor or recipient.

Methodology - 2200 donors from 2000-2015 for asymptomatic renal stones were evaluated. All stones > 4mm were treated and accepted while > 15 mm, significant metabolic abnormalities, associated nephrocalcinosis, bilateral stones or presence of risk factors for recurrence were rejected. Donors were followed up 6 monthly for 1 year then annually with USG while recipients were followed at 1, 3 and 12 months and then annually with USG and/or NCCT.

Results - With a stone prevalence of 4.2%, 36 donors with stones of 2-15(mean 6.6 ± 2.8) mm finally donated, out of which only 1 patient had mild hypocitraturia. Mean age and GFR of donors were 42.5 ± 10.5 years and 38 ± 5.5 ml/min, respectively. In group I(n=19) stones between 5-15mm were treated by ESWL(n=7), mini-PCNL(n=10) or RIRS(n=2). In group II(n=17), incidentally detected stones of 4 mm were accepted for donation. Persistent stone fragments were present in 5, 3 & 1 and 7, 4 & 1 patients in group I and II respectively at 1, 3 and 12 months follow-up. At 6.5 ± 2.5 (range 1 -11) years of follow-up, none of the donors reported any stone event or recurrence in residual kidney. Mean creatinine of recipients were (1 ± 0.25)mg/dl, (1.25 ± 0.4)mg/dl and (1.38 ± 0.55)mg/dl at 1 week, 3 months and 3 years respectively.

Conclusion - Live related kidney transplant with incidental nephrolithiasis has good long term outcomes in both donor and recipient

POD 10-62

Are Prospective Renal Donors with Urolithiasis A Viable Option?

Kuppurajan Narayanasamy, Devdas Madavan, P Barani Kumar, M Anandan, Vivek Pathack
Kovai Medical Center Hospital, Coimbatore

Introduction: Living related donor transplants carry the best outcomes amongst renal replacement therapies. Prospective renal donors with urolithiasis are often not considered for donation.

Aims and objectives: We undertook a retrospective study to assess radiologically diagnosed stone are real stone or papillary calcification. whether donors with urolithiasis required further interventions for stone disease or developed renal dysfunction.

Patients and Methods: All donors with urolithiasis were included from 2015-2019 and their recipient data was collected prospectively. Persons with metabolic derangements and recurrent stone formers were excluded from donation. All patients underwent bench ureteroscopy for retrieval of calculi. Donors and recipients were followed up with Ultrasonography at 3 months intervals till 1 year and yearly thereafter.

Results: 52 patients amongst 1500, met the inclusion criteria. 42%(n=22) donor kidneys were found to have renal calculi at the time of bench ureteroscopy which were retrieved, whereas 58% (n=30) were found to possess only papillary tip calcifications. On follow up none of the donors were found to have calculi disease, whereas 3 recipients were found to have calculi in the graft kidneys- none of which required intervention.

Conclusion: Noncontrast CT overdiagnoses renal papillary calcification as renal stone. Both radiologically and sonologically diagnosed stones are more likely a stone. CT diagnosed small stones or calcification may be considered as Donor

POD 10-63

Pediatric Renal Transplantation: Large Scale Results from A Tertiary Care Hospital in North India

P. Sharma, H.S. Talwar, V.K. Sekhon, P. Ghosh, R. Ahlawat

Medanta Institute of Kidney and Urology, Medanta The Medicity, Gurugram

Introduction: Renal transplantation remains the mainstay of treatment for children with ESRD. Although the number of ESRD patients are less in children as compared to adults, pediatric transplantation poses several unique challenges with respect to immunosuppression and compliance. We present the largest series of pediatric renal transplantation with its peri-operative challenges and outcomes.

Methods: A retrospective study was performed from January 2010 to December 2021 to evaluate the number of pediatric renal transplants and study the functional outcomes. Pre-operative variables included etiology of ESRD, dialysis dependency, ABO compatibility. Intra-operative variables included the vascular anatomy and the technique of anastomosis. Post-operative variables included improvement in RFTs, rejection rates, immediate post-operative and long-term complications.

Results: 108 patients younger than 18 years were included with 75%(81) males and 25%(27) females with an average age of 14.24 years(3-18). Average weight was 62.56(9.2kg-78kg). Pre-emptive transplant was performed in (20.37%) cases. ABO incompatible transplants were done in 4.6% patients. Mean warm ischemia time was 3.5+/-1.2 minutes and mean total ischemia time was 56.5+/-18.5 minutes. Multiple arteries were noted in 9.2%. Graft loss was seen in 6 patients and no patient had DGF. Median hospital stay was 9 days(7-12). Complications included acute rejection(17.5%), post operative infections(15%). At last follow-up, six patients expired.

Conclusion: With modern surgical techniques and improved immunosuppressive regimens, excellent functional outcomes can be achieved. Our series is the largest to be reported to the best of our knowledge. Political, economic and cultural issues need to be addressed for wider accessibility of this therapeutic option.

POD 10-64

Comparison of Functional and Perioperative Surgical Outcomes of Robotic Assisted Kidney Transplant and Open Kidney Transplant

Kaddu DJ, Sandeep P, Cherian D, Thomas A, Bhagat P, Sodhi B, Kishore TA.

Department of Urology, Aster Medcity Hospital, Kochi, Kerala, India

(A) Aim And Objective: To compare functional and perioperative outcomes of Robotic assisted kidney transplant (RAKT) and Open Kidney Transplant (OKT) with short and midterm follow up.

(B) Materials and Methods: We retrospectively reviewed 342 patients who underwent RAKT and OKT from June 2015 to May 2022, at our center, by single surgeon, from prospectively maintained database. After propensity matching of variables like age, sex, Body mass index(BMI), duration of haemodialysis, induction agent of recipient and Glomerular filtration rate(GFR), number vessels of graft kidney and Human leukocyte antigen(HLA) match of donor, we compared 102 patients of OKT and 196 of RAKT.

Primary functional outcomes like, nadir serum creatinine, time to nadir serum creatinine and secondary perioperative outcomes like, anastomotic time, operative time, pain, postoperative complications, graft rejection and graft survival were assessed with minimum 3 months follow up.

We used chi-squared test and Fischer's exact test for analysis.

(c)Results: RAKT was associated with less anastomotic time (mean, 37.90 vs 43.95 minutes, $p < 0.001$), total operative time, less blood loss (61.45 vs 101.27 ml, $p < 0.001$), less wound length (6.61 vs 14.81cm), less postoperative pain (Visual analogue scale, 1.71 vs 2.75 $p < 0.001$) and analgesia requirement (injectable fentanyl/day 426 vs 829 microgram, $p < 0.001$).

There was no much difference between median hospital stay, postoperative surgical complication and immunological rejection.

Postoperative nadir creatinine (1.26 vs 1.17mg/dl) and time to nadir creatinine (5.99 vs 6.33 days) were comparable in both groups (p =not significant).

(d)Conclusion: Renal functional outcomes were comparable in both. RAKT was associated with lesser, operative time, pain and scar length compared to OKT.

POD 10-65

Impact of stapler length on successful harvesting of the right renal vein-IVC cuff in right-sided donor nephrectomy. Does Length matter ?

Ritesh Gupta, Maheshwari R, Chaturvedi S, Desai P, Kaushal R, Joshi B, Kumar A
Max Super Speciality Hospital, Saket, New Delhi

Introduction : Stapler devices have been commonly used in colo-rectal surgeries and lately vascular stapler are being used increasingly to procure right sided renal grafts. Initial devices with stapling and cutting mechanism was associated with loss of graft vein length. Newer devices with only stapling mechanism prevents loss of length but falls short to cover the width of IVC cuff.

Materials and Methods : A total of 82 Right laparoscopic Donor nephrectomies were performed with inferior vena cava cuff from February 2015 to November 2021. All Cases were performed with Endo-TA-30 mm stapler (Ethicon™) to achieve an adequate IVC cuff with renal vein. An additional metal clip was applied if stapler length fell short of complete cuff size.

Results : Mean age of the study group was 44.17 ± 14.02 years (range 19-87). Cohort consisted of 51 females and 31 males. A total of 50 patients required additional clips (Group 1) compared to 32 patients in whom stapler provided sufficient length for venous division (Group 2). Mean creatinine (mg/dl) ($1.1 \pm$

0.12 vs 1.2 ± 0.22, p=0.37) and Pre-Operative GFR (95.39 ± 13.64 vs 94.39 ± 10.07, p=0.72) were comparable. Width of IVC cuff (2.41 ± 0.246 cm vs 1.92 ± 0.196, P=0.0001) were significantly different in the two groups. Rest of the post-operative parameters like Operative Time, Warm Ischemia Time and Hospital Stay were comparable.

Conclusion : Non cutting Endo-TA stapler has inadequate length to cover entire width of renal vein-IVC cuff and we propose to increase its length by additional 10 mm

POD 10-66

Prospective Study of Radiological Anatomical Change After Percutaneous Nephrolithotomy (PCNL) Assessed by CT Urography

Achint Bajpai, Suresh Babu, Gaurang Shah, Hiren Sodha, Tanvi Davda, Prashant Sarawade, Paras Bhandari
Mumbai

Introduction: PCNL Undoubtedly, local trauma and ischemia at the introduction site can be anticipated.

Aim: to find out

- 1) if renal anatomical change occurs after pcnl by comparing pre and post operative CT urography.
- 2) whether complications after pcnl increases the anatomical changes compared to uncomplicated PCNL.
- 3) direct relation between number of punctures and size of dilatation on post-surgical Renal scarring.

Material and Methods: 63 cases operated for PCNL surgery between 2019 to 2021. underwent to pre and postoperative CT Urography and evaluated for change in renal morphology.

Results: Multiple punctures results in 100 % scar formation.

If >24 Fr there are > 90 % chances of scar formation, 16Fr -30% chances of scar formation and less than 14 Fr tract is used. nephrostomy tubes is not related to scar formation in cortex Multiple punctures are associated with 71.4 % of perinephric fat stranding and if more than 3 --100 % fat stranding.

Perinephric fat stranding is not associated with the size of amplatz sheath Nephrostomy tubes are associated with perinephric fat stranding and use of 2 is associated with more incidence of perinephric fat stranding. Complications are not associated with any anatomical changes in the kidney after PCNL. eGFR values are unaffected by the number of punctures or presence of scars postoperatively.

Conclusion: Advisable to achieve a single puncture PCNL, and tract size less than 24 Fr. These two will reduce the renal insult and will reduce the scar formation in the renal cortex.

Podium Session 11

POD 11-67

Androgen Receptor Study in Children with Hypospadias in Comparison with Children with Normal Genitalia

Shreyas Raj, R. B. Nerli, Shridhar C. Ghagane

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

Introduction: Androgen receptors (ARs) have been localized to the penile skin, inner prepuce and urethra. Androgens play an important and vital role in the development of male urethra. Androgen signalling through the AR is critical for normal penile development. The objective of our study was to prospectively assess the AR staining score in children with hypospadias in comparison with children with normal genitalia.

Materials & Methods: All children with hypospadias presenting to the Paediatric urological services for repair formed the study group. Children with normal genitalia and undergoing circumcision either for phimosis or for religious indications formed the controls. A piece of the foreskin was collected during surgery and were stained for immunohistochemistry. AR staining was expressed as an m-quick score.

Results: A total of 32 children (group I) underwent primary hypospadias repair and 24 children (group II) underwent circumcision during the study period. The mean m-quick score in patients with hypospadias was 219.96 ± 1.66 and that of children undergoing circumcision was 90.04 ± 3.71 ($p < 0.050$).

Conclusions: AR is overexpressed in patients with hypospadias when compared with patients with normal genitalia. Similarly, AR is significantly overexpressed in patients with proximal hypospadias when compared with distal hypospadias.

POD 11-68

[Augmentation Ureterocystoplasty For Valve Bladder Syndrome: A Small Series with Minimum 15 Year Follow-Up](#)

Shreyas Raj, R. B. Nerli, Shridhar C. Ghagane

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

Introduction: Augmentation of the bladder could be necessary in conditions wherein persistence of small-capacity, high-pressure, thick-walled valve bladder leads to worsening of the upper tracts in children with posterior urethral valves. Augmentation using the ureter appears to be advantageous as it reduces the risks of mucus production, acidosis, and stones that are otherwise common to ileal augmentation. We report our long term follow-up (>15years) of children having undergone augmentation ureterocystoplasty for valve bladder syndrome.

Materials & Methods: During the period Jan 2000 - Dec 2005, 4 children diagnosed to have had posterior urethral valves underwent ureterocystoplasty at our centre. The patients were evaluated clinically and radiologically at the third postoperative month and once per year. Ultrasonography, cystography, a urodynamic study and renal scans were performed during follow up.

Results: Bladder capacity and compliance had significantly improved in all the patients. Two of these patients were not regular on clean intermittent catheterization (CIC) and voided using abdominal straining during day time. One of these two also had recurrent UTI and was treated with antibiotics as and when UTI appeared. Two children had elevated serum creatinine at last follow-up.

Conclusions: Augmentation cystoplasty using the ureter offers a reliable option in children with valve bladder syndrome and small capacity bladder. Ureterocystoplasty results in a large-capacity, compliant bladder, without metabolic and infective complications at long term follow-up (>15 years).

POD 11-69

A 5 year retrospective review of urodynamic studies in paediatric population in a tertiary care hospital

Premanand, Shivashankar, Griffin, Devkrishna, Farooq, Muthulatha, Kamaraj

Saveetha Medical College, Chennai

Introduction and objectives:

1. To study the demographic characteristics, indications of urodynamics and urodynamic parameters in paediatric population
2. To determine the proportion of patients with high-risk features for upper urinary tract damage

Materials and methods: A retrospective analysis of 30 consecutive urodynamics evaluation in paediatric population from September 2018 to July 2022,

Patient demographic characteristics, clinical information including bladder diary, provisional diagnosis, indication and urodynamic outcomes were reviewed.

Results: Out of 30 patients, 23 patients were male and 7 patients were female. 14 patients belonged to 0-5 years age group, 16 patients belonged to the age group of 6-13 years, commonest indication for urodynamic evaluation in our study is congenital urological abnormalities 11 cases, followed by non neurogenic bladder in 10 cases and neurogenic bladder in 9 cases. Most common cause of poor compliance in our study is neurogenic bladder, with 8 cases out of 20 poorly compliant bladder. Out of 7 poor capacity bladders 3 patients are neurogenic bladder. During voiding high pressures were generated 16 cases, most commonly in 7 patients of neurogenic bladders. In 5 patients reflux was demonstrated in VUDS, out of which 3 patients had posterior urethral valve with valve bladder

Conclusions: UDS plays an invaluable tool in the diagnosis and management of children with lower urinary tract dysfunction. Followup studies are required to gauge the adequacy of intervention like CIC/anticholinergics and to decide on further managements like continuous bladder drainage or augmentation cystoplasty.

POD 11-70

Primary Repair Vs Delayed Repair in Infants with Primary Obstructive Megaureter and Their Long Term Outcomes - A Single Centre Experience

Varun G Huilgol, Tarun D Javali, Nihar Patil, D Ramesh

M S Ramaiah Medical College

Objective: To review our experience in the management of infants with primary obstructive megaureters and their long term outcomes.

Methods: This was a retrospective analysis of a prospectively maintained data base between 2005-2021. Infants < 1 year with unilateral primary obstructive megaureter were included. They were characterised into two groups, those who underwent an upfront Primary Repair during infancy (Group A), those who

initially underwent cutaneous ureterostomy followed by a Delayed Repair after 1 year of age (Group B). All children were followed up annually thereafter until 2021 with , a renal ultrasound , diuretic renogram and estimated glomerular filtration rate.

Results: 34 infants were diagnosed with unilateral primary obstructive megaureters . Of these ,18 infants were categorised into those who underwent Primary repair (Group A) and 16 infants into those who underwent Delayed repair (Group B).The post operative complication rate was 11 % in Group A and 31% in Group B. The success rate was 94.4% (Group A)and 93.75%(Group B). The mean follow up was 9.7 years (3-16 years) in Group A and 9 years (3 -16 years) in Group B.

Conclusion : Primary extravesical ureteral reimplantation has equivalent long term results in comparison to cutaneous ureterostomy followed by a delayed ureteral reimplantation in infants , thereby avoiding stoma related complications and need for multiple surgeries , and hence may be considered as the preferred line of management of unilateral obstructed megaureters during infancy.

POD 11-71

PCNL For Treatment of Renal Stone Disease in Infants and its Long Term Outcome : Our Experience

Dhruva G Prakash, Tarun Dilip Javali

M S Ramaiah Medical College

Background: Infants requiring PCNL is rare. Insufficient literature on effects of PCNL on growing kidney.

Objectives: Review our experience of PCNL amongst infants and analyse safety, efficacy and long-term outcomes.

Study Design: Retrospective data analysis between 2005 and 2020. Infants with unilateral renal stones >12 mm underwent PCNL. Parameters like S.creatinine, estimated glomerular filtration rate and renal size, prior and last follow up monitored. Demographics, clinical profile, operative details, post-operative complications and follow up data analyzed.

Results: 24/86 infants met inclusion criteria. Average age was 9.75 months, fever commonest presentation. Five infants had metabolic abnormalities, hypercalciuria commonest. 22 had single stones and lower calyx commonest site (50%). Mean stone burden was 19.5 mm. Stone free rate 91% during primary, which increased to 100% after re-do PCNL. Complication rate 16% graded by modified Clavien Dindo scale. Median follow up period was 144 months and average age at follow up (last) 10.5 years. At last follow-up mean S.creatinine of 0.4 mg/dl, mean estimated glomerular filtration rate of 98 ml/min/1.72 m² and a mean renal size of 8.3 cm recorded, which was comparable to normal child, signifying no deterioration in renal functions and growth. Three children showed cortical scars on isotope scan. All demonstrated preserved renal functions.

Conclusion: PCNL performed during infancy does not hinder growth of kidney. Children achieved target renal size and estimated glomerular filtration rate corresponding to duration and body size at final follow-up. PCNL is safe and efficient in infants on long term follow-up.

POD 11-72

Comparison of Various Suturing Methods in Distal Hypospadias Using Snodgrass Procedure: A Tertiary Center Experience

Vikram Singh, Ishwar Ram Dhayal, Alok Srivastava, Sanjeet Singh, Satyam Srivastava
Dr. Ram Manohar Lohia Institute Of Medical Sciences, Lucknow

Introduction: Hypospadias is a common surgical problem in pediatric urology. The Snodgrass technique is a versatile surgical procedure for hypospadias. We compared four suture techniques in Snodgrass repair for primary distal hypospadias, namely, continuous subcuticular, continuous full-thickness, interrupted subcuticular, and interrupted full-thickness suturing techniques.

Methods: A total of 196 boys underwent Snodgrass repair for primary distal hypospadias. Four cohorts each consisting of 49 boys were randomized in a prospective way depending upon the suturing method. Neourethral reconstruction was done using either continuous subcuticular (Cohort A), continuous full-thickness (Cohort B), interrupted subcuticular (Cohort C), and interrupted full-thickness (Cohort D) suturing techniques. We excluded proximal hypospadias, recurrent hypospadias, and moderate to severe chordee cases. Various pre-operative parameters like urethral plate length and width, depth of the urethral groove, post-operative scores of aesthetic appearance, and urine flow (by two other independent authors) were considered. Patients were evaluated using uniform parameters in preoperative, per operative, and follow-up periods.

Results: The patient's age ranged from 36 to 171 months and the mean age was 84.5 months at the time of repair. Various complications like urethrocutaneous fistula(UCF), flap necrosis, meatal stenosis, edema, infection, and repair dehiscence developed in 40 (20.4%) patients. The most common complication was UCF, which occurred in 17(8.7%) patients. Total complications were significantly lower in Cohort A ($p=0.021$).

Conclusions: The continuous subcuticular uninterrupted suturing technique had a better success rate and lesser complications than the continuous full-thickness, interrupted subcuticular and interrupted full-thickness suturing techniques in the Snodgrass procedure.

POD 11-73

Laparoscopic Ureteral Reimplantation - Comparison Of Intravesical Vs Extravesical Techniques In The Management of Unilateral Primary Vesico-Ureteric Reflux In Children

Anupam shukla, Himanshu raj, Anil baid, Abhishek Pathak, Abhay kumar, M S Ansari, Priyank yadav
Sanjay Gandhi Post Graduate Institute of Medical Sciences

Aims/Introduction : Laparoscopic extravesical and intravesical (transvesicoscopic) ureteral reimplantation are widely accepted procedures but there is scarce literature on comparison of these techniques. This study compares the efficacy and outcomes of laparoscopic intravesical and extravesical ureteral reimplantation for unilateral primary vesicoureteric reflux (VUR) in children

Materials and Methods : We retrospectively analyzed the case records of 74 children between ages of 1-18 years who underwent laparoscopic unilateral ureteral reimplantation at our institute between January 2008 and January 2021. Patients divided into two groups; those who underwent laparoscopic intravesical reimplantation were Group A and those who underwent laparoscopic extravesical reimplantation were Group B. We analyzed the blood investigations, pre and post-operative grade of reflux, operative time, complications, analgesic requirements, and pre and post-operative nuclear scans. Success of surgery defined as resolution of the VUR on voiding cystourethrography (VCUG) 6 months after surgery.

Results : 31 patients were in Group A and 43 patients in Group B. The mean age and grades of reflux were comparable in the groups. The difference in operative time was statistically significant (Group A- 131.3 \pm 30.4 min and Group B- 96 \pm 20.4 min, p=0.009). The success rates (95.8 vs 94.7%), complication rates (16.7 vs 15.7%), time to discharge (2.6 vs 3.3 days) of both groups were comparable. Less analgesics were needed in intravesical group (186 vs 204 mg/kg) though it was not statistically significant (p=0.22).

Conclusion : Laparoscopic unilateral ureteral reimplantation by intravesical and extravesical techniques have similar efficacy and outcomes. Tapering more conveniently performed through extravesical approach.

POD 11-74

Strain Elastography in Establishing The Etiology of Chordee in Young Hypospadiac Males: A Work in Progress Report

Mahakshit Bhat, Aparna Prakash, Amilal Bhat
NIMS Medical College, Jaipur

Hypospadias is a common congenital anomaly and the presence of chordee in hypospadias complicates the operative management necessitating modification in technique. Preoperative establishment of the tissue responsible for the chordee can aid the decision making and prognostication process lead to more effective counselling. The purpose of our study was to evaluate the factors responsible for chordee by assessing the stiffness of the ventral penile tissues.

We evaluated nine cases of hypospadias using B-mode ultrasound and strain elastography. Strain elastography was used to determine the stiffness of the ventral penile tissues including the urethral plate, spongiosum, the tunica albuginea and the corpora cavernosa. Clinical data regarding the severity and type of deformity, and the subsequent treatment course were recorded.

Strain elastography was able to determine the stiffness of spongiosal tissue and urethral plate. Three patients with mild chordee showed an average strain elastography value of the spongiosal tissue as 0.5. Four patients had moderate chordee and had an average spongiosal strain value of 2.775. Two patients with severe chordee and showed an average spongiosal strain value of 2.8. The corporal bodies were stiff in 4 cases with mild to moderate chordee but severe chordee showed reduced corporal stiffness (0.75).

The findings of our study correlate well with clinical findings and showed a relationship between the severity of chordee and the stiffness of spongiosal tissue. An interesting finding of reduced corporal stiffness in cases of severe chordee was also seen, suggesting a causal relationship between the two.

POD 11-75

Dysfunctional Voiding in Posterior Urethral Valve: A Missed Diagnosis

Madhur Anand, Abhishek Pathak, Himanshu Raj, Priyank Yadav, Aneesh Srivastava, MS Ansari,
Sanjay Gandhi Post Graduate Institute Of Medical Sciences, Lucknow

Background: Dysfunctional voiding is a learned voiding disorder in neurologically normal children. PUV is primarily a congenital urethral anomaly. PUV as well as DV in children are associated with increased risk

of upper tract deterioration. Their occurrence is not mutually exclusive. We in our study aimed to study the prevalence of DV in children with PUV.

Methods: Consecutive patients post PUV fulguration in last 8 years were reviewed and 86 patients with available complete records were selected and included. The DVSS Questionnaire was completed by all patients. Uroflowmetry, PVR, uroflowmetry-EMG, cystometrogram (CMG)-EMG, Videourodynamics (VUDS) and voiding cystourethrogram (VCUG) were done to find out evidence of detrusor sphincter dyssynergia and dilated posterior urethra (Urethral ratio>3). Functional constipation was graded using ROME IV. Descriptive statistics and correlation analysis was done.

Results: Mean age was 6+0.5 years and average DVSS score 2.60. Constipation was present in 20/86(23.25%) patients. Five (25%) patients required daily laxatives and two (10%) patients required laxatives \geq times per week. VUDS was done in 6 patients. Twenty-eight(32.5%) patients had staccato 13(15.1%), intermittent 5(5.8%) and mixed 10(11.6%) patterns of UFM and out of these 11 (12.8%) patients had EMG activity during voiding. Six (54.4%) had constipation, 7(66.6%) recurrent UTI(> 3 per year) and 5(45.55%) dilated posterior urethra (p <0.05).

Conclusion: The prevalence of DV in children with PUV is 12.8% and probability of finding DV is more in children with recurrent UTIs, elimination issues and persistent dilated urethra. High risk children should further be evaluated with UFM-EMG or VUDS.

Podium Session 12

POD 12-76

Critical Analysis of Outcome Between Ventral and Dorsal Onlay Urethroplasty in Female Urethral Stricture

Supreeth, Pirzada Faisal Masood, Varun Kumar Katiyar, Rajeev Sood, Umesh Sharma, Hemant Kumar Goel, Sumit Gahlawat, and Dhaval Sagarbhai Desai

New Delhi

Objectives: To evaluate and compare the 2 surgical approaches of urethral reconstruction for the management of refractory female urethral strictures (FUS) in a prospective randomized setting. Early surgical reconstruction is becoming the preferred management strategy for recurrent FUS. Reconstructive techniques have been described as using either dorsal (12 o'clock) or ventral approach (6 o'clock), each with their own advantages. To our best knowledge, a direct comparison between the 2 techniques to prospectively compare outcomes hasn't been made.

Methods: We performed a prospective randomized study in a single tertiary care center on a total of 24 patients, randomizing them into 2 groups of 12 patients each. One group underwent dorsal onlay and other underwent ventral onlay urethroplasty. Preoperative, intraoperative and postoperative outcomes were evaluated and compared for the 2 approaches.

Results: There was high success rate (91%) with significant but comparable improvements in flow rates, post void residue and symptomatic outcomes without any major complication. There was 1 recurrence of stricture each in both groups. Important technical differences were noted with easier meatus

preservation, lesser bleeding and wider operative field in the ventral approach, while the dorsal approach proving better in distal urethral strictures requiring meatal reconstruction.

Conclusion: Both approaches of urethroplasty present a very promising modality of management of FUS with comparable outcomes but with important technical differences which must be considered to best tailor the approach for each patient

POD 12-77

Evaluation of Frequency Dysuria Syndrome in Postmenopausal Women in Eastern Indian Population

Ravikant sinha, Aashu Anshuman, Singh Deepu, Om prakash, Chaudhary Apoorva, Kumar Ajay

Paras Hmri Hospital, Patna

Introduction: Frequency Dysuria Syndrome is an age-old problem in postmenopausal women. This study aims to observe the clinical and psychological profile of such patients and evaluate the treatment outcomes in eastern Indian population.

Methods: Post menopausal women with frequency dysuria syndrome were enrolled for the study. The social history and psychological evaluation were done using predesigned questionnaires. Treatment was planned in four arms as determined by clinical and investigational findings and the outcomes noted. Total period of follow up was six months and those who had unsatisfactory result were given next line of treatment and follow up done.

Results : Duration of menopause is a major determinant of the severity of the disease. Psycho-somatic illness were associated in nearly half of the patients. It was noted that frequency dysuria aggravated more in stressful situations. Urethral dilatation was most commonly offered treatment with good results. Anti depressants had positive results in nearly two third of the patient. Topical estrogen, though, was offered in small subset of patients but more than eighty percent patients had positive results. Richardson urethrolisis was offered to resistant cases with perimeatal fibrosis and had best results with no recurrence in six month of follow up.

Conclusion: Frequency dysuria syndrome is a common ailment in postmenopausal women with significant psychosocial effects. Urethral dilation, antidepressant, psychological support, topical estrogen or Richardson urethrolisis have positive outcomes in carefully selected patients. More comparative studies with long term follow up are required to further strengthen the findings of this study.

POD 12-78

Bladder Outlet Obstruction in Females: Urodynamic Methods of Diagnosis.

Singh T, Yande S

Ruby Hall Clinic, Pune

Introduction: There are no universally accepted definitions for bladder outlet obstruction (BOO) in women. Our research looked at the clinical and urodynamic aspects of BOO in Indian women who had been referred for evaluation of voiding symptoms.

Methods: Total 420 female patient presented with LUTS. The study population was divided into two groups, patients in Group 1 were referred for urodynamic examination because they had significant voiding symptoms with strong suspicion of bladder outlet obstruction and uroflowmetry showed free flow less than 15 ml/s on at least two occasions. Group 2 includes female patients as a control.

Results: BOO was identified in 50 of 420 female patients who presented with LUTS. Distribution of Peak flow (Qmax) in Group 1 and Group 2 is 7.90 ml/sec and 20.00 ml/Sec respectively. Distribution of Median Pdet at Peak flow (PdetQmax) in Group 1 and Group 2 is 41.50 cmH₂O and 27.00 cmH₂O respectively. Distribution of Median Residual urine volume in Group 1 and Group 2 is 105.50 mL and 8.50 mL respectively.

Conclusion: BOO in women appears to be more common than was previously recognized. Our results suggest that a Qmax of < 13 ml/s and Pdet.Qmax of > 32 cm H₂O is a reasonable index value for female BOO screening. When a Pdet.Qmax of > 32 cm H₂O is discovered in combination with a Qmax of less < 13 ml/s, a strong suspicion of BOO should be raised. URF and residual urine played an important role in the diagnosis of BOO.

POD 12-79

Effectiveness of Local Tissue Flaps in Female Urethroplasty

Suhas T, Muthulatha N, Sivasankar M, Griffin M, V Kamaraj, Dev Krishna Bharathi, Farooq Saveetha Medical College and Hospital, Chennai

Introduction: Female urethral strictures and injuries are relatively uncommon compared to males. Lately female urethral reconstruction is gaining attention and is fortunately no longer a neglected topic within the female urology. We aimed to describe our surgical techniques and outcomes for female urethroplasty from a tertiary center.

Materials and Methods: Female patients who underwent urethroplasty between January 2020 and June 2022 in our tertiary referral center were included. Patients who were diagnosed with distal urethral stenosis, true urethral stricture, meatal stenosis, urethral mucosal prolapse who received a delayed urethroplasty were included.

Results: A total of 20 patients included in our study. Distal urethral stenoses-10, meatal stenoses- 5, urethral stricture – 5. Etiology in our study varied with idiopathic, iatrogenic, trauma, infection, radiation . All patients were subjected for estrogen local cream application for increasing the moisture, vascularity and tissue integrity of the local tissues. Urethroplasty technique consisted of Circumferential distal urethrectomy and meatal advancement, Proximally-based ventral flap urethroplasty (Blandy), Labial Flap urethroplasty. Doing Ventral urethrotomy in our study had advantage of reconstruction even if the stricture is extending up to the bladder neck. Buccal mucosa was spared in our study and hence donor site morbidity was not there. The surgery was done under spinal anaesthesia for all cases and 100% patency rate was observed at 12 months followup. Post operative complications were not encountered in our study.

Conclusions: This case series of 20 patients demonstrates that with appropriate surgical techniques, a high patency rate with a minimal complication rate can be achieved

POD 12-80

Is Laparoscopic Surgery Boon or Burden on Vesicovaginal Fistula Patients? - Our Experience

Kushal Kumar TR, Manohar CS, Nagabhushan M, Keshavamurthy R

Institute of Nephrourology, Bengaluru

Introduction : VVF is one among the most devastating complications of gynecologic and obstetric procedures. Although abdominal approach provides a durable result, it is more morbid as compared to vaginal repair. The disadvantages associated with open approach can be overcome by laparoscopy. Here we present our comparative analysis of laparoscopic versus open VVF repair.

Methods And Materials: We retrospectively analysed data of 59 patients who underwent VVF surgery in the Dept of urology-INU, Bangalore b/w 2015 to 21. Detailed history, physical examination, preop findings, intraop and postop events were recorded separately for both lap (Group 1) and open abdominal approach (group2).

Results : We had a total of 25 patients in lap VVF repair and 34 patients in transabdominal open VVF repair with no difference observed in age, demography, etiology and presentation of the patients in both the groups. Our study showed mean operating time for open surgeries to be significantly higher compared to lap approach with p value of 0.02 and the open surgery carried drain and catheters for long time (4.24+/- 1.28 vs 2.48+/- 0.77) and long hospital stay with significantly better pain scores on VAS for lap group and also lap group had earlier return to work with better QOLy. Points system (Arrowsmith's modification) -complexity of fistula didn't affect outcome of surgery in both groups

Conclusion: From our study we conclude that laparoscopic approach had better outcomes in terms of operative time, postoperative events with better QOLy.

POD 12-81

Long-Term Outcomes following Uro-Gynaecological Fistula Repair: A Single Centre Experience

Tarigopula Vivek, Gaur Abhay Singh, Kumaraswamy Santosh, Pandey Abhishek, Mandal Swarnendu, Das Manoj, Nayak Prasant.

All India Institute of Medical Sciences, Bhubaneswar

Introduction And Objectives: Uro-gynaecological fistulae cause significant deterioration in quality-of-life of patients. We aim to assess the outcomes of these patients following surgical repair.

Methods: We retrospectively collected data by analysing the case-records of patients who underwent uro-gynaecological-fistula repair between April- 2018 to April-2022 at a tertiary centre. The patients were contacted for follow-up.

Results: Forty-seven patients were operated and 39 were included in the final analysis. Mean age of the patients was 42.77 (SD \pm 9.92) years. The patients had symptoms for 9 (Range 3 - 288) months prior to intervention. Thirty-two (82.1%) had vesicovaginal-fistulae, 3 patients each had ureterovaginal and uterovaginal fistulae, while 1 had urethrovaginal-fistula. Thirty-five (89.7%) had previous surgery as the etiology while the rest had history of obstructed-labor. Twenty-three (59%) patients had prior failed repair. Median size of the fistula was 1.5 (Range 0.2 - 5) cm. Thirty-five (89.7%) patients underwent laparoscopic repair, 3 had transvaginal repair and 1 underwent open repair. Eighteen (46.2%) patients

underwent extravesical repair, 15 (38.5%) had intravesical repair, while 3 (7.7%) each underwent ureteric-reimplantation and transvaginal repair. At median follow-up of 15 (Range 3- 35) months, 33 (84.6%) patients had no recurrence. Success rate following laparoscopic repair was 88.57%. Five [83.3%] failed cases had prior failed repair. Age, symptom duration, fistula-size, time of drain and catheter removal did not show any correlation with the outcome.

Conclusions: Laparoscopic repair of uro-gynaecological fistula has favourable outcomes when performed under experienced hands. Primary repair has the best chance of surgical cure.

POD 12-82

Efficacy and Long Term Outcomes following Robotic Assisted Sacrocolpopexy

Mohammed Shahid Ali, Anand Patil, Manjunath, Samit, Athisha, Akshay, Deepak Dubey

Manipal Hospitals, Bangalore

Pelvic organ prolapse (POP) is a common debilitating condition causing bladder, bowel, and sexual dysfunction. There is limited data available in our sub continent. Sacrocolpopexy, which is considered the most durable operation for advanced POP and serves as the criterion standard against which other operations are compared.

The rationale of our study was to describe anatomic and symptomatic outcomes with a median follow of up of 38 months following robotic-assisted laparoscopic sacrocolpopexy using macroporous lightweight polypropylene Y-mesh.

A prospective analysis of 68 consecutive patients who underwent surgery at a single center between 2014 and 2020 was performed. Surgical success was defined as meeting all of the following: (1) no recurrence since surgery, (2) no prolapse beyond the introitus, , and no recurrence of symptoms due to prolapse reported. Secondary outcome measures ICCQ ,the PISQ-12, and the SSQ, rates of dyspareunia, mesh complications, and subjects-need for any surgical or nonsurgical prolapse treatment since their index surgery.

POD 12-83

Analysis of Various Surgical Approaches to Supratrigonal Vesicovaginal Fistula Repair

Shivani Shah, Sanjeet Kumar Singh, Ishwar Ram Dhayal, Alok Srivastava

Ram Manohar Lohia Institute of Medical Sciences, Lucknow

Introduction and background: Vesicovaginal fistula is one of the most devastating gynaecological and obstetric complications causing serious physical, psychological, emotional and economical stress to patients. The management of VVF is individualized and dependent on the surgeon's experience and expertise. Scarce data is present on choosing the best approach for supratrigonal VVF.

Materials and methods: A retro-prospective observational study was done from Jan 2015 to Jan 2021 in the Department of Urology, on 75 women with supratrigonal VVF. The first subject was assigned to group 1(Vaginal repair, VA), the second to group 2(Laparoscopic repair, LA), and the third to group 3(Transabdominal repair, TA), with the cycle repeating subsequently. Solitary uncomplicated Goh type 1 VVF were included and complicated Goh type iii and type 2,3,4, were excluded.

Results: Lower (uterine) segment Caesarean section (LSCS), open or laparoscopic hysterectomy, and obstructed labour were the main causes. The average fistula size was 1.5 cm. Mean operative time was significantly low in VA, while analgesic requirement, hospital stay, and blood loss were significantly low in VA and LA. Mean cost of expenditure was minimum for VA and maximum for LA. None of the patients developed Clavien grade 3 or 4 complications. Average comprehensive complication index (CCI) Score was highest in AA and least in LA patients.

Conclusion: VA and LA both are safe and effective for VVF repair. LA requires steep learning curve. VA has significantly less operative time. Hence, in simple supratrigonal fistula, one can go for VA as preferred option.

POD 12-84

Paediatric Urethrovaginal Reflux: An Under Estimated Cause Of Urinary Incontinence And Its Successful Management

Vinod Kumar P, Maneesh Sinha, Prasanna Venkatesh, Venkatesh Krishnamoorthy
NU Hospitals, Bangalore, Karnataka

Study Objective: The main objective of this paper is to emphasize on the diagnosis of urethrovaginal reflux as a cause of urinary incontinence in girls, its predisposing factors, early detection and behavioral therapy.

Material and methods: About 25 girls of age from 10 to 14 years who presented with mixed day time urinary incontinence between 2019 and 2021 were evaluated by non invasive screening protocol, including a detailed history, vaginal examination, neurological examination and appropriate tests. Micturating cystourethrography was also performed in all these girls. They were further treated with behavioral modifications, urotherapy, correcting toilet postures and reverse squatting maneuvers.

Results: Vaginal voiding was found in 6 of 25 girls (24 %). Their ages were 9, 10, 10, 11, 12 and 14 years respectively. They all had a typical history of small quantity of urine leakage 5 to 10 minutes after each void during the day on standing up, same confirmed by a specific bladder diary. The challenge in diagnosis was the symptoms were nonspecific and mimicked various other conditions. At follow-up after six months, all girls were free from post micturition leakage and responded very well to the treatment.

Conclusions: Vaginal voiding should be considered in the differential diagnoses of a girl having day time incontinence. The key to diagnosis is an appropriate and detailed history taking, which ideally would be based on questionnaire. Its common for parents or girls to ignore the symptoms or fail to report them properly. Proper voiding instructions often resolve the problem.

Podium Session 13

POD 13-85

To Evaluate the Role of Extracorporeal Shock Wave Therapy in Patients with Angiogenic Erectile Dysfunction associated with Diabetes Mellitus Refractory to Pharmacotherapy

Bhondave S.T., Shimpi R.K., Bhati B
Pune

Introduction- Erectile dysfunction (ED) is defined as inability to maintain an erection for sexual intercourse. Recent several studies have reported that ESWT (Extracorporeal Shock Wave Therapy) has been developed for treating ED. The mechanism of action of ESWT is far from clearly understood. The objective of this study is to evaluate role of ESWT in patients with angiogenic ED associated with diabetes mellitus refractory to pharmacotherapy.

Objectives of the study - To determine the improvement in mean IIEFS (International Index of Erectile Function Score), mean SHIM (Sexual Health Inventory For Men) score after the therapy and mean EHS (Erectile Hardness Score) after the therapy. To determine the change in cavernosal artery flow on colour penile Doppler after the therapy.

Material & Method- A prospective, randomized, study in which all the diabetic patients presenting to urology OPD from December 2019 to September 2021 with erectile dysfunction refractory to pharmacotherapy, meeting the inclusion criteria were included in the study.

Results - Mean change in IIEF score- EF domain, SHIM score and EHS was significant between ESWT group and control group. In our study, the improvement in mean peak systolic velocity of right and left cavernosal artery at 6 months and 12 months was statistically significant in the ESWT group as compared to control group.

Conclusions - In conclusion, ESWT has its role in patients with ED with diabetes mellitus being refractory to medical management. We hypothesize that ESWT induces neovascularization and improves the flow in cavernosal arteries.

POD 13-86

Role of Low Intensity Shock Wave Therapy (Li-Swt) in Severe Vasculogenic Ed

Kammela Sreedhar, G Hidayatullah, Faizullah Khan, K Srinivas, Ram Murthy, Aleemullah Khan

Director, Sreedhar Kidney, IVF centres, Mehdiapatnam, Gachibowli, Hyderabad

Objectives: Low Intensity Extracorporeal Shock Wave Therapy is a new and novel modality of treatment which was shown to benefit ED patients responding to PDE5is. The aim of the study was to assess its effect on patients who did not respond to PDE5is after using them indiscriminately.

Methods & Study Design : We studied 422 severe ED patients who failed to respond to PDE5i oral medication. They scored 0-2 on rigidity scale (RS) during PDE5i therapy. Each patient underwent baseline assessment of erectile and sexual function during PDE5i treatment using validated questionnaires and objective penile Doppler/ EndoPAT. Second phase included 2 sessions / week for another 3 weeks (6 sessions) making a total of 12 sessions in 9 weeks.

Results : Four hundred and twenty two patients (39-78 (mean age 61.5) with an initial average EDDS of 8.6 ± 0.92 (on PDE5i therapy) were analyzed. After one month their EDDS markedly improved to an average of 13.1 ± 1.01 without medication. At the end of active PDE5i treatment the mean EDDS was 20.18 ± 1.24 (an increase of 11.58 points, $p < 0.001$) and 78% of patients had an RS of 3 or more ($p < 0.001$).

Conclusions: LI-ESWT is a new modality that can be used effectively treat severe ED patients who failed to respond to oral medication. This study emphasizes the physiological effect that LI-ESWT can have on erectile mechanism.

POD 13-87

Evaluation of Accuracy of Testicular Volume Measurement by Ultrasonography Compared with Digital Orchidometer and Water Displacement Method in Patients Undergoing Bilateral Orchiectomy for Metastatic Prostate Carcinoma

Imran Q, Priyadarshi S, Vyas N, Agarwal N

SMS Medical College, Jaipur

Introduction: One of the important and initial technique to measure the gonadal function is measuring the testicular volume. Our study aims to determine the difference between the measurement taken by ultrasonography, water displacement and digital orchidometer.

Method: Total 57 patients (114 testes) of metastatic prostate carcinoma were examined after taking consent. Measurements taken by ultrasonography and digital orchidometer were calculated by Lambert formula ($L \times W \times H \times 0.7$). Actual volume of the testes was measured by water displacement method after bilateral orchiectomy using Archimedes principle. Data was analysed using ANOVA to assess whether mean measurement was significantly different.

Result: The mean age of the patients was 65.24 ± 5.76 years. Testicular volumes were compared by three different methods by ANOVA ($P < 0.03$) and mean volumes of right testis were 17.16 ± 1.90 , 17.35 ± 1.92 and 18.3 ± 2.02 for USG, water displacement and digital orchidometer respectively. Comparing the water displacement with USG having non-significant $P > 0.05$. Comparing mean volume of digital orchidometer with USG there was significant difference ($P < 0.005$) but by comparing digital orchidometer with water displacement the difference was non-significant $P > 0.005$. For left testis it was 16.26 ± 2.05 , 16.58 ± 2.90 and 17.08 ± 1.30 . Comparing the three methods it was found water displacement vs USG was $P > 0.05$, water displacement vs digital orchidometer was $P > 0.05$ and digital orchidometer vs USG was $P < 0.05$.

Conclusion: The volume of testes measured by digital orchidometer were overestimated but not statistically significant from the actual measurement. As digital orchidometer is easy to use, rapid, effective method of measuring testicular volume, it will be useful in OPD for screening purpose.

POD 13-88

An Algorithmic Approach to men with Erectile Dysfunction, Andrological Evaluation and its Profile at a Referral Center

Deerush Kannan, Pratik Taur, Rajesh Paul, Vilvathy S Karthikeyan

Apollo Hospitals, Grems Road, Chennai.

Introduction: The incidence of Erectile dysfunction (ED) is rising, even in reproductive age group. It causes severe emotional distress to the patient and his partner. The main objective of this study is to analyze the profile of ED and address the concerns in treatment.

Methods: A prospective observational study was conducted in the Andrology unit of a tertiary care center in South India over a time frame of 5 months in men presenting with ED. Demographics, clinical history and physical examination findings, erection hardness score (EHS) and intra vaginal or masturbatory ejaculation latency time ejaculation latency time were noted. Blood investigations performed were glycosylated hemoglobin (HbA1C) or fasting blood sugar, lipid profile, serum testosterone and estradiol.

Erectile function was assessed by office sildenafil test (OST) and intracavernosal injections were given when necessary.

Results: Out of 506 patients, majority (N=425, 84%) were married; 81 (16%) were premarital; 22 (4%) patients had unconsummated marriage. The median(IQR) stretched penile length was 9 (2.5) cm. Low testosterone (<3 ng/dl) was found in 54 (10.7%) patients and elevated estradiol (estradiol > 50 pg/ml) was seen in 95 (18.8%) men; 115 (22.8%) were in pre diabetic range and 111 (21.9%) were diabetics or newly detected with diabetes. The improvement in EHS was better in non-diabetic men. The factors to cause distress and of concern in premarital men were short phallus, thin semen, semenuria and anxiety regarding erection.

Conclusions: An algorithmic and standardized approach in patients presenting with ED will improve the overall outcomes in its management.

POD 13-89

Penile Fracture with Urethral Injury- A Tertiary Care Centre Experience

Rinaldo M, Sridhar Reddy, Harish Pal, Sulabh, Yashasvi Singh, Sameer Trivedi

IMS, BHU, Varanasi

Introduction: Penile fracture is a rare urological emergency that always requires immediate attention. It may be associated with urethral trauma in 9% to 20% of cases. We present our experience in managing such cases at a tertiary care centre.

Methods: We retrospectively reviewed the records of patients with penile fracture between January 2017 to December 2020. We suspected urethral injury clinically on the basis of history in all patients as they had either difficulty voiding, retention of urine or bleeding per urethra and features like Aubergine sign, crackling sound. We didn't subject the patients to any radiological investigation. When clinical diagnosis of urethral injury was in doubt, ultrasonography of penis was done to look for tunical tears. All patients were subjected to emergency surgical exploration. Patients were followed up with local examination, uroflowmetry and Colour Doppler ultrasonography.

Results: 24 out of 75 patients with penile fracture had associated urethral injury. Clinically, 14 patients heard crackling sound at the time of injury, 22 patients had bleeding per urethra, 6 patients had acute urinary retention. History of sexual intercourse with woman on top position was present in 18 patients. 2 patients didn't have bleeding per urethra and we found urethral injury intraoperatively.

Conclusion: Even in the absence of classical symptoms of urethral injury in cases of penile fracture, adequate exposure of corpora by circumferential sub coronal incision and aggressive removal of all clots should be done to prevent missing out urethral injury.

POD 13-90

Our Initial Experience with the Cost Effective Shah Penile Prosthesis at a Municipal Tertiary Care Center : Report of outcomes and Patient satisfaction rates using Qolspp Scoring .

Priyank Kothari, Sandesh Parab, Dip Joshi

B.Y.L Nair Ch Hospital, Mumbai

Introduction: Penile prosthesis implantation is the final stop treatment for men with severe ED (Erectile Dysfunction) not responding to other treatments. Shah prosthesis is a hinged silicon prosthesis which is a cost effective option compared to the imported malleable and inflatable prosthesis. We aim to present our experience with initial 12 cases of Shah prosthesis done at our municipal hospital.

Methods : 12 patients with severe arteriogenic (5), venogenic (3), psychogenic (1) and post priapism ED underwent prosthesis placement with mean operative time of 150 minutes, under appropriate antibiotic coverage in a modular OT with laminar flow. SPL was measured preop and intraoperative corporal measurements were taken and need for removal of sleeves and use of rear tip extenders analysed .Patient satisfaction scores were calculated using Quality of Life and Sexuality with Penile Prosthesis (QoLSPP).

Results: 10/12 patients reported good satisfaction scores in all domains (functional, social, relational and personal) at 3 and 6 months. One patient had poor relational score and the post priapism patient required revision. Superficial wound infection was seen in one patient. The average cost of surgery was INR 30,000.

Conclusion: Shah penile prosthesis is very effective and economic solution for ED patients in the lower socioeconomic strata with excellent satisfaction rates when performed in well equipped OT setup at tertiary care centers. Preoperative assessment and specific intraoperative nuances to select the model and tailor it achieves best results.

POD 13-91

An algorithmic approach to men with erectile dysfunction, andrological evaluation and its profile at a referral center

Deerush Kannan, Pratik Taur, Rajesh Paul, Vilvathy S Karthikeyan
Apollo Hospitals, Grems Road, Chennai.

Introduction: The incidence of Erectile dysfunction (ED) is rising, even in reproductive age group. It causes severe emotional distress to the patient and his partner. The main objective of this study is to analyze the profile of ED and address the concerns in treatment.

Methods: A prospective observational study was conducted in the Andrology unit of a tertiary care center in South India over a time frame of 5 months in men presenting with ED. Demographics, clinical history and physical examination findings, erection hardness score (EHS) and intra vaginal or masturbatory ejaculation latency time were noted. Blood investigations performed were glycosylated hemoglobin (HbA1C) or fasting blood sugar, lipid profile, serum testosterone and estradiol. Erectile function was assessed by office sildenafil test (OST) and intracavernosal injections were given when necessary.

Results: Out of 506 patients, majority (N=425, 84%) were married; 81 (16%) were premarital; 22 (4%) patients had unconsummated marriage. The median (IQR) stretched penile length was 9 (2.5) cm. Low testosterone (<3 ng/dl) was found in 54 (10.7%) patients and elevated estradiol (estradiol > 50 pg/ml) was seen in 95 (18.8%) men; 115 (22.8%) were in pre diabetic range and 111 (21.9%) were diabetics or newly detected with diabetes. The improvement in EHS was better in non-diabetic men. The factors to cause distress and of concern in premarital men were short phallus, thin semen, semenuria and anxiety regarding erection.

Conclusions: An algorithmic and standardized approach in patients presenting with ED will improve the overall outcomes in its management.

POD 13-92

Unilateral Versus Bilateral Vaso-Epididymal Anastomosis for Idiopathic Obstructive Azoospermia: A Randomized Controlled Trial

Nishant Gurnani, Ritesh Goel, Manoj Kumar, Rima Dada, Rajeev Kumar
AIIMS New Delhi

Purpose: Men with idiopathic obstructive azoospermia (OA) are candidates for surgical reconstruction with a vasoepididymal anastomosis (VEA) performed on one or both testis. There are no randomised trials comparing the success of unilateral versus bilateral VEA. We conducted a randomised trial comparing the two surgical options.

Material and Methods: Between April 2017 and March 2022, men with infertility due to idiopathic OA were randomised to unilateral (Group 1) or bilateral (Group 2) VEA in an ethics committee approved clinical trial registered with the Clinical Trials Registry. The primary outcome was successful surgery defined as appearance of sperms in the ejaculate, evaluated at 3 monthly intervals after surgery. Additional outcomes were pregnancy rates and complications between the two groups. Men with successful surgery were compared with those without patency to identify predictors of success.

Results: 54 men fulfilled the criteria and 52 who completed follow-up were included in the analysis. Accrual did not reach the planned number of 70 subjects due to the COVID-19 pandemic. Success rate and spontaneous pregnancies were higher in men with bilateral surgery (46%, 3) than unilateral surgery (27%, 0) but were not statistically significant. Both groups had similar complication rates. Although bilateral surgery and presence of sperms in epididymal fluid were higher in men with patency, these were not statistically significant.

Conclusion: Bilateral VEA was associated with higher patency and spontaneous pregnancy rates compared to unilateral surgery. Although the results were not statistically significant due to the underpowered study, they suggest a clinically significant outcome.

POD 13-93

Assessment of Erectile and Ejaculatory Function Following Different types of Urethroplasty: A Retrospective Analysis

Sanvam Nandwani, Singh Harpreet, Agarwal Neeraj, Priyadarshi Shivam
SMS Medical College Jaipur

Introduction: Urethroplasty is considered the standard of care for urethral stricture disease. As with any other genital surgery, there is a possibility of injury to cavernous nerves or pudendal artery or a chance of penile shortening, which can affect postoperative sexual function. The aim of this study was to assess the influence of urethroplasty on erectile and ejaculatory function.

Material and Method: A retrospective analysis was done in 100 patients who underwent urethroplasty from January 2020 to January 2022 with normal pre operative erectile function. Patients were categorized

according to age, stricture location, length and surgical techniques. Erectile function and Ejaculatory function of patient was assessed pre-operatively and post-operatively at 3 months, 6 months and 1 year with the International Index of Erectile Function (IIEF-5) questionnaire and Men ejaculatory health questionnaire (MSHQ-EJD) respectively.

Results: Mean age was 49 (range 16-58) years. Of the patients with anterior stricture (n=69), augmentation urethroplasty was performed in 51 patients and end to end anastomotic urethroplasty in 18 patients. Mean IIEF score was 23.8 \pm 3.5 preoperatively, 20.10 \pm 4.2 at 3 month (p<0.001), 22.7 \pm 2.3 at 6 month (p=0.37) and 23.7 \pm 1.7 at 12 month (p=0.03). In patients with PFUI (n=31), end to end UP, PPU with CS and PPU with CS and IP in 5,7 and 19 patients. Mean IIEF score was 22.1 \pm 4.3 preoperatively, 18.8 \pm 5.4 at 3 month (p=0.002), 20.9 \pm 3.5 at 6 month (p=0.37) and 22.0 \pm 1.5 at 12 month (p=0.427).

Conclusion: Men should be counselled about the possibility of transient ED after procedure.

Podium Session 14

POD 14-94

Laparoscopic urology practices in Rural India

Bhat Aashaq Hussain,

District Hospital Pulwama DHSK

Introduction: Laparoscopic and minimal invasive surgery has revolutioned the field of surgery in terms of minimum surgical morbidity with improved outcome. Somehow rural india has lagged behind as compared to urban centres especially in laparoscopic urology procedures

Material & Methods: Data was retrieved from medical record section of 5 Laparoscopic pyeloplasties 5 laparoscopic nephrectomies and 3 laparoscopic renal cyst excisions/deroofting were conducted between april 2020 to april 2022 managed in our centre at a rural district hospital in the UT OF Jammu & kashmir. The clinical efficacy, outcome & complications of laparoscopic urologic procedures was assessed, recorded and analysed.

Results: Overall success rate was 92.3%. Patients were followed and assessed at 3 month and 6 months. A total of 7.6% (1) complications were seen among 13 laparoscopic urological procedures. Mean age of the patients were 42.5 years. One patient of Pyeloplasty was converted to open. One patient of renal cyst excision had persistent drainage for around 3 weeks ,after that it dried up without any intervention.

Conclusion: Laparoscopic urological procedures in rural india is a new trend and talk of the town. Starting advanced urological procedure in rural india at distric hospital level is an uphill task and full of challenges. But with time, the advanced lap procedures in rural india is a reality thanks to better equipments trained and skilled manpower and above all the rural penetration by trained & skilled urologists have made it look easier than ever.

POD 14-95

Laparoscopic Approach for Reconstructive and Ablative Procedures in Ectopic Pelvic Kidneys: A Challenge in 7 Cases

Ketan Mehra, SJ Rizvi, PR Modi, VK Soni, H Patel, P Sharma

Institute of Kidney Disease and Research Centre (IKDRC), Ahmedabad, Gujarat

Introduction and Objective: Laparoscopy is the state of art approach in ablative or reconstructive kidney surgeries. The aim of this study is to assess the utility and safety of laparoscopic approach in pelvic ectopic kidney surgeries.

Methods: Between 1st July 2021 and 30th June 2022, 7 patients with pelvic kidneys; 3 with pelviureteric junction obstruction (PUJO), 3 with pelvic stones and 1 non-functioning kidney underwent laparoscopic pyeloplasty, pyelolithotomy and nephrectomy, respectively. All reconstructive procedures had retrograde pyelography beforehand to know the anatomy. For pyeloplasty, after ureter identification, dismembered pyeloplasty was done over a double-J stent placed antegradely. Pyelolithotomy was performed for pelvic stones in the same manner. In nephrectomy, ectopic vessels were identified and divided. Ureter was then identified and divided and specimen was retrieved.

Results: Among 7 cases, 6 (85.7%) were completed laparoscopically and one pyelolithotomy patient was converted to open surgery. The median operative time was 180 (range 120-240) minutes; median blood loss was 100 (range 50-250) mL, median hospital stay was 3 (range 2-4) days. 1 patient, who had open conversion, had Clavien grade I complication in the form of prolonged fever. Pyeloplasty patients at 6 months follow-up showed improvement in symptoms as well as function.

Conclusion: The laparoscopic approach has obvious benefits in pelvic surgeries. Laparoscopy for ectopic pelvic kidneys are challenging due to abnormal anatomy of vessels and kidneys. Proper exposure of kidneys and exact identification of vessels can accomplish laparoscopic procedure in ectopic kidneys successfully with patients having nil complications and early convalescence

POD 14-96

An Unusual occurrence of Cushing's - Syndrome in Sibling - Primary Pigmented Nodular Adrenocortical Disease Treated by Bilateral Adrenalectomy

Aditya P, Narendra Pai C, Suraj Hegde P, Rajeev TP

K S Hegde Medical College, Mangalore, Karnataka

Introduction and Objective: Primary pigmented nodular adrenocortical disease is the rare cause of adrenocorticotrophic hormone independent Cushing's syndrome. It can be isolated or associated with familial carneys complex. Diagnosis of PPNAD in patients presenting with clinical features of Cushing's syndrome is challenging. PPNAD involves both the adrenal glands. The adrenal glands are usually normal or even small in size in such cases hence difficulty to diagnose on CT imaging.

Methods: A 16 and 19 year old brother and sister presented with complaints of abnormal weight gain, short stature, hirsutism, abdominal striae, and generalized weakness. On evaluation both patients had elevated serum cortisol and low ACTH Levels .Oral dexamethasone suppression test indicating ACTH independent Cushing's syndrome. CECT abdomen suggestive of bilateral micronodular adrenal hyperplasia.

Results: Laparoscopic Transperitoneal bilateral adrenalectomy was performed for both the patients. Histopathology revealed abundant brown pigment in cytoplasm suggestive of PPNAD. Genetic testing revealed Carney's complex. Patients recovered well, cushingoid features disappeared and serum cortisol levels normalized.

Conclusion: PPNAD is rare but significant cause of ACTH independent Cushing's syndrome in children and adolescent age groups. Familial presentation is very unusual. Clinical presentation may be insidious and non enlarged adrenals on imaging in most of the cases causes diagnostic challenge. Genetic testing should be done in familial presentations. Laparoscopic Bilateral adrenalectomy gives the best results in these patients.

Key Words - PPNAD, Cushing's syndrome, Carney's complex

POD 14-97

Management of Non-Functioning Ectopic Kidneys - Expect the Unexpected

Mayank Agrawal, Agrawal M, Nayak SR, Supradeep N, Agrawal N, Kamal H, Patwardhan S
Seth GS Medical College and KEM Hospital, Mumbai

Introduction: Variation in renal vasculature is highly common among ectopic kidneys and the vascular supply depends upon at whichever level the kidney ascension stops. The arterial supply could arise from aorta, the common iliac, internal iliac or splanchnic arteries. However, the number of vessels, their origin, and course cannot be defined pre-operatively by the routine imaging or predicted intra-operatively. Laparoscopic intervention is the standard of care for nonfunctioning ectopic kidneys. The uncertainty in vascular anatomy poses a great challenge. This study highlights the difficulties in surgical management of such uncommon cases.

Materials: We retrospectively analyzed the data of patients who underwent simple nephrectomies for nonfunctioning renal ectopic kidneys in last two years. The patient demographics, clinical profile, radiological investigations and the intra operative events were noted.

Results: Five patients underwent nephrectomies in last two years for nonfunctioning renal ectopic kidneys. 3 (60%) were females and 2 (40%) were males. 4 (80%) patients had left ectopic kidney and 1 (20%) had bilateral ectopic kidneys. All 5 (100%) patients had undergone preoperative computed tomography (CT) urography but in none of the patient renal vascular anatomy was well-defined. Intra-operatively all 5 patients had 3 renal arteries and 2 renal veins. 4 (80%) patients underwent laparoscopic nephrectomy. 1 (20%) patient was converted to open.

Conclusion: Pre-operative CT urography is unreliable to define the vascular anatomy before the surgery. CT angiography might be helpful after ectopic kidney is diagnosed on sonography. Intra-operatively vascular delineation can be a challenge especially for young surgeons.

POD 14-98

Transperitoneal Laparoscopic Pyeloplasty for Anomalous Kidneys with Ureteropelvic Junction Obstruction : Our Single Center Experience

Ajay Kumar G, M N Reddy, Radha Madhavi, N Nayak, Soujanya G, Jayaram P
Sentini Hospitals, Vijayawada

Introduction and Objective: Laparoscopic pyeloplasty is rapidly becoming an acceptable procedure for ureteropelvic junction obstruction in both paediatric and adult population. We present our experience with transperitoneal laparoscopic pyeloplasty for ureteropelvic junction obstruction in anomalous kidneys in both paediatric and adult population.

Methods: A transperitoneal laparoscopic approach was used for performing a pyeloplasty in 15 patients, 8 years of age to 70 years of age (mean age 40), with ureteropelvic junction obstruction in pelvic kidneys, horseshoe kidneys and other ectopic placed kidneys.

Results: Average operative time was 1.8 hours (range, 50min to 2.2hours). Mean hospital stay was 3.5 days (range, 3 to 6). No intraoperative complications were noted.

Conclusions: Transperitoneal laparoscopic pyeloplasty for anomalous kidneys is feasible in both pediatric and adult population, and preliminary results appear to offer the same outcome as that seen in orthotopic kidneys. A great expertise is needed in management of such cases by laparoscopy.

Key Words: Laparoscopy, pelvic kidney, horseshoe kidney.

POD 14-100

Assessment of Learning Curve of Urology Resident for Retroperitoneal Laparoscopic Simple Nephrectomy

V Spurthi, Modi PR, Rizvi Syed Jamal, Kumar Suresh
IKDRC-ITS, Ahmedabad

Introduction: Laparoscopic nephrectomy can be performed using transperitoneal and retroperitoneal approaches. Open retroperitoneal approach is a conventional basic in urology for benign and malignant conditions. Retroperitoneoscopic approach has the advantage of prompt access to great vessels and renal vasculature within an extraperitoneal field.

Objective: To assess the learning curve of urology resident for retroperitoneal laparoscopic simple nephrectomy surgery (RLN)

Material and Methods: Patients who have undergone RLN, for 2 years from January 2020 to December 2021. All surgeries are done by urology resident under supervision with standard protocol and surgical steps.

Results: 28 patients in 4 phases of 7 each

Mean port placement time (mins) in each phase

I 41.28

II 36

III 30.14

IV 25.57

Mean dissection time(mins) for Ureter in each phase

I 18.14

II 16

III 12.85

IV 10.71

Mean dissection time(mins) for Renal Hilum in each phase

I 72.14

II 65.28

III 42.14

IV 37.57

Mean dissection time(mins) for Kidney mobilisation in each phase

I 59.85

II 51.14

III 41.14

IV 39.28

Learning curve reached plateau at 19 cases, similar to various previous studies where retroperitoneal laparoscopic simple nephrectomies were performed by experienced consultants.

Conclusion: A student with no experience in laparoscopy in general surgery residency, joined in urology trained under supervision of a teacher can perform successful retroperitoneal surgery with a short learning curve.

POD 14-101

A bidirectional cohort study to compare the outcomes of transperitoneal and retroperitoneal approaches in subjects undergoing laparoscopic live donor nephrectomy

Praveena S, Venkatesh Krishnamoorthy, Krishna Prasad T

NU Hospitals, Bengaluru

Background and Aim: Laparoscopic transperitoneal donor nephrectomy (LDN) is the current standard for renal donation from a live donor. There are only a handful of clinical studies comparing the outcomes of retroperitoneoscopic (RLDN) approach with that of LDN. There is a need for more robust data and systematic comparative analysis of above two techniques in terms of outcomes and complications. The aim of our study was to elucidate the non-inferiority of RLDN in comparison to LDN.

Methods: All live renal donors who underwent either RLDN or LDN in our institution during the study period were considered as subjects, excluding those who refused to consent for the study. It was a

bidirectional cohort study. The demographic and clinical data was collected and analysed using standard statistical methods. Values of $p < 0.05$ were taken as significant.

Results: Our study included 89 subjects, of which 40 subjects belonged to LDN group and 49 subjects belonged to RLDN group. The RLDN group had significantly shorter warm ischemia time (2.85 minutes vs 6.04 minutes), lesser fall in hemoglobin on POD-1 (1.73g/dl vs 2.24g/dl), lesser EBL (601.93ml vs 797.27ml), lesser pain on POD-1 (0.78 vs 1.28). The improvement in recipient's eGFR on POD-30 was significantly higher in RLDN group (79.98ml/min/1.73m² vs 63.73ml/min/1.73m²). There was significantly higher fall in eGFR of donor following nephrectomy in RLDN group on POD-30 (35.53 ml/min/1.73m² vs 30.60 ml/min/1.73m²). However, there was no significant difference in other parameters.

Conclusion: RLDN is superior to the gold standard LDN.

Podium Session 15

POD 15-102

Clinico Pathological Features and Differential Expression of Slitrk6 Gene in Urothelial Carcinoma of Upper Tract and Urinary Bladder

Mujahid Ahmad Mir, Mohammad Saleem Wani, Arif Hamid, Sajad Malik, Abdul Rouf Khawaja, Faiz Manzar Ansari

Sher I Kashmir Institute of Medical Sciences, Soura, Srinagar

Background: SLITRK6 gene depicts differential expression in upper tract urothelial carcinoma (UTUC) and urinary bladder urothelial carcinoma (UBUC). With ongoing clinical trials exploring the utility of anti-SLITRK6 antibody drug conjugate, it's imperative to study this novel marker.

Objectives: Study the clinico-pathological features and differential expression of SLITRK6 gene and protein vis-a-vis their correlation in UTUC and UBUC.

Participants: 50 samples of UBUC, 20 samples of UTUC and 10 adjacent samples of normal tissue.

Methods: Clinical and demographic profile was studied prospectively. Semi quantitative gene expression of SLITRK6 gene by real time PCR and immunohistochemistry (IHC) was performed.

Results: We observed a male preponderance (86%, n=60) with a median age of 45.2 and 60.7 years for UBUC and UTUC. Most of the UBUC patients were Stage I (42%) and UTUC were Stage II (50%) at presentation with a preponderance of high grade tumors (80% and 95% respectively). SLITRK6 mRNA expression was observed 3 fold in UTUC than UBUC (81% vs. 25%) and 4-fold than adjacent normal ($p < 0.05$). Similarly strong IHC expression was shown by cases with UTUC (70%) than UBUC (20%). High SLITRK6 expression was also found in males (82.35%), smokers (84.6% and 54.6% for UTUC and UBUC) and high grade tumors in UBUC.

Conclusion: We conclude that SLITRK6 gene and its protein is highly over expressed in UTUC with strong concordance at genetic and protein level. Anti-SLITRK6 antibody may be a good drug candidate for patients with locally advanced or metastatic disease in near future after large cohort samples reproduce the results

POD 15-103

A Study on Operative Approach to Renal Tumour According to Renal Nephrometry Score in A Tertiary Care Centre

Manoj Kumar Deepak, RM. Meyyappan, T. Senthil Kumar, J. Saravanan
Chennai

Objectives: Radical nephrectomy for Renal cell carcinoma (RCC) has been the time-tested option, but the concept of renal preservation is emerging. However, patient selection is a complex process and employs scores like the RENAL, PADAU, ABC & CENTRALITY scores. The RENAL nephrometric scoring (RNS) has risen as an able aid to help choose and in turn offer the patient nephron sparing surgery.

The objective of this study was to evaluate the usefulness of this scoring to decide the operative approaches for renal tumors.

Methods: 118 people presented with RCC at our institute during the study period. Patients with advanced disease were excluded. Patient with stage I and II disease were included. The RENAL score was calculated based on computed tomography (CT) and the operative approach were planned and executed.

Results: Out of 80 cases of RCC, 32 patients underwent partial nephrectomy and 48 underwent radical nephrectomy. We found that 9 patients with low complexity RNS score (4,5,6),(i.e., 100%); 18 out of 32 patients with intermediate RNS score (7,8,9),(i.e., 56.25%); and 5 out of the 39 patients with High complexity RNS score (10,11,12),(i.e.,12.8%) underwent partial nephrectomy.

Conclusions: The R.E.N.A.L nephrometric score is an efficient aid to help the surgeon in patient selection and offer the patient the option of nephron sparing surgery. A high RENAL score is indicative of a complex renal tumor and less chances for a nephron sparing surgery. Components of R.E.N.A.L score like ≤ 6 , $7-9$ and ≥ 10 was seen to be more significantly associated with p value <0.001 .

POD 15-104

Mp-MRI in Comparison with Voided Urine Vpac Receptor Positivity in the Diagnosis of Clinically Significant Cancer of Prostate

Keyur Patel, R. B. Nerli

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

Introduction: VPAC receptors are being investigated for the non-invasive detection of prostate cancer. The objective of this study was to compare the results of pre-biopsy mp-MRI with those of voided urine sample to assess their reliability in the diagnosis of clinically significant cancer.

Materials & Methods: Patients ≥ 40 years of age presenting to the Urology services of the hospital with symptoms of lower urinary tract (LUTS) and a serum PSA ≥ 2.6 and ≤ 15 ng/ml formed the study group. The first 50 ml of voided urine sample was collected for biomarker testing. All patients underwent a standardised mp-MRI. All patients in the study group underwent a 12-core prostate biopsy.

Results: During the study period a total of 31 patients underwent prostatic biopsy. PIRADS score of 3 to 5 was noted in 10 (32.25%) patients on pre-operative mp-MRI. The remaining 21 patients had a score of 1

to 2. The voided urine sample was positive for VPAC receptors in 11 (35.48%) patients and others were negative. Eleven (35.48%) of the 31 biopsies turned out to be positive for malignancy. The negative predictive rate of mp-MRI in our study was 95%. The positive predictive value and negative predictive value of the urinary biomarker study was 100% in our study.

Conclusions: Pre-biopsy mp-MRI and/or a urinary biomarker testing for VPAC receptors, used as a triage test before the first prostate biopsy, could identify men who might safely avoid an unnecessary biopsy and thereby improve the detection of clinically significant cancer.

POD 15-105

Rapid, Simple Urine Test for Detecting Volatile Organic Compound (VOC) in Urine by a High Performance Portable Device (NABIL) for Detection of Urinary Bladder Carcinoma

Saurav Karmakar, Asim Kumar Das, Tapan Kumar Mandal, Tapas Kumar Majhi, Parthapratim Das, Dawood Khan, Anupam Anand

Nrs Medical College and Hospital, Kolkata

Introduction: Urothelial carcinoma of bladder (UCB) is the most expensive solid tumor to treat because of its high recurrence rate and need of continued close surveillance. Current clinical diagnostic approaches (cystoscopy and urine cytology) suffer from limitations like invasiveness and cost. Researchers of Dr. S N Bose National Centre for basic sciences in Kolkata has developed a new bedside device (NABIL), based on environmental sensitive fluorophores, as sensor materials for detecting VOCs from urine samples. We, at our institution have studied the ability of that device to diagnose UCB, to stratify them into risk groups and to detect recurrence in follow up.

Methods: Urine samples from 64 patients with UCB and 21 normal volunteer has been taken. The samples after processing were exposed to an indigenously developed sensor strips which changes color on exposure to the specific urinary VOC. The data collected from the strip is then analysed by the device (NABIL) to estimate the probability of UCB in the sample. The result has been compared with the cystoscopic and histopathological reports.

Results : On analyzing the data in the algorithms, the probability of cancer in normal control population was found to be 0%. On the other hand probability of cancer in known bladder tumor cases was 85-88% and among patients who were on BCG was 16%.

Conclusion: Though our sample size was small but results are promising. Further multicentric analysis is needed for validation of the results and its applicability to at wider at risk populations as a screening tool.

POD 15-106

Evaluation of Multiparametric MRI of the Urinary Bladder for the Prediction of Muscle Invasion in Bladder Cancer

Kunjan Kumar, R K Dey, J Bardhan, A Ghosh, M A Islam, S K Singh, S K Tewary

R. G. Kar Medical College & Hospital, Kolkata.

Introduction & Objectives: Bladder Cancer (BC) is the most common genitourinary malignancy, with imaging an important part of the clinical diagnosis and staging of BC. A newer protocol called multiparametric magnetic resonance imaging (mpMRI) with the vesical imaging-reporting and data

system (VI-RADS) has been developed recently, purported to accurately predict detrusor muscle invasion. This study examined the accuracy of mpMRI in the prediction of muscle-invasive status in patients of bladder cancer.

Methods: Patients presenting to the Urology outpatient department or emergency with solitary or multiple urinary bladder space-occupying lesions larger than 3cm in maximum dimension diagnosed by ultrasonography (USG) or Computed tomography (CT) underwent mpMRI bladder. The VI-RADS score as per MRI report was compared with findings on histopathological examination (HPE) after transurethral resection (TUR).

Results: 77 patients underwent mpMRI Urinary Bladder, with a mean age at diagnosis of 59.7 years. 30 patients had a VI-RADS score of 1, with none being diagnosed as muscle invasive bladder cancer (MIBC). 23 patients had a score of 2, of whom two were found to have MIBC on HPE. 7 patients were VI-RADS 3, with 2 of them having MIBC. 17 patients were found to be VI-RADS 4 or 5, of which 16 were diagnosed with MIBC.

Conclusion: MpMRI Bladder is a highly accurate imaging modality for the prediction of muscle invasion in bladder cancer.

POD 15-107

Predictive Capacity of Early Urine Cytology after Transurethral Resection of Nonmuscle Invasive Bladder Cancer

Sanyam Nandwani, Nachiket Vyas

Sms Medical College and Hospital, Jaipur

Introduction and Objective: This study was done to prospectively evaluate the value of early urine cytology (EUC) after the primary transurethral resection of bladder tumor (TURBT) of nonmuscle invasive bladder cancer (NMIBC) for the prediction of positive biopsy findings on repeat TURBT, so that indications of repeat TURBT and further treatment can be refined.

Methods: In the present study, prospective data collection was done from 52 patients undergoing TURBT in our department. Males and females with primary or recurrent NMIBC were included in this study. Patients with non urothelial carcinomas, concomitant carcinoma in situ, upper tract urothelial tumors, biopsy proven muscle invasion, metastatic urinary bladder cancer and low risk NMIBC were excluded. Forty eight hours after primary TURBT, EUC was retrieved and patients were scheduled for repeat TURBT 2 to 6 weeks later and histopathology obtained. The data obtained was subjected to statistical analysis.

Results: Of the 52 patients, 40 patients (76.92%) underwent primary TURBT and 12 patients (23.08%) were of recurrent NMIBC. EUC was positive in 26 (50%) patients out of which 21 (80.77%) harboured malignancy on repeat TURBT. Sensitivity, Specificity, Positive predictive value and Negative predictive value of EUC for positive biopsy findings on repeat TURBT were 87.50%, 82.14%, 80.77% and 88.46% respectively.

Conclusion: EUC after primary TURBT has been strongly associated with result of malignancy on repeat TURBT, therefore, can be used to refine indications of repeat TURBT and guide further management.

Podium Session 16

POD 16-108

Novel 360 degree Double Layer versus Single Layer technique for Vesicourethral Anastomosis in Robot-Assisted Radical Prostatectomy - A prospective comparative study on early continence outcome

Kinju Adhikari, Anil Kumar T, Gowtham Krishna Penmetsa, Ravi Taori, Tejas Chiranjeevi, Raghunath SK, HCG Cancer Center, Bengaluru

Introduction : Near anatomical vesicourethral anastomosis is considered one of the principal element in Robot-assisted Radical Prostatectomy (RARP) for early recovery of continence. We compare our novel technique of “360 degree double layer vesicourethral anastomosis with conventional single layer vesicourethral anastomosis during non-nerve sparing RARP in regards to early continence outcome.

Materials & Methods: Prospective data from 21 consecutive cases of 360 degree double layer were compared with retrospective data from 30 consecutive cases of single layer vesicourethral anastomosis from January to July 2021 in high risk localized or locally advanced prostate cancer. Primary endpoint was early continence rate and pad free status within 24 hours, 1 week, 1 month and 3 months following catheter removal.

Initial step is standard posterior reconstruction. Same suture is continued later (after completing inner layer) 360 degree all around urethra and bladder neck forming outer layer of the double layer technique. Inner layer is mucosa to mucosa vesicourethral anastomosis. Finally, the outer layer is completed anteriorly using previous double armed suture in continuous manner approximating the fascial plane of periurethral tissue between urethra and DVC to the detrussor apron.

Results: The continence rate within 24 hours, 1 week and 1 month of catheter removal was 61.9%, 66.7% and 85.7% respectively in 360 degree double layer vesicourethral anastomosis technique group as compared to single layer which was 16.7%, 26.7% and 60.0% respectively (P 0.001, P 0.004, P 0.048). However, at 3 months, continence rates and pad free status between two groups were similar (not statistically significant).

POD 16-109

Use of 3D virtually interactive CT Reconstruction in Planning Nephron-Sparing Surgery in Renal Masses

Deerush Kannan, Raghunath SK, Sindhu Sankaran, Shivraj Barathkumar, Srivathsan R, Kunal Dholakia, N Ragavan

Apollo Hospitals, Greams Road, Chennai

Introduction: The key to partial nephrectomy is oncological clearance with maximum functional preservation which requires an in-depth understanding of tumour characteristics. The standard contrast-enhanced CT imaging can provide can offer a 2-dimensional understanding of the disease. Herewith, we present a study to understand the impact of virtually interactive 3D models in planning nephron-sparing surgeries.

Methodology: It is a hospital-based prospective study including patients who underwent nephron-sparing surgery. They underwent routine pre-operative tests including a dynamic contrast-enhanced CT survey. These images were then subject to the Innersight 3D software by Innersight labs, UK.

Results: A total of 20 participants were included out of which eleven patients had left-sided masses and nine right-sided. The median age of the participants was 53 years. The median size of the tumour was 3.95 cm. Out of all the cases 18 were done robotically and two as an open procedure.

The median operating time, dock time and warm ischemia time for all the patients were 210 minutes, 180 minutes and 20 minutes respectively. Different characteristics of the tumours and kidney architecture including multiple arteries or early arterial branching, multiple venous tributaries, and complex pelvicalyceal anatomy including were noted.

Conclusion: Virtually interactive 3D modelling based on CT images can be used as an adjunct to the pre-operative planning. It gives a better understanding of the anatomical variations of tumour and vasculature and thereby potentially reduce operative and console time, warm ischemia time, and length of stay and improve surgeon confidence and patient understanding.

POD 16-110

Robotic assisted Partial Nephrectomy in complex Renal Masses - Our experience and outcomes

Mohammed Shahid Ali, Anand Patil, Manjunath, Samit, Athisha, Akshay, Deepak Dubey

Manipal Hospitals, Bangalore

Complex renal masses is a challenge when it comes to nephron sparing surgery. We describe our technique, approach, difficulties and post operative follow up of consecutive patients undergoing Robotic partial nephrectomy.

Methods: Robotic partial nephrectomy was performed in 28 patients with complex renal masses (mean age: 48.3 yr; range: 26–71 yr). one patient had hereditary kidney cancer. All patients had complex tumor features, including hilar tumors (n = 14), endophytic tumors (n = 6), and/or multiple tumors (n = 3).

Results: Robotic partial nephrectomy performed successfully without complications. Hilar clamping and selective arterial clamping were used with a mean warm ischemia time of 31 min (range: 18–48 min). Mean blood loss was 310 ml (range: 75–450 ml). Histopathology confirmed clear-cell renal cell carcinoma (n = 21), chromophobe renal cell carcinoma (n = 2), and oncocytoma (n = 3) papillary carcinoma (2). One patient required conversion to radical nephrectomy. Mean index tumor size was 2.8cm (range: 1.8–6.4 cm). Mean hospital stay was 2.4d. At 3-mo follow-up, serum creatinine levels were stable (p<0.01) or estimated glomerular filtration rate.

Conclusions: Robotic partial nephrectomy is safe and feasible for select patients with complex renal tumors, including hilar, endophytic, and multiple tumors

POD 16-111

A retrospective study evaluating the diagnostic performance of Gallium-68 Prostate-Specific Membrane Antigen Positron Emission Tomography/Computed Tomography (68Ga-PSMA PET/CT) for primary lymph node staging of intermediate and high risk Carcinoma Prostate

Vinay Kumar Rai, Pratik Garg, Pragadesh Desai, Rohit Kaushal, Ruchir Maheshwari, Samit Chaturvedi, Anant Kumar

Max Super Speciality Hospital Saket, New Delhi

Introduction: The gold standard for lymph node (LN) staging in Ca Prostate remains extended pelvic lymph node dissection (ePLND). However, not all patients are candidates for or elect to undergo operative management. 68Ga-PSMA PET/CT is being increasingly utilized in management of PCa, however, until now, the diagnostic accuracy of 68Ga-PSMA PET/CT for staging of primary cases has not yet been validated.

Aims And Objectives: To assess the diagnostic performance of 68Ga-PSMA PET/CT in primary LN staging of intermediate and high risk PCa and compare it to final histopathological findings following RARP with B/L ePLND.

Materials And Methods: A retrospective study of 100 patients with intermediate or high-risk carcinoma prostate who underwent PSMA PET/CT and RARP with B/L ePLND at our institute done between January 2017 to December 2020. Patient and template based sensitivity, specificity, PPV and NPV for LNM detection was calculated with histopathology as the reference.

Results: PSMA PET/CT (20%) detected fewer patients with LN involvement. The overall accuracy of PSMA PET/CT was 77% ($P < 0.0001$). The sensitivity and specificity of PSMA PET/CT was 44.83% and 90.14%. The PPV and NPV were 65% and 80% respectively.

Conclusions: PSMA PET/CT has emerged as a promising radiotracer in primary LN staging in PCa however its sensitivity is low to be reliable as a gold standard for staging purposes. ePLND remains the procedure of choice for the same.

POD 16-112

Our Experience With Robotic Assisted Level II/III Inferior Vena Cava Thrombectomy in Case of Renal Cell Carcinoma With Inferior Vena Cava Thrombus

Kaddu DJ, Sandeep P, Cherian D, Bhagat P, Sodhi B, Chandran B, Kishore TA.

Department of Urology and Integrated Liver Care, Aster Medcity Hospital, Kochi, Kerala

Introduction and Objective: To present our experience in level II-III Robotic Assisted Inferior Vena Cava (IVC) Thrombectomy (RA-IVCT) with surgical steps and surgical outcome with short and midterm follow up.

Materials and Methods: We collected data of 15 patients who underwent RA Level II-III IVCT in the time period from September 2015 to June 2022 with minimum 1 month follow up.

Surgical Procedure: All IVC thrombectomy requires control of suprarenal and infrarenal IVC with opposite renal vein.

Level II RA-IVCT requires complete mobilisation of infrahepatic IVC.

Level III RA-IVCT requires control of porta hepatis along with clipping of short hepatic veins or control of suprahepatic IVC.

Analysis: Baseline and perioperative surgical outcomes were noted and descriptive statistical analysis is done.

Results: Median IVC clamp time- 15 minutes, Median Console time- 163 minutes. Median operative time- 271 minutes, Median intraoperative blood loss- 200 ml. Median Blood transfusion rate was 0. Perioperative mortality was nil. Mean Clavien Dindo grading of postoperative complication was 0.

Median follow up period was- 402.5 days. Two patients had transient worsening of renal function, recovered spontaneously. 13/15 patients are alive, 2 died of metastatic disease. One patient had solitary liver metastasis 2 years after initial surgery which was resected. Another patient had lymph node recurrence and was placed on targeted therapy.

Conclusions: Complex and advanced robotic surgical procedure like level II-III RAVCT can be performed safely with experienced multidisciplinary team. The limitations of Prolonged operative time and multiple changes in position can be circumvented by increasing robotic surgical experience and newer robots.

POD 16-113

Off-clamp versus on-clamp robot-assisted partial nephrectomy: a propensity-matched analysis.

Gopal Sharma, M Shah, P Ahluwalia, P Dasgupta, B Challacombe, M Bhandari, G Gautam
Max Super Specialty Hospital, Saket, Delhi

Objective: To compare perioperative and functional outcomes following off and on-clamp robot-assisted partial nephrectomy (RAPN).

Methods: This study used prospective multinational collaborative Vattikuti Collective Quality Initiative (VCQI) database for RAPN. The primary objective of this study was comparison of perioperative and functional outcomes between patients who underwent off-clamp and on-clamp RAPN. Propensity scores were calculated for age, sex, BMI, renal nephrometry score (RNS) and preoperative estimated glomerular function rate (eGFR).

Results: Of the 2,114 patients, 210 had undergone off-clamp RAPN and others on-clamp. Two groups were not comparable at baseline with different ages, tumors, and renal nephrometry scores before matching. Propensity matching was possible for 205 patients in a 1:1 ratio. The two groups were comparable for age, sex, BMI, tumor size, multifocality, tumor side, the face of tumor, RNS, polar location of the tumor, surgical access and preoperative hemoglobin, creatinine and eGFR post matching. There was no difference between two groups for intraoperative (4.8% vs. 5.3%, $p=0.823$) and postoperative complications (11.2% vs. 8.3%, $p=0.318$). Need for blood transfusion (2.92% vs. 0, $p=0.030$) and conversion to radical nephrectomy (10.2% vs. 1%, $p<0.0001$) were significantly higher in off-clamp group. At the last follow-up, there was no difference between the two groups for creatinine and eGFR. Mean fall in eGFR at last follow-up compared to baseline was comparable between the two groups (-16.03 ml/min vs. -17.3 ml/min, $p=0.985$).

Conclusion: Off-clamp RAPN doesn't result in better renal functional preservation, albeit its associated with increased rates of conversion to radical nephrectomy and blood transfusion.

POD 16-114

Comparison Of Perioperative Outcomes Of Early Recovery After Surgery (ERAS) Protocol Between Extracorporeal vs Intracorporeal Ileal Conduit In Patients Undergoing Robot Assisted Radical Cystectomy: A Prospective Evaluation

Mandal A, Kumar A, Yadav S, Kumar N, Vasudeva P, Prashanth YM, Barkesiya BL
VMMC and Safdarjang Hospital, New Delhi

Introduction and objective: This study aims to compare perioperative outcomes of Early recovery after surgery (ERAS) protocol between extracorporeal vs intracorporeal ileal conduit diversion in patients undergoing Robot assisted radical cystectomy (RARC).

Materials and methods: All patients who underwent robot as with an ileal conduit urinary diversion with the da Vinci Xi® system at our institute between (May 2021 to June 2022) were included in this prospective study after obtaining ethical clearance. The patients were divided into two groups: the EIC group (extracorporeal ileal conduit) and the IIC group (Intracorporeal ileal conduit) and the pre and postoperative care were in line with ERAS protocol.

Results: A total of 30 patients underwent RARC during the period of the study, of which 6 were excluded. Of the 24 patients, 11 patients in the IIC group and 13 patients in the EIC group were analyzed. The IIC group had a shorter overall operative time ($p < 0.0001$) & conduit time ($p < 0.0001$). The IIC group had superior perioperative outcomes in terms of time to bowel movements (11.27 ± 3 hrs vs 17.5 ± 7.40 , $p = 0.0156$), time to intake of soft diet, time to ambulation, time to drain removal, visual analog score for pain and the length of stay ($6[4-7]$ vs $8[6-14]$ days, $p = 0.0070$). Perioperative complications were also higher in the EIC group (5 patients 38%).

Conclusions: Intracorporeal ileal conduit (IIC) augments the benefit of the ERAS programme in RARC by improving peri-operative outcomes compare to the extracorporeal ileal conduit (EIC) diversion without increasing the complication and readmission rate.

POD 16-115

A Prospective Study On The Impact Of Warm Ischemia Time On Renal Function After Minimally Invasive Partial Nephrectomy

K G Jyothi Swaroop, Mallikarjuna Chiruvella, Syed Md Ghouse, Rajesh reddy Adapala, Bhavatej Enganti
Asian Institute of Nephrology and Urology, Hyderabad

Background and objective: There is a paucity of literature in assessing the functional change of each kidney following warm ischemia after minimally invasive partial nephrectomy (MIPN). Our aim was to assess the impact of warm ischemia time (WIT) on renal function after MIPN using Technetium Tc 99m-diethylenetriaminepentaacetic acid (DTPA) renogram, Split renal function (SRF), Glomerular Filtration Rate (GFR) and estimated GFR (eGFR).

Methodology: 39 consecutive patients who underwent MIPN from November 2019 - November 2021 for renal tumor were included. All pertinent data was collected using a case proforma and followed up at 3 months with same parameters.

Results: 12 patients (30.8%), 18 patients (46.2%) and 9 patients (23%) underwent MIPN with a WIT of <20 minutes, 21 to 25 minutes and >26 minutes respectively. The mean SRF of kidney with tumor in the preoperative period was $48.67 \pm 4.63\%$ and in the post-op period was $45.07 \pm 5.92\%$ with a p value of < 0.001 . The mean GFR of the operated kidney with tumor assessed by DTPA renogram in the preoperative period was 38.93 ± 9.42 ml/min and in the post-op period was 34.87 ± 9.81 ml/min with a p value of < 0.001 . There is positive correlation between WIT and change in SRF levels which was not statistically significant

(p 0.07). There is strong positive correlation between WIT and change in GFR of the kidney with tumor by DTPA renogram and was statistically significant(p 0.041).

Conclusion: Serum creatinine or eGFR failed to assess the impact of WIT on renal function after MIPN. The change in GFR of kidney with tumor measured with DTPA renogram showed a strong correlation with the duration of WIT.

Podium Session 17

POD 17-116

Assessment of Carotid Intima-Media Thickness & Cardiovascular Risk factors in Benign Prostatic Hyperplasia Patients: Our Experience

Qazi Ifrah Ahmad, Jaipuriya Parag, Pogula Vedamurthy Reddy, Donthri Sandeep Reddy, Tappa Mohammad Mustaq Rasool, Kucherlapati Abhiram
Narayana Medical College, Nellore

Despite the widespread prevalence of BPH, and tremendous achievements in diagnostic methods and therapeutic modalities, the etiology of BPH has not yet been clearly identified.

Aim: To assess cardiovascular risk factors and carotid intima-media thickness (IMT) in patients with BPH.

Methodology: This was a prospective observational study conducted over a period of 2 years. All patients above 45 years who presented with benign prostatic hyperplasia-associated symptoms to the department of urology and were willing to participate in the study were included. Symptoms assessed by IPSS. Patients were examined for cardiovascular risk factors including age, body mass index (BMI), hypertension, diabetes mellitus, and hyperlipidemia. Ultrasonography was used to assess the prostatic volume and carotid intima-media thickness.

Results: A total of 100 cases of BPH were included in this study. As mean BMI increased (from 25.89 kg/m² to 32.15 kg/m²), grades of prostatomegaly increased (from Grade I to Grade III) (p-value <0.0001). 71% of Grade II and 90% of Grade III prostatomegaly patients had diabetes mellitus (p-value < 0.001). Of all the Grade I, Grade II, and Grade III prostatomegaly cases, 25%, 46.8%, and 76.7% of cases had hypertension, respectively. (p-value 0.006). A significant association was present between total cholesterol, HDL, LDL, and prostate volume (p-value < 0.001). Grade I, Grade II, and Grade III prostatomegaly cases had 0.55mm, 0.73mm, and 0.92mm mean carotid IMT, respectively. (p-value < 0.001).

Conclusion: The findings of the study generate a hypothesis of a causal relationship between carotid IMT and cardiovascular risk factors with BPH.

POS 17-117

Dex Robotized 3d Laparoscopy in Uro-Oncology - Novel Modality in Complicated Procedures

Krishnamohan Ramaswamy, Pankaj Bhirud, Harigovind Pothiyedath
Miar (Metromed Institute of Advanced Urology and Transplant)

Introduction & Objectives: Minimally invasive surgical approaches have proven to reduce abdominal incisions, bringing less patient discomfort, shorter time of surgery and decreased recovery time. Robotised laparoscopy with 3 dimensional vision is a new alternative which is providing the benefits of robotic surgery at lower cost and good results.

Materials And Methods : From March 2017 to June 2022, 284 patients with uro-malignancies were admitted for robotised laparoscopic surgery in our institute. This is a retrospective study based on medical records. Time required for complete surgery and other parameters related to respected procedures such as ischemia time for partial nephrectomy or anastomosis time for radical prostatectomy were recorded. Peri-operative details were recorded.

Results & Observations : This is a retrospective analysis of 284 cases of various urology procedures using robotised laparoscopy operated during march 2017 to june 2022 and follow up period from 1-24 months. Cases included radical prostatectomy (115), partial nephrectomy(132), radical cystectomy(34), partial cystectomy (3). The operating time and blood loss, hospital stay was similar to standard laparoscopic procedures but with more comfort for the surgeon of our own series. No major complication ,conversion to open,blood transfusion, instrument malfunction was not observed in procedures done using robotised laparoscopic surgery.

Conclusion : Robotised laparoscopy makes the complicated reconstructive procedures easier due to ergonomic robotic handle, haptic feedback, seven degrees of movement and 360 degree rotation.

POS 17-118

Clinico-Pathological Spectrum of Adrenal Masses: Single Center Experience of Adrenalectomy from A Large Clinical Series

P. Sharma, H.S.Talwar, D. Rathj, M. Suryavanshi

Medanta Institute of Kidney and Urology, Medanta The Medicity, Gurugram

Introduction:Adrenal masses present with varied clinico-pathological spectrum and require multidisciplinary evaluation. Incidentaloma have increased with the advent of noninvasive imaging. Pathologically these masses can range from adenoma to adrenocortical tumors. We present a large series of adrenal masses highlighting their presentation, management and outcomes.

Methods:Retrospective observational study was conducted in patients operated for adrenal lesions from January2010 to July2022. All symptomatic patients and incidentalomas >1 cm were subject to a complete functional work-up and a 3-D anatomic imaging. All symptomatic and/or >4 cm tumors were subject to adrenalectomy. Pre-operative alpha and beta-blockade was given to patients suspected to have pheochromocytoma. Perioperative parameters and histopathology were recorded.

Results: Total 113 patients underwent adrenalectomy, 59 males and 54 females. 62% of the operated patients were functional. Surgical management included laparoscopic 68(60%), robotic 18(15.9%), open 21(18.58%). Five patients underwent bilateral adrenalectomy. Pathological spectrum ranged from pheochromocytoma 37(32.7%), adenoma 27(23.9%), myelolipoma 16(14.15%), hyperplasia 4(3.5%), cyst 5(4.42%), adrenocortical carcinoma 7(6.19%), oncocytoma 3(2.6%), angiomyolipoma 3(2.6%), metastasis 3(2.6%), schwannoma 1(0.88%), ganglioneuroma 1, histoplasmosis 1, lipoma 1, blue cell sarcoma 1 and leiomyoma 1. Mean intra-operative time 93+/-10.2minutes. Intra-operative hemodynamic alterations

were seen in 13.2% of cases. Post-operative complications included fever(2), ileus(3), blood transfusions(3) and ICU care(1).

Conclusion:The present study is one of the largest series of adrenal masses to be published. Most of the adrenal masses are diagnosed incidentally and require prompt diagnosis and management. A multidisciplinary team comprising of urologists, endocrinologists, anesthesiologists and radiologists requires that adrenalectomies be performed in high-volume referral centers.

POS 17-119

The Evolution of Laparoscopic VEIL : Lessons Learnt Over The Years

Kishor Roy, Raghavendra RT, Saryu Goel, Amit R Sharma, Deepak K Biswal

All India Institute of Medical Sciences, Raipur

Introduction :The surgical concept and technique of Videoendoscopic Inguinal Lymphadenectomy (VEIL) is evolving since its inception. The Standard approach of VEIL has been moderated into newer approaches improving the ergonomics. We started our journey of Laparoscopic VEIL by Standard approach. The technical difficulties of different positions of lower limb and Port placements had led us to adopt newer approach like Lateral VEIL.

Methods : All patients of Penile Carcinoma of T-stage >pT1N-stage N0-2 undergone VEIL, either Standard and Lateral approach from May 2021 to July 2022 had been retrospectively analysed. Comparative analysis was made regarding the Intraoperative and Postoperative complications and lymph node yield.

Results :11 Standard VEIL of 6 patients were compared with 17 Lateral VEIL of 10 patients.

The patient profile of T and N stage were comparable. Average duration of surgery of Standard and Lateral VEIL per limb was 59 minute and 46 min respectively. One intraoperative Femoral Vein injury happened with Standard VEIL leading to open conversion . No such event happened with Lateral VEIL. Post operative minor complications(seroma, superficial wound infection, lymphocele, mild lymphedema) were seen in 27.2% of Lateral VEIL and 29.4% of Standard VEIL patients. Lymph node yield were similar among both the group(11 in Standard VEIL, 13 in Lateral VEIL).

Conclusion:Although the postoperative complications and lymph node yield was similar, Lateral VEIL needs no change of patient position and helps in better anatomical delineation of Sapheno-Femoral Region.

POD 17-120

Trifecta outcomes of laparoscopic partial nephrectomy in localized renal cell carcinoma: a single centre experience in a tertiary care institution

Singh PM, Kumar A, Yadav S, Prashanth YM, Singh V

Vardhman Mahavir Medical College And Safdarjung Hospital, New Delhi

Introduction and Objective: To evaluate safety and efficacy as trifecta outcomes of 3D laparoscopic partial nephrectomy (LPN) in localized renal cell carcinoma

Methods: We did a prospective observational study assessing safety and efficacy of 3 D LPN for localized RCC. Preoperative, perioperative and postoperative outcomes were evaluated and analysed. Trifecta

outcomes as negative surgical margins, no post-operative complications (Clavien-Dindo ≥ 3) and warm ischemia time(WIT) < 25 minutes was accepted as strict criteria. Chi-Square test/Fisher's Exact test, Pearson correlation coefficient T to determine predictive factors affecting trifecta.

Results: A total of 30 patients underwent 3D LPN. Of these 13 (4.3%) had T1a and 17 (56.67%) had T1b renal tumours. Mean Renal Nephrometry Score (RNS) was 6.5 (5-7). Mean operative time was 120.93 (100-138) mins. 1 patient (3.33%) had positive surgical margins. Mean WIT was 22.3 (19-27) mins. 5 patients (16.67%) had PCS breached. Mean Group post-operative eGFR (83.8 +- 17.94) ml/min was significantly lower than group pre-operative eGFR 9(91.77+-15.08) ml/min at 6 months preserving more than 90% of GFR. Overall complication seen in 13.33% of patients out of which 10 % Clavien-Dindo grade I and 3.33% grade II. RNS was found to be predictor factor affecting trifecta outcomes.

Conclusion: 3D LAP has shown to demonstrate improved trifecta outcomes in localized RCC with minimal blood loss and minimal complications

POS 17-121

Assessment of The Safety and Feasibility of Local Anaesthetic Cystodiathermy for Indeterminate Bladder Lesions in The Covid 19 Era

Mahakshit Bhat, Shameer Deen, Omer Rehman, Martina Spazzapan, Rahul Lunawat, Nkwam Nkwam, Ali Tasleem

Princess Royal University Hospital, London

Introduction: Patients presenting with bladder lesions identified during cystoscopy require histological diagnosis, routinely obtained by biopsy under general anaesthetic (GA). GA biopsies are resource intensive as they require the use of an operating theatre and surgical staff. Local anaesthetic cystodiathermy (LAC) is an alternative method for obtaining biopsies, suitable for bladder lesions <5mm in size. LAC can be performed in the outpatient setting thus reducing the need for theatre resources. The aim of our audit was to assess the safety and feasibility LAC bladder biopsies for indeterminate bladder lesions.

Methods: LAC were carried out at our peripheral London outpatient clinic. The main inclusion criteria was the presence of sub 5mm indeterminate lesions identified during routine and surveillance flexible cystoscopy. Patients notes were reviewed for follow up 2 months after their procedure.

Results: 10 patients underwent LAC between July and September 2021, with an age range of 36-83 years old and ASA grade between 1 and 3. 6 patients were invited following positive findings at routine surveillance cystoscopy, 3 following cystoscopy for new haematuria, and 1 was investigated for routine UTIs. Only one patient had a malignant histology, with 90% reporting a benign biopsy. No patient required admission or subsequent GA biopsy, and no complications were reported.

Conclusion: LAC is a resource-effective procedure eliminates the exposure of patient to GA. It avoids the need for preassessment and inpatient admission, thus freeing up theatre resources for other patients. This project supports the use of LAC for small indeterminate bladder lesions.

Podium Session 18

POD 18-122

Genetic Variants in the M-Tor Pathway with Renal Cancer Risk and Subtypes in East Indian Population

Subhajit Malakar, Dilip Kumar Pal, Madhusudhan Das

Institute of Post Graduate Medical Education and Research, Kolkata

Introduction: Renal cell carcinoma being asymptomatic/ minimally symptomatic presents as a fairly advanced disease. The high mortality of the disease makes it a challenge for the treating physician. m-TOR pathway plays a major role in the pathology. Here we try to analyze the mutation of the gene in the east Indian population.

Methods And Methodology: The study recruited 25 renal cancer patients. Blood and tumour biopsy tissue and adjacent normal samples were collected from clinically suspected renal cancer and Institutional Ethical clearance. Relevant clinical history were documented. Blood samples were kept in -80°C for DNA isolation. The tissue samples were divided into two parts, one part stored in -80°C until DNA isolation and other part stored in 10% formalin for paraffin embedded tissue blocks and analysis done of the following. 1. DNA isolation 2. Mutation screening of mTOR pathway gene alterations 3. In-silico analysis of mutation. Parameters to be studied/Study variables: a. Demographic parameters of patient population. b. Incidence of PI3KCA, AKT, m-TOR mutations in Patients from West Bengal with different types of Renal Cell Carcinoma.

Result: On analysis it has been seen in 3-4% cases the m-TOR mutation is detected in the east Indian population with 95% confidence interval ($p < 0.05$).

Conclusion: Analysis of m-TOR mutation lead to novel treatment approach and also the prognosis of RCC. These patients are high risk patients with chance of distant metastasis. Drugs like Everolimus, Sirolimus plays a vital role in the management of these patients.

POD 18-123

Diagnostic accuracy of Narrow Band Imaging over and above White Light Cystoscopy in detection of recurrent lesions in follow up of patients with Non-Muscle Invasive Bladder Cancer

Dr Mohammed Taher Mujahid, Dr Hemant Kumar Goel

New Delhi

Introduction : Bladder cancer is second most common malignancy of genitourinary system, 80% having NMIBC at diagnosis with high risk of recurrence. WLI cystoscopy cannot effectively identify CIS/small papillary tumors, whereas optical image enhancement technology like NBI can detect them.

Objective: To determine whether NBI improves detection NMIBC over WLI cystoscopy.

Methods: We conducted a prospective, within-patient comparison on 139 patients scheduled for check cystoscopy at ABVIMS & DrRML Hospital, New delhi. WLI and NBI cystoscopy performed to identify tumors/suspect areas and resected/biopsied for HPE. Number of additional tumors detected by WLI/NBI were compared.

Results: 139 patients were enrolled. Of 25 recurrences (18%), NBI detected 17 additional tumors (12.2%) (3pTa, 9pT1), 8(5.8%) (2pTa, 3pT1) by WLI. The detection rate of NBI was 12.2% vs 5.8% for WLI (P value of 0.87). The false-positive rate of NBI and WLI was 29.4% and 37.5%, respectively (P value of 0.21).

Conclusions: WLI cystoscopy is equivalent to NBI in detection of recurrent NMIBC.

POD 18-124

Role of computed tomography of thorax in early detection of pulmonary metastasis in carcinoma urinary bladder: a prospective observational study

Upadhyay A, Mittal A, Panwar V K, Mandal A K, Singh G P

AIIMS Rishikesh

Introduction : There is still a knowledge gap in the utility of routine CT chest in bladder tumor. It is sensible to improve our knowledge to know the full potential of CT chest. Purpose for our study is to find the utility of CT thorax in staging of carcinoma urinary bladder for pulmonary metastasis at our hospital set up

Methods: Study included newly diagnosed bladder mass patients from July 2020 to December 2021 at our hospital and fulfilling the inclusion criteria for the study. All the patients with indication for cross sectional imaging will undergo CT urography along with CECT thorax and results are analysed.

Results : 10% of the study participants had abnormal chest X-ray findings. Among them, there were six participants with lung mass or nodules. 150 patients (55.8 %) were stage T1 out of total 269 patient .No metastasis was seen among T1 stage patients by any investigational modalities. Proportion of abnormal CT chest scan findings was 32.7% (n=88) in T1 patient. These changes were not malignant. There were 17.0% (n=15) of the participants with metastatic radiological features in the lung which were T2 or above. Statistically significant association was seen between the different stages of tumour and CT chest findings.

Conclusion: Incidence of pulmonary metastasis was low among non muscle invasive urinary bladder carcinoma participants . CT chest scan can be done among the suspected cases i.e. chest symptomatic to further confirm the lung involvement and for patients with T2 or above disease on imaging.

POD 18-125

Role of Robotic Surgeries in Semi Emergency Conditions.

Pandya Bharqavkumar, Nagaonkar Santoshi, Joshi Vinod, Vaswani Usha, Punatar Chirag

P.D. Hinduja National Hospital Medical and Research Centre , Mumbai

Introduction: Conventionally, robotic surgery is limited to non-emergency cases in routine practice. The docking time makes it less suitable for emergency scenarios. However it can be used in certain semi-emergencies, with good outcomes .

Case Report: A 21 year old female with uncontrolled Type 1 Diabetes Mellitus presented with drowsiness, left flank pain, fever. On examination she had hypotension and left renal angle tenderness. Provisional diagnosis of pyelonephritis with sepsis was made. She was admitted to ICU, started on inotropic supports and antibiotics.

Investigations revealed creatinine of 0.6 and high WBC count 19000. Triple phase contrast CT scan showed left renal ill-defined hypodensity in upper pole extending upto mid pole region and significant

perinephric fat stranding. No evidence of any calculus or hydronephrosis This was suggestive of left renal pyelonephritis with abscess formation. Right kidney appeared normal.

Despite adequate medical management, there was no improvement, so decision taken to do robotic assisted partial nephrectomy.

Intra operative selective dissection of upper polar artery done and with use of indocyanine green injection marking and partial nephrectomy done. She was off inotrope support, was shifted out of ICU on 4th POD. She was discharged on the 7th POD.

Discussion: Role of robotic surgery in emergency situations is still under evaluation A strict patient selection is necessary, eventually considering it for hemodynamically stable patients only. The availability of necessary staff for robotic surgery during odd hours and night shifts, and the longer operating time might be a challenge in emergency situations.

POD 18-126

Renal Hydatid cyst with Inferior vena cava involvement

N Supradeep, Sujata Patwardhan, Bhushan Patil, Nikhar Jain

Mumbai

Hydatid cyst is a zoonotic diseases caused by Echinococcus granulosus and is endemic especially in Eastern Europe, Middle East, Alaska, Canada, South America and New Zealand. Isolated renal involvement is rare and occur in only 2-4% patients. Infection is transferred to humans by ingesting food contaminated with dog feces containing eggs of the parasite. Hydatid cyst can affect liver, lung and rarely urinary tract. In urinary tract kidneys are most commonly affected. Many have no symptoms for years or may present with ambiguous flank pain, hematuria or hydatiduria. In this video presentation, we show surgery of patient with isolated renal hydatid cyst one of whom needed replacement of IVC with PTFE graft due to extensive adhesion.

Case: 35 year old lady with right flank pain. She had undergone excision of right renal cyst previously. Clinical examination revealed a 5X5 cm vague lump in the right flank. Radiological investigations showed 2 septated cyst of size 11X8X6 cm and 7X6X5.7 cm in the right kidney. Intraoperatively the plane between renal cyst and IVC could not be dissected and enmasse resection of right kidney and adherent part of IVC with PTFE grafting of IVC done. Postoperative period was uneventful and she was discharged on POD 7.

POD 18-127

Multiple Renal Arteries in Live Donor Renal Transplant; Impact on Graft Function and Outcome: A Retrospective Study.

Ankit Modi, Sadasukhi T C, Gupta Manish, Gupta H L, Sharma Ashish, Sadasukhi Nripesh

Mahatma Gandhi Medical College, Jaipur

Introduction & Objectives: Multiple renal artery (MRA) may cause technical difficulties and potential complications, despite that these organs are increasingly accepted to maximize the pool of acceptable donors. This study was done to compare the outcomes of live-donor renal allografts with multiple and

single renal arteries (SRA) in terms of overall ischemia times, early and late graft function, and vascular and urological complications.

Methods: We conducted a retrospective study by analysing a prospectively maintained database from January 2021 to December 2021 of all patients undergoing live related renal allograft transplant at our medical college. A total of 239 kidney transplant were performed during this period. Patients were divided into two groups: Group 1: single artery single anastomosis, Group 2: multiple arteries with two or more anastomoses. Duplex imaging of the graft was done at 6 months. Recipients were followed up for possible graft dysfunction, arterial insufficiency and major urological complications.

Results : Mean ischaemia times in two groups were 20.62 ± 1.05 & 30.45 ± 1.77 minutes respectively. Failure to normalize creatinine within 72 hours was seen in 6/183 & 3/56 ($P > 0.05$). Delayed graft function occurred in two patients in both the groups. One-year graft survival among the groups was 5/183 & 2/56 respectively ($P > 0.05$). One patient from groups 1 developed transplant renal artery stenosis. Six patients from group 1 developed ureteric complications.

Conclusion: Donor grafts with MRA may be accepted safely with careful surgical reconstruction and close surveillance posttransplant.

Podium Session 19

POD 19-128

Clinico Demographic Profile and Outcome Analysis of Young Patients with Renal Cell Carcinoma Undergoing Nephrectomy at A Tertiary Cancer Centre in Eastern India

Gopalakrishnan MP, D. Aggarwal G, Gupta S

Tata Medical Centre, Kolkata

Introduction and Objectives: Patients with age less than or equal to 40 years having RCC are rare. We analyzed our data of young patients with RCC, to assess clinico-pathological characteristics and predictive factors affecting overall survival (OS) and recurrence free survival (RFS) of these patients.

Methods: Patient data were collected from our institutional electronic medical records and analysis was done using SPSS version 24.0

Results: Out of the 34 patients, 17 each were males and females. 22 patients underwent radical nephrectomy and 12 cases partial nephrectomy. 20 were open surgeries, 11 laparoscopic and 3 cases were done robotically. Histopathologically 22 were clear cell RCC, 5 papillary RCC, 4 translocation carcinoma, 2 chromophobe carcinoma and one mucinous tubular spindle cell carcinoma.

Preoperative obesity was found to be a significant predictive factor for poor RFS and OS ($P=0.02$ & $P=0.01$ respectively). 5 year cancer specific survival for T1aNO to T2b NO was 100%, T3a NO was 50% and 0% with T4 and N1 disease. 5 year OS of our patients were 85.71 years.

On Kaplan Meyer analysis males and females had same OS, but females had better RFS when compared to males. OS between clear cell and non-clear cell RCC were same, but non clear cell had significant RFS than clear cell variety.

Conclusion: Our study lays the foundation to assess factors predicting OS and RFS among patients less than 40 years having RCC. Stringent follow ups of our patients will help to determine long term survivals in this cohort of patients.

POD 19-129

Accuracy of pelvic lymph nodal staging in Urothelial Carcinoma of Urinary Bladder By 18-FDG PET/CT and Multiparametric MRI Of Pelvis: A Prospective comparative study

Murali Krishna, U K Mete, Nandita Kakkar, Anupam Lal, Ashvini Sood, G S Bora
PGIMER, Chandigarh

Pelvic nodal status evaluation for bladder cancer is of utmost importance not only for prognostication but also for treatment selection. CT is still regarded as gold standard imaging modality for nodal staging in patients with bladder cancer. However, the sensitivity and specificity of CT is roughly around 50% and 90% as reported in the literature. The current study was designed to evaluate the diagnostic performance of mpMRI over FDG PET/CT for nodal evaluation of bladder cancer patients. We had enrolled 24 patients with muscle invasive bladder cancer for evaluation of nodal status by pre-operative mpMRI and FDG PET/CT. However, only data of 17 patients could be analysed. We found the following observations. The majority of patients were male (94%) and elderly (94%). Average lymph node yield following surgical node dissection irrespective of the approach (open vs laparoscopic vs robotic) was around 12. Out of the 17 patients, 10 patients had positive nodes on the surgical specimen. ADC value cut off of $0.8 \times 10^{-3} \text{ mm}^2/\text{s}$ was used to predict presence of lymph node metastasis. SUVmax cutoff of 3.5 was used to predict significant lymphadenopathy. Sensitivity of PET/CT and mpMRI for node detection were 70% and 80% respectively with specificity of 80% and 100%. PPV of mpMRI was 100% compared to 87.5% for PET CT. NPV was also high for mpMRI (77.8%) compared to PET CT (66.67%) with overall accuracy of 88.26% for mpMRI compared to 76.47% for PET.

POD 19-130

Multidisciplinary Team Meetings for Optimal Cancer Management: How Careful are the Care Givers?

Gaurav Aggarwal, Aggarwal G, Gupta S, Saji A.
Tata Medical Center, Kolkata.

Objectives: Multidisciplinary-team(MDT)meetings aka.tumour-boards are treatment planning approaches wherein experts across various disciplines review a patient's condition and opine on the best treatment option available.Having inputs from multiple specialties at one location at the same time reduces the chance of error due to any oversight.Hence MDTs are essential and considered standard of care in cancer treatment by most health care systems.Our objective was to investigate health professionals' views including perceived benefits and drawbacks from MDT meeting-based recommendations through a KAP survey

Methods: This was a cross-sectional study to assess health professionals' views regarding MDT meetings.A 20-point questionnaire was distributed to all participants who were instructed to provide information with respect to the index MDT they were attending.Data collection was anonymous and results were assessed statistically using SPSS

Results: 8/10 MDTs at our hospital were weekly while 2 fortnightly. The treating physician/surgeon, medical-oncologist, radiation-oncologist, pathologist and radiologist were present in all, some had additional attendees viz. gastroenterologist or cytogenecist. 25% of new cases were discussed prior to treatment initiation. A variation of 26-35% was observed in relation to therapy, diagnosis or diagnostic procedures after discussion. Cases at the beginning were discussed longer than those at the end. Delay in treatment initiation was a cause for concern and mini-MDTs in between were sought to be the way out. MDTs lead to better patient inclusion in clinical trials and better knowledge sharing across specialities

Conclusion: MDTs help in better decision making, minimising errors, better communication to the patient and overall improved patient care. They also act as a cushion in case of any future medico-legal scenarios. Thus MDTs are ManDaTory for optimal care of cancer patients

POD 19-131

Functional and volumetric analysis of renal parenchyma preservation during partial nephrectomy: a prospective study

Zaheen khan, Sachin Arakere Natraj, Kulbir Ahlawat, Rajesh Ahlawat
Medanta, The Medicity, Gurgaon

Introduction- Elective partial nephrectomy has become more common with increased detection of small renal masses. Partial nephrectomy offers equivalent oncologic outcomes while preserving nephron mass. Partial nephrectomy (PN) leads to a better preservation of renal function after surgery.

Materials and Methods - Study design - Prospective observational study.

Duration - 24 months

Sample size- The study was conducted in 50 patients of renal mass undergoing partial Nephrectomy.

Aim: To evaluate the functional and volumetric analysis of renal parenchyma preservation during partial nephrectomy.

Objectives:

1. To determine the correlation between volumetric analysis of percentage of preserved renal parenchyma with percentage of preserved renal function in ipsilateral kidney.
2. To determine the amount of GFR loss after PN postoperatively at 3-6 months.

Results:

Two multivariate models for the predictors of Post operative Ipsilateral GFR were plotted.

Using the first model (including the Ipsilateral PPPM (%) - Quantitative estimate), the prediction of the post operative ipsilateral GFR in terms of r value for the model was 0.935. The model found that Tumor location, preoperative ipsilateral GFR and Ipsilateral PPPM (Quantitative estimates) were the important significant predictors.

Based on the second model (using the Ipsilateral PPPM (Predicted)- Using RENALScore based estimates), the prediction of the final outcome in terms of r value for the model was 0.918. The model found that only preoperative ipsilateral GFR was the important significant predictor of the postoperative ipsilateral GFR levels.

POD 19-132

Clinical Spectrum of Ureteric Carcinomas: A Single Tertiary Centre 5 Year Experience.

L K Ganesh, K Natarajan, T Chandru, K Sriram, P Velumurugan.

Sri Ramachandra Medical College, Chennai.

Introduction and Objective: Ureteric carcinomas are rare tumors and this rarity has made these tumors greatly significant. Ureteric Carcinoma are still rarer and occur in elderly population. Most common Ureteric carcinomas are the distal ureteric tumors. There is paucity of literature of Ureteric carcinomas in the Indian context hence this study assumes importance.

Methods: Retrospective study of 5 years, 33 cases of ureteric carcinomas were included in the study. A complete preoperative evaluation was done using CT urogram and RGP. Radical Nephroureterectomy (RNU) with bladder cuff excision was undertaken and histopathology of resected specimen was noted. Adjuvant therapy was given wherever necessary. A systematic follow-up was done, and recurrences were noted and treated. Data was then analyzed.

Results: Male to female ratio was 2.5:1. The mean age was 64 Å, Å± 5 years. The most common symptom was gross hematuria present in 30. Most lesions were left sided 3:1. Distal ureteric was the most affected site followed by proximal. 78 % tumors were of high grade and 56% were in pT3 stage. There was a two case of systemic metastasis in present study. 28 out of 33 cases underwent laparoscopic/open radical nephroureterectomy with bladder cuff excision. 5 cases were unfit for surgery.

Conclusions: Ureteric carcinoma is a rare disease, majority of patients presented late and were having high stage and grade at time of diagnosis. Invasive disease was more common. Radical nephroureterectomy is gold standard treatment. Conservative treatment should be considered in specific cases.

POD 19-133

Zero Ischemia Partial Nephrectomy using Holmium Laser in patients with small renal mass: our initial experience

Kishlaya Atharwa, Puskal Kumar Bagchi, Mandeep Phukan, Debanga Sarma, Pranjit Kumar Dhekial Phukan, Sasanka Kumar Barua

Gauhati Medical College, Guwahati

Introduction and Objective: Partial nephrectomy (PN) is the standard treatment for small renal mass. It provides a better renal reserve and comparable oncologic results than radical nephrectomy. Zero-ischemia Partial Nephrectomy is a technique to prevent the effects of ischemia on renal parenchyma cells thus preventing the deleterious effects of ischemia on remaining renal parenchyma. Lasers like Diode, thulium, and Holmium lasers have been used in a few cases for partial nephrectomy with reduced warm ischemia time. We aimed to determine the effect on the postoperative renal function of patients with

small renal mass with or without comorbidities (hypertension and diabetes) who underwent zero ischemia partial nephrectomy.

Methods: The patients who underwent off-clamp(zero ischemia) partial nephrectomy using Holmium Laser for small renal mass (T1) at our center were analyzed retrospectively.

Results: In total, 37 patients (i.e., 7 diabetics, 11 hypertensives, 5 both hypertensive and diabetic, and 14 patients without any comorbidity) were included in the study. On postoperative follow up patients were evaluated for residual kidney volume and serum creatinine with the help of DTPA and ultrasound. eGFR values calculated on follow-up had no deterioration except for the patients with both hypertension and diabetes who had some amount of deterioration on 2 years of follow-up. Changes in eGFR were also associated with a decrease in parenchymal thickness.

Conclusion: The partial nephrectomy with zero ischemia technique is an effective, reliable method for avoiding complications and preserving renal functions and nephrons in appropriate patients.

Podium Session 20

POD 20-134

Prognostic significance of pre operative pyuria and neutrophil to lymphocyte ratio in patients with non muscle invasive bladder cancer

Rahul Singh, S S Yadav, Shivam Priyadarshi
Sms Medical College, Jaipur

Background: The neutrophil-to-lymphocyte ratio (NLR) and pre operative pyuria relationship with oncologic outcomes of non-muscle-invasive bladder cancer (NMIBC) have not been well studied yet. In this study we investigated and compared the prognostic value of preoperative pyuria and NLR in patients with MNIBC.

Methods: We prospectively reviewed data from 100 patients diagnosed with NMIBC. Univariable and multivariable competing risk regression models were used to assess the association of preoperative NLR and pre operative pyuria with disease recurrence and progression to muscle-invasive disease. The median follow-up was 6 months.

Results: Preoperative pyuria was found in 30 and high NLR (>2.5) found in 35 patients. 15 patients had both preoperative pyuria and high NLR, whereas 20 patients had neither of the above.

Out of 30 patients with preoperative pyuria, 6 (20%) progressed to higher grade on repeat biopsy. Out of 35 patients with high NLR, 5 (14.28%) progressed to higher grade. Out of 15 patients with of the above parameters, 4 (26%) progressed to higher grade and out of 20 patients with neither of the above, 2 (10%) progressed to higher grade.

The results show that presence of preoperative pyuria is a more prognostic indicator in patients with NMIBC in terms of a higher risk of recurrence ([SHR]= 3.11; p= .012) and progression to higher grade (SHR 2.062, 95%, P = 0.027), as compared to a higher NLR (SHR= 1.27, P = 0.013) and progression (SHR = 1.72, P = 0.007).

POD 20-135

Comparative Study of 4 Different Energy Sources for Enbloc Resection of Urinary Bladder Tumor: An Audit of 41 Cases of an Ongoing Study

Mustafa Abdur Rahman, Pushkal Kumar Bagchi, Mandeep Phukan, Debanga Sarma, Pranjit Kumar Dhekial Phukon, Sasanka Kumar Barua

Gauhati Medical College and Hospital ,Guwahati , Assam,India

Introduction : Bladder cancer is over four times more common in men than women, presenting most commonly with painless haematuria, along with irritative voiding symptoms. Patients are evaluated cystoscopically, along with renal function test and urinary tract imaging. Transurethral resection of bladder, with its own unique problems, paved the way for en bloc resection with different energy sources (monopolar, bipolar, holmium laser, thulium laser). Keeping this background in mind , this study has been designed for comparative study between the energy sources in terms of detrusor muscle retrieval and percentage of tissue artifacts.

Materials and Methods : In this prospective study , 41 cases with urinary bladder mass \leq 3 cm, diagnosed in imaging (CT Scan), was operated for en bloc resection of the tumour under the mentioned energy sources and was sent for histopathology.

Results: Out of the 41 cases , 15 underwent monopolar enbloc resection showing retraction tissue artifact percentage of 3 % , another 14 cases underwent holmium en block resection with retraction tissue artifact not being seen, 5 cases on bipolar en bloc resection with 1 % artifacts and rest 7 cases on thulium en block showing 2% tissue artifact with extensive charring. All the modalities showed satisfactory detrusor muscle retrieval.

Conclusion: Out of all the energy sources applied , holmium laser en block resection has an edge over the others in terms of tissue artifacts. Thulium laser showed the maximum charring effect.

POD 20-136

Role of Open Partial Nephrectomy for Complex Renal Tumors Stage T1 and its Operative Outcomes, A Single Centre Experience.

Sheikh Riyaz Ahmad, Syed Sajjad Nazir, Tanveer Iqbal, Omar Saleem Akhtar, Naveed Khan, Javaid Ahmad Magray, Yasir Qadri

Post-Doctoral Department of Urology ,Uro Oncology & Renal Transplantation, Government Medical College Srinagar.

Research Objectives: To compare the oncologic and clinical outcomes for open partial nephrectomy (OPN) performed in patients with complex renal tumors(central and hilar positions, high nephrometric score) versus with simple(polar,low nephrometric score) lesions.

Material and Methods: Patients having undergone OPN between 2018 and 2022(till date) in our institute(Post doctoral department of Urology) were investigated. Exclusion criteria included patients with advanced malignancy(greater than T1), malignancies other than renal cell carcinoma, end-stage renal disease. Individuals with tumors that were complex(central and hilar positions,high nephrometric score) were identified, and then matched controls chosen for tumor size, pathology, age, follow-up period. Oncological status, perioperative, and postoperative data were collected and compared between groups.

Results: 13 individuals with complex RCC tumors and available oncologic status were identified. Total controls 22 (For four patients, only one suitable control could be identified and for rest 2 controls) were identified. All tumors were staged at pT1. Median tumor size was 25mm for complex lesions, and 27mm for simple masses (P=0.32). The operative period was extended by 15 minutes for complex tumors, with one case of a positive surgical margin in each group (P=0.7). There were no significant differences in perioperative. Median follow-up was similar. Disease recurrence was recorded in one patient after complex tumor resection and in 2 in simple tumor resection.

Conclusions: OPN shows equivalent safety and efficacy for both complex (hilar) RCC tumors and simple (polar) tumors of the same size.

POD 20-137

Clinical Value of Repeated TRUS Biopsies/ Mpmri in Patients with Fluctuating Serum PSA Levels in Detecting Ca Prostate.

Mandrekar P. T. N., Halarnakar R. G., Talwadker N. B., Cardoso M. A., Patankar R., Prabhudesai M. R., Punjani H. M.

Goa Medical College, Bambolim-Goa

Introduction: To analyse clinical value of repeated TRUS guided biopsies and multiparametric prostate MRI in patients who were clinically benign but had fluctuating Serum PSA levels in diagnosing carcinoma prostate.

Methods: 25 patients with nadir Serum PSA between 4 -10ng/ml, and < 4ng/ml were analysed between May 2010 and May 2021. All patients underwent TRUS Biopsy and one mpMRI of Prostate at the time of presentation. All patients underwent a DRE and Serum PSA monitoring at regular intervals. All patients with fluctuating Serum PSA (Serum PSA >20ng/ml at presentation) were treated conservatively with low antibiotics for transient rise in Serum PSA Levels, till nadir Serum PSA was achieved. Whenever there was a rise in Serum PSA above nadir repeat biopsy and mpMRI prostate was done.

Results: The patients were grouped into Group I Serum PSA 4-10ng/ml (n=14), Group II Serum PSA <4ng/ml (n=11). All patients belonging to Group I & Group II are clinically benign. All patients were biopsy negative & had mpMRI with PIRADS score 2-3. On an average patient underwent 3.5 biopsies and 3.5 mpMRI prostate in 5 year follow up. Though mpMRI PIRAD Score went up to 3 in some patients they were biopsy negative. No carcinoma prostate was detected in a mean follow up of 8 yrs.

Conclusion: In select patients with fluctuating Serum PSA values, clinically benign prostate, PIRADS score <3, and nadir Serum PSA <10ng/ml the need for repeated TRUS Biopsies and mpMRI's of Prostate may be avoided. However larger series is necessary to validate these results.

POD 20-138

Androgen Receptor Positivity in Renal Tumors and their Correlation with Tumor Size, Clinical Stage, Histological Stage and Markers of Inflammation

Amit Ranjan, p. k. bagchi, m. phukan, d. sarma, p. k. d. phukon, s. k. barua,

Gauhati Medical College, Guwahati

keywords: androgen receptor positive (AR +VE), androgen receptor negative (AR -VE)

Introduction and objectives: studies suggest the kidney have AR signaling, it regulates metabolic processes, especially lipid and nitrogen metabolism. Renal cell carcinoma is common in men (~60%) seems a possible sex-linked. AR is expressed in tubules of kidney. Loss or gain of AR function found in cancers of it. The aims of study to find possible correlation if any in AR +VE tumor size and clinical stage, histological stage and markers of inflammation.

Methods: A matched case-control study including renal mass patient operated in Department of Urology in our medical college from 2021 to 2022. Renal masses on CT were drawn. A total of 52 patients investigated, of which 38 were AR +VE and 14 were AR -VE as controls. Renal mass was assessed using available computed tomography imaging and AR +VE assessed by immunohistochemistry analysis.

Results: On study 73% and 27% are AR +VE and AR -VE, respectively. The prevalence of AR +VE was significantly higher with low grade tumors and not associated with inflammatory markers. A multivariate model adjusted for age, sex, high BP, diabetes, smoking status and obesity confirmed that AR expressing renal mass associated with lower grade tumors with association with less expression of tumors markers.

Conclusions: This study demonstrates that AR expressing renal mass associated with lower grade tumors with association with less expression of tumors markers than age- and sex-matched AR negative renal tumor suggesting that AR may be a prognostic marker for renal tumors.

Podium Session 21

POD 21-139

Percutaneous Nephrolithotomy in Patients with Haemophilia: Challenging the Traditional Norms

Nirmal Agrawal, Sujata Patwardhan, Bhushan Patil, Neeraj Tillu, Aadhar Jain

Seth G S Medical College and KEM Hospital Mumbai

Haemophilia is an inherited disorder of coagulation factors and stone disease in such patients poses a difficult scenario. In patients with a large stone burden, PCNL remains a feasible option. We aim to study the perioperative implications of percutaneous nephrolithotomy performed in patients with hemophilia.

Method: We retrospectively studied 10 patients with hemophilia who underwent PCNL. Case records of patients undergoing PCNL for 6 years were reviewed. Demographics, stone burden, changes in preoperative and postoperative hemoglobin, serum creatinine, and as well as intraoperative and postoperative bleeding, and duration of clotting factor therapy were analyzed.

Results: During the 6-year study period, a total of 10 males with a mean age of 34.33 ± 9.03 years who had hemophilia A underwent PCNL. The mean size of the stone was 4.49 cm^2 . The nephroscopy time ranged from 36 to 90 min (Mean - 52 min). Bleeding was successfully managed in all patients except one. The mean rise in serum creatinine at discharge was $0.9 \pm 0.57 \text{ mg/dl}$ and the mean fall in serum hemoglobin was $1.63 \pm 0.84 \text{ g/dl}$. At 3 months after surgery, the stone-free rate was 100%. One patient with post-PCNL hematoma was explored for huge renal hematoma who underwent two times angioembolisation. He had profuse bleeding after doing angio embolization and underwent a nephrectomy.

Conclusions: With careful intraoperative and postoperative care and regulation of clotting factors, PCNL can be performed safely and successfully in properly selected patients with hemophilia.

POD 21-140

Management of Xanthogranulomatous Pyelonephritis: A 10 Year Tertiary Care Experience

Nipun Bansal, Manjunath Shetty, Zeeshan Hameed, Prashanth Adiga, Nandakishore B., Suyog Shetty, Kishan Raj

Father Muller Medical College Mangaluru

Xanthogranulomatous pyelonephritis is a rare clinicopathological syndrome characterized by the destruction of renal parenchyma and its replacement by granulomatous tissue containing xanthomatous cells. Approximately one third of XGPN cases have associated complications like fistulas and abscesses. Currently, only a few cases have been reported in the literature. This study is to share our experience at our Institution regarding Clinical presentation and management of XGPN in the last 10 years. It is a retrospective study. In our experience, all 6 patients had calculus obstruction. All our cases were unilateral (4 left and 2 right). Successfully managed by Surgical Management (Open Nephrectomy)

POD 21-141

Evaluation of Incidence of Ureteric Stricture following Percutaneous Antegrade Vs Laparoscopic Removal of Large Upper Ureteric Stones

Thummala Yashaswi, Sudheer kumar Devana, Aditya rakash sharma, Shrawan kumar Singh
PGIMER, Chandigarh

Introduction: Laparoscopic ureterolithotomy (LUL) and percutaneous antegrade removal (PAS) are effective options for upper ureteric stones. Efficacy and immediate complications were comparable as shown in many studies but incidence of long-term stricture were not known.

Methods: All patients with large (>1cm) upper ureteric stones treated with either LUL or PAS at our centre from January 2015 to February 2021 were included. Perioperative data was retrieved from hospital records. These patients were then called for a physical visit and were evaluated for presence of ureteric stricture. Data related to patients who already had ureteric stricture and were treated was also recorded.

Results: 174 patients with large upper ureteric stones underwent either PAS and LUL during the study period. 111(61 in LUL group & 50 in PAS group) were finally enrolled as per inclusion and exclusion criteria. Both groups were comparable in baseline demographic data. Complete stone clearance is same(100%) in both the groups. Mean operative time was significantly longer in LUL group (100.3±43.7 min Vs 78.26±28.7 min, $p < 0.05$). However Grade II Clavien Dindo complications were significantly higher in PAS group (22% Vs 4.7% $p < 0.05$). Mean drop in hemoglobin and hospital stay were similar. At a median follow up of 46 months the ureteric stricture rate was comparable in both groups (6.2% in LUL group Vs 5.6% in PAS group, $p=0.895$).

Conclusion: Incidence of ureteric stricture is comparable following PAS or LUL of large upper ureteric stones.

POD 21-142

A Prospective Randomised Comparative Study of Outcomes of Patients Undergoing RIRS and PCNL in Renal Calculus of Size between 1-2cms.

Thota Siddhartha, Joseph Philipraj S, Kalyana Ram Kone

Mahatma Gandhi Medical College and Research Institute , Pondicherry.

Introduction: For renal calculus PCNL is currently used commonly for stones of size more than 2cms whereas for smaller renal stones a much more minimally invasive procedure like RIRS is preferred. The treatment option of choice for renal calculus of size 1-2 cm is unclear. Here we propose this study to compare PCNL and RIRS for the treatment of renal calculus measuring 1-2 cms.

Materials and methods: This was a study comparing PCNL and RIRS methods for treatment of renal calculus of size 1-2 cms irrespective of location. Subjects with pregnancy, bleeding diathesis, renal insufficiency, renal anomalies have been excluded from study. The selected subjects were randomized into either PCNL or RIRS groups and outcomes were analysed.

Results : Out of total 100 patients in our study, 50 from PCNL group and 50 from RIRS group. We observed that PCNL group had higher number of Clavien-Dindo grade 1 compared to RIRS group which is statistically significant (p value 0.019208). PCNL also showed CD grade 2-4 complications which were not seen in RIRS group. The stone free rates were much better in PCNL group, both in stones of size 1-1.5cm (p value 0.07) and 1.6 - 2cm (p value 0.449) which were found to be statistically significant.

Conclusion: RIRS and PCNL are safe and effective treatment options for renal stones of 1-2cms. PCNL has higher stone free rates compared to RIRS requiring less additional procedures, but slightly higher incidence of complications. Treatment modality should be decided with patient by discussing advantages and disadvantages of both the procedures.

POD 21-143

Retrospective Study of Post Pcnl Angioembolisation

Channabasavaraj Hosangadi, Kuppurajan, Baranikumar, Anandan, Mathew Cherian, Pankaj Mehta
Kovai Medical Centre & Hospital , Coimbatore

Introduction: PCNL is mainstay of treatment for staghorn calculus. However, its not without complications including life threatening bleeding. Objective of this study was to identify any risk factors for Bleeding and role of embolization.

Methods: Retrospective study of 12 patients who underwent angioembolization Post PCNL to arrest Hemorrhage between 2015 to 2022.

Results: 12 patients underwent angioembolization (7 pts referred from outside & 5 pts from our institute) during this period. Incidence of severe bleeding (5/478) is 1.04% at our institute. Guys stone scoring was grade IV in 3 patients, grade III in 6 patients & Grade I in 3 patients. 3/7 patients from outside were hemodynamically unstable at presentation. 8/12 patients required Blood transfusion & 4/12 patients had bladder clots evacuation at OR. 7/12 Patients required multiple access tracts. 2/12 Patients had residual stones. 2/12 had nephrostomy in this series. Angiography showed AV fistula in 2 & pseudoaneurysm in other 10 patients. Angiography localized segmental artery in 6/12, posterior division of MRA in 2/12 & arcuate artery in 4/12 patients as source of bleeding. All patients underwent superselective angioembolization with nester fibre coil. None of them had nephrectomy or mortality. Renal function was preserved in all patients post op.

Conclusion: Increased stone complexity, multiple access tracts and injury to segmental artery are significant risk factors of severe bleeding in our series. Early Angiography & angioembolization prevents patients from deterioration and is safe & effective method of arresting hemorrhage Post PCNL.

POD 21-144

Predictors of Spontaneous Passage of Ureteral Calculi in Patients with Medical Expulsive Therapy : A Prospective, Observational Study

Viswas M R, Kaushal D, Biswas M, Madhavan K, Abhineeth K P

All India Institute of Medical Sciences, Bhopal

Introduction : Urolithiasis is a highly prevalent disease worldwide and medical expulsive therapy is the preferred treatment in uncomplicated ureteric calculi <10mm. We aimed to identify the CT related and lab parameters in predicting spontaneous passage of ureteric calculi.

Methods: Patients presenting to the ER or OPD from October 2021 to June 2022 with solitary unilateral ureteral calculi <10mm in size confirmed on NCCT and managed conservatively were followed for stone passage at 1 month. CT variables analyzed included: Stone factors [location, size, volume, Hounsfield unit density (HUD)], impaction factors [ureteral HUD above and below the stone, maximal ureteral wall thickness (UWT) at the stone site and ureteral diameter above and below the stone]. Laboratory parameter analyzed was neutrophil to lymphocyte ratio(NLR).

Results: 40 patients met study inclusion criteria, of whom 27 (67.5%) passed the stone without further intervention. Patients with successful passage were more likely to have smaller LSD ($p<0.01$) and located in the distal ureter ($p<0.01$). Lower UWT ($p<0.001$) and lower ureteral diameter above the stone ($p<0.036$), no hydronephrosis ($p<0.04$) and higher NLR ($P<0.04$) were associated with successful passage. On multivariable logistic regression analysis, only UWT at the stone site was a significant independent predictor of stone passage outcome ($p<0.001$) with 88.8% sensitivity and 76.9% specificity.

Conclusion: Ureteral wall thickness, ureter diameter above the stone, logitudinal stone diameter, location and neutrophil lymphocyte ratio are the best predictors of spontaneous passage of ureteric calculi. Hence, proper selection of patients for MET can further improve its outcome.

Podium Session 22

POD 22-145

Early Predictors of SIRS in Patients Undergoing Pcnl

K Sricharan Raj, Arun Chawla, Saurabh Reddy B

Kasturba Medical College, Manipal

Introduction& Objectives:Post PCNL infections and sepsis are the most common and concerning procedure complications. Risk factors of sepsis include stone burden, infectious stone, the number of tracts, preoperative positive urine culture, leukopenia, creatinine, and operation time. This study has included multiple factors preoperatively and intraoperatively to establish a model to predict SIRS.

Materials & methods:A prospective study was carried out between September 2020 and March 2022, including patients who underwent PCNL at our hospital. CBC,serum procalcitonin levels, RBS, urine examination, RFT, ultrasound KUB, X-ray KUB/NCCT KUB/ CT urogram were all performed on patients who were chosen for the research. The patient was followed for SIRS and sepsis in the post-operative period. Patients who developed any two or above of the following in the post-operative period were considered to have developed SIRS. (1) Temperature $>100.4^{\circ}\text{F}$ (38°C) or $<96.8^{\circ}\text{F}$ (36°C). (2) Pulse rate $>90/\text{min}$. (3) Respiratory rate $>20/\text{min}$. (4) White blood cell count $>12,000/\text{ml}$ or $<4000/\text{ml}$.

Results & Observations:A total of 139 patients who had undergone PCNL were included in the study. 33 patients had SIRS accounting for 23.74 % of the total cases. Using the T-test, Chi-square test, and Fisher Exact test, the selected 19 factors were analysed, of which ten factors were significantly associated with SIRS. A nomogram prediction model was created based on this multifactorial analysis to determine the prediction of SIRS following PCNL.

Conclusions:Patients with the above-identified risk factors must be aggressively treated to prevent the occurrence of sepsis postoperatively.

POD 22-146

Impact of Tamsulosin, Tolterodine and Drug-Combination on the Outcomes of Lower Urinary Tract Symptoms Secondary to Post- Ureteral Stent: A Prospective Comparative Clinical Study

Mohammed Shahid Ali, Anand Patil, Athisha, Akshay, Deepak Dubey
Manipal Hospitals, Bangalore

Stent related symptoms cause morbidity and affect their daily routine. We conducted a comparative study to evaluate the effect of alpha-1 antagonist , anti-cholinergic and the combination of both on stent related discomfort utilising the only validate USSQ - ureteral stent symptom questionnaire . 220 patients for management of renal ureteric stones were included. This study was a prospective, comparative study. patients were randomized using sealed envelope sequence into three groups which received tamsulosin 0.4 mg/day alone (Group 1), tolterodine 4mg/day (Group 2) one which received tamsulosin 0.4mg/day + tolterodine 4mg/day (Group 3).Evaluation after stenting on day 0 ,day 14 was done followed by comparison.Data was analyzed using SPSS 22 version software

Results:Mean USSQ total score at Day 0 was (53.38 ± 6.10), (53.22 ± 6.05), (53.83 ± 5.54) respectively($p=0.968$). There was a significant improvement in USSQ score in the urinary score and pain score and general health domains among the groups.).Mean change in Urinary score was -13.24% in Tamsulosin group, -13.98% in Toloterodine group and -34.81% in Tamsulosin + Toloterodine group. Mean change in Pain Score was 0.62% in Tamsulosin group, -6.45% in Toloterodine group and -15.01% in Tamsulosin + Toloterodine group. Mean change in GHS Score was -9.03% in Tamsulosin group, -6.94% in Toloterodine group and -13.31% in Tamsulosin + Toloterodine group. There was no significant difference in percentage change in GHS score at day 15.There was significant improvement in the USSQ score with combination therapy .

POD 22-147

A Cross-Sectional Study on the Role of Posterior Acoustic Shadow Width in Ultrasound in Determining the Stone Size in Urolithiasis

Mohamed Javid R, Srikala Prasad T, Sudhakaran S, Senthil Kumar S, Ramesh G, Anandha Kumar I, Prabhu E

Chengalpattu Medical College, Chengalpattu

Introduction & Objective: In comparison with the direct measurement of stone size on ultrasonography (USG), the posterior acoustic shadow (PAS) width is suggested as a more accurate measurement of the stone size in urolithiasis. There are hardly a few studies to substantiate this. So, research was done to study the stone size measured directly in USG and the size of the posterior acoustic shadow width, and to compare these with the stone size measured in Computed Tomography (CT) in urolithiasis patients.

Methods: 100 urolithiasis patients in whom CT and USG were done one day apart were studied and the PAS width was compared to USG and CT stone sizes.

Results: The Average stone size was 15.90 +/- 5.08 mm on CT, 18.66 +/- 5.38 mm on USG, and 16.65 +/- 5.13 mm by PAS shadow width. The mean difference between CT Size and USG Size was 2.67 +/- 1.5 mm and SE was 0.860 (P = 0.0016). Hence the overestimation of the stone size by USG in comparison with CT was statistically significant. In contrast, the Mean difference between CT Size and PAS Size was 0.75 +/- 0.8 mm and SE was 0.839, which was not statistically significant (P = 0.3686). Also, the miscalculation of stone size by USG was 33.76% whereas it was 12.1% in PAS.

Conclusions: USG overestimates stone size in comparison to CT. The measurement of the posterior acoustic shadow width gives a more accurate estimation of the true stone size than direct stone measurement in USG.

POD 22-148

Comparison Of Outcomes Of Robot Assisted And 3d Laparoscopic Radical Cystectomy In Carcinoma Bladder

Goel A, Kumar A, Yadav S, Prashanth Y M

Vardhman Mahavir Medical College And Safdarjung Hospital, New Delhi

Introduction And Objective: The study compared the trilecta rate (Negative margin, Lymph node yield of 16, and absence of Grade III -V complication within 90 days of surgery), operative time and perioperative morbidity between RARC and 3D Lap Radical Cystectomy.

Methods: Prospective comparative Study was performed in Department of Urology. 60 patients who met the inclusion criteria were randomized (30 in each group). 16 patients in RARC group underwent Extracorporeal IC(EIC), 10 patients - Intracorporeal IC(IIC) and 4 patients had Orthotopic Neobladder (ONB).

Results: There was no significant difference in the Trilecta rate of the two groups(73.3 % in LRC vs 76.6 % in RARC, p value 0.76). The Lymph node yield of 16 or more was found in 25(83.3%) patients of 3D Laparoscopy and 26(86.7%) patients of RARC. High grade complications were seen in 3(10%) patients in LRC vs 4(13.3%) in RARC (3 patients with EIC and 1 patient with ONB). There was significant difference in operating time (294 min.in LRC vs 271.9 min in RARC+EIC and 259.3 min in RARC+IIC, p value <0.0001) and intraoperative blood loss (206 ml in LRC vs 151 ml in RARC+IIC, p=0.0090). No significant difference in postoperative hospital stay was found (7.9days in LRC vs 8.4days in RARC+EIC; 7.1 days in RARC+IIC and 11 days in RARC+ONB)

Conclusion: There was no significant difference in the trifecta rate of 3D laparoscopic radical cystectomy and RARC however there was significant less operating time and intraoperative blood loss in RARC group.

POD 22-149

Role of Neoadjuvant therapy in patients with locally advanced Prostate Cancer undergoing RARP

Kandhari Pawan, Sharma H, Joshi BM, Chaturvedi S, Maheshwari R, Kumar A

Max Superspeciality Hospital, Saket

Introduction : Our study aims to investigate the effect of neoadjuvant hormone therapy (NAHT) on oncological outcome and perioperative challenges in patients with locally advanced prostate cancer (LAPC) treated with Robotic radical prostatectomy in Indian patients.

Materials and methods : We conducted a retrospective non-randomized study on patients with locally advanced prostate carcinoma. We identified 40 patients who received neoadjuvant hormone therapy before undergoing Robotic Assisted Radical Prostatectomy (RARP) and bilateral Pelvic Lymph Node Dissection (PLND) and they were retrospectively reviewed between March 2016 and March 2020

Results : Biochemical recurrence was found in 8 of 40 patients (20%) and the median time to BCR was 9.2 month. The median PSA level at the time of BCR was 0.7 Out of these, 5 received ADT and SRT as adjuvant treatment, while 3 received only ADT. The remaining 32 patients (80%) remained free of BCR during the duration of follow up. Adjuvant treatment was required in 20 out of 40 patients (50%). Clinical recurrence free survival rates at the end of 24 months were 98%. At the end of 1, 3, 6 and 12 months the continent rates were 55%, 65%, 80% and 87.5% and the median time to continence was 2.5 months. Amongst the sexually active patients, the return to potency was noticed in 63.15% of patients.

Conclusion : Neoadjuvant hormonal therapy before robotic assisted radical prostatectomy is a feasible treatment option for patients with locally advanced cancer prostate with acceptable oncological and biochemical outcomes

POD 22-150

The Urological Society of India Survey on Practice Patterns of Female Voiding Dysfunction

Karmungikar S, Vasudeva P, Yadav S,

Varddhaman Mahavir Medical College & Safdarjung Hospital, New Delhi

Introduction: We report the findings of a survey conducted to ascertain practice patterns of members of the Urological Society of India (USI) with regard to diagnosis and management of female voiding dysfunction (FVD).

Methods: A19-question survey was conducted on the SurveyMonkey[®] platform from December 17, 2019 to January 9, 2020. Questions included demographic details of respondents and policies regarding evaluation and treatment of FVD.

Results: 1278 of the 2649 qualified urologists of USI responded (48.2%). 1090 valid responses were included in the final analysis. While the majority of the respondents opted to check post void residual urine and 2/3rd ordered uroflowmetry in patients presenting with history of poor flow and/or incomplete emptying of urine, 38.6% and 45.7% of the respondents did not consider invasive urodynamics and

cystoscopy, respectively, to be appropriate investigations in these patients. 29.6% were comfortable in dilating the urethra of female patients based on obstructive symptoms alone. 60% of respondents had performed at least one of the specialised surgical procedures for FVD.

Conclusion: Most Indian urologists treat FVD with 60% having at least some experience with surgical interventions. However, this survey revealed considerable heterogeneity and identified critical lacunae in the practice of FVD by Indian urologists. Inappropriate evaluation and management practices are surprisingly common. Findings of this survey could be useful in designing appropriate training programs for practitioners

Podium Session 23

POD 23-151

An Observational Study of The Effect of the use of Air for Pyelogram During PCNL. Air Embolism: Reality or Myth?

Mahakshit Bhat, Nisar Ahmed, Lokesh Sharma, Sharankumar Jabshetty, Hari Ram, Rajeev Mathur, Ram Gopal Yadav

NIMS Medical College, Jaipur

Background: Initial access during PCNL is achieved with the help of pyelogram using contrast media. Air is also used to delineate posterior calyx or purely air pyelogram may also be used as a guide. Many surgeons use only Contrast material (Urografin) for fear of complications induced by the use of air. We undertook this observational study to find out the incidence of air pyelogram related complications.

Methods: We operated 521 cases of PCNL from August 2015 to August 2018. After RGU of the patients in supine position, the patient was turned prone, and calyceal puncture was done under fluoroscopic guidance. The contrast used was iopanoic acid and air or only air. The patients were evaluated regarding the complications and postoperative course.

Results: We encountered no cases of air embolism and no mortality was observed. NO cases of major vessel injury were seen. Complications occurred in 122 (23.4%) patients; peri-operative bleeding in 58 (11.13%), late bleeding in 2(0.01%), fever in 48 (9.21%), colon perforation in 1 (0.2%), hydrothorax in 10(1.19%) minor pneumothorax in 2 (0.6%), and hemothorax in 1 (0.4%) subjects.

Conclusion: The administration of air as a contrast does not affect the complication rates of PCNL and poses distinct advantages such as low cost and better delineation of dependent calyces. In more than five hundred cases of PCNL in which air was used we observed no evidence of air embolism.

POD 23-152

A Prospective RCT of Efficacy of Trilogy Vs Shockpulse in Miniperc

Pavan Surwase, Anshul Aggarwal, Ahijit Patil, Abhishek Singh, Arvind Ganpule, Ravindra Sabnis, Mahesh Desai

Muljibhai Patel Urological Hospital

Introduction: Improving stone clearance efficiency in MiniPCNL is the need of hour. There are many novel intracorporeal Lithotripters that are miniaturized for use in MiniPCNL. We aim to compare the efficiency of two novel lithotripters: Trilogy and ShockPulse-SE, which is not available in the current literature.

Methods: This is a prospective RCT between September 2021 till present. We performed mini-PCNL for renal calculi 1.5 -2.5 cm using SWISS LITHOCLAST® TRILOGY(EMS, Switzerland) or ShockPulse-SE (Olympus, Japan). Preoperative demographic parameters- age, sex, stone location, stone volume and density were measured. We used 12 Fr MiniPCNL nephroscope with 15 Fr sheath across all patients. Primary endpoint was stone fragmentation rate, defined as stone volume per stone disintegration time. Secondary endpoints were stone-free rates at one month, hemoglobin drop, postoperative complications and pain score.

Results: There were two arms- Trilogy(n=20) and ShockPulse(n=20). Both groups were comparable in terms of stone size(p=0.89), volume(p=0.41) and density(p=0.16). Stone disintegration time(10.13 ± 6.82 v/ 11.81 ± 13.01 min, p=0.70), stone fragmentation rate(0.26 ± 0.15 v/ 0.22 ± 0.14 , p=0.49) and total operative time(25.32 ± 16.78 v/ 28.75 ± 16.59 , p=0.62) was comparable in both the arms. There was complete stone clearance at 1month. There was no device malfunction in either of the arms. Pain score at postoperative 6(p=0.41), 12(p=0.64) and 24 hours(p=0.92) was comparable in both the arms.

Conclusion: Both the energy sources- Trilogy and ShockPulse are equivalent in terms of stone fragmentation rate. They have comparable efficiency, stone-free rates, postoperative pain, and safety in stone clearance in MiniPCNL

POD 23-153

High Power Holmium Laser in the Treatment of Renal Stones - A Comparative Study with Low Power

Vikram J, Natarajan K, Chandru T, Neelakandan R

Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai

Introduction : Flexible URS is commonly used treatments for Renal stones. The usual power settings for the holmium lasers are less than 20 watts. The outcomes of using a high power laser for Renal stone clearance is uncommonly used. We compared a high power setting with already established low power setting during Flexi URS

Methods : 200 pts who underwent Flexi URS between February 2021 and February 2022 were studied. The patients were divided into 2 groups according to laser power settings. Group 1 used 20 Watts power and Group 2 used 60 Watts power. Outcomes such as duration of procedure, Stone free rates and complications like Hematuria and Sepsis were studied

Results : Overall 200 pts were evaluated. The difference in the stone free rates and complications were insignificant between the 2 groups. After final analysis the group that used high power laser completed the procedure significantly faster compared with the group that used low power laser

Conclusion : The high power laser at 60 watts is a safe and effective modality for active treatment of renal stones. In comparison with the low power settings it resulted in significantly faster procedures.

POD 23-154

Supine Versus Prone PCNL: Single Centre Experience

Singh Suresh, Agarwal Rajesh, Agarwal Sandeep, Dani Tushar

DKPGI, Raipur

Objectives: To compare operative times, safety, and effectiveness of percutaneous nephrolithotomy in the supine versus the prone position.

Materials and methods: An observational study of 150 patients was conducted in our institution for 2 years from 2019 to 2021 divided into 2 groups: 75 patients underwent modified supine percutaneous nephrolithotomy (PCNL) and 75 patients underwent standard prone PCNL.

Results: The 2 groups were comparable in mean age, male to female ratio, calculus size, number of punctures, residual calculi, and postoperative fever and pain. The mean difference of hemoglobin in the supine PCNL group was 0.30 g/dL whereas in the prone PCNL group it was 0.55 g/dL. The p value was significant at 0.043. The mean time to finish from initial position was 62.14 minutes in supine PCNL and 78.02 minutes in prone PCNL. The p value was significant ($p < 0.001$). The mean time before puncture was 18.02 minutes in the supine position and 28.64 minutes in the prone position. The p value was significant ($p < 0.001$). The mean time from puncture to finish was 46.12 minutes in the supine position and 51.18 minutes in the prone position. The p value was significant ($p < 0.001$).

Conclusions: As observed from this study, supine PCNL is associated with a significantly reduced operating time when compared to conventional prone position PCNL procedures. Hence, the supine PCNL is an equally effective modality for treatment of a renal calculus with benefits of simultaneous retrograde access and less operative time compared to the prone PCNL.

POD 23-155

Use of Intravenous Hydration during Extracorporeal Shock Wave Lithotripsy for Ureteral Stone Management

Pradeep Nayak, Nayak P, Pal H, Shankar R, Kumar S, Singh Y, Trivedi S
IMS BHU Varanasi

Objective: We aimed to evaluate the impact of intravenous hydration during shock wave lithotripsy on stone treatment success rate in patients with ureteral stones.

Methods : Ureteral Stones <1.5cm in diameter treated with ESWL were included patients were divided into group A and B. Patients from group A received intravenous hydration with 500 mL of 0.9% NS during ESWL, and group B ESWL by standard method. We assessed age, sex, body mass index, stone size, laterality, location, skin-to-stone distance (SSD), Hounsfield unit, and the presence hydronephrosis.

Results : 153 consecutive patients were included in study. Eighty (52.2%) patients received intravenous hydration during the operation. At the 4-week postoperative follow-up, the stone treatment success rate was 90 % in patients who received intraoperative hydration and 68.5% in those who did not.

In the univariate analysis, age, sex, BMI, laterality, location, and HU were not significantly different in terms of outcome of ESWL. The mean stone size in the success and failure in group A ($p = 0.001$) and group B ($p = 0.001$), mean SSD in the success and failure in group A ($p = 0.043$) and group B ($p = 0.013$) and hydronephrosis and Intraoperative hydration showed statistically significant differences in terms of outcome of ESWL. On multivariate analysis, the ureteral stone size and intravenous hydration during SWL remained significantly predictive of stone treatment success status after ESWL.

Conclusion: Besides small ureteral stone size, concomitant intravenous hydration with 500 mL of normal saline during extracorporeal shock wave lithotripsy was significantly associated with subsequent stone passage.

POD 23-156

Results of Percutaneous Nephrolithotomy in Congenital Malrotation and Fusional Abnormalities of Kidney: Our Institutional Experience

Rohan Shankar, Shankar R, Prajapati S, Nayak P, Shankar H, Singh Y, Trivedi S
IMS BHU, Varanasi

Background: Percutaneous nephrolithotomy (PCNL) in horseshoe kidney and malrotation kidney is challenging for fear of inaccessibility, vascular, colonic, and splanchnic injury.

Objective: To study results of percutaneous nephrolithotomy in kidney with malrotation, ectopic and fusional abnormalities

Subjects And Methods: We report PCNL From April 2016 to June 2021 in 48 patients with congenital malrotation and fusional abnormalities in kidney out of which 26 with horseshoe kidneys and 20 with congenital malrotation and 2 patients with ectopic pelvic kidneys were included. Both the ectopic pelvic kidney underwent laparoscopy assisted percutaneous nephrolithotomy in supine position. In rest of the cases, procedure was performed in one session in prone position. Upper calyceal subcostal access was done in 44 kidneys under fluoroscopic guidance with modified PCNL techniques

Results : Complete stone clearance was achieved in 44 patients (92.6%) after single session of PCNL. 4 patients treated subsequently with eswl for residual stone also became stone free, achieving complete final stone-free status (100%). 3 patients had more than one tract creation. Mean stone size was 22.03+/- 10.33 mm, hospital stay was 3.2 days (range 3-5 days), mean operative time was 67.22+/- 7.63 minutes. Three patients required postoperative blood transfusion. No incidence of bowel, vascular, and splanchnic injury was recorded.

Conclusion: Percutaneous nephrolithotomy (PCNL) in congenital malrotation and fusional abnormalities in kidney is effective and a safe method, with high clearance rate and minimal complications in which only a minor modified technique is needed and demanding firm resolve and mandatory surgical skill .

Podium Session 24

POD 24-157

Comparative Outcomes of Dorsal Onlay Graft Urethroplasty Using Preputial Skin Flap or Buccal Mucosa Free Grafts in The Repair of Adult Anterior Urethral Strictures .

Kumar N, K Rajesh, Ahmad A, Upadhyay R, Mahmood K, R Nikhil
IGIMS, Patna

Introduction and Objective: In the urethral reconstructive surgery, superiority of one approach over another is not yet defined. Objective of this study is to compare the outcomes of dorsal onlay graft urethroplasty using Preputial skin flap (PSF) or buccal mucosa free grafts (BMG) in the repair of adult anterior urethral strictures.

Methods: This is a prospective randomized study of two groups of patient, BMG -urethroplasty group and PSF-urethroplasty group. Preoperative uroflowmetry, IPSS score and IIEF-score in both groups were noted and compared with post-operative uroflowmetry and IPSS-score and IIEF-score at three months. Two groups are being further followed for their outcomes at six, twelfth and eighteenth months.

Inclusion criteria: Adult male patients with anterior urethral strictures of inflammatory, iatrogenic, and idiopathic cause.

Exclusion criteria: Patients having Balanitis xerotica obliterans, more than one urethral dilation/internal urethrotomy or urethroplasty were excluded from the study

Result: we performed 10 cases of BMG-urethroplasty and PSF-urethroplasty each after approval from ethical committee. Increase in Qmax are 14.40 \bar{A} , \hat{A} \pm 3.03 (P<.0001) and 15.50 \bar{A} , \hat{A} \pm 2.98 (P<.0001) in PSF and BMG respectively. Inter-group Qmax improvement is not significant (P=0.4230). Decrease in IPSS are 18.20 \bar{A} , \hat{A} \pm 4.82 (P<.0001) and 17.60 \bar{A} , \hat{A} \pm 3.35 (P<.0001) respectively. Inter- group decrease in IPSS is not significant (P=0.5967). Mean decrease in IIEF-score in PSF group is significant (6.5 \bar{A} , \hat{A} \pm 5.85, P=0.03) but mean increase in IIEF is not significant (0.6 \bar{A} , \hat{A} \pm 4.93)in BMG group. Inter group IIEF-score difference is significant (P=0.0247)

Conclusion: Both techniques of urethroplasty are comparable in terms of their final outcome. However sexual function is more in favour of BMG-urethroplasty.

POD 24-158

An observational prospective single centre study to explore the impact of EAU intraoperative adverse incident classification system on the outcome of laparoscopic urologic surgeries

Akhbar salim, P Ghosh, R Khera, R Ahlawat

Medanta Medicity, Gurgaon

An adverse event during intra operative period can cause adverse post operative outcome, however, in contrast to post operative complications, valid standardised instrument is lacking for grading or stratifying intra operative adverse incidents. Our study was conducted in accordance with our hospital ethical committee requirements. All patients undergoing laparoscopic procedures in our department during study period were included in the study excluding the robot assisted procedures. Essential preoperative data was recorded from each patient. Intra operative adverse events were recorded and graded using European association of Urology intraoperative Adverse Incident Classification (EAUiaiC) and post operative complications up to 1 month were recorded and graded using Modified Clavien dindo scale. Donor nephrectomies accounted for 67% of the totals surgeries included in the study, followed by radical nephrectomies (12.6%) and simple nephrectomies(7%). 256 (89.8%) patients had IAI grade – 0, 15 (5.3%) patients of IAI Grade – I, 2 (0.7%) patients of IAI Grade – II, 8 (0.7%) patients of IAI Grade – III, 3 (1.1%) patients of IAI Grade – IVA and one patient had IAI Grade – IVB. High grade IAI was significantly related to the development of high grade PostC. Our study is the first study to explore the impact of Intra operative adverse incidents grading system on the outcome of laparoscopic urologic surgeries. EAU IAI classification system is an efficient system and should be utilised for intra operative incident recording.

POD 24-159

A Pilot Study to Evaluate the Pattern of Resection Techniques During Robot Assisted Partial Nephrectomy and their Impact on Perioperative and Oncological Outcomes

Pratik Garg, V. Rai, A. Bansal, R. Kaushal, R. Maheshwari, S. Chaturvedi, A. Kumar
Max Superspeciality Hospital, Saket, New Delhi

Introduction: The purpose of partial nephrectomy(PN) is to remove the tumor with negative margins, maximizing renal function preservation with low perioperative morbidity. The resection technique is key determinant of these outcomes.

Material and Methods: Between August 2020 and November 2021, data was prospectively collected from 30 patients undergoing robotic assisted partial nephrectomy(RAPN) for cT1N0M0 renal masses. After PN, the resection technique was classified as Enucleation, Enucleoresection or Resection according to SIB score. The score specific areas(SSA) were marked with suture and sectioned for histological evaluation. The pathologists remained blinded of SIB score and evaluated the margin of all three areas microscopically and measured the parenchyma covering each SSA. At the study's end, SIB scores by surgeon and pathologist were compared. Operative time, warm ischemia time, hospitalization time, postoperative surgical complications and histopathological outcomes like capsular breach, positive surgical margins were reported.

Results: According to SIB nomenclature, enucleation was done for 9(30%), Enucleoresection for 15(50%), and Resection for 6(20%) patients. Positive surgical margin was not seen. Tumor complexity and resection technique were significant predictors of Clavien-Dindo grade 2 or greater surgical complications. The resection technique and warm ischemia time were significantly associated with postoperative acute kidney injury and Trifecta achievement.

Conclusions: The visual description of surgical plane followed during PN according to SIB system relates to microscopic thickness of healthy parenchyma covering the tumor. The SIB system can correctly discriminate among different Resection techniques. Resection techniques significantly impact surgical complications, early functional outcomes after partial nephrectomy for localized renal masses.

POD 24-160

Corelation between Vascular Calcification and Urolithiasis Amongs Non-Diabetic Young Kidney Stone Former and its Association with types of Stones

Amit Ranjan, P. K. Bagchi, M. Phukan, D. Sarma, P. K. D. Phukan, S. K. Barua
Gauhati Medical College,Guwahati

Introduction: As per recent studies, an association between nephrolithiasis and cardiovascular disease present, due to unknown cause. The hypothesis of study is that VC is common in young nondiabetic KSFs and mostly associated by calcium types of stones. Aims is (1) whether KSFs in young nondiabetic patient have more VC and (2) whether calcium stones confirm on stone analysis is related to VC in KSFs.

Methods: A matched case-control study that KSFs attending in Department of Urology from 2021 to 2022. Age and sex-matched stone formers without vascular calcification on CT were drawn. A total of 109 patients were investigated, of which 39 were KSFs with vascular calcification and 70 were KSAs without VS. AAC was assessed using computed tomography imaging and the type of stone assed by stone analysis.

The prevalence, severity and associations of AAC between calcium KSFs with VC and KSFs without VC were compared.

Results: Mean age was 32 years in non-diabetic calcium KSFs with VC and 28 in KSFs without VC. Men represented 35% and 65% of calcium KSFs with VC and KSFs without VC, respectively. A multivariate model adjusted for age, sex, high BP, diabetes, smoking status, and eGFR confirmed that calcium KSFs have higher AAC compared with other stone formers.

Conclusions: This study shows that young nondiabetic patients with calcium kidney stones suffer from significantly higher degrees of aortic calcification than age- and sex-matched other stone formers, suggesting that VC may be an underlying mechanism explaining reported associations between nephrolithiasis.

POD 24-161

Study of Low Dose (60mg) Intravesical BCG for Intermediate and High Risk Non-Muscle Invasive Bladder Cancer (NMIBC).

Sataprakash, Amit Kumar shah

AHRR

Introduction and objective - BCG is considered the most effective therapy for carcinoma in situ (CIS) and superficial cancer of bladder. Toxicity and high costs of BCG are disadvantages. Bladder cancer represents the most expensive malignancy to manage in patients who are at high risk of recurrence. Reducing the medical costs for NMIBC patients has surely become a tough task for all the urologists. Asian population have high adverse effect in usual dose of BCG. Hence we designed to study the efficacy of BCG at dose of 60 mg while adhering to the recommended protocol.

Methods- From January 2021 to June 2022, 35 patients (completed the study) with intermediate risk NMIBC or high risk NMIBC were given 60mg intravesical BCG. Follow up protocol was as per the recommended guidelines. Results were compared with available literature.

Results- All patients were evaluated and follow-up as per recommended guideline. There was no significant difference in recurrence rate (08 patients, 22.8%) and no difference in progression rate of the disease (at 3 patients, 8.5%). There were significant differences in toxicity (grade 1 adverse events, 55%). Grade 2 and 3 adverse events were not reported.

Conclusion -The low dose (60mg) of intravesical BCG instillation can reduce the toxicity and side effects that are associated with the treatment of superficial bladder cancer, without affecting the efficacy of therapy.

POD 24-162

A Need for City based Pathogen Studies and Antibiograms for Rational use of Antibiotics in UTI.

Talwadkar N. B., Kamat S. M., Mandrekar P. T. N., Lawande P. R., Patankar R., Chari P. D., Anirudh A.
Goa Medical College, Bambolim-Goa

Introduction:Antimicrobial resistance is an urgent public health threat, and antibiograms are critical tools for identifying and combating the spread of drug-resistant organisms. Antibiograms summarize data

about resistance patterns for selected pathogens. Our aim was to describe and interpret city based pathogens and antibiograms to guide for rational use of antibiotics and to monitor the trends of antimicrobial resistance (AMR) patterns.

Methods: 1747 positive urine cultures were studied over a period of three years (January 2019 to December 2021). The cultures were divided year wise and subdivided into community based infections(CBI) and Hospital based infections(HBI). Among all positive cultures, year wise 4 common organisms were studied in CBI and HBI groups. Commonly used antibiotics were identified in order of preference for each group. Further comparisons was done to study change in organisms and their sensitivity patterns.

Results: The predominant pathogens causing UTI were E.Coli(39.4%), Klebsiella(34.2 %), Pseudomonas(14.2%), Proteus(8.6%). Among the HBI group incidence of pseudomonas increased to 26.9% compared to 8.5% in CBI group. Over the 3 years, incidence of UTIs due to Klebsiella increased from 24.5% in 2019 to 37.8% in 2021 and E.coli decreased from 53.9% to 33.7%. Resistance to Cefixime increased significantly among all common organisms and for E.Coli from 35.5 % in 2019 to 64% in 2020. Levofloxacin and amikacin did not show such trend.

Conclusion: City based pathogen studies and antibiograms are necessary to understand the prevalent pathogens in the area and to choose an appropriate evidence based antibiotic while waiting for an individual urine culture and sensitivity report.

POD 24-163

The Safety and Effectiveness of Laparoscopy Pyelolithotomy in Ectopic Pelvic Kidneys with Renal Calculi
Jigardeep Singh, SN Sankhwar, Apul Goel, V Singh, BP Singh, Manoj Kumar, Vivek Kr Singh
King George's Medical University, Lucknow

Introduction: The abnormally located kidney in the pelvis is a rare congenital anomaly. These ectopic pelvic kidneys are more prone to developing renal stones as there is urine stasis because of renal pelvis position, altered ureteral course, and malrotation of the kidney. Our study reviews the safety and effectiveness of laparoscopy pyelolithotomy in ectopic pelvic kidneys with renal calculi.

Materials and Methods: A total of 15 patients of the ectopic pelvic kidney with nephrolithiasis underwent laparoscopic pyelolithotomy, which was enrolled for the study. The kidney was exposed either by mobilizing bowel or by trans mesenteric approach. An incision was given over the renal pelvis followed by extraction of stones using laparoscopic forceps. After placing a double J stent, the renal pelvis incision was closed. The procedure was completed, after placing the intraperitoneal drain.

Results: The transperitoneal laparoscopic pyelolithotomy was performed in a total of 15 patients with pelvic kidneys (10 men and 5 women). Among these patients, nine were having left-sided stones while the remaining six were having right-sided stones. All surgeries were performed successfully without the need of converting to open surgery or any significant intraoperative complications. In our study, the stone-free rate was 100% (reached 93.3%, immediately after the procedure and reached 100% after one session of Extracorporeal Shock Wave Lithotripsy (ESWL)).

Conclusion: Laparoscopic pyelolithotomy is a feasible and conceivable treatment option for large and multiple stones in the ectopic pelvic kidney. It is associated with a high stone-free rate without any significant complications.

Video Session 1

VID 01-01

Laparoscopic Partial Nephrectomy in Hilar Tumour: Point of Technique

Kishlaya Atharwa, Debanga Sarma, Puskal Kumar Bagchi, Mandeep Phukan, Pranjit Kumar Dhekial Phukan, Sasanka Kumar Barua,

Gauhati Medical College, Guwahati

Introduction and objective: Renal cell carcinoma (RCC) is the most common malignancy of the kidney and accounts for approximately 3% of adult cancers, Laparoscopic partial nephrectomy (LPN) is the standard of care for clinical T1 renal tumours and can be technically difficult to perform with a steep learning curve. The critical steps during LPN include renal pedicle exposure identification of the renal tumor, marking, complete excision, and renorrhaphy. Partial nephrectomy/ nephron-sparing surgery has the same oncological outcomes as in the radical nephrectomy.

Methods: Patients were evaluated with CT IVU. Proper radiological TNM staging was performed and the patient also underwent calculation of RENAL score to ensure the feasibility of partial nephrectomy. Patients underwent laparoscopic partial nephrectomy after proper preoperative work up and proper counselling regarding the procedure and possible outcomes.

Result: operating time was less than 2 hours in all the cases. Patients were discharged on postoperative day 3 and post operative events were uneventful. Histopathological reports came out to be clear cell carcinoma with negative surgical margins.

Conclusion : Minimally invasive partial nephrectomy is becoming the standard of care for most small renal masses. Multiple studies have shown that minimally invasive partial nephrectomies do not have worse complications, positive margins, or oncologic outcomes compared to open partial nephrectomies, and they offer faster recovery and decreased postoperative pain.

VID 01-02

Pelvic Lymph Node Dissection in Laparoscopic Radical Cystectomy and Management of Ureteric Injury

Gaur Abhay Singh, Santosh Kumaraswamy, Gorrepati Rohith, Sahoo Suman, Das Manoj Kumar, Tripathy Sambit, Nayak Prasant

AIIMS Bhubaneswar

Introduction: Given the severe complications, like intraoperative external iliac vein and obturator nerve injury or postoperative complications like lymphocele, lymphorrhoea, lower limb edema, deep venous thrombosis, pulmonary embolism, and delayed wound healing, pelvic lymph node dissection was underutilized. We present our experience with encountered complications during pelvic lymph node dissection and video demonstration of laparoscopic management of a ureteric injury.

Methods: Since January 2019, we have completed 64 bilateral extended pelvic lymph node dissections during radical cystectomy. Only “Harmonic ultrasonic shear was used for dissection. Clips or sutures were not used.

Results: All procedures were completed laparoscopically except one in which bulky lymph nodes stuck to the external iliac vein could not be removed. Intraoperative complications were injury to ureter (n=1) and external iliac vein(n=1). Injury to the ureter was managed laparoscopically. Postoperative complications were lymphorrhea (drain output more than 500ml after day five of surgery) (n=2) and lower limb edema (n=4).

Conclusion: Laparoscopic Extended pelvic lymph node dissection is a safe procedure. The perceived high rate of complications seen in open surgery is not similar in the era of minimally invasive surgery. Complications, if they occur, can be managed laparoscopically in most cases.

VID 01-03

Laparoscopic Radical Nephrectomy for Rcc with Level1 Thrombus

Avijit Kumar,

Regency Renal Science Centre Kanpur

Abstract:

Introduction And Objective: Venous involvement develops in 5% to 10% of patients with renal cell carcinoma and is generally considered a relative contraindication to laparoscopic radical nephrectomy. I would present a case of laparoscopic right radical nephrectomy done for a patient with level 1 thrombus managed safely without any complications.

Methods: 67 year old gentleman known case of liver cirrhosis with incidentally detected RCC, after adequate management of ascitis and stabilising hepatic function. patient was taken up for laparoscopic radical nephrectomy(three 10 mm and two 5 mm ports). Intraoperatively tumour thrombus was found to completely occupying the renal vein enlarging it to an extent that clipping was not possible. thus adequate meticulous dissection was done and then vein was tied at the level renal vein entering the vena cava.

Results: Surgery could be completed laparoscopically, operative time was 110min, blood loss was approx 100ml, post operatively patient had prolonged output from drain due to ascitic fluid. discharged with drain in situ on 3rd post operative day. post operative 1 year follow up repeat CT reveals no recurrence.

Conclusions: In carefully selected patients, laparoscopic resection of renal masses with level I renal vein thrombi is feasible. Because of technical considerations that may be identified intraoperatively, early conversion to open nephrectomy should be anticipated.

VID 01-04

Laparoscopic Radical Nephrectomy in Large T2 Tumors - Our Experience

Prasant Nayak, Swarnendu Mandal, Manoj Das, Abhisek Pandey, Santosh K, Abhay Singh Gaur, Rohith G
AIIMS, Bhubaneswar

Introduction: Although traditionally the indications for Laparoscopic extirpative Surgery for RCC included T1 cases, currently with an increase in experience and improvements in the laparoscopic armamentarium, even larger T2 cases are being considered for laparoscopic removal.

Methods: We present our experience with laparoscopy in 63 T2 cases from April 2019 to March 2022, where the maximum size of the tumor exceeded 7cms. Of these, 29 were \geq T2b, where the maximum size was more than 10cms.

Results: Of the 63 cases, we could successfully do laparoscopic removal in 59 cases. 2 of them required the introduction of a hand port and the remaining 2 were converted to open radical nephrectomy.

Blood transfusion of a single unit was required in 4 cases, 2 units in 1 case and a single case needed 4 units of blood. The mean operative time was 189 minutes (93 – 287 minutes).

Stagewise distribution of cases was T2a (34/63), T2b (14/63), T3a (7/63), T3b (5/63), T4 (3/63). Most of the cases were Clear Cell Carcinoma (46/63) and the remaining were pRCC type 1 (7/63) and type 2 pRCC (6/63), chromophobe (3/63), and medullary carcinoma (1/63).

Video: We present the video of a large T2b tumor and demonstrate the following principles in managing such cases: meticulous dissection with adequate hemostasis, identification of planes being facilitated by IVC and Aorta, use of a two-window dissection for hilar dissection, use of intra-operative USG for hilar identification and control.

Conclusion: With experience, it is even feasible to successfully manage large T2 RCC cases with laparoscopy.

VID 01-05

Video Endoscopic Inguinal Lymphadenectomy (Veil) with Saphenous Sparing: Technical Details with Special Emphasis on The Plane of Dissection

Himanshu Raj, Anupam Shukla, Utsav Shah, Aneesh Srivastava, Sanjoy Kumar Sureka
Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Video endoscopic inguinal lymphadenectomy (VEIL) has been popularised for surgical treatment of groin metastasis in penile cancer. We present our experience of VEIL with saphenous sparing technique, highlighting the important surgical steps with special emphasis on the suitable plane of initial entry.

Materials: Between September 2017 and March 2021, VEIL was performed for 8 groins in 5 patients. Markings were done for femoral triangle and port placement. 1-1.5 cm incision was made 2 cm below the apex of the femoral triangle. A plane was developed deep to Scarpa's fascia with balloon insufflations by around 250 ml of air. The dissection was carried out deep into the Scarpa's fascia. Landmarks of dissection were medially the adductor longus muscle, laterally - the Sartorius muscle, superiorly - the external oblique aponeurosis and inguinal ligament, and the inferior margin were the apex of the femoral triangle. The saphenous vein was identified medially and preserved in all cases.

Results: The mean age of our study population was 53.5 years. Mean duration of surgery per groin was 75 minutes (60-110). Mean lymph node yield was 11.5 (8-14) and mean hospital stay was 3.5 days. Four groins had one or more positive lymphnodes. One groin had lymphocele. There was no recurrence with mean follow up of 10.5 months.

Conclusion: VEIL is safe and feasible with satisfactory oncological outcome. Considering very low morbidity and simplicity of procedure it is likely to replace the conventional open ilio-inguinal lymph node dissection as a standard of care.

VID 01-06

Laparoscopic heminephrectomy with Bladder cuff excision in a case of left moiety horse shoe kidney with pelvic mass

Hemant Kumar Goel, Umesh Sharma, Anurag Singla, Ravikant, Supreet

ABVIMS, Dr Ram Manohar Lohiya Hospital, New Delhi

Doing laparoscopic heminephrectomy in HSK is technically demanding, more so in malignant cases with normal isthmus. Two main hindrances for laparoscopic approach in HSK are division of isthmus and dealing multiple vessels. Proper delineation of anatomy and pre-operative planning is important.

Aberrant renal vessels arise from many sources. Apart from IVC, aberrant renal vein may drain into common iliac vein. Any generalization is not possible about HSK vasculature. Exact knowledge of HSK vasculature is imperative to intraoperative surprises and mishap. Three-dimensional CTA is excellent tool to detect renal vascular anomaly.

Dealing of isthmus is Achilles heel of this surgery. Thin fibrous isthmus can be dealt easily with hem-o-lock clip and thick can be dealt with stapplers. The most common device used is endostapler followed by bipolar coagulation, ultrasonic scalpel.

Laparoscopic management of benign or malignant conditions of HSK is technically feasible, safe and effective with excellent outcome.

We hereby demonstrate a challenging case of laparoscopic left heminephroureterectomy in horse shoe kidney with left renal carcinoid tumour.

Video Session 2

VID 02-07

Robotised 3 Dimensional Laparoscopy For Nephron Sparing Surgery - A Novel Approach

Krishnamohan Ramaswamy, Pankaj Bhirud, Harigovind Pothiyedath

Miart (Metormed Institute Of Advance Urology And Renal Transplant) Calicut, Kerala, India

Introduction And Objective: For the treatment of renal tumors, minimally invasive nephron-sparing surgery has become increasingly performed due to proven efficiency and excellent functional and oncological outcomes. We present our surgical technique using robotised 3 dimension laparoscopic approach for nephron sparing surgery.

Methods: Fifty two years old male patient presented with incidentally detected right renal mass. He was evaluated with contrast enhanced ct scan of abdomen and found to have right renal neoplasm features suggestive of renal cell carcinoma. Patient was planned for robotized 3d laparoscopic partial nephrectomy. Four ports transperitoneal approach was made. Partial nephrectomy was done ensuring gross tumour free margin status with robotized scissors. Renorrhaphy done with v-loc continuous suture using robotized needle holder with same features of scissors gave a perfect renorrhaphy and pressure maintenance by haemolock clips. No stent was placed. Kidney was covered with perinephric fat. The

specimen is kept in the bag and retrieved out extending the port incision. Peritoneal toileting done and drain placed.

Results: Operative time was 68 minutes and ischemic time was 24 minutes. Blood loss was minimal. Oral intake was started on post operative day 1 and hospital stay was 4 days. There were no intra-operative and postoperative complications. Histopathology examination revealed clear cell renal cell carcinoma with good oncological clearance.

Conclusions : Robotised 3 dimension laparoscopy is feasible at an affordable cost with good oncological outcome, nephron preservation with maximum comfort to the surgeon and minimal morbidity to patient, allowing lesser ischemic time.

VID 02-08

IVC Injury During Lymphadenectomy For Right Uppert Tract Urothelial Cancer: Video Presentation

Tarigopula Vivek, Gorrepati Rohith, Kumaraswamy Santosh, Pandey Abhishek, Mandal Swarnendu, Tripathy Sambit, Nayak Prasant.

All India Institute of Medical Sciences, Bhubaneswar

Introduction: We present a case of right Upper Tract Urothelial Cancer(UTUC) who underwent completion ureterectomy, bladder cuff excision and Pelvic-Lymphadenectomy (PLND) plus Retroperitoneal-Lymphadenectomy (RPLND). IVC injury during laparoscopic urological procedures is rare.

Methods: A 65-year-female presented with painless-hematuria for two days. She underwent open right radical-nephrectomy seven months back for UTUC involving renal pelvis. Ureteric margin was free on histopathology. On evaluation, she had right ureteric-stump recurrence. Laparoscopic bladder-cuff excision and right PLND+RPLND was planned. A 1x1.5cm globular upper end of the remnant right- ureter was visualized and removed. While performing template-lymphadenectomy, a 5mm IVC injury occurred which was successfully repaired but required conversion to laparotomy following which lymphadenectomy was completed.

Results: IVC injuries were previously successfully managed using direct compression, increased intrabdominal pressure, haemostatic-agents. If unsuccessful, proximal and distal control could be achieved followed by intracorporeal suturing, or conventional open repair. In this case, direct tamponade, haemostatic-agents failed to contain the bleed. Control with side-biting vascular clamp application was not feasible. Laparotomy and conventional vascular repair were successfully performed using prolene 6-0. The patient continues to be asymptomatic at 6 months follow-up. With an experience of 12 laparoscopic RPLND (5 right and 7 left) surgeries, we present our first case where inadvertent IVC injury occurred.

Conclusions: IVC injury can happen during right sided lymphadenectomy and one has to be vigilant. Technical expertise and necessary equipment for vascular repair have to be kept on stand-by before operating such cases.

VID 02-09

Lower Pole (Video 1) And Entire Kidney (Video 2) Showing Color Change After Clipping the Vessels for Laparoscopic Partial Nephrectomy

Mandal Swarnendu, Guar AS, G Rohith, Santosh K, Panday Abhishek, Das K Manoj, Nayak Prasant.

AllIMS, Bhubaneswar

Introduction and Objectives: The renal artery/vessels are clamped during partial nephrectomy. After opening the clamp, the renal parenchyma regains its color. We show one video where the left lower pole became dusky because the vein draining the lower pole had to be clipped to complete the partial nephrectomy. The second video shows a complete color change of the right kidney after the removal of the tumor.

Materials and methods: We have completed 30 laparoscopic partial nephrectomies. All the video recordings were reviewed. We encountered color changes in 2 cases.

Result: The first patient has a left lower polar tumor of 2x2 cm, abutting the lower division of the main renal vein (RENAL Score 8A). Only the artery was clamped (WIT- 22 minutes). For completion of PN, the lower pole vein had to be sacrificed and was clipped for homeostasis. However, soon the lower pole was dusky. It did not improve with time even after decreasing the pneumoperitoneal pressure or after providing 100% oxygen.

The second case had a 4x4 cm right posterior tumor (RENAL SCORE 8P), for which complete flipping of the kidney was done. Mass clamping of the artery and vein was done (WIT- 31 minutes). While performing PN and after completion of PN, the remaining kidney became dusky even after clamp removal and necessitated a completion nephrectomy.

Conclusion; Color changes can occur after clamping the renal vessels. The consent of radical nephrectomy should always be taken during partial nephrectomy to tide over this untoward complication.

VID 02-10

Unforeseen Complications During Laparoscopic Radical Prostatectomy (LRP)

Chandra Mohan V, Panda R, Paidakula R, Swamy SS, Babu M, Ganesan S, Anandan H

Preeti Urology & Kidney Hospital

Introduction & Objective: Laparoscopic Radical prostatectomy (LRP) is well-established treatment for clinically localized prostate cancer. Both Rectal & Ureteral injury are rare potential complications of LRP. However inadvertent injury during prostatectomy will convert the case from clean contaminated to contaminated with the potential sequelae of abscess, fistula, sepsis, and, rarely, death.

Method: Port positioning was done according to standard LRP.

Case 1- During prostatic apical dissection, rectal injury was identified by clear visualization of a rent in it. The operative field was then copiously irrigated. First, the mucosal layers were reapproximated, followed by the outer seromuscular layer with 2-0 vicryl. The vesicourethral anastomosis was then completed with a running double-armed Vloc 3-0 suture. Omentum layer was kept in-between.

Case 2- During Posterior Recto-vesical pouch dissection, left side ureter was injured. Clear urine came out. After bladder dropping, ureter was reimplanted with DJ stenting. Then RLP & Lymph node dissection was done.

Result: Duration of surgery was 5 hrs in Case1, 5hrs 30 mnts in Case2. Case 1 patient was kept NBM for 4days with TPN. After passing motion, Foley's catheter was removed & discharged. In Case 2-Foley was

removed in POD4. In both the cases surgical margin was free. There was no urinary leakage, All cases on follow-up after 3 months, were doing well.

Conclusion: Rectal & ureteric injury during LRP can be associated with significant morbidity. If identified intraoperatively, these can be managed primarily with good outcomes.

VID 02-11

Laparoscopic cortical sparing right adrenalectomy by video presentation in a patient with past history of left adrenalectomy

Sagar Joshi, Pradeep Rao, Jitenra Jagtap

Global hospital, Parel, Mumbai.

Objective: To demonstrate laparoscopic cortical sparing right adrenalectomy by video presentation in a patient with past history of left adrenalectomy.

Methods: Our patient is 21year male, underwent laparoscopic left adrenalectomy for left adrenal pheochromocytoma in 2018. Patient presented with new onset palpitations and hypertension. Plasma free metanephrine level was 3500pg/ml, normetanephrin level was 5030pg/ml. Contrast CT Scan showed heterogenous arterially hyperenhancing lesion in body of right adrenal gland abutting along and mildly indenting the posterior wall of adjacent IVC, consistent with pheochromocytoma. MIBG Scan showed Rt adrenal mass showing increased uptake suggestive of phaeochromocytoma. Patient was preoperatively optimized by using alpha blockade & adequate blood pressure control. Surgery was performed laparoscopically in left lateral position. Adrenal mass was dissected all around sparing the remaining normal adrenal gland and sent for histopathological examination. Histopathology confirmed diagnosis of pheochromocytoma. Post operative period was uneventful.

Results: We were able to safely remove the Rt adrenal mass in this case sparing the rest of normal Rt adrenal gland. Patient recovered well from surgery & didn't require anti-hypertensive medication. Patient was discharged with minimal maintenance dose of steroid which was tapered & stopped after 1 month of follow up. On 6 month follow up, patient is normotensive & free from steroid medication.

Conclusion: Cortical sparing lap adrenalectomy is a safer option for patients with history of unilateral adrenalectomy and diagnosed with contralateral adrenal pheochromocytoma with adequate residual normal adrenal gland tissue. These patient may not require long term corticosteroid replacement & anti-hypertensive medications.

Video Session 3

VID 03-13

Laprosopic Primary Ureterocalicostomy in UPJ obstruction

Naser Patel, R B Nerli, A Pathade

KLE Centenary Charitable Hospital and MRC, Belgaum, Karnataka

Video Presentation

The Anderson-Hynes dismembered pyeloplasty technique is the preferred procedure for the treatment of congenital uretero-pelvic junction obstruction (UPJO) . This procedure has success rate of approximately 95%. However, there are occasions when it may be necessary to consider alternative techniques to achieve reliable drainage, such as recurrent UPJ obstruction, UPJ obstruction associated with anatomical anomalies, notably horseshoe kidney, intrarenal pelvis, low lying lower calyx and traumatic damage to the UPJ or proximal ureter. One such procedure is an ureterocalicostomy (UC) which was first reported by Neuwirt in 1948.

Ureterocalicostomy involves excision of the hydronephrotic lower renal pole parenchyma and anastomosis of the dismembered ureter directly to the lower pole calyx.

A 24 yr old female presented with dull aching left flank pain since 6 months , was diagnosed to have left uretero-pelvic junction obstruction with gross hydronephrosis and thinning of renal parenchyma, CT was suggestive of small intrarenal pelvis with low lying lower calyx , DTPA scan showed a 21% split renal function with impaired drainage pattern , on the affected side.

Kidney was mobilised laproscopically to gain access to lower pole, parenchyma overlying lower calyx was resected. Proximal ureter was spatulated and ureterocalyceal anastomosis was completed over DJ stent. Post Operative period was uneventful.

VID 03-14

Left and right sided Native Horshe-Shoe Shaped Kidney Laparoscopic Nephrectomy with left side port only in a Swap Transplant Recipient, A New Innovative Technique

Nirmit Agrawal, Sujata Patwardhan, Bhushan Patil, Sachin bhujbal, Mayank Agrawal
Seth G S Medical College and KEM Hospital, Mumbai

Left and right sided native horshe-shoe shaped kidney laparoscopic nephrectomy with left side port only in a swap transplant recipient ,a new innovative technique

Case : 16 year old male, thin built, known case of posterior urethral valve with CAKUT on CIC with Post live unrelated swap transplant with known case of horshe-shoe kidney(HSK) had recurrent episodes of pyelonephritis in transplant kidney secondary to infection in native horshe-shoe kidney. Patient underwent laparoscopic nephrectomy of native Horshe-shoe kidney after which patient had no new episode of pyelonephritis in transplanted kidney. We did Laparoscopic Native left and right HSK nephrectomy with new innovative technique with left side port only which was possible as patient was thin built to reach opposite side with same port (port length). We took this decision to reduce post operative pain. This technique concluded that bilateral procedures can be done with single side port in thin individual for upper tract diseases which will reduce pain and provide better cosmetics by reducing scar number.

VID 03-15

Laparoscopic Nephrectomy in a duplex horse shoe kidney - A surgical challenge

Ameya Sangale, Manasa T, Prasad Mylarappa, Ramesh D
MS Ramaiah Medical College, Bangalore

Introduction& Objectives:Although horseshoe kidney(HSK) is one of the common renal anomaly, nonfunctioning unit in such a kidney is rarely seen. Laparoscopic heminephrectomy in a nonfunctioning HSK is technically challenging requiring skill and expertise due to the presence of isthmus and aberrant vessels. We report our experience with laparoscopic heminephrectomy technique in managing a patient with non functioning unit with HSK.

Materials & Methods:A 29 year old female who presented with complaints of pain in the left lumbar region, on and off since 3-4 months.Patient was evaluated and found to have a horse shoe kidney with calculi in the left kidney and gross left HUN and thinned out left renal parenchyma. DTPA renogram revealed a non-functioning left kidney with normal right kidney. Patient underwent left laparoscopic heminephrectomy for the same.

Results & Observations: Patient successfully underwent Laparoscopic Heminephrectomy and recovered. Double ureter was identified on the left side and both the ureters were clamped and cut. Post-operative period was uneventful and patient was discharged on 3rd postoperative day. HPE showed chronic pyelonephritis with grossly thinned out renal parenchyma. Patient was symptom free at follow up.

Conclusions: For a non functioning unit in a HSK, Laparoscopic nephrectomy is a technically feasible and safe option for management with some challenges during the surgery due to abnormal vasculature, abnormal anatomy, and lower and medial location of the kidney.

VID 03-16

Laparoscopic Uretero-Vesical Anastomosis In A Uretero Vaginal Fistula Post Hysterectomy

Soumya Ranjan Nayak, Mayank Agrawal

KEM Hospital, Mumbai

Introduction: Ureteral-vaginal fistula (UVF) can happen iatrogenically and cause great morbidity in the patient. most cases are either a case of proper surgical technique or post-operative sequelae. these cases need timely diagnosis and management to prevent any further complications. we will be sharing a video of a UVF case of this type safely managed laparoscopically .

Material And Method: we collected the history and recorded the intraoperative videos to demonstrate the technique of laparoscopic management of this UVF case safely

A 43-year-old female patient with complaints of continuous watery discharge through the vagina for 2 months with normal voiding in between. Symptoms were bothersome. The patient had to change 5 pads per day. She had undergone a laparoscopic hysterectomy 3 months back.per urethral catheter removed on day 1 of surgery. She had symptoms post 1 month of surgery. On evaluation she had left ureter vaginal fistula with left hydroureteronephrosis on ct urography for which left dj stenting was attempted and failed in an outside hospital and the patient was referred to our hospital. The patient underwent laparoscopic ureterovesical anastomosis and was successfully managed.

Conclusion: most of the cases can be managed laparoscopically with low morbidity to the patient. judicious techniques and timely diagnosis help prevent further complications.

VID 03-17

Management Of Intraoperative Bleed During Laproscopic Cyst Deroofing And Marsupialization

Saket Singh, Vikas Agarwal, Vipul Bakshi

Aakash Healthcare, Dwarka , Delhi

The index case Mr RT 60 years old, male presented with complaint of left flank pain , moderate intensity, dull aching and continuous in character. On examination the abdomen was soft and non-tender. The blood parameters were within normal limits. Ultrasonography was suggestive of large cystic lesion (10.9*5.8 cm) showing few internal echoes in the region of upper and mid-pole of the left kidney. CT was suggestive of large left renal cyst of size 10.9*6 cm at the upper and mid pole causing mass effect and displacing renal pelvis. This video intends to show a routine case of laparoscopic cyst deroofing complicated by intraoperative bleed and its management accordingly.

VID 03-18

Bilateral Laparoscopic Ureteric Reimplantation In a 27 Yr Old Male Patient.

Jawahar B, Surya Prakash Vaddi, Sri Ram , Venkata Bharghav, Datta Prasad

Yashoda Superspeciality Hospitals, Somajiguda, Hyderabad, Telangana

A 27 yr old male presented to us with c/o b/l loin pain on and off, recurrent UTI, no h/o dysuria, luts, hematuria, lithuria. H/o hypospadias repair at 4 years of age for distal hypospadias. h/o seizure disorder on medication. o/e: p/a soft, non tender, bladder not palpable. Ext.Genitalia: glanular meatus, b/l testis normal. Dre:sphincter tone normal.

Investigations: CUE: WNL, S.Cr:1.7 mg/dl ; TLC: 6480/Cumm; Usg : b/l kidneys normal size, increased parenchymal echotexture, partial loss of CMD, b/l mild HDN, pre void : 325ml; pvr:25 cc; prostate 18cc; MCUG: Left G 5 VUR, right G 1 VUR, RGU: Normal; DMSA; LK:42.67% RK:57.33 %, Left kidney impaired function with cortical scarring in upper pole.

Results & Observations: Patient underwent Laparoscopic left ureteric tapering + reimplantation + right detrusoraphy under GA. Patient recovered well, drain removed on Pod 1, puc removed on pod 7. Follow up: b/l djs removed after 6 weeks. After 3 month follow up patient is asymptomatic.

VID 03-19

Tips and Tricks of Performing Robotic Buccal Mucosal Graft Ureteroplasty

Jatin Soni, Nitesh Jain

Apollo Main Hospital Chennai

Introduction: Large segment ureteral stricture is not so uncommon nowadays. Treatment of such larger segment proximal ureteric strictures includes various options. One feasible option for such strictures is bmg ureteroplasty.

Materials And Methods: Here we are presenting a surgical video of bmg ureteroplasty done in a 41 year female who presented to us with large approx 6-7 cm size proximal ureteric stricture.

Results And Conclusion: This BMG ureteroplasty stands clearly a better option o reconstruction of ureter.

Video Session 4

VID 04-20

An Innovative technique in completely Intra Renal Tumour in Robotic Partial Nephrectomy

Deerush Kannan, Sindhu Sankaran, Shivraj Barathkumar, Sandeep Bafna, N Ragavan

Apollo Hospitals, Greams Road, Chennai

Introduction: Robotic assisted partial nephrectomy has revolutionized the management of the T1 renal tumours. Though minimally invasive option is ideal for a T1 renal tumour, in complex tumours the location of the tumour and the nephrometry score is an important factor predicting the conversion of the procedure to radical nephrectomy or open partial nephrectomy. Here we describe a surgical technique in the management of completely intra renal T1 tumour with nephrometry score of 10.

Materials and methods: This is a case of a fit 63 year old gentleman with a purely endophytic solid lesion in midpole of size 3.4 cm with a nephrometry score 10 on CT scan. He underwent successful robotic partial nephrectomy with a warm ischemia time (WIT) of 23 minutes. Keeping in mind the vascular anatomy based on CT imaging and 3D recon of the kidney, thin rim of cortex was trimmed thereby reducing the amount of normal parenchymal resection and also to gain better access to the tumour to achieve an oncological clearance with less WIT .

Results: Post operatively there was no significant decline in his renal function. Most importantly margins were free of tumour on pathology.

Conclusion: In highly complex tumours, this technique (rim and access) not only prevents the extra bit of normal parenchyma to be resected along with the tumour, but also gives better access to the tumour thereby decreasing the surgical challenge and the WIT with complementary oncological results.

VID 04-21

Robotic Partial Nephrectomy in a Solitary functioning kidney with large Renal Mass

Bihari Kunj, Ranjan Ashish, Baid Anil, Pratap Uday

S.G.P.G.I.M.S, Lucknow

Introduction: Partial nephrectomy (PN) is the recommended treatment for T1a renal cell carcinoma (RCC). However, PN can be considered in larger tumor in individual cases with solitary kidney, bilateral cancers, or baseline poor renal function, if surgically feasible. We aim to present a short video presentation of robotic partial nephrectomy in a case of solitary functional kidney with Large Renal tumour.

Methods: A 51-year-old male presented with bilateral flank pain. He had 8x8x7cm enhancing mass in upper pole of left kidney and GFR 43ml/min. Due to his solitary functional kidney, a robotic partial nephrectomy was planned. Using Da Vinci robotic system, descending colon reflected, renal artery and vein looped. Mass exposed by opening Gerota fascia and renal artery and vein clamped. Mass dissected circumferentially with rim of normal renal tissue, ensuring the lower pole vascular and draining systems remained intact and excised renal parenchyma closed with V-lock 3-0 sutures. Renal artery declamped. Floseal applied on resection bed and Gerota fascia closed over it.

Results: Warm ischemia time was 35 minutes with estimated blood loss 200ml and no intraoperative complications occurred. The patient was discharged on post op day 4 in stable condition with a creatinine

of 1.55 mg/dl. Final pathology revealed papillary renal cell carcinoma type 1 (Nuclear grade-Fuhrman grade 2) with free resection margin.

Conclusions: Robotic partial nephrectomy is a safe and feasible option in solitary kidney with large renal mass

VID 04-22

Needle in a haystack-Tips and tricks to prevent and manage needle loss during Robotic Surgery

Ashwin Mallya, Sachin Kathuria, Ajay Sharma

Sir, Ganga Ram Hospital, New Delhi

Introduction: Loss of surgical needle during surgery is an uncommon event. Minimally invasive surgery has brought advantages of magnification and the possibility of using smaller needles. In event of needle there is an increase in anxiety and operating time. In this video we discuss strategies to prevent and manage needle loss during robotic surgery.

Methods: A single surgeon's experience of managing needle loss over a period of 5 years (fellowship and consultant experience) was documented. An attempt to develop a protocol to prevent and manage needle loss was made.

Results: A total of 402 Robotic surgical procedures were carried out in the time period studied. There were 7 instances of needle loss (1.7%). All needles that were found to be missing were retrieved successfully. Systematic search alone sufficed in 5 cases, additional equipment was required in 2 (Fluoroscopy in 1, Flexible cystoscope in another).

Conclusions: Needle loss is a potentially serious problem during robotic surgery. The best way to manage it is to prevent it. Once it occurs a systematic, protocol based team approach is necessary.

VID 04-23

Robotic Video Endoscopic Inguinal Lymph node Dissection (VEIL) in Post Chemotherapy Penile cancer

Kinju Adhikari, Raghunath SK, Indraneel Banarjee, Tejas Chiranjeevi, Anil Kumar T, Gowtham Krishna Penmetsa, Ravi Taori

HCG Cancer Center, Bengaluru

Introduction: Inguinal Lymph node dissection (ILND) has an important role in both staging and treatment of penile cancer. Current data suggest that video endoscopic inguinal lymphadenectomy (VEIL) and Robotic video endoscopic inguinal lymphnode dissection (RVEIL) are feasible and safe with minimal intra-operative complications. There is scarcity of data in Post chemotherapy Robotic VEIL. Perhaps the strongest appeal for its use in post chemotherapy setting is its faster post-operative recovery and less post-operative complications. When compared to open technique, VEIL and RVEIL have similar dissected nodal count, a surrogate metric for oncological adequacy, and a non-inferior inguinal recurrence rate

Material and method: We retrospectively evaluated post chemotherapy patients with penile cancer who underwent RVEIL. Total number of patients were 6, with 12 groins, operated from 2016 to 2021.

Result: The average console time was 153mins (excluding Pelvic Lymph node dissection) and average Lymph node yield was 14. The mean blood loss was 30ml with 2 post operative lymph collection.

Conclusion: The video illustrates the technique of RVEIL in Post chemotherapy penile cancer patients. It demonstrates port site marking, finger dissection to create space beneath sub scarpa's fascia, ports insertion and step by step approach of Inguinal dissection. Even in the post chemotherapy settings, the technique is safe, feasible and easily reproducible.

VID 04-24

Tips and Tricks of Robotic Partial Nephrectomy for Posterior Hilar Tumor

Jatin Soni, Nitesh Jain

Apollo Main Hospital Chennai

Introduction: Managing partial nephrectomies through robotic surgery has made things easier. But at times its difficult to manage certain tumors which has high complexity in relation to their size, location. One such type is posterior hilar tumor.

Materials And Methods: Here we are presenting a case of 54 year male who presented to us with renal tumor of size with largest dimension approx 4.5cm at posterior hilar region.

Results And Conclusions: Certainly this kind of tumor requires extensive experience and certain important tricks to complete the resection and to complete the renorrhaphy.

VID 04-25

Tips and Tricks Of Robotic Radical Nephrectomy With IVC Thrombectomy With IVC Resection

Jatin Soni, Nitesh Jain

Apollo Main Hospital Chennai

Introduction: Managing large renal tumor with ivc thrombus is a technically demanding surgery. It becomes even tougher if a large IVC thrombus involves ivc wall and is associated with a large bland thrombus upto common iliac veins

Materials And Methods: Here we are presenting an interesting case of 64 year male, where level two IVC thrombus with ivc wall involvement with large bland thrombus was managed robotically.

Results And Conclusion: This technically demanding surgery becomes relatively easy if the tricks shown in video are followed.

Video Session 5

VID 05-26

Modified hood technique for robotic radical prostatectomy - Improving functional outcomes

Vivek Venkatramani,

Jewel Urology Center, Mumbai

Introduction and objectives: Numerous technical modifications have been devised to improve functional outcomes (urinary continence and erectile dysfunction) following radical prostatectomy. The prostate "hood" comprises a detrusor apron, arcus tendineus, puboprostatic ligament, anterior vessels, and some

fibers of the detrusor muscle. This has been demonstrated to have improved continence outcomes in some series. We modified the technique to incorporate a posterior approach to the prostate and demonstrate the technique in this surgical video.

Material and Methods: A 62-year old gentleman previously on active surveillance for Gleason 6 disease was found to have disease progression on 1-year follow up biopsy. His PSA was 7ng/ml and prostate biopsy showed 3 cores of Gleason 3+4 disease on the left side. MRI showed a PIRADS-3 lesion on the left with no extraprostatic extension.

Results: The gentleman underwent robotic radical prostatectomy by the Hood technique with complete bilateral intrafascial nerve sparing. Intra-operative and postoperative course were uneventful. Foley catheter was removed on the 7th day. Histopathology revealed pT2c Gleason 3+4 adenocarcinoma prostate with focal left apical margin positive. He was completely continent by 3 months with an undetectable PSA.

Conclusions: The hood technique has a strong anatomical basis and allows preservation of key structures involved in urinary continence. It can prove to be an excellent option for functional recovery however larger studies are needed to better assess its oncologic safety as well.

VID 05-27

Robotic Excision Of Retroeritoneal Fibrosis And Renal Tumor With Excellent Result

Kammela Sreedhar, Kammela Sridevi, Faizullah Khan, Gulfarosh Hidayatullah, M Gopichand, Shanti Vardhan

Director, Dr Sreedhar Kidney, IVF Centres, Gachibowli, Mehdipatnam, Hyderabad

First case: A 35 year old male presented vomiting and facial edema of 10 days duration. He had rising serum creatinine from 1.3 to 4.5mg% in 2 weeks. Hemoglobin was 13gm% indicating acute onset. His CT scan showed bilateral moderate hydronephrosis and both ureters were displaced medially at L3,4 level. Bilateral DJ stenting was done easily. Serum creatinine came down to 1.6mg% in one week. First right side plaque & then left kidney position and RPF was excised. The plaque was thick, tough and both ureters were freed, covered with peritoneum, omentum. The biopsy of RPF plaque was negative for malignancy. Patient is well after 48 months

Second case: A 53 year old female presented dull backache of 6 months. On Master Health check-up, a SOL of 3 cm size was noticed on USG. On CT scan an exophytic tumor of 3.5 cm is found on the left kidney at the junction of upper and middle pole of kidney. After taking hilar control, the tumor was excised with 0.5 cm margin all around. PCS was repaired meticulously. The renal cortex was sutured with 1'0' vicryl. After hilar clamp was released, there was no significant bleed. The HPE report showed that margins of specimen showed no tumor. It is now 52 months with no symptoms or recurrence. The da Vinci Si robot of great help in complicated pathologies because of magnification, 3 D visualization, endo-wrist instrumentation, surgical dexterity and accurate pinpoint dissection.

VID 05-28

Robotic assisted laparoscopic Zero ischemia Nephron sparing surgery using Thulium fibre laser

Niramy Pathak, A Singh, A Ganpule, R Sabnis, M Desai.

MPUH: Muljibhai Patel Urological Hospital, Nadiad

Introduction Clinical T1a small renal mass are generally managed via nephron sparing approach. We describe the use of a robotic assisted laparoscopic nephron sparing surgery using Thulium fibre laser without clamping the renal vessels as a zero ischemia approach.

Materials and methods Thulium fibre laser is used through robotic arm to excise and achieve hemostasis during resection of small renal mass with 400 micron fibre and 30 W laser machine. Intraoperative USG was done via a drop down probe for accurate tumor delineation. There was no clamping of renal vessels throughout the case. There was minimal blood loss. Renorrhaphy was done at the end with use of hemostatic agents. The patient demographic details, imaging findings, surgery steps, postoperative course and followup details with literature review are outlined in the video.

Results Robotic partial nephrectomy was completed with good outcomes clinically and histopathologically.

Conclusion We present the feasibility and safety of zero ischemia technique for the treatment of Clinical T1a small renal mass using Thulium fibre laser.

VID 05-29

Robotic radical cystectomy with intracorporeal ileal conduit in treatment of muscle invasive bladder cancer

Dhruva G Prakash, Tarun Dilip Javali

M S Ramaiah Medical College

Case Presentation: We report a case of 75 year-old man with bladder cancer with status post TURBT in 2007 and intravesical BCG therapy with recurrence of bladder tumour and pet ct showing muscle invasive status and s/p 4 cycles of neo adjuvant chemotherapy. Now patient is planned for robotic radical cystectomy with intra corporeal ileal conduit urinary diversion.

Conclusion: Robot-assisted radical cystectomy with intracorporeal ileal conduit in a patient with muscle-invasive bladder cancer was safely performed.

VID 05-30

A prospective evaluation of perioperative and Trifecta outcomes of Robot assisted Laparoscopic transperitoneal partial nephrectomy in clinical T1b renal tumors

Y M Prashanth, Anup kumar, Ruchi mittal, Ketan Kapoor, Saumya Iyer, Preet mohan

Vardhaman Mahavir Medical College and Safdarjung Hospital, New Delhi

Introduction & Objective We prospectively evaluated the feasibility, safety , efficacy and Trifecta outcomes of robot assisted laparoscopic transperitoneal partial nephrectomy(RPN) in clinical T1b renal tumors

Methods All consecutive patients undergoing RPN (using da-vinci Xi robotic system) for clinical T1b renal tumors and normal contralateral kidney by a single surgeon between Oct 2019 and October 2021 at our institution were included. Patients with absence of grade ≥ 2 Clavien-Dindo complications, warm ischemia

time (WIT) ≤ 25 minutes, $\leq 15\%$ postoperative estimated glomerular filtration rate (eGFR) decrease and negative surgical margins were reported to achieve strict Trifecta outcomes. We are presenting video of one such case.

Results A total of 71 patients were included in the study. The mean tumor size was 5.3 cm. The tumor was upper polar in 24(33.8%), mesorenal in 18(25.3%) and lower polar in 29(40.8)% patients. The mean operating time and estimated blood loss were 117.3 ± 11.2 min and 150 ± 30 ml respectively. The mean ischemia time was 22.3 ± 3.5 min. The WIT was > 25 min in 9(12.6%) patients. The positive surgical margins were present in 2(2.81%). The intraoperative and postoperative complications were 5(7.0)% and 5(7.0)% respectively and mainly Clavien 1-2 only. The mean preoperative and 6 month postoperative eGFR were comparable ($p=0.67$). Five(7.0%) patients had a $> 15\%$ postoperative eGFR decrease. The trifecta outcomes were achieved in 81.3% patients.

Conclusions RPN for clinical T1b renal tumors, is feasible, effective with preservation of renal function, acceptable complications and optimal strict Trifecta outcomes.

VID 05-31

Robot assisted Laparoscopic transperitoneal “No clamp” Zero Ischemia time partial nephrectomy in clinical T1a renal tumors

Y M Prashanth, Anup kumar, Ruchi mittal, Ketan Kapoor, Saumya Iyer, Preet mohan

Vardhaman Mahavir Medical College and Safdarjung Hospital, New Delhi

Introduction & Objective: The role of clampless robot assisted laparoscopic partial nephrectomy (RPN) in renal tumors is still not established. We prospectively evaluated the feasibility, safety, efficacy and Trifecta outcomes of RPN in clinical T1a renal tumors.

Methods: All consecutive patients undergoing clampless RPN (using da-Vinci Xi robotic system) for a clinical T1a predominantly exophytic renal tumors and normal contralateral kidney by a single surgeon between Oct 2019 and October 2021 at our institution were included. The various clinical data were recorded and analyzed.

Results: A total of 28 patients were included in the study. The mean age was 58.7 years with mean preoperative serum creatinine and estimated glomerular filtration rate (GFR) were 0.81 ± 0.39 mg/dl and 74.5 ± 3.2 ml/min/1.73 m² respectively. The mean tumor size was 3.1 ± 0.6 cm. The tumor was superior polar in 8(28.5%), mesorenal in 9(36%) and inferior polar in 11(44%) patients. The mean operating time and estimated blood loss were 81.3 ± 9.7 min and 103 ± 13.5 ml respectively. There was no conversion to open or positive surgical margins. The intraoperative and postoperative complications were seen in nil and 2(7%) patient respectively and mainly Clavien 1-2 only. Trifecta achieved in 88.9%. The mean estimated GFR at 6 months was 71.3 ± 2.1 ml/min was not significantly lesser than preoperative value ($p = 0.54$).

Conclusions: Robot assisted Laparoscopic Clampless partial nephrectomy for small predominantly exophytic renal masses (T1a), is feasible, effective with preservation of renal function, acceptable complications and optimal Trifecta outcomes. However, it is technically challenging procedure and should be done by surgeons of significant surgical expertise

Video Session 6

VID 06-32

Our Experience With Robotic Assisted Level III Inferior Vena Cava Thrombectomy in Case of Renal Cell Carcinoma With Inferior Vena Cava Thrombus

Kaddu D J, Sandeep P, Cherian D, Bhagat P, Sodhi B, Chandran B, Kishore T A.

Aster Medcity Hospital, Kochi, Kerala

Introduction & Objectives: To present our experience of Robotic Assisted level 3 Inferior Vena Cava (IVC) thrombectomy (RAIVCT) in case of Renal cell carcinoma. Level 3 RAIVTC requires suprahepatic clamping or cutting of short hepatic veins. Suprahepatic IVC clamping has been previously reported only from China.

Materials & methods: We are demonstrating 2 videos of RAIVCT.

Case 1: Right renal mass with level 3 IVC thrombus. Left lobe of liver was mobilized in supine. Right Radical nephrectomy and right liver lobe mobilization done in 90degree right flank up. Suprahepatic IVC control taken in 45degree right flank up. IVC thrombectomy performed in 90degree right flank up.

Case 2: Left renal mass with level 3 IVC thrombus. We did, left radical nephrectomy in left flank up position. Infrahepatic IVC dissection with clipping of short hepatic veins and IVC thrombectomy was done in 90degree right flank up position.

Da Vinci Si system (Intuitive Surgical Sunnyvale, USA) was utilized.

Results: In case 1, IVC clamp time- 26 min, Porta Clamp time-13 min, Total Operative time-440, blood loss-150 ml, blood transfusion- 0, hospital stay- 3 days.

In case 2, IVC clamp time-26 minutes, total operative time- 623 minutes, blood loss-2500ml, blood transfusion- 2 units, hospital stay- 7 days.

Both patients are alive and no recurrence or metastasis on follow up.

Conclusions: An experienced multidisciplinary team including urologist, hepatobiliary surgeon and a skilled bedside assistant is of paramount importance in these advanced robotic procedures. With increasing experience of surgeons and newer technology complex advanced surgical procedures is possible robotically.

VID 06-33

Indocyanine Green (ICG)Assisted Robotic Video Endoscopic Inguinal Lymph node(R-VEIL) Dissection- A Video Demonstration

Ashishkumar Asari, T Yuvaraja, S Waignakar, A Shah, V Agarwal, A Pednekar

Kokilaben Dhirubhai Ambani Hospital and Research Institute ,Mumbai

Introduction: Open inguinal lymph node dissection (O-ILND) is the gold standard in the management of lymph nodes in carcinoma penis / Scrotum; however, Laparoscopic /Robotic video endoscopic inguinal lymphadenectomy (VEIL) is performed in some center. Here we present a video of a patient presented to our institution with an operated case of SCC scrotum.

Methods: A 43 years old previously operated case of wide excision of scrotal mass, which was well differentiated squamous cell carcinoma and NO groin. Patient was planned for Indocyanine green (ICG) assisted Laparoscopic (Robot assisted) Bilateral Inguinal Lymph node dissection - using Davinci Xi System. We have operated another 5 patients with penile squamous cell carcinoma in the last 6 months.

Results: The patient tolerated the procedure well with no complications. Total surgical time was 220 min with 73 minutes of console time on the left-sided VEIL, 90 minutes for Right-sided VEIL and 40 minutes for pelvic LN Dissection. Drains were removed on 5th postoperative day. The patient was discharged from the hospital on postoperative day 6 without any complications. We had good lymph node yield (11-12 LNs) and fewer complications especially lymphorrhoea- has significantly reduced.

Conclusion: Management of inguinal lymph nodes in carcinoma penis /scrotum by VEIL is safe, associated with lesser wound-related complications, and equivalent survival outcomes compared to O-ILND. It should be considered as an alternative option for inguinal lymph node dissection and add on the application of Indocyanine green is going to change the surgical perspective for VEIL in future.

VID 06-34

Robotic partial nephrectomy in a complex hilar tumour - A modified renorrhaphy technique

Akash Shah, T B Yuvaraja, S Waigankar, A Asari, A Padenekar

Kokilaben Dhirubhai Ambani Hospital

Introduction And Objective: Robot-assisted partial nephrectomy can be challenging in patients with Hilar tumors because of the difficulties associated with dissecting the hilum from the tumor. It increases further as these vessel form the base of the tumour. We describe our technique to safely perform robotic partial nephrectomy (RPN) in this complex scenario and report on outcomes.

Methods: A 50-year-old male incidentally detected single renal mass on left kidney. He has no comorbidity without any surgical history. CT scan finding suggestive of 44 x44mm mid pole exophytic in location along lateral and anterior cortex indenting into tail of pancreas and spleen with a renal score of 9A. With 3 renal arteries supplying the kidney. He was subjected to Robot assisted partial nephrectomy.

Results: We performed Robot assisted partial nephrectomy with a modified outer renorrhaphy technique + DJ Stenting with a console time of 135 minutes and approx.100 ml of blood loss. Warm ischemia time was 28 minutes. Per urethral catheter and drain was removed on 2nd day and 3rd day respectively. Histopathology showed clear cell renal carcinoma with free margins. DJ Stent removed after 4 weeks. He was followed up with CBC, S. Creatinine and USG at 3 months which were normal.

Conclusions: Partial nephrectomy can be effectively performed in complex hilar tumours robotically using intraoperative US and a methodological approach without the expense of increased complication rates. Modified Renorrhaphy technique can be effectively used in Hilar tumour especially where major vessels form the base of the tumour and approximation of the parenchyma is not possible.

VID 06-35

Robot Assisted Laparoscopic Adrenalectomy In Adrenal Masses: A Prospective Evaluation

Goel A, Kumar A, Yadav S

Vardhman Mahavir Medical College And Safdarjung Hospital, New Delhi

Introduction & Objective: The minimally invasive approaches are becoming popular in treatment of adrenal masses, including complex adrenal masses. We prospectively evaluated the outcomes of Robot assisted laparoscopic adrenalectomy (RALA) in adrenal masses (including complex adrenal masses).

Methods: All consecutive patients undergoing RALA (using da-vinci Xi Robotic system) for adrenal masses by a single surgeon between October 2019 and September 2021 at our institution were included. The various clinical data were recorded and analyzed. We are presenting video of one such case of a complex adrenal mass with retrocaval extension and adherent to renal hilum.

Results: A total of 37 patients were included in the study. The mean age was 51. 2 years with male /female distribution of 4/5. The mean tumor size was 6. 1 cm. The indications for surgery included: Incidentaloma (Non-functioning, more than 6 cm) - 42.1%, Adrenal carcinoma - 21%, Adrenal Cushing syndrome - 10.5%, Pheochromocytoma - 33. 3%. The mean operating time and estimated blood loss were 101. 5 min and 137. 5 ml respectively. There was no conversion to open. The mean hospital stay was 2. 3 days. The intraoperative complication was seen in only 1 patient (Clavien1 - 2) with no postoperative complications. In histopathology adrenal cortical carcinoma, adenoma, pheochromocytoma and ganglioneuroma were seen in 21%,33. 3%,33. 3% and 11. 1% respectively.

Conclusions: Robot assisted laparoscopic adrenalectomy for adrenal masses is feasible, effective with acceptable complications and good perioperative outcomes. However, it is a technically challenging procedure and should be done by surgeons of significant expertise.

VID 06-36

Tips & Tricks - Robot assisted Radical Cystectomy and Urinary Diversion

Preetham Dev, T B Yuvaraja, Santosh Waigankar, Varun Agarwal, Abhinav Pednekar

Kidwai Memorial Institute of Oncology, Bangalore & Kokilaben Dhirubhai Ambani Hospital, Mumbai

Introduction : Robot assisted radical cystectomy (RARC) is a preferred approach for surgical management of bladder cancer. We have been doing RARC for some time now, but the newbies always struggle with this complex procedures. Neobladder is too complex procedure even by open method, and doing it by intracorporeal technique becomes challenging. Hence the video has been done.

Methods and Results: 241 RARC and urinary diversion procedures performed from June 2012 to Jan 2022 at our institute. 22 patients underwent intracorporeal neobladder, 219 patients underwent intracorporeal ileal conduit urinary diversions. Mean age in neobladder and ileal conduit groups were respectively . Male patients outnumbered the female patients with 220 is to 21. Mean console time for RARC with neobladder and ileal conduit were 447 and 284 minutes respectively. Mean blood loss after RARC with neobladder and ileal conduit were 225 and 185 ml respectively. There were no mortality in our study group.

Conclusion: The complex procedures like robot assisted radical cystectomy and intracorporeal urinary diversions should be learnt from the expert teacher and few tips and tricks has to be known to give good oncological and functional outcome and reduce the complications.

VID 06-37

Minimally Invasive (Laparoscopic + Robotic) Right Radical Nephrectomy with Level 2 IVC Thrombectomy

Rakesh Sharma, Sai Sri Harsha P, Amaresh Mohan, T Subramanyeshwar Rao
Basavatarakam Indo-American Cancer Hospital

Introduction : Radical Nephrectomy with venous tumor thrombectomy is the standard of care for Non-metastatic RCC. Minimally Invasive surgery is been performed for this condition for more than 2 decades. We present a hybrid technique where a combination of Laparoscopy and Robotic technology were utilized for performing a Right RCC with level 2 IVC Thrombus

Methods : A 50 year old gentleman presented with incidentally diagnosed on CECT with a heterogeneously enhancing right renal 12 x 11 x 10 cm mass with a thrombus extending up to the under surface of liver (Level 2). Through standard laparoscopic port for right nephrectomy the procedure was initiated and once assured of completing the procedure minimally invasive the Da Vinci Si Robotic system was docked through the same ports placed for laparoscopy.

Results : The total procedure time was 270 minutes, blood loss of 520 ml. Specimen was retrieved through a right iliac fossa incision of 11 cm.

The Final HPR was clear cell RCC, grade2.

Conclusion : A minimally invasive Radical nephrectomy with IVC thrombectomy is a feasible procedure with lower blood loss, early post-operative recovery and discharge from hospital but it needs expertise, a good patient selection as its main complication of thrombus migration and pulmonary thrombo-embolism can be fatal.

Video Session 7

VID 07-38

How I Do Supine Pcnl: A Video Presentation for a 15 Mm Lower Pole Calculus

Nitesh Kumar,

Ford Hospital and Research Centre, Patna

Introduction and objectives: Supine Percutaneous Nephrolithotomy (PCNL) is being rapidly adopted by many urologists across the world and more so in the era of Retrograde IntraRenal Surgery (RIRS), Endoscopic Combined IntraRenal Surgery (ECIRS) and Simultaneous Bilateral Endoscopic Surgery (SBES). There is a inertia to shift from prone to supine due to lack of training and motivation. Our objective is to present a case of supine mini PCNL for a 15 mm lower pole calculus in video format step by step.

Methods: a video was recorded during the case and edited in the prescribed format for presentation

Results: the author has done over 500 supine PCNL cases without any major complications and achieving complete stone clearance in 99% of cases. There was no need to convert or select any case for prone PCNL.

Conclusion: Supine PCNL will soon replace prone as a standard treatment for large renal stones by percutaneous route. Learning supine PCNL will shift from personal choice to necessity.

VID 07-39

A Medially Directed Coil at the Renal End of aDJ Stent: Does it Indicate Extrarenal Stent Placement?

Maheshwari PN, Goyal A, Srivastava P, Pathrikar R

Fortis Hospital Mulund, Mumbai

Introduction and Objectives: To assess the importance of proper stent coiling at the renal end of a DJ stent and should a medially directed coil alert the treating urologist of the possibility of renal parenchymal perforation and extrarenal placement of the stent.

Materials and Methods: This prospective study was based on the hypothesis that the renal end of the stent should always have a laterally directed coil. The basis of this hypothesis is that, available stents have coils that curve in opposite directions at either end. Because there is space in the bladder medial to the ureteric orifice, and renal-pelvis and upper-calyx are lateral to the pelvi-ureteric junction, the bladder end of the stent would coil medially and the renal end should always have a laterally directed coil.

At the end of cystoscopic stent placement, the direction in which the stent coiled was studied in 282 consecutive patients. On-table sonography was performed to look for proper stent placement. When in doubt, or in patients who had blood around the stent or a laterally directed coil, retrograde pyelography (RGP) was performed by the side of the stent.

Results: Out of the 282 patients, RGP was done in 22 patients and extrarenal stent placement was diagnosed in five of them. All the patients had a medially directed coil. Under RGP control the stents could be safely re-positioned in upper calyx.

Conclusion: We propose that a medially directed coil of the guide wire or the renal end of the stent should alert the surgeon regarding improper stent placement.

VID 07-40

Technique of Endoscopic Combined Intra Renal Surgery (ECIRS) in A Case of Osteogenesis Imperfecta for Staghorn Renal Stone.

Aditya K Sharma, Rahul Yadav

Apollomedics Super speciality Hospital Lucknow

Introduction: Presenting case of Stag-horn Renal stone in a patient with Osteogenesis Imperfecta, managed by Endoscopic Combined Intra Renal Surgery (ECIRS). Due to unique physical deformity it was not possible to tackle stone in conventional prone position for PCNL.

Method: As the limbs of patient were fixed in a crossed leg position there was very little window to access lower tract. patient was positioned in Flank free oblique supine position. After passing ureteric catheter RGP was done and puncture was taken by triangulation technique. maximum part of stone was cleared through the PCNL access and remaining and migrated fragments were picked by Flexible ureteroscopy (FURS).

Results & Discussion: Procedure took 40 minutes after positioning the patient. oblique supine position was helpful in accessing renal stone without much physical strain on body anatomy. additional usage of ECIRS avoided additional puncture and resulted in faster stone clearance.

Conclusion: Supine PCNL and ECIRS are feasible and effective in anatomically difficulty and challenging stone situation.

VID 07-41

Retrograde Intrarenal Surgery in A Case of Suspected Medullary Sponge Kidney

Kiron Krishnaprasad, M Yadav, Darsan S, M Nazar

GTDMCH, Alappuzha, Kerala

Introduction: Medullary sponge kidney (MSK) is a benign congenital disorder characterized by dilatation of collecting tubules in one or more renal papillae, affecting one or both kidneys, usually not diagnosed until the second or third decade of life. The prevalence is unknown but has been estimated that 12-15% patients forming calcium stones may have atleast a mild degree of MSK. Here I would like to present such a case of a man presenting with multiple small stones in multiple calyces planned for Retrograde Intrarenal Surgery (RIRS).

Case Discussion: 32 years old male came with chief complaint of left flank pain for 2 months. A plain CT was obtained showing multiple stones in the upper and lower calyces with a proximal ureteric stone of size 1.6 cm with hydronephrosis. After evaluating the patient, the decision was taken to perform RIRS. After fragmentation of the proximal ureteric stone, the Flexi URS was introduced revealing membranes covering the calyces with multiple stones behind them. On incising the membranes, the stones were seen and fragmented. Four weeks later, a contrast CT revealed the stones to be within the medulla of the kidney leading us to the diagnosis of MSK.

Conclusion: MSK is a primarily assymptomatic disease which comes into light because of the complications like stone disease, renal tubular acidosis etc. Therefore, any patient presenting with multiple stones in various calyces must be worked up for MSK as it is commoner than we think and a contrast study is necessary in such cases

VID 07-42

Percutaneousnephrolithotripsy in Modified Lithotomy Position : Fluroscopic Monoplanar Puncture Technique.

Basarqe Narendra, Choudhary Asitkumar, Hake Prasad

Dept of Urology, Krishna Institute of Medical Sciences, Karad, Maharashtra.

Title: Percutaneous nephrolithotripsy in modified lithotomy position with fluroscopic monoplanar Puncture technnique.

Methods: The modified lithotomy position - the ipsilateral lithotomy bar lowered upto level of operative table. The ipsilateral flank is anteriorly tilted to gain access to the target calyx, topographically along posterior axillary line as described in the video. The Puncture of target calyx was performed under C arm fluroscopic guidance. The location of the puncture needle in anteroposterior plane was confirmed by calyx indentation sign without moving the C arm.

Results: The technique was prospectively used in 50 orthotopic renal units. The PCNL could be performed in all 50 renal units. One patient required to be shifted to prone position as one major fragment migrated to anterior inaccessible calyx which could be removed in prone position by directly puncturing the fragment containing calyx.. Complete clearance of the stone was achieved in 90% patients. No untoward intraoperative complications like excessive bleeding, inadvertant bowel injury occurred. All the punctures were peripheral and transpapillary confirmed by nephroscopy.

Conclusions: Indentation of the target calyx by the advancing puncture needle confirms the alignment of the needle to the target calyx in anteroposterior plane. This obviates the need of roatating the C arm. Further prospective randomized studies by different urologists need to be undertaken to confirm the utility of this puncture technique in PCNL.

VID 07-43

Laposcopic Ureteroureterostomy of Retrocaval Ureter - Methods and Techniques

Hussain Aamir, Sureka Sanjoy, Mandal Sumit, Mittal Amit
SGPGIMS, Lucknow

Introduction: Retrocaval ureter is a rare congenital disease which can cause obstruction and its related symptoms.

Material and Method - A 43 year old male was admitted with a diagnosis of Right Gross Hydroureteronephrosis following Right Open Ureteroureterostomy for Right Retrocaval Ureter. Patient was evaluated to have dilated right upper ureter till level L4 with obstructed flow on imaging. He underwent Right Retrograde Nephrostogram which showed contrast visualized upto upper border of L4 vertebra, 2.5 cm away from the tip of ureteric catheter, on laproscopy found to have dense adhesion with kink present at level of L4. Underwent Right laproscopic ureteroureterostomy with spatulation of ureter 1 cm from both ends using vicryl 3 - 0 in interrupted manner with 6/26 DJ Stenting under GA.

Result - Patient underwent Right Nephrostogram on postop day 4 which showed contrast passing beyond L4 level. Per urethral catheter was removed on Postop day 7.

Drain was removed on Postop day 8. In view of this DJ Stent was changed. Underwent DJ removal on post op day 14

Conclusion - Laproscopic treatment of retrocaval ureter is a recommended managment for many reason , less blood loss , short hoppital stay , superior aesthetical effect. The increased operating time for intracorporeal anastomosis (quit variable) appears to be only limiting factor.

Video Session 8

VID 08-44

Miniperc PCNL - Total tubeless technique - Our Experience

Koshlesh Tiwari, Manoj Talwar

Batra Hospital & Medical Research Centre, New Delhi

We present our experience of 700 cases of Total tubeless MiniPerc PCNL over 6 years with special emphasis of no tube no stitch at discharge within 24 hours of admission. A video of a case of bilateral renal calculi in HSK is presented. Total tubeless as a day (< 24hrs) procedure is highly satisfying and cost-effective procedure.

VID 08-45

Supine PCNL in a case of poliomyelitis with spinal deformity

Sunirmal Choudhury, Subhajit Malakar

Institute Of Post Graduate Medical Education and Research, Kolkata

Introduction: Spinal deformity patients have systemic deformities including cardiac, pulmonary, genitourinary and neurologic anomalies. Poliomyelitic patients usually have spinal deformities. PCNL is an effective method for treatment of renal stones in such patients. I am hereby sharing my experience with supine PCNL in such a case.

Materials And Methods: A 36 years old female have got poliomyelitis with lower limb atrophy. She presented with right flank pain for one year. On evaluation she was found to have left upper ureteric calculus and right sided multiple calculi with HDN. Bilateral DJ stenting was tried initially but failed. Right sided PCN done followed by Left sided URS with DJ stenting. Right sided Supine PCNL was done using Wolf nephroscope 12 degree, 20.8 Fr and Olympus mini nephroscope 7 degree, 11Fr. Two punctures were done - one at inferior calyx and other at superior calyx. Amplatz sheath of 22 Fr is used for first renal access and 18 Fr is used for superior calyceal access. Stone was fragmented using pneumatic lithoclast. Right sided DJ stent placed. PCN tube removed postoperatively after 24 hours.

Results: Supine PCNL was done successfully. Total operative time was 70 minutes and blood loss was minimal. There was no perioperative anaesthetic or surgical complication. Stone free rate was 100%.

Conclusion: Supine PCNL for poliomyelitic patient with spinal deformity is a feasible option and can be performed safely. Relative ease of positioning in supine PCNL have added benefit in anaesthetic management of such patients.

VID 08-46

Universal Position For All Complex Stone Management

Hemnath Anandan, Chandra Mohan V, Ramakrishna P, Siddalinga Swamy, Soundarya G, Manas Babu, Rakesh Panda

Preeti Urology and Kidney Hospital, Hyderabad

Introduction& Objectives: Access to upper tract calculus can be antegrade (PCNL), retrograde (URS) or rarely laparoscopy. Sometimes, complex renal stones may require more than one access. Changing position during surgery can be cumbersome and time consuming. We are showing this video where all access are possible in a single universal position (oblique supine and modified lithotomy position)

Materials & methods: This is a video presentation showing a series of 5 complex cases where we have done combined approach in oblique supine with modified lithotomy position

Case 1: Ectopic malrotated kidney with multiple stones - Laparoscopic pyelolithotomy + Supine PCNL

Case 2: PUJ calculus with suspected PUJO - Supine PCNL + Laparoscopic pyeloplasty

Case 3: Long upper ureteric calculus with multiple secondary calculi - Combined antegrade + retrograde approach (ECIRS)

Case 4: Multiple calculi in trifid system - True role of ECIRS

Case 5: Nightmare case of large ureteric calculus - Laparoscopic Boari flap

Results & Observations:

Case 1: Uneventful postop period. Followup CT showed 2 small residual calculi (5 mm and 6 mm)

Case 2: Uneventful postop period. Asymptomatic on follow up with no residual hydronephrosis

Case 3: Uneventful postop period. No residual stones on follow up

Case 4: Uneventful postop period. No residual stones on follow up.

Case 5: Uneventful postop period. Asymptomatic on follow up with mild hydronephrosis

Conclusions: This oblique supine with modified lithotomy position can be one shot position for all complex stone patients, providing satisfactory results in single session

VID 08-47

Hiccoughs/ Complications In Supine PCNL

Chandra Mohan V, Hemnath Anandan, Ramakrishna P, Siddalinga Swamy, Soundarya G, Manas Babu, Rakesh Panda

Preeti Urology and Kidney Hospital, Hyderabad

Introduction & Objective: Supine PCNL is gaining immense popularity in recent times because of its versatility and the opportunity to combine retrograde approach. Studies have shown that the complications rates are similar to the prone PCNL. In this video we intend to show the common hiccoughs and also some of the dreaded complications in supine PCNL and how we overcame them.

Materials and methods: This is a video presentation showing the following hiccoughs and complications we faced during supine PCNL

1. Hypermobility of kidney during puncture and dilatation
2. Guidewire kink during dilatation
3. Failure/ difficulty in gaining access to upper calyx
4. Perforation of pelvis do to overshooting during dilatation
5. Liver injury in supracostal puncture
6. Pleural injury in supracostal puncture
7. Colon injury in multitract supine PCNL

Results: The common hiccoughs and how to overcome them is shown and the complications and their management are discussed in this video.

Conclusion: Even though theoretically supine PCNL has less chance of organ injuries, it can happen in the initial learning curve. Proper preoperative imaging, positioning & adherence to anatomical landmarks helps us to avoid dreadful complications

VID 08-48

Robot assisted surgeries as an evolving standard of care for complex pelvic procedures in children

Anil Baid, Sumit Mandal, Anupam Shukla, Zain Tamboli, Priyank Y, M S Ansari

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Aims / Introduction: We describe the technique of Robot assisted laparoscopic Vas preserving excision of right seminal vesicle with left nondismembered side to side refluxing ureterocalycostomy in a patient with Zenner's syndrome with left ectopic ureter through this short video presentation

Materials and methods: 9 months old male child with C/O Intermittency / straining since birth. Diagnosed as Zinner's syndrome on MRI showing right renal agenesis with left HDUN upto VUJ and 12 x 12 mm cystic structure post to UB on left side and another cystic stricture 19 x 30 x 45 mm on right side. On cystoscopy Right Ejaculatory duct (ED) orifice not identified, Left ED dilated, orifice was patulous, findings were s/o left ED/SV cyst, Trigone was not clearly demarcated, Right UO not visualized, Left UO had ectopic insertion at bladder neck. Robot assisted laparoscopic Vas preserving excision of right seminal vesicle with left non dismembered side to side refluxing ureterocalycostomy was done for the patient.

Results: Operative time was 190 minutes. Blood loss was minimal. Post-operative course was uneventful. Drain was removed on post-operative day 3. The boy was discharged on 4. PUC was removed on POD 14 during OPD visit. 4/20 DJ stent is planned to be removed after 6 weeks of surgery (awaiting). USG and EC scan is planned 2 weeks after DJR.

Conclusion: Robot is a practically useful tool for complex surgeries like Robot assisted laparoscopic Vas preserving excision of right seminal vesicle with left nondismembered side to side refluxing ureterocalycostomy.

VID 08-49

Urethral Duplication in a 13 Year Old Boy - A Rare Case Presentation

Malvi Gaurav,

Seth G S Medical College and K E M Hospital, Mumbai, Maharashtra

Introduction: Urethral duplication is a rare-congenital pathology that is more common in boys. It can have different clinical manifestations, such as deformed penis, double urinary streams, urinary tract infection, urine incontinence, urethral discharge, and out-flow obstruction. We present a case of 13 year old boy with urethral duplication.

Case Report: A 13 year old boy presented with history of two urethral openings, one at distal glans and other at perineum. He passes urine from perineal opening with slight dribbling from distal glans. He gives history of penile erections. He was operated for anoplasty with chordee correction during childhood.

Genital examination showed a normal sized penis with ventral chordee. Prepuce was retractable. He had two urethral opening – one at distal glans which was small and other at perineum which was wide opened. Both testis were normally palpable. Retrograde urethrogram was suggestive of - Contrast injection through perineal opening seen going upto bladder ?urethral duplication. Tc99m DMSA renal scan was suggestive of – Left kidney appears small in size with relative function –2.77% and right Kidney appears mildly enlarged in size and is? malrotated with relative function-97.23%

MRI scan showed - Interrupted linear cystic T2 hyperintense lesion is noted in penis in midline inferior to corpus cavernosa likely suggestive of duplicated urethra.

Patient underwent excision of duplicated dorsal urethra.

Conclusion: A good imaging study is necessary for diagnosis. The treatment planning must be individualized for each patient depending on the type of deformity, severity of the symptoms and other associated anomalies.

Video Session 9

VID 09-50

An internationally developed RPN clinical classification to describe the surgical difficulty of renal masses planned for Robotic Partial Nephrectomy

Dinesh Agarwal, Australia

Introduction & Objectives: Surgical difficulty of partial nephrectomy (PN) varies depending on the operative approach. Current nephrometry scoring systems for assessing surgical difficulty have not been specifically designed to evaluate difficulty in cases being considered for robotic PN. We aimed to develop and validate an international robotic-specific classification of renal masses for preoperatively assessing surgical difficulty of robotic partial nephrectomy.

Materials & Methods: The newly designed RPN classification considers three parameters: size, position, and invasion of renal sinus. Forty-five experienced robotic surgeons from around the world independently reviewed de-identified CT images of 144 patients with renal tumours to assess surgical difficulty using a 1-10 Likert scale. Multiple linear regression was conducted, and a risk score was developed by rounding the regression coefficients. The RPN classification was compared with existing RENAL, PADUA, and SPARE scoring systems. External validation was performed using prospective surgical data from 248 patients.

Results: The mean (SD) score for surgical difficulty was 5.2 (1.9). Linear regression analysis indicated that RPN classification correlated strongly with surgical difficulty score ($R^2 = 0.802$). Comparatively, the R^2 values for the other scoring systems were: RENAL (0.659), PADUA (0.749), and SPARE (0.701), indicating that the RPN classification system outperformed the other three scoring systems. In prospective validation using objective surgical parameters, all classification models performed equally and did not show significant correlation.

Conclusions: The proposed RPN classification is the first validated renal classification system of surgical difficulty specific to robotic PN. This study suggests that this system outperforms the RENAL, PADUA, and SPARE scoring systems in predicting preoperative surgical difficulty of robotic PN. This classification, relying on less variables than these currently existing systems, is easy to use in clinical practice.

VID 09-51

Versatility Of 35w Thulium Fibre Laser For Prostatectomy - Selective Use Of Continuous and Pulse Modes

Poleboyina VK, Rathi A, Khan MA, Kota K, Tiwari D

Care Hospital, Hyderabad

Thulium Fibre Laser(TFL) has emerged as a new modality to treat kidney stones and Benign Enlargement of Prostate(BEP). We describe various modes - Continuous and Pulse Mode for different kinds of Enlarged prostates using only 35 W TFL machine.

Methods: We retrospectively collected data of patients who underwent this procedure at our institute between January 2021- January 2022. A 35W TFL machine from IPG was used at 1Joule x 35 Hertz in Pulse Mode and at 30 Win Continuous mode, a 400 micron laser fibre and 24 F continuous resectoscope by Richard Wolf.

Results: A total of 76 patients underwent this procedure, with a mean age of 63years. Mean Operative time was 55 min, Mean Morcellation time was 22 min. Mean Catheterisation time was 28 hours. Mean drop in hemoglobin was 0.5 g/dl. Transient Stress incontinence was seen in 1 patient. Mean improvement in IPSS at 6 months was 19, and Mean improvement in Qmax was 16. No patient developed any major (Grade 2 and beyond, modified Clavien Dildo system) complication.

Conclusion: Different modes of energy delivery by TFL is useful for different situations in the surgical treatment of BEP to achieve the maximum benefit for that situation.

VID 09-52

Horse Shoe kidney tumor - A challenging case

Aditya Pradhan, Prashant Kumar, Anand Vyas

BLK-MAX Superspeciality Hospital, Delhi

Introduction: Horse shoe kidney (HSK) is the commonest fusion anomaly whose incidence is 1/800 or about 0.2% of population. Renal tumors occur in about 12% of HSK however only 50% are malignant tumors and the rest benign

Managing such tumors is challenging by itself- dealing with multiple vessels supplying the kidney, proximity of isthmus to tumor relative function of each moiety difficult hilar dissection and dealing with fusion of pelvis occasionally. Upper pole location of tumors are simpler to manage. Dealing with a tumor in the lower part of the kidney is an additional challenge. Most cases earlier have been treated with open surgery. We present such a case with dealt by robotic heminephrectomy.

Case summary: A 65 yrs old male patient presented with hematuria and left flank pain of 3 m duration. He was obese and diabetic. Triple phase CT urography revealed a Horse shoe kidney with a smaller right

moiety , larger Left moiety with a large 6.8 by 5.7 mass in the lower part of left moiety with no nodes or veins involved. The pelviccalyceal systems were also fused There was insufficient kidney tissue salvageable to allow for a nephron sparing approach for the tumor, hence decision was taken for a robotic heminephrectomy.

The video demonstrates the operative steps

Conclusions: The robotic platform enabled a complex surgery to be completed successfully. The patient is on follow up. At 6 months post surgery his Serum Creatinine is stable at 2.2 mg /dl .

VID 09-53

Modified laparoscopic orthotopic reimplantation in VUR

Dr. M Ramalingam, Dr. K. Senthil, Dr. N. Sivasankaran
Hindusthan Hospital, Coimbatore

Introduction: High grade vesicoureteric reflux with recurrent UTI is an indication for reimplantation, commonly done by Lich Gregoires or Cohens technique for it is fairly easy. In these techniques if any ureteric problems occurs subsequently, it is difficult to do ureteroscopy. We illustrate a modified juxta -orthotopic laparoscopic reimplantation wherein subsequent ureteral access is easier.

Methods: A 13 years old girl presented to us with history of recurrent urinary tract infection over last one year. Clinical examination was unremarkable. MCU revealed grade four vesicoureteric reflux on left side. Ultrasound scan of kidneys were reported normal. DMSA isotope scan revealed cortical scar over the upper pole of left kidney. Using 4 ports, Laparoscopic Ureteric Reimplantation was done by extravesical approach at a point just 1 centimeter above the native left ureteric orifice. This was made possible by flipping the left lateral wall of bladder to right side using a transcutaneous stay that goes through the anterolateral wall of bladder. The left lower ureter was divided at the hiatus level and stent was placed. The detrusorotomy was done a centimeter cranial to native ureteral orifice. Inner mucosa to ureteric anastomosis with 5-0 PDS, detrusorrhaphy with 3-0 V-barbed suture was done.

Results: Foley catheter was removed on day 5. Patient made an uneventful recovery. Cystoscopy revealed almost normal looking ureteric orifice. Stent was removed. MCU done after 3 months did not reveal reflux.

Conclusions: Modified orthotopic uret

VID 09-54

Robotic Approach for Benign Prostate

Vaswani Usha, Nagaonkar Santoshi, Joshi Vinod, Bhargavkumar, Punatar Chirag
P.D.Hinduja Hosiptal , Mahim, Mumbai

Millin's simple prostatectomy is a procedure of choice for large prostates and was traditionally done by open methods with increased morbidity. With current age newer options are available for large benign prostates like staged TURP, HOLEP, Robotic Prostatectomy. We have attempted a Robotic approach for 250 gm prostate at our institute for Benign Prostatic Hyperplasia . A 60 year old diabetic male with ischemic heart disease presented with acute urinary retention and LUTS since 1 year on investigations was found to have 240 gms prostate with raised PSA 9.2. TRUS guided biopsy of prostate was benign hyperplasia with chronic prostatitis. All options for surgery staged TURP , HOLEP and prostatectomy was

discussed with the patient and decision was taken to do Robotic assisted Millin's Prostatectomy. Patient was discharged on postoperative day 3 with catheter and foleys catheter was removed on post operative day 10. On post op follow up patient has a good flow with minimal residue. Robotic surgery had the advantage of magnified vision and less intraoperative and post operative hemorrhage with less morbidity postoperatively, a shorter hospital stay and early recovery and less incidence of long term complications.

VID 09-55

Pediatric Robotic Assisted Kidney Transplantation

Harinatha Sree Harsha, Keshavamurthy Mohan

Fortis Hospitals, Bengaluru

Introduction and objective: Many studies have shown the feasibility of Robotic assisted kidney transplant in adult patients with graft function on par with open surgery while retaining the advantages of minimally invasive procedure. There are fewer reports of this procedure in pediatric age group. Here we assess the feasibility of the same in a pediatric patient.

Methods : The patient is a 12 y old girl with ESRD due to Lupus nephritis, on haemodialysis since 1 year. Donor is the mother, left kidney harvested by laparoscopy.

Four 8mm robotic ports and one 12mm assistant port were inserted.

External and common iliac vessels were dissected. Bladder mobilisation done. 5cm pfannelsteil incision made and a handport placed. Kidney inserted through handport after being wrapped in an ice jacket to maintain cold ischemia.

Renal vessels were anastomosed to common iliac vessels which were clamped with bulldogs. Artery and vein anastomosis completed with 6-0 PTFE suture. Bulldogs were released and brisk urine output observed.

Results: Cold ischemia time was 40 min. Total operative time was 180 min. Estimated blood loss was around 200ml. Post operative pain scores and analgesic usage was minimal. Patient was mobilised on postoperative day 1. Serum creatinine at the time of discharge was 0.6 on postoperative day 5.

Conclusion : In properly selected patients, benefits of minimally invasive surgery can be provided to paediatric age group recipients of kidney transplants. Anastomosis to common iliac vessels with robotic assistance in paediatric patients is feasible and safe.

Video Session 10

VID 10-56

Enbloc Enucleation of Prostate Using 35 W Thulium Fibre Laser

Poleboyina V.K, Rathi A, Khan M A, Kota K, Tiwari D

Care Hospital, Hyderabad

Introduction And Objective: Thulium Fibre Laser(TFL) has emerged as a new modality to treat kidney stones and Benign Enlargement of Prostate(BEP). We describe our Enbloc enucleation technique of prostate using only 35 W TFL machine.

Methods: We retrospectively collected data of patients who underwent this procedure at our institute between January 2021- January 2022. A 35W TFL machine from IPG was used at 1Joule x 35 Hertz , 400 micron laser fibre and 24 F continuous resectoscope by Richard Wolf.

Results: A total of 45 patients underwent this procedure, with a mean age of 65 years. mean gland size was 70cc. Mean Operative time was 45 min, Mean Morcellation time was 18 min. Mean Catheterisation time was 26 hours. mean drop in hemoglobin was 0.3 g/dl. Transient Stress incontinence was seen in 2 patients. mean improvement in IPSS at 6 months was 18, and mean improvement in Qmax was 15. no patient developed any major (Grade 2 and beyond, modified Clavien Dildo system) complication.

Conclusion: Enbloc Enucleation of Prostate can be safely and effectively done using 35W TFL.

VID 10-57

Tured May be the Simple Minimally Invasive Procedure But Effective Method of Choice for Ejaculatory Duct Obstruction.

P R V Praveen Kumar Sunkara, Gutta Srinivas
Star Hospitals , Hyderabad

Introduction & Objectives: A 28yr old male presented with history of recurrent episodes of pain in testis (B/L). He had b/l thickened vas deferens. USG KUB showed midline prostate cystic lesion. Semen analysis revealed small quantity ejaculate (0.5 ml) with azoospermia.

Materials & methods: TRUS guided aspiration of cyst was done. microscopic examination of contents revealed spermatozoa. Methylene blue with contrast was instilled and TUR-ED done.

Results & Observations: Patient was asymptomatic postoperatively. Semen analysis done after 6weeks was normal in all parameters.

Conclusion: TUR-ED is definitive procedure of choice for ejaculatory duct obstruction.

VID 10-58

Complications Encountered During Initial Learning Curve Of Laser Enucleation Of Prostate

Manas Babu B, Chandramohan vaddi, Ramakrishna, Siddalinga swamy, Soundarya, Hemanath, Rakesh Panda
Preethi Urology and Kidney Hospital, Hyderabad

Introduction & Objective: There is a gradual shift in the management of large prostatic adenomas from resection to anatomical endoscopic enucleation. Different energy sources have been employed, these are considered minimally invasive alternatives to traditional surgeries. On literature review common complications noted in endoscopic enucleation were Capsular perforation(9.6%) , Superficial bladder mucosal injury (3.9%),Ureteric orifice injury (2.1%),Blood transfusion (1.4%) ,Cystoscopy with clot evacuation (0.7%) and Transient urinary incontinence (10.7%).

Method: Male patients with obstructive lower urinary tract symptoms with prostate >60cc were posted for thulium fibre laser enucleation of prostate. Different complications encountered by the surgeon in his early learning curve were analysed and presented here.

Case 1- Different types of capsular perforations like threatened, covered and sub trigonal perforations are showed and their consequences discussed.

Case 2- Free capsular perforation free capsular perforation masquerading as a bladder injury discussed.

Case 3- left ureteric orifice injury explained.

Case 4- multiple superficial bladder mucosal morcellator injury discussed.

Case 5- Intraperitoneal bladder perforation and its management discussed.

Result: Most of the complications were clavien dindo grade 1 or 2, rarely grade 3. All the complications were identified on table, were effectively managed, thus reducing significant morbidity to the patient in post op.

Conclusion: Complications are seen even in laser anatomic endoscopic enucleation of prostate also. Most of these are seen in the early learning curve only. Complications are the best teachers, learn from them.

VID 10-59

Successful Transvaginal Repair of Recurrent Large Vesicovaginal Fistula

Chaudhari V M, Patwardhan S K

Mumbai

Introduction: One of the major complications of vesicovaginal fistula (VVF) surgery is recurrent fistula formation. A repeat repair is undertaken after resolution of the inflammatory response to the initial procedure. Here we demonstrate successful repair of recurrent vesicovaginal fistula after transabdominal repair with martius flap used as interposition graft.

Conclusion: It is important to strictly adhere to the basic surgical principles so as to achieve a successful VVF repair. Recurrent VVFs should always be treated with interposition of a tissue graft between the bladder and the vagina.

Key Words: Recurrent Vesicovaginal Fistula, Transvaginal, Mercedes-Benz Incision, Martius flap

VID 10-60

Video Demonstration of Laproscopic Sacrocolpopexy

Anand Patil,

Manipal Hospital Bengaluru

Laparoscopy offers great exposure and surgical detail, reduces blood loss and the need for excessive abdominal packing and bowel manipulation making it an excellent modality to perform pelvic floor surgery.

Laparoscopic repair of level I or apical vaginal prolapse may be challenging, due to the need for extensive dissection and advanced suturing skills. However, it offers the efficacy of open abdominal sacrocolpopexy, such as lower recurrence rates and less dyspareunia than sacrospinous fixation, as well as the reduced morbidity of a laparoscopic approach.

Technique: The operation is done under general anaesthesia. The patient is placed in the lithotomy position. Four trocars are necessary: one primary subumbilical 10 mm cannula, two lateral 5 mm trocars and one trocar halfway between the symphysis and the umbilicus.

The peritoneal incision at the promontory is then extended along the rectosigmoid to continue over the deepest part of the cul-de-sac, opening the recto- and vesicovaginal space.

Two separate meshes are sutured to the posterior and anterior wall of the vagina, using a knot pusher, needle holder and assistant needle holder.

The posterior mesh can be fixed as laterally as the levator muscle.

We use either staples or tackers to fix the mesh to the promontory. Close the peritoneum with both a running suture and the staples left over from the sacral fixation.

Video Session 11

VID 11-62

Conquering New battlegrounds : Emergency Robotic re-exploration in post robot assisted radical cystectomy mechanical bowel obstruction

Ashish Khanna, Amitabh Singh, Jiten Jaipuria, Vivek Vasudeo, Sarbartha Pratihar, Sudhir Rawal
Rajiv Gandhi Cancer Institute and Research Centre

Introduction & Objectives - Radical cystoprostatectomy (RCP) is the treatment of choice for muscle invasive urinary bladder cancer. However, it carries the risk of morbidity due to bowel related complications which could be due to prolonged paralytic ileus, intestinal obstruction, and leak. Minimal invasive techniques like robotic RCP, especially with intracorporeal diversion, has lower incidence of bowel related complications in comparison to open surgery. Open re-exploration for intestinal obstruction following robotic RCP can undermine the advantage of robotic procedure. Here, we describe our initial experience of robotic re-exploration for adhesive bowel obstruction following robotic RCP in the early post-operative period.

Materials & methods - We performed 437 robotic RCP between 2015 to 2020. Five patients developed adhesive bowel obstruction which failed conservative management.

Computed tomography of whole abdomen with oral and rectal contrast confirmed mechanical obstruction in all. After determination of transition point on imaging, all patients underwent robotic re-exploration.

Results - All five patients underwent successful robotic re-exploration without any further procedure related complications. Median console time, blood loss, hospital duration after re-exploration, time to pass flatus, and time to resume solid diet was 65 min, 70 ml, 6 days, 2 days, and 3.5 days, respectively. Pre-procedural optimization of patients, and tips and tricks of surgery have been explained in detail in the accompanying video.

Conclusion - Robotic re-exploration for adhesive bowel obstruction in the early postoperative period following robot assisted radical cystectomy is feasible and safe.

VID 11-63

Robotic Assisted Retroperitoneoscopic Partial Nephrectomy In A Complex, Hilar And Completely Endophytic Renal Mass

Anupam Shukla, Anil Baid, Ankit Mishra, Sumit Mandal, Aneesh Srivastav, Uday Pratap Singh, Sanjoy Sureka

Sanjay Gandhi Post Graduate Institute Of Medical Sciences

Introduction : Retroperitoneoscopy, provides direct and rapid access to kidney and renal hilum avoiding intraabdominal complications. Robotic-assisted retroperitoneoscopic partial nephrectomy (RARP) is less commonly performed than transperitoneal route due to unfamiliar anatomy and higher learning curve. Optimal candidate for RARP are patients with small, solitary, predominantly exophytic, posteriorly lying peripheral renal mass. We present a case of RARP for a complex, hilar, and completely endophytic renal mass.

Material and methods : A 24 year old male presented with left flank pain. CECT abdomen revealed a heterogeneously enhancing endophytic mass of size 5.6 X 4.4 X 4.2 cm (RENAL 9X) in left kidney. The patient in left lateral position, camera port placed 4 cm below 12th rib in mid axillary line. Retroperitoneal space developed with balloon trocar and other ports placed. Dissection done in retroperitoneum to expose ureter, renal vessels. Renal artery and vein were clamped with bulldog clamps. Incision made in the thin parenchyma exposing encapsulated tumor which was circumferentially resected. Hemostasis secured and renal parenchyma closed with V loc 3-0 suture in two layers. Renal vessels were then declamped.

Result : The total operative time was 150 minutes, with a warm ischemia time of 30 minute. There was minimal blood loss and the catheter and drain were removed on first post-operative day. The patient was discharged on subsequent day and is doing well on follow up.

Conclusion : Retroperitoneoscopic minimally invasive renal surgery may be a feasible option for complex, hilar, completely endophytic tumors, with advantages of early recovery.

VID 11-64

Double Trouble ! Robot assisted adrenalectomy for VHL associated Bilateral Pheochromocytoma

Ashwin Mallya,

Sir Ganga Ram Hospital , Delhi

Introduction: Surgical management of Pheochromocytoma is challenging . Complexity increases with bilateral pheochromocytomas. We discuss nuances of this complex surgery performed with Robotic assistance.

Patient Characteristics and surgical planning

A 15 year old girl with familial history of pheochromocytoma , presented with hypertension , palpitations and elevated metanephrines in urine. Imaging revealed bilateral masses ,5 cm right adrenal and 2.5 cm

left. Following preoperative preparation, was planned for Robotic Right adrenalectomy and left cortex sparing tumor excision. Challenges were bilaterality of procedure, hemodynamic instability, proximity of tumor to IVC, preservation of normal adrenal gland on left to prevent adrenal insufficiency.

Procedural details: Procedural time 180 minutes with console time 136 minutes. Port positioning done to ensure most ports used for bilateral procedure. Midline ports common for both sides and one additional working port taken on each side. Procedure first performed for right side. Wristed movements of robotic instruments helpful in accurate dissection. Near total adrenalectomy was performed on right side followed by undocking, position change and redocking for left. On this side enucleation of tumor was performed with adrenal preservation. Patient discharged on day 4, BP of 110/70 mm Hg and pulse rate 74/minute. Histopathology and genetic testing showed bilateral pheochromocytoma and VHL syndrome.

Conclusion: Bilateral procedure for pheochromocytoma is feasible provided patient is optimally prepared and remains hemodynamically stable. Pre-Operative preparation is key. Wristed movements of Robotic instruments make accurate movements possible. Adrenal sparing surgery necessary for bilateral cases and familial syndromes to prevent adrenal insufficiency.

VID 11-65

Robot assisted Radical Nephrectomy with IVC thrombectomy in level 2 Thrombus

Akash Shah, T B Yuvaraja, Santoshwaigankar, Ashish Asari, Abinav Pednekar, Abhinav Veerwal
Kokilaben Dhirubhai Ambani Hospital, Mumbai

Introduction: Inferior vena cava (IVC) invasion from renal cell carcinoma (RCC) occurs at a rate of 4-10%. IVC thrombectomy (IVC-TE) can be an open procedure because of the need for handling of the IVC. The first reported series of robotic management of IVC-TE started in 2011 for the management of Level I - II thrombi with subsequent case reports in recent years.

Materials and Methods: The following is a patient in his 70's with hematuria and hypertension. Magnetic resonance imaging and IR venogram were performed preoperatively. The tumor was clinical stage T3b with level II inferior vena cava thrombus. The patient underwent robotic assisted nephrectomy and IVC-TE. Rummel tourniquets were used for the contralateral kidney and the IVC. The tourniquets were created using vessel loops, a 24 French foley catheter and hem-o-lock clips.

Results: The patient tolerated the surgical procedure well with no intraoperative complications. Total surgical time was 290 min with 191 minutes of console time and 20 minutes of IVC occlusion. Total blood loss in the surgery was 200cc. The patient was discharged from the hospital on post-operative day 6 without any complications. The final pathology of the specimen was pT3b clear cell renal cell carcinoma Fuhrman grade 4. The patient followed up post-operatively at both 10th day and 1 month without complications. The patient will be continued for follow-up to look for recurrence.

Conclusions: Surgeon experience is a key factor in radical nephrectomy with thrombectomy as patients have a reported 50-65% survival rate after IVC-TE (4)

VID 11-66

Open Left Radical Nephrectomy with Level 2 IVC Thrombectomy in a 1 yr old child with Wilm's Tumor

Rakesh Sharma, Sai Sri Harsha P, Amaresh Mohan, T Subramanyeshwar Rao

Basavatarakam Indo-American Cancer Hospital

Introduction : Radical Nephrectomy with venous tumor thrombectomy is the standard of care for Wilm's Tumor (pre or post NACT). Open surgery is the preferred method.

Methods : A 1 year old child presented with incidentally diagnosed on CECT with a heterogeneously enhancing Left renal 15 x 11 x 10 cm mass with a thrombus extending up to the under surface of liver (Level 2). The child received 4 cycles with NACT. A reassessment CECT revealed regression in tumor size to 12 x 10 x 10 cm with infiltration of the left mesocolon and a thrombus extending up to the under surface of liver (Level 2).

A horizontal incision was made at level of umbilicus and procedure performed

Results : The total procedure time was 130minutes, blood loss of 20 ml.. No blood transfusion was done in the post-operative period, which was uneventful. Child was discharged on 5th post-operative day.

Conclusion : Open Left Radical nephrectomy with Level 2 IVC thrombectomy in pediatric patient is a feasible procedure with lower blood loss, early post-operative recovery and discharge from hospital but it needs expertise, a good patient selection as its main complication of thrombus migration and pulmonary thrombo-embolism can be fatal.

VID 11-67

Surgical Management Of Level II/III Inferior Venacava Thrombus In Renal Cell Carcinoma- A Cinematic Call For Attention To Details

Sepuri BRT, Pal M, Bakshi G, Gujela A, Prakash G
Tata Memorial Hospital, Mumbai

Introduction: Radical nephrectomy with inferior vena cava (IVC) thrombectomy is the preferred treatment for renal cell carcinoma (RCC) with IVC thrombus. Here we are demonstrating open radical nephrectomy with level 3 IVC thrombectomy in detailed.

Case details: 65Yr male patient with no comorbidities was evaluated for easy fatiguability. Triphasic CT scan which revealed 12x10cm heterogeneously enhancing mass arising from right kidney with tumor thrombus extending till hepatic vein confluence. DTPA showed left kidney-34ml/min, right kidney-17ml/min.

Procedure: Thoracoabdominal incision extending into 7th intercostal space given, liver mobilisation done adequately. Right renal artery ligated in interaortocaval region. Lumbar veins ligated. Right and left renal veins looped. Right kidney dissected all around so that right kidney is attached only with tumor bearing renal vein to IVC. Sequential clamping of IVC starting from infra renal IVC followed by contra lateral renal vein and supra renal IVC beyond the thrombus. Cavotomy done and thrombus removed intoto with IVC wall resected near the ostium. 2 layered closure done with 4-0 prolene. Blood loss -300ml, operative time-180min, IVC clamping time-15 min. Final biopsy report came as Clear cell RCC ISUP grade 2, all margins are free of tumor. 3 months post-operative scan revealed no recurrence or metastasis.

Moderated Poster Session 1

MPOS 01-01

Miniaturized Percutaneous Nephrolithotomy Versus Retrograde Intrarenal Surgery (RIRS) In The Treatment Of Renal Stones Of Size Between 1-1.5cm

Rachit Arora, Mangaiyarkarasi, SN Rajkumari, Subahkanesh S, A larif, Sadagopan
Tirunelveli Medical College Hospital, Tirunelveli

Objective : Miniaturized percutaneous Nephrolithotomy (PCNL) & Retrograde Intrarenal Surgery (RIRS) has become important alternative to standard PCNL for treatment of renal stones. Purpose of this study is to compare stone free rate, overall operative time, hospital stay and complication rate.

Methods : Patients with single stone of size between 1-1.5 cm on non contrast CT-KUB were enrolled in this prospective randomised clinical study which was conducted from April 2021 to March 2022. Patient were randomised into two groups. Group 1: Mini PCNL – 30 patients Group 2: RIRS- 30 patients

Results: In Mini PCNL group stone free rate was 90% (27/30). In RIRS group stone free rate was 76.6% (23/30); this rate increased to 90% after second intervention. Haemorrhage in Mini PCNL in 3 cases needing Blood transfusion. The overall stone free rate and complication rate for PCNL was higher. The operative time was more for RIRS than for Mini PCNL. Post operative hospital stay was longer in Mini PCNL (4 days) than RIRS (2 days).

Conclusion: RIRS is safe and efficient procedure with short hospital stay. RIRS can be considered as an alternative to Mini PCNL for treatment of renal stones of size 1-1.5cm with acceptable efficacy and low morbidity.

MPOS 01-02

Is GA still necessary for Retrograde Intrarenal Surgery- A Comparative Study Outcome of GA Vs SA

Suhas T, Griffin M, Sivasankar M, Kamaraj V, Muthulatha N, Dev Krishna Bharathi, Mohammad Farooq
Saveetha Medical College and Hospital, Chennai

Objective: Retrograde intrarenal surgery (RIRS) involves a minimally invasive stone surgery, lending itself potential to spinal anesthesia, although it is performed preferably under general anesthesia (GA).

Materials and methods: This prospective randomized study was undertaken to evaluate the feasibility and efficacy of SA for patients undergoing RIRS. Hundred (100) consecutive patients who were scheduled for RIRS were randomized to receive SA (n = 50) or GA (n = 50) in the time period between July 2021 to June 2022 in our hospital. Operative time, stone clearance rate, visual analog scale (VAS) of pain, complication rate, anesthetic cost, and hospital stay were compared between the two groups.

Results: A total of 100 patients randomized to SA (50) or GA (50) completed the study. In the SA group, each procedure was completed and there was no anesthetic conversion. Overall, operative time was more in GA group, residual fragments were more in GA group, postoperative VAS pain score at 6 and 24 hours was more in GA group compared to SA group. The patients in the GA group experienced a higher mean hemoglobin drop. In addition, the anesthetic cost was much cheaper in the SA group ($p < 0.001$). Incidence of complications were similar in both the groups.

Conclusions: RIRS with SA can be completed with no anesthetic conversions and with the superior efficacy and safety compared with GA. When considering economical aspects, SA appears to be a preferable alternative to GA for the patient whose general health status permits it.

MPOS 01-03

PCNL in CKD Patients - Still a Safe Option

Barath Chinnaswami R, Sivasankar, Griffin, Dev, Mohammed Farooq, Muthulatha, Kamaraj
Saveetha Medical College, Chennai

Introduction : While the effects of percutaneous nephrolithotomy on patients with normal functioning kidneys have been widely studied, the outcomes in populations with renal insufficiency remains under reported. The prevalence of nephrolithiasis in patients with concomitant chronic kidney disease (CKD) is estimated to be 17.5%. We aimed to evaluate the efficacy and safety of PCNL in this patient group

Methods: This study aims to compare PCNL carried out in the adult population with chronic kidney disease and normal functioning kidneys over a period of 5 years. A total of 285 cases were done out of which 100 cases were selected in both groups according to inclusion criteria and compared. The estimated glomerular filtration rate for each patient was retrospectively calculated using a 4-variable modification of diet in renal disease equation. Patients were staged for chronic kidney disease by National Kidney Foundation guidelines

Results: Complete clearance, auxiliary procedure, and complication rates were 71.2%, 2.5%, and 18.5%, respectively. The transfusion rate for patients with CKD 4/5 was 18.4% compared to 6.1% for patient with CKD 3 ($p < 0.001$). Complete SFR was 71.2% in CKD 4/5 group compared to 76.9% in CKD 0-2 group. Significant difference in total complication rate comparing PCNL in CKD 0-2 and CKD 4/5 groups (18.5% vs. 33.8%, $p < 0.001$)

Conclusion : PCNL is an effective feasible intervention for patients with chronic renal insufficiency. It can improve overall renal function by nearly 10%, however is associated with significant co-morbidity. Therefore, careful patient selection and thorough surgical practice is required to yield favorable outcomes.

MPOS 01-04

To Evaluate the Optimal Stent Duration following Endourology Procedures (5 Days Vs 14 Days)

Banerjee A, Velmurugan P, Natarajan K.

Sri Ramachandra Institute of Higher Education and Research, Chennai, Tamilnadu, India

Introduction and Objective: American Urological Association recommends not placing stents after ureteroscopy procedures for urolithiasis but over 80% of urologists prefer an indwelling stent. There is little literature suggesting at least one week of stent duration following ureteroscopic lithotripsy has a better outcome in the postop period than one with fewer days. We sought to determine any difference in postop outcomes for patients with 5 days vs 14 days stent removal following endourology procedures for stone disease.

Methods:We did a prospective randomized study from January 2021 to June 2022 which included 1547 patients who underwent endourology procedures with lithotripsy. We divided the patients into 2 groups in whom the stent was removed at 5 days vs after 14 days. We added diuretics in the arm in whom we removed stents early. These 2 groups were compared concerning demographic information, preoperative variables, and postoperative outcomes.

Results:Of all patients, 32% experienced a post-procedure related events (haematuria, flank pain, lower urinary tract symptoms) within 30 days of their procedure, 45% of 14 days stent patients compared to 15% of 5 days patients ($p = <0.05$). Within the 3 days following stent removal, both groups have similar stone clearance rates and similar post-stent removal complaints.

Conclusions:Nearly one-third of patients with a post-operative ureteral stent will seek medical care in the 30 days following an endourology procedure for stone disease. Leaving a stent for 14 days versus 5 days may lead to worse outcomes with regard to post-operative events and flank pain.

MPOS 01-05

Comparative Study of Percutaneous Nephrostomy Vs Double J Stenting in the Management of Infected Hydronephrosis and Pyonephrosis

Agarwal P, Singh S, Sabale V, Satav V, Mulay A, Mane D, Asabe S.

D.Y. Patil Medical College, Hospital&Research Centre, Pimpri, Pune
411018

Introduction: Hydronephrosis is defined as an aseptic dilatation of the pelvicalyceal system due to partial or intermittent obstruction to the outflow of urine. Pyonephrosis is defined as the collection of pus in the pelvicalyceal system. Infected hydronephrosis due to obstruction with infected resting urine in the pelvicalyceal system or Pyonephrosis requires prompt decompression of the renal pelvis. Currently, retrograde double-J ureteral stenting and percutaneous nephrostomy tube insertion are the most widely used surgical techniques to treat infected hydronephrosis and pyonephrosis. The advantages and disadvantages of the two methods have been the topic of various studies.

Aim: Objectives: To compare the outcome of Percutaneous Nephrostomy or Double J stenting in the management of infective hydronephrosis and pyonephrosis. To establish the better modality of treatment based on effectiveness of drainage, post procedure complications, quality of life and need for secondary procedure.

Materials And Methods:Type of study: Comparative observational study. The study will be conducted in 80 patients randomly dividing into two groups of 40 each.

Discussion: Present study was comparative observational study conducted at tertiary care hospital involving 80 patients randomly divided into two groups. In the 1st group, patients was undergone PCN (Group I); while in the 2nd group (Group II), Double J stenting was done to assess prognostic outcome and to know better modality of treatment.

Conclusion: This study concludes that double J stenting is a safe, quick and better method in the management of infective hydronephrosis than percutaneous nephrostomy with lower incidence of complications.

MPOS 01-06

Impact of Different Ureteral Stent Diameters for Large Volume Ureteral Stones Treated by Ursl - A Comparative Study

Vikram J, Natrajan K, Chandru T, Neelakandan R

Sri Ramachandra Institute Of Higher Education And Research, Porur, Chennai

Introduction and Objectives: Ureterorenoscopy is the 'gold standard' procedure for stone therapy in the ureter and it is usually employed in the removal of ureteric stones smaller than 20mm. Most urologists routinely insert an indwelling double-J ureteral stent to prevent obstruction of the ureter, which is usually caused by residual stone fragments, edema and hematoma. Despite the fact that there is no perfect stent that is free of complications and failures, combining good material, design and adjusting other factors would lead to an ideal outcome.

Our objective is - To emphasize the influence of stent diameter in the development of perioperative urologic complications, pyelonephritis and stone free rate after URSL for large volume stones.

Methods: Between September 2021- April 2022, 100 consecutive patients undergoing URSL for large volume stones measuring 1.5 - 2.0 cms were randomly assigned to receive 6Fr (group I) 8Fr (group II) double J stenting following the procedure. The stents were removed on day 7. All the patients were followed up for 21 days postoperatively. Ureteral stent related symptoms were assessed using self administered Ureteral Stent Symptom Questionnaire (USSQ) and was compared between the two groups. Stone clearance and pyelonephritis were assessed by screening CT-KUB scan.

Results: There were no significant differences observed in the USSQ scores and stent migration rates between the two groups. Higher stone free rate and lesser incidence of post-operative pyelonephritis was observed in group II.

Conclusions: For large volume ureteric stones (1.5-2.0 cms), usage of 8Fr stent had higher stone free rates and lesser incidence of post-operative pyelonephritis and lesser need for Relook URS

MPOS 01-08

Comparative Study of Mini Vs Standard Percutaneous Nephrolithotomy for the Treatment of Renal Stone of Size 10-30 mm

kumar R, Upadhyay R, Mehmood K, Kumar S.

Indira Gandhi Institute of Medical Sciences, Patna

Introduction And Objectives: PCNL replaced open surgery but due to greater invasiveness and higher rate of significant complications mini PCNL came into view. Studies about their comparison are still few and debate continue. so additional studies are necessary. OBJECTIVE of present study to compare haemoglobin drop, stone free rate and need of pressure irrigation for visual comfort during procedure.

Methods : Present study is conducted in urology department of our institute. More than 18 year old 60 patients with solitary renal stone size between 10-30 mm underwent either mini or standard PCNL by odd and even method. stone size were estimated by NCCT KUB. Sheath for standard pcnl was taken 26 fr and

for mini pcnl 16-20 fr.stone free status assessed after 3 month with NCCT KUB.Blood loss was assessed by Hb measurement after 12- 24 hr.

Results: Mini PCNL Hb drop was significantly lower than standard PCNL(0.6 ± 0.5 Vs 1.0 ± 0.3 , $P=0.072$).Stone free rate are comparable for both (96% vs 94%, $P=0.032$).Mini had less hospital stay and analgesic requirement and need of blood transfusion.Operative time was longer in mini PCNL (60-70 min vs 40-50 min, $P=0.053$).

Conclusion: Mini and Standard PCNL are comparable in stone free rate but blood loss and visual comfort is less in mini PCNL.

MPOS 01-09

Percutaneous Nephrolithotomy in Anomalous Kidneys : A Single Institutional Experience

Benjith Daniel F, Natarajan.K, ChandruT, NeelakandanR, Avijit Banerjee

Sri Ramachandra Medical College and Hospital, Chennai

Introduction: Horseshoe Kidneys are most common congenital fusion of kidneys. Incidence - 1 in 400 in normal population with male preponderance - 2:1. HSKs are prone to infection and calculus formation due their orientation. The incidence of stone formation is 20%. Percutaneous puncture of HSK is safe because of favourable calyceal orientation and vascularity with good success rate. This study aimed to evaluate PCNL in managing large HSK stone disease in the form of stone free rate and to assess procedure related complications between October 2018 to December 2022.

Methods: Retrospective cross-sectional study, performed at a single institute over period of 4 years. Inclusion criteria: Stone size >15 mm, failed ESWL and recurrent stones with HSK (Total 18 patients). Exclusion criteria: Stone size <15 mm.

Results: During PCNL, two staghorn calculi patients had intraoperative bleeding - once patients were stable, stone clearance was done with RIRS. Fever was most common (4 cases, 19%) hematuria in 2 cases (9.5%), paralytic ileus in 1 patient (4.8%) and drop in haemoglobin requiring transfusion in 1 patient (4.8%). Stone clearance rate of 85.7% shows the safety and success of this approach at the study institution. Postoperatively, two patients had hematuria and one patient required blood transfusion. No significant complications in study.

Conclusion: PCNL can be recommended as first line management in treatment of HSKs with large stone burden. With Extra long Nephroscope and Amplatz sheath, complete clearance chances are increased, as isthmus calculus can be reached easily. A larger study is warranted.

MPOS 01-10

Outcome of URSL in Patient having Refractory UTI

Chari P D, Mandrekar P T N, R GHalarnakar, Gaude V, Joshi N, Lawande P R, Oza U

Goa Medical College, Bambolim, Goa

Introduction:To determine Incidence of Urosepsis following URSL with culture positive UTI.

Methods:95 patients studied with positive urine culture. All 95 patients were DJ-stented earlier for ureteric calculi for obstructive ureteric colics.

95 patients had persistent positive urine culture despite of treatment with appropriate antibiotics and were taken for uretero-rensoscopy under antibiotic cover. All cases were grouped and defined as per 'Surviving Sepsis International Guidelines'. Repeat urine culture was done post-operatively in all these patients.

Results: -Of 95 patients who underwent uretero-rensoscopy, 72 were Unilateral and 23 were Bilateral.

-56 had Upper and 39 had lower ureteric calculi.

-30 patients developed urosepsis, presenting as

- SIRS (n=2)

- Sepsis (n=24)

- Severe sepsis (n=4)

-17/30 patients developed sepsis on postoperative day one itself.

-11/30 patients with urosepsis had diabetes. 10/95 patients required re-stenting, of which 5 were re-stented due to stone migration in kidney.

- Duration of surgery was more then 30 minutes in 17 patients.

-Post-operative urine culture was positive in 39 patients of which 60% patients showed same organism pattern as seen prior to ureterorenoscopy.

- 32 patient were CKD.

Conclusion: Risk of developing Urosepsis is highest when it is associated with Diabetes Mellitus, renal insufficiency and prolonged duration of surgery in patient who had been taken for URSL with Urine culture Positive urine culture.

MPOS 01-11

A Randomised Controll Study: Supine Versus Prone PCNL

Manjunatha S B, NagabhushanM, SanjayRP, ShivakumarV

Institute of Nephro Urology

Purpose: The traditional prone Percutaneous nephrolithotomy (PCNL) is associated with various anaesthetic and logistic difficulties. We compared the efficacy, safety and surgical outcomes of PCNLs performed using modified supine position with the standard prone position.

Materials and Methods: A prospective group of 42 undergoing PCNL with calculus size more than 15mm at our institute were included, 21 patients undergoing supine PCNL were compared with 21 undergoing Prone PCNL. The outcomes of operative time, stone free rate, stone size, radiation time, length of stay (LOS) in hospital and complications were compared. Chi-square and t-tests were used.

Results: There were no significant differences in gender, age, BMI, stone location, Stone size between the modified supine and prone groups. Mean duration of surgery in supine group 55.42min compared to prone group 56.42min which was not statistically significant $p=0.1206$. Mean fluoroscopy time in both

groups 118.33 sec for supine and 111.19 for prone group with p value >0.05. The pain score in supine group was less compared to prone group p=0.03. Residual calculus noted in 2 patients in each group and one patient from each group underwent relook PCNL. There were no significant differences in calyx puncture, numbers of punctures, mean blood loss, and mean hospital stay between the two groups.

Conclusions: In our study Modified supine PCNL has significantly lower post operative pain and need for analgesia, with no significant differences in operative time, radiation exposure, residual calculi, need for second surgery. Supine PCNL is a safe and effective procedure.

MPOS 01-12

Risk Factors for Postoperative Complications of Percutaneous Nephrolithotomy at a Tertiary Referral Centre.

Aher N, Kumaresan N, Palaniyandy V, Chandru T

Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai

Introduction And Objective:We sought to describe and evaluate the complications related to percutaneous nephrolithotomy and identify risk factors of morbidity according to the modified Clavien scoring system.

Materials And Methods:We retrospectively analyzed data on patients who underwent percutaneous nephrolithotomy from January 2015 to December 2021. Descriptive statistics were used to analyze patient characteristics, medical comorbidities and perioperative features. Complications were categorized according to the Clavien score for percutaneous nephrolithotomy. Logistic regression analysis was performed to look for prognostic factors associated with major complications.

Results:A total of 1545 surgeries were evaluated. Mean age of the population was 54.2 years. The stone-free rate at hospital discharge was 82.1%. The overall complication rate was 19.6%. Patients with any postoperative complications were older, had more comorbidities, were more likely to have staghorn calculi and had longer operative time and hospital stay on univariate analysis (p <0.05). Age 55 years or older and upper pole access were independent predictors of major complications on multivariate analysis. Other factors such as a history of urinary tract infections, body mass index, stone composition, previous percutaneous nephrolithotomy and multiple tracts were not associated with a major complication.

Conclusions:At our centre percutaneous nephrolithotomy is an excellent option for complex kidney stone management with a low overall complication rate. Older patient age and upper pole access are significantly associated with an increased risk of a major complications.

Moderated Poster Session 2

MPOS 02-13

Post Percutaneous Nephrolithotomy Bleeding -Multy Factorial Analysis

Singh Deelip, Tiwari Rajesh, Ahmed Ahsan, Upadhyay Rohit, Gupta Sanjay, Mahmood Khalid, Kumar Nikhil

Indra Gandhi Institute of Medical Science, Patna

Introduction and Objective- . Bleeding is the most common and significant complication of PCNL, with the reported incidence ranging from 7%-20%. In the present study efforts are made to evaluate the predictive factors contributing to bleeding after PCNL and the ways of managing this complication.

Methods-The present study prospectively reviewed the data of patients with renal stone who underwent PCNL in prone position under general anaesthesia with different tract size .

Results - the average stone burden in patients with renal stones was 34.3 mm² and 35.17 mm² in patient who have undergone angioembolization Haemoglobin drop in stone size of > 30 mm² is reported to be greater 2.359 \bar{X} , $\hat{\sigma}$ \pm 1.822 gm/dl compared to 1.859 \bar{X} , $\hat{\sigma}$ \pm 1.540 gm/dl in stone size <30 mm², which is statistically significant ($p = 0.0408$). Total patients were 193 and in 44 cases (22.79%) maximum tract size were <20 F and in 158 cases (81.86%) maximum tract size were up to 28 F (20-28 F). Patients requiring angioembolisations (n=3,1.5%) have multiple tracts in 67 % cases whereas only 15% case require multiple tracts in patients in conservative group .A total of 1.5% (n=3) of patients had severe bleeding requiring angio- embolization , which is comparable to the 0.3%-1.4% reported in other study.

Conclusions- multiple puncture and tracts, size of tracts, stone size and prolong operative time are important determinants. .Angioembolisation is effective and lifesaving procedure and obviate the need for nephrectomy .

MPOS 02-14

Percutaneous Nephrolithotomy in Patients with Chronic Kidney Disease : Our Experience.

Tikar C R,

Topiwala National Medical College and BYL Nair Charitable Hospital, Mumbai.

Introduction: The prevalence of nephrolithiasis in patients with concomitant chronic kidney disease (CKD) is estimated to be 17.5%. With advances in the PCNL technique, it's effect on patients with established renal insufficiency remains under reported. So, we aimed to evaluate the efficacy as well as safety of PCNL in chronic kidney disease patients.

Methods: This is the retrospective study included patients admitted to our hospital from January 2020 to December 2021. Convenience sampling method was used. Patient which were diagnosed with urolithiasis with chronic kidney disease and treated by PCNL were included. Patients with GFR <90 ml/min/1.73 m² in the non-obstructed renal stone disease who underwent PCNL were included.

Results: The study comprised 25 patients (M/F-18/7) Of CKD who underwent PCNL. Mean operative time was 96 mins. One or more complications were noted in 7 Patients (28%) after PCNL. At a mean follow-up of 6 months, renal function stage had improved in 13 patients (52%) and it was maintained in 7(28%). Worsening of CKD with an increase in disease stage was noted in 5 patients (20%). Association between hypertension, diabetes, and postoperative deterioration in kidney function wasn't significant statistically ($p=0.9$). The stone-free rate at postoperative 3 month was 76%.

Conclusion :PCNL has favorable outcomes in CKD patient. By more aggressive removal of kidney stones, particularly staghorn stones, at first presentation and more vigilantly attempting to prevent recurrence through infection control, pharmacological or other interventions, the progression of chronic kidney disease due to nephrolithiasis may be mitigated.

MPOS 02-15

A Rare Find in Post Pcnl Bleed - Segment of an Accessory Renal Artery

Manne Tejaswini, HariharaSudhan S, Krishnamoorthy S, Kumaresan N
Sri Ramachandra Institute of Higher Education and Research, Chennai

Introduction and objective :Percutaneous nephrolithotomy (PCNL) is a safe and effective treatment for patients with upper urinary tract stones, including complex and large calculi. PCNL is still an invasive surgery with its own set of complications. Haemorrhage is the most common as well as dreaded complication, occurring in 0.3-4.7% of cases and requires expeditious attention. Here we report a rare case of Post PCNL haemorrhage - secondary to an injury of a segmental branch from an accessory renal artery.

Methods :A 54-year-old gentleman underwent left PCNL for a 1.5 cm renal pelvic calculus with an uneventful postoperative course with discharge from the hospital on POD 1. The patient developed recurrent gross hematuria three days after the procedure followed by clot retention on the POD 5. The patient failed conservative management and hence, referred for a CT renal angiogram. Bleed from a segmental branch of an accessory renal artery was noted. Superselective renal artery angioembolisation was able to control the bleeding.

Results :Accessory renal artery are found in approximately 20-25% individuals. However, an accessory renal artery with three segmental branches supplying each poles separately (in addition to the main renal artery) is even rarer. When present, it can be a source of post PCNL bleeding.

Conclusions :In conclusion, we would like to report a rare case of post PCNL bleed, from a segmental branch of the left accessory renal artery and our experience of successfully managing in this patient. SSRAE is an effective and minimally invasive method for control of renal haemorrhage induced by PCNL.

MPOS 02-16

Heterotrophic Bone within Stone in Renal Pelviureteric Junction - A Rare Occurrence

Mollah Washim, Sharma Pramod Kumar, Mandal Soumendra Nath, Alam Tahzeeb, Patawari Piyush, Bajoria Suyash
Calcutta National Medical College, Kolkata

Introduction and objective: The presence of bony tissue in the urinary tract is unusual and it was described first in the renal pelvis by Phemister. Other locations are ureter and bladder . We report a young patient, who underwent ureteroscopic laser lithotripsy for pelvi-ureteric junction calculi and was found to have bone attached to the renal pelvi-ureteric junction epithelium over which stone formation had occurred.

Methods: A 18-year old male presented with left flank pain for 2 months. Ultrasound revealed 15 mm calculi at left pelviureteric junction with left hydronephrosis. Intravenous urogram and a non-contrast CT scan corroborated the findings. A left laser ureteroscopic lithotripsy was performed. During the fragmentation of the calculi, a whitish tissue was visualized which appeared to be in continuity with the mucosa of the renal pelvi ureteric junction. This tissue was gently removed by the graspers after fragmentation of the stone surrounding it. The histopathological examination was suggestive of fibrous tissue with ossification.

Results: Patient did not require any further management. He was asymptomatic and there was no recurrence 6 months post operatively.

Conclusion: Osseous and cartilaginous metaplasia has rarely been described in upper urinary tract epithelium. The pathogenesis of this phenomenon is not clearly understood. Accurate preoperative differentiation of bone metaplasia (false calculi) and true renal lithiasis is difficult. Surgical removal remains the treatment of choice. Recognition of extrasosseous bone is important, since it has implications for management and prognosis.

MPOS 02-17

Comparison of the Feasibility, Efficacy and Outcome of Rirs and Mini Pcnl in Treating Lower Pole Renal Calculi: A Prospective Comparative Study

Manish C A, Manohar C S, Keshavamurthy R

Institute of Nephro Urology, Bangalore

Introduction: Due to the anatomic characteristics of the lower calyx, lower pole stones are difficult to be eliminated through the ureter, even if the stones had been fragmented.

Materials And Methods: This was a prospective randomised comparative analysis that included 64 patients with 1-1.5 cm lower pole stones, who underwent RIRS (n=32) and mini PCNL (n=32) between January 2021 to June 2022.

Results: There were no significant differences between the two groups in base-line parameters. The mean operating time was longer in the RIRS group than mini PCNL (78.36 +/- 12.14 vs 52.55 +/- 9.07 min, $p < 0.003$), length of hospital stay was not significantly different between the two groups (1.88 +/- 0.36 vs 2.43 +/- 0.66 days, $p < 0.08$), The early stone free rates were higher in the mini PCNL group (86.74% vs 58.33%, $p < 0.050$), whereas the stone free rates at 1 and 3 months post operatively were similar in both groups ($p < 0.504$, $p < 0.675$). There were no significant differences between the two groups in the complication rates ($p < 0.228$). Difficulty in accessing lower pole was encountered in 3 cases, 2 cases the lower pole was accessed successfully initially but could not be manoeuvred with the laser fibre insitu, these cases were managed by repositioning the stone in the renal pelvis, however in one case the lower pole could not be accessed due to an acute infundibula-pelvic angle. Post operative Hb drop was higher in the mini PCNL group ($p < 0.001$).

Conclusion: RIRS and mini-PCNL are both safe and effective methods for treating LP stones with a diameter of 1.0-1.5 cm.

MPOS 02-18

Gall Bladder Puncture During Percutaneous Nephrolithotripsy -Emergency Elective Cholecystectomy: A Life Saving Approach

Pradhyumna Koushik,

Sri Ramachandra University

Gall bladder puncture during Percutaneous nephrolithotripsy - Emergency Elective Cholecystectomy: A life saving approach

Percutaneous nephrolithotripsy (PCNL) is the recommended procedure in patients with large renal calculi. Visceral injuries are rare complications of this procedure. A distended gall bladder (GB) that abuts the right kidney at times is more prone to needle puncture-related injuries. GB injury leading to biliary peritonitis portends to a poorer prognosis.

Here, we report a case of biliary peritonitis following GB perforation that happened after an otherwise uneventful PCNL, where the various warning signals in the peri-operative period was missed out.

A straw-coloured gelatinous aspirate that was observed during the initial puncture alerted the treating surgeon. Intra-operative general surgeon opinion was sought and it was decided to perform a diagnostic laparoscopy. Perforation of the fundus of the gall bladder was noted. Emergency elective cholecystectomy was performed, following which the patient recovered well.

Biliary peritonitis is a lethal condition. GB perforation should be kept in mind during right-sided PCNL. The distance between calyces of the kidney and the GB can be as little as 2cm. Even single microscopic injuries to the GB are significant. Missing this complication, many a time, may prove fatal, as the margin of error is very limited. Awareness of this potentially lethal complication and a high index of clinical suspicion is mandatory, as early diagnosis and prompt management can prevent mortality in such patients.

Keywords:Gall bladder, PCNL, kidney stones, peritonitis, bile

MPOS 02-19

A Rare Case Series: Surgical Management Of Renal Calculi In Cases Of Crossed Renal Ectopia

Shreyas MD, Sivasankar G, Sivabalan J, Raju S, Bhargavi R, Muthurathinam K, Tamilselvan D

Government Kilpauk Medical College, Chennai, Tamil Nadu, India

Introduction & Objectives: Crossed renal ectopia is a rare congenital malformation. Only 36 cases of crossed renal ectopia with calculus has been recorded in literature, even few cases of urolithiasis in them have been surgically managed. Majority of cases in literature have been published as single case-reports. We report the “largest case series” of urolithiasis in crossed renal ectopia which were managed by surgical modalities of wide opposing spectrums like Retrograde Intrarenal surgery (RIRS) and open pyelolithomy in our institution

Methods: We conducted a prospective study of all the crossed renal ectopia cases admitted and managed in our department. Among them only one was without fusion: 61 years old male patient had left crossed ectopic kidney with pelvis calculus measuring 18mm (+1176HU). Youngest patient was 32 years old male with crossed left kidney with calculus measuring 13mm (HU+1419) in Lower Pole of left kidney. Both the patients underwent RIRS. Oldest patient was 80 years old female patient with right crossed kidney with pelvic calculus measuring 26mm (HU+1188), who underwent Open pyelolithotomy.

Results: Post-operative period was uneventful in all cases with complete stone clearance. Both patients who underwent RIRS were discharged on Post-op day (POD) 2. For the patient who underwent pyelolithotomy, patient was discharged on POD 6.

Conclusions: RIRS is safe and effective modality of treatment and can be considered as the first choice for management of calculus in crossed renal ectopia in properly selected cases. But in cases of huge stone burden and difficult anatomy, Open pyelolithotomy is still an attractive option for clearing the stone in a single setting, even though it has comparatively more morbidity and longer hospital stay.

MPOS 02-20

Study of functional and clinical outcomes of Mini Percutaneous Nephrolithotomy in renal stone disease: A Prospective Interventional study

O Agrawal, S K Prasad, A Mittal, V K Panwar, A K Mandal, D Dubey
AllIMS Rishikesh

Introduction: EAU guidelines recommend mini-PCNL as standard treatment option for ≤ 2 cm renal stones. In literature it is documented that around 1%-nephrons are lost after each standard PCNL. But due to miniaturized instrument mini-PCNL results in decreased nephron loss. However, decrease in size is not without problems, as visibility is compromised with increased pressure of irrigation which theoretically increases the chance of complication. There is scarcity of literature regarding this. In this study we assessed renal function changes and clinical-outcomes in mini-PCNL in renal stones ≤ 20 mm.

Materials-And-Methods: In this study 20 patients with renal stones (≤ 20 mm) patients were included. All the patients were followed up for assessment of improvement in renal function by measuring change in GFR on DTPA scan and stone free status assessed by NCCT KUB at 3 months postoperatively. Complications were assessed according to the modified-clavien grading system.

Results –Stone clearance rate was 100% post mini PCNL. Maximum benefit of the procedure in terms of increase in GFR was seen in removal of stones located at pelvi-ureteric-junction. There was statistically significant improvement in GFR assessed by comparing pre and post-op DTPA-scan. Patients with single tract dilatation had greater increase in GFR compared to 2 tracts usage.

Conclusion - Mini PCNL achieves stone clearance with good success in terms of efficacy and safety. Complications are quite low and renal functional improvement occurs post stone clearance.

MPOS 02-21

Same Session Versus Simultaneous Bilateral Endoscopic surgery for patients with Bilateral Upper Tract Urolithiasis: A Prospective Randomized Study.

Shashank Agrawal, Shashikant Mishra, Aditya Sengar, Avneet Gupta
Precision Urology Hospital, Lucknow (U.P.)

Introduction and Objectives: Upto 15% of the patients with urolithiasis have bilateral renal stones. Aim of this study is to compare same session bilateral procedures versus simultaneous bilateral procedures for urolithiasis.

Materials and Methods: All patients between 18-80 years from July 2021 to March 2022 having bilateral renal stones, one of which deemed suitable for Percutaneous Nephrolithotomy (PCNL) and contralateral suitable for Flexible Ureteroscopy (fURS) were prospectively randomized into two groups. In 12 patients of Group A, surgeon first completed the treatment on one side followed by treatment on other side while in another 12 patients in Group B, two surgeons performed PCNL and fURS simultaneously in Valdivia

position. Exclusion criteria included pregnant females, anatomical abnormalities of upper urinary tract and staghorn stones.

Results: Patient demographics and stone characteristics were comparable in both the groups. Operative time was significantly less ($p < 0.05$) in Group B. Despite manipulation of both kidneys, no significant change in serum creatinine was noted in either group in post procedure period. No patient needed blood transfusion in peri-operative period. Stone free rate, assessed by plain computed tomography of kidney-ureter and bladder, was 75% and 83.33% in A and B group at 1 month follow-up.

Conclusion: Simultaneous Bilateral endoscopic procedures are safe and possess advantage of shorter operative time and hospital stay which is beneficial for patients and health care system.

MPOS 02-22

Comparison of Thulium Fibre Laser Lithotripsy and Pneumatic Lithotripsy in The Management of Upper Ureteral Calculi-A Prospective Randomised Controlled Study(Interim Results).

Linga Appa Rao, Cheekuri Sadhan Kumar, Yanala Vinay Kumar Reddy, Tiramdas Narendra and Pisapati VLN Murthy.

Department of Urology & Renal Transplantation, Kamineni Institute of Medical Sciences, Narketpally, Telangana India

Introduction: Ureteroscopic lithotripsy of upper ureteric calculi using semi rigid ureteroscope and pneumatic energy is routinely practiced with 70% success rates and migration of calculi to the kidney occurs in 10-30 % cases which needs additional procedures for stone removal. We observed and hypothesized that Thulium Fiber Laser lithotripsy is more efficient in disintegration of calculi and with less migration enabling high success rates.

Objective: To evaluate the efficacy of new thulium fibre laser and compare it with pneumatic ureteroscopic lithotripsy.

Methods: 24 patients with solitary upper ureteral calculi were enrolled for ureteroscopic lithotripsy. Patients were randomized into two groups: PL group (10 pts.) and TFL group (14 pts.) where pneumo and laser energies are used respectively. The laser settings were 1 J @ 10 Hz = 10 W using 200 micron fiber.. The evaluated parameters were operation time, endoscopic view quality, retropulsion grade, stone-free rate, and complication rate.

Results: The age, stone size, location, and density were comparable in both groups. The stone disintegration time was equal in both groups. Migration of stones to the kidney occurred in 3 patients in PL group and 1 in TFL group .FURS using TFL lithotripsy completed the migrated stones. Stone free rates were 100% in both the groups at the end of one month. No complications were noted in both groups.

Conclusion: Pneumatic and Thulium laser energies are equally efficient in disintegration of calculi but migration of calculi is more with pneumatic energy which required additional procedures.

MPOS 02-23

Case Series of Acute Pulmonary Thrombo-Embolism Following Endourological Procedures in Covid Era: A Serious Threat to Patients Life and Urologist!

L K Ganesh, K Natarajan, T Chandru, K Sriram, R Neelkandan.

Sri Ramachandra Medical College, Chennai.

Introduction and objectives. In late 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged as the cause of a cluster of pneumonia cases in China, and the corresponding disease was designated as Coronavirus Disease 2019 (COVID-19), spreading quickly around the world resulting in a pandemic. COVID-19 is associated with a set of coagulation abnormalities that increase the risk of thromboembolic events.

Materials and methods: We report series of five cases of acute pulmonary thromboembolism following endourological procedures, treated in our tertiary care center, which after an apparent clinical improvement, developed acute pulmonary thrombo-embolism between second and third post-op day.

Results and observations: Among five cases, three were post PCNL and two post URSL. All Patients presented with dyspnoea, tachycardia, desaturation and hypotension. Further investigated with E.C.G, D-dimer, 2D-echo and CT-pulmonary angiogram, all suggestive of PTE. Hence patients were managed successfully in CCU with cardiologist advice and timely intervention. Among five, three were managed with IV thrombolytic and anticoagulant therapy and two managed with IV anticoagulation alone, dose monitored with periodic coagulation profile. All patients discharged with oral newer anticoagulants and periodic follow up for 6 months. All patients on follow up and doing well.

Conclusions: Thromboembolic events are potential complication of COVID-19 and can manifest later. Although very rare after endourological procedures, it requires high index of suspicion so as not to be missed as diagnosis, especially in hemodynamically unstable patients with respiratory distress. Early diagnosis and proper therapeutic actions is crucial for patients.

MPOS 02-24

PCNL in Horseshoe and Ectopic Kidney: Experience from a single tertiary centre

Niramy Pathak, R. Shetty, A Singh, A Ganpule, R Sabnis, M Desai.

MPUH: Muljibhai Patel Urological Hospital, Nadiad

Introduction: Urolithiasis management is challenging for anomalous kidneys such as horseshoe and ectopic kidneys which have a higher risk for stone formation than normal kidneys. We aim to present a single center experience for PCNL in urolithiasis management in such kidneys.

Methodology: We retrospectively reviewed data of all patients who presented to us with urolithiasis in Horseshoe and Ectopic kidneys over the last 30 years. Perioperative features were studied.

Results: 45 patients (51 renal units) with Horseshoe kidney underwent PCNL. Amongst them, 5 were females, flank pain was the most common presentation, mean stone volume 3677 +/-428 mm³, 12 cases underwent staged procedure, all were done in prone position, 7 were by mini-perc, 39 had complete stone clearance, 5 patients required blood transfusion, mean Hb drop was 1.32+/-1.1gm/dl, 17 cases had fever postoperatively. 36 patients (38 renal units) with Ectopic Kidney underwent PCNL. Amongst them, 7 were females, flank pain was most common presentation, mean stone volume 3294+/-317 mm³, 14 cases underwent staged procedure, 27 were done in supine position, 1 by microperc, 7 by miniperc, 1 by superperc, 28 had complete stone clearance, 4 patients required blood transfusion, mean Hb drop was 1.31+/-1.1gm/dl, 6 cases had fever postoperatively.

Conclusion: PCNL in ectopic and Horseshoe kidneys in appropriately selected patients by experienced urologists gives good results with minimal morbidity and acceptable stone free rates.

Moderated Poster Session 3

MPOS 03-25

Efficacy of Oral Steroids after Turp in Reducing Incidence of Bladder Neck Stenosis and Urethral Stricture

Jatin Soni, Deepak Raghavan

Apollo Main Hospital, Chennai

Objective: TURP is a feasible modality for treatment of BPH. Post TURP Bladder neck stenosis and urethral stricture is a known complication. This study aimed at evaluating the efficacy of oral steroids (Dexamethasone) in reducing the incidence of bladder neck stenosis and urethral strictures post TURP. Up to date no study has evaluated the role of oral steroids after TURP.

Material and Methods: In this case control study, patients undergoing TURP, were divided into two groups according to patients receiving (Group 1) and not receiving (Group 2) oral steroid (Dexamethasone 5mg). Both groups were controlled at 1, 3 and 6 months after catheter removal (usually tenth day after TURP) with uroflowmetry, and the flow rates were statistically compared. Incidence of cases of Bladder neck stenosis and urethral stricture were noted in both groups. Dexamethasone was given from POD one onwards for next ten days till the day of catheter removal.

Results: A total of 418 patients were selected for the study as per inclusion criteria. They were divided into two groups as those receiving (Group 1: Dexamethasone group n= 209) or not receiving (Group 2: n=209). None of the patients in Dexamethasone group had Bladder neck stenosis and urethral stricture.

Conclusion: Oral steroids can be used after TURP to reduce the incidence of Bladder neck stenosis and urethral strictures.

Key words: Dexamethasone, Steroids, stricture, bladder neck stenosis, TURP

MPOS 03-26

A Comparative Study of Transurethral Enucleoresection of Prostate(TUERP) Versus Standard Transurethral Resection Of Prostate (TURP)

R K Rajesh, V Rajagopal, DvsIn Sharma

Apollo Jubilee Hills, Hyderabad

Introduction&Aim: Objectives:comparing bipolar TUERP and bipolar TURP in large prostates

Materials & Methods:All patients diagnosed with BPH and qualifying the criteria (inclusion and exclusion) operated atApollo hospital, Jubilee Hills, Hyderabad during the study period.

Sample size 100 cases - a comparative study (prospective and retrospective study)

Results & Observations:

- a. Clot retention
- b. Haematocrit level
- c. time of catheter removal
- d. Hospital stay
- e. IPSS

RESULTS ARE BETTER IN TUERP THAN TURP

Conclusions: TUERP results are better than TURP.

MPOS 03-27

Thulium Fibre Laser Enucleation of Large Sized Prostate (>100g) using 35 W Machine - A Single Centre Experience

Keerthana Kota, Vamsi Krishna P

Care Hospital, Banjara Hills, Hyderabad

The objective of our study is to assess the safety and efficacy of Thulium fibre laser enucleation of large sized prostates using 35 W machine. We analysed 30 patients who underwent ThuFLEP for LUTS and BOO. Pre and peri operative data is assessed over a period of one year. Prostate grade on DRE, prostate size, IPSS, Q-max, enucleation time, morcellation time, capsular injury, bladder injury, Hb drop, catheter duration were collected and assessed. Mean prostate volume was 135 cc. All functional parameters significantly improved after surgery and showed durable improvement up to 1 year of follow up. Sub group analyses revealed higher rates of transient urinary incontinence that resolved with time and physiotherapy.

Conclusion : Irrespective of prostate volume, ThuFLEP with 35 W power is an effective and durable technique with low incidence of complications

MPOS 03-28

Dutasteride Role in Management of Perioperative Complications of Trans Urethral Resection of Prostate

P S Barath Venkat, RM Meyyappan, T Senthil kumar, J Saravanan

SRM Medical College Hospital and Research Centre

Objective: The aim of this study is to determine if perioperative management with Tab. Dutasteride reduces blood loss in patients who undergo TURP for BPH with prostate more than 30cc volume with severe LUTS or acute urinary retention. Also, to study the rate of persistent hematuria, clot retention, blood transfusion, failure to pass urine after catheter removal and UTI in the post operative period.

Methods: A total of 140 patients with BPH who were treated with monopolar TURP, were randomised into 2 groups of 70 each. Group 1 was given a placebo 2 weeks prior and post surgery. Group 2 received Tab. Dutasteride 2 weeks prior and post surgery. It is a double blinded study. Age, DRE scoring, prostate gland volume, resection time, pre and postop haemoglobin levels were recorded. Complications

such as postoperative hematuria, clot retention, need for blood transfusion, failure to void after the procedure and urinary tract infection were recorded and compared.

Results: No statistical significance was noted in terms of age, DRE scoring and prostate gland volume in both the groups. When compared to Group 1, Group 2 had decreased blood loss in terms of post operative haemoglobin and PCV levels. Postoperative complications and need for blood transfusion were significantly lower in the Group 2 and the results were statistically significant.

Conclusion: Our results showed that pre and post operative treatment with Tab. Dutasteride for 2 weeks considerably reduces perioperative surgical bleeding and postoperative complications.

MPOS 03-29

Use of Bipolar TURP in Saline to Avoid Hyponatremia and Transurethral Resection Syndrome- A Prospective Study in a Tertiary Care Hospital from South India

Vinayak, P Periasamy, R Rajkumar, Senthilkumar, S Rajasekar, N Jayaprakash, M Rajasekar
G.M.K.M.C.H Salem

Introduction & Objective: To compare serum sodium level changes and the incidence of transurethral resection (TUR) syndrome after monopolar transurethral resection of the prostate (TURP) and bipolar transurethral resection in saline (TURIS) for symptomatic benign prostatic hyperplasia.

Methods: Between January 2021 till June 2022, 60 patients with symptomatic benign prostate hyperplasia underwent TURP, by either a monopolar or bipolar technique. Preoperative and postoperative blood parameters were analyzed to compare preoperative and postoperative electrolyte concentrations.

Results: Over 18 months period, 30 patients underwent a conventional monopolar TURP and 30 patients had a bipolar TURIS. Patient profiles were similar in both groups, regarding age, operation time, resection weight. A drop in sodium of 2.5 mmol/l was seen in the conventional monopolar resection group. The decline of 1.5 mmol/l in the bipolar group was observed, which was statistically significant ($p = 0.001$). With longer procedure duration (> 60 minutes) the difference between the groups became more important. Two clinical TUR syndromes were observed in the monopolar group, while none occurred in the bipolar group.

Conclusions: Bipolar TURP in saline is a safe technique and reduces the risk of TUR syndrome.

Key Words: Hyponatremia, prostate, transurethral resection, TUR syndrome

MPOS 03-30

Comparative Study of Percutaneous Cystolithotripsy Vs Transurethral Cystolithotripsy

Sharma S, Rayee MT, Sabale VP, Satav V, Mulay D, Mane D, Mhaske S
D Y Patil Medical College, Pimpri, Pune.

Background: Bladder stones are common and, in most cases, occur in adult men with bladder outlet obstruction. The aim of the study was to compare transurethral cystolithotripsy (TUCL) and percutaneous

cystolithotripsy (PCCL) modalities performed in management of patients with large vesical calculus at our super-specialty hospital

Material and Methods: The present comparative study was conducted in 40 patients randomly dividing into two groups of 20 each for two years on those who had vesical calculus of size more than 3 cms. In the first group, patients underwent percutaneous cystolithotripsy (Group I), while in the second group (Group II) transurethral cystolithotripsy was done.

Results: Mean age, gender of the groups were similar. Mean aggregate stone sizes were significantly larger in the PCCL group. The operative time for stone removal was significantly less in the PCCL group. Also, mean urethral entries (minutes) was significantly lower in PCCL. Mean catheterization time was significantly lesser in TUCL group. Hospital stay was significantly longer in PCCL group ($p < 0.001$).

Conclusion: Bladder stones are reasonably common clinical condition coming across in urology practice. In PCCL group though mean urethral instrumentation time was less but per urethra catheterization was longer. It is an invasive procedure with additional supra pubic catheter. Transurethral cystolithotripsy is minimally invasive procedure but urethral instrumentation is involved and hence very large stone is the limitation along with risk of stricture formation. Percutaneous cystolithotripsy was an effective and quick interventional method for removing large vesical calculi.

Keywords: Urinary Bladder, Bladder stones, percutaneous cystolithotripsy, transurethral cytolithotripsy

MPOS 03-31

Evaluating the Learning Curve of Bipolar Enucleation of Prostate using Button Electrode

Imran Khan, Londhe Sambhaji Madhukar, Maneesh Sinha, Vinod Kumar P

NU Hospitals Bangalore

Background: Bipolar Trans Urethral Enucleation of Prostate (B-TUEP) using a button electrode is one of the recent additions in our department to the present gold standard monopolar transurethral resection of the prostate (M-TURP) in the surgical treatment of benign prostatic enlargement. Transitioning from M-TURP to B-TUEP has a learning curve. This study documents the learning curve of a surgeon.

Aim: To evaluate the safety and efficacy of B-TUEP using button electrode for the surgical treatment of benign prostatic obstruction. **Material and methods:** Twenty patients underwent B-TUEP performed by a single surgeon from December 2019 to February 2021. Preoperative Prostate size on abdominal ultrasonography, flow rate parameters on uroflowmetry, post-void residual urine, enucleation and morcellation time, enucleated weight, drop in haemoglobin, serum sodium, blood transfusion, hospital stay, duration of catheterization and incontinence based on pad tests were recorded.

Results: The mean values of various parameters were as follows: Patient's age 69 ± 6.7 years, prostatic size 58.15 ± 22.06 gm, preoperative and post operative Q_{max}, Q_{ave} values on uroflowmetry were 10.15 ml/sec, 4.33 ml/sec and 20.16 ml/sec, 8.46 ml/sec respectively. The overall duration of surgery 69.33 ± 33.66 min, drop in haemoglobin was 1.8 ± 1.11 gm/dl, weight of enucleated tissue was 27.92 ± 13.9 gm, respectively. At 3 months follow up, five patients had urinary incontinence.

Conclusion: B-TUEP is safer and effective with lower perioperative complications in treatment of BPE. Early apical dissection, preservation of bladder neck and minimal mechanical dissection at apex helps in improving the incontinence rates.

MPOS 03-32

Immediate effect of alpha-blockers in predicting LUTS improvement in BPH patients

Prashant Sevach, Shivam Priyadarshi, Govind Sharma, Somendra Bansal

SMS medical college, Jaipur

Introduction and objectives: Tamsulosin is a highly selective alpha -1A and 1D adrenergic receptors blocker and silodosin is highly selective alpha -1A receptor blocker . The beneficial effect of alpha blockers on LUTS may occur fully in few days. We thought of studying the beneficial effect of alpha 1A blockers occurring within days after first dose and study if this effect can help in predicting future improvement of LUTS.

Materials and methods: Data from 100 patients of BPH related symptoms above 40 years who completed 4 visits were collected. Two groups of 50 patient each were made who received 0.4mg Tamsulosin and 8mg Silodosin separately.

The first visit was baseline before beginning of treatment and history, DRE,IPSS, RFT, PSA,UFM, PVR were noted. The second visit was after 1 week from starting of treatment and UFM and PVR were measured. The third visit was after 1 month and the fourth visit was after 3months.In these visits also UFM and PVR were measured and IPSS was noted at fourth visit and compared.

Result: The alpha blockers significantly increase Q max and decrease voiding time and residual urine after 1 week as compared to 1st and 3rd month. IPSS was significantly improved after three months (p-value <0.01).

Conclusion: Tamsulosin and Silodosin are effective in improving LUTS in very short period and enable us to predict if this treatment will be enough for the patient or he will require another line of treatment.

MPOS 03-33

A Comparative Study to Assess the Symptom Burden among Bph patients before and after Turp and Exploration of the Perception of their recovery experiences with a view to Develop Nursing Care Intervention Module in a selected Hospital, Bangalore.

Shreemayee Panda, Suryakant Choubey, Bindhu Mathew.

Bangalore

Introduction And Objective: Benign Prostatic Hyperplasia (BPH), one of the most common diseases among aging men causing LUTS.

The objective was to compare the symptom burden of BPH patients before and after the TURP, exploring the perception of recovery experiences of TURP patients and determining the association of change in the symptom burden with selected baseline variables.

Methods: 50 cases were included through purposive sampling technique. The symptom burden was assessed by using International prostate symptom score (IPSS), Numerical Pain Rating Scale (NPRS), and Uroflowmetry before and after TURP surgery post removal of catheter. Interview guide was used to collect the recovery experiences post-surgery.

Results: The comparison for change in symptom was performed by using Wilcoxon Signed Ranks Test with p-value for symptom burden, Quality of life, dysuria, and uroflowmetry rate <0.001 (significant) except for peak flow rate and flow time. Association was analysed by using Kruskal Wallis Test and Mann - Whitney Test. There is a significant association between the size of the prostate and the change in symptom burden in IPSS (0.001), marital status, comorbidities, use of alternative therapy before TURP, size of the prostate, and quality of life in IPSS (0.05,0.04,0.005,0.048 respectively) and age and dysuria (0.001). In qualitative arm, out of 24 patients, 20 patients had positive recovery experiences whereas 4 patients doubted their decision. A nursing intervention module is also made.

Conclusion: Compared to conservative treatment, TURP does provide favourable clinical outcomes in patients. Patients who underwent TURP had a lower incidence of post operative complications.

MPOS 03-34

Influence of simulator training on surgical skills for transurethral resection of Prostate in trainee urologists

Shashwat Singh, Tushar Kharmate, Ashish Patil, Lokesh Patni
Institute of Urology, Dhule

Introduction and Objectives -Trans-urethral resection of Prostate (TURP) requires practice to master the skill for better results with minimum complications. This study was conducted to validate the benchtop TURP simulator and to study its effect on surgical skills of urology residents.

Methodology- This prospective study was conducted at Institute of Urology, Dhule; and included 40 trainees and 4 experts. All candidates were subjected to a teaching session with a demonstration of basic surgical skills required for TURP by experts. Participants were assessed after the teaching session (pre-test). Trainees were randomly divided into study groups (1 & 2) and the experts constituted the control group. The study group 1 underwent practice sessions on simulator after pre-test. The study group 2 did not undergo any practice session. All the candidates were reassessed at the end of the program (post-test). The control group (experts) assessed the simulator once and answered the questionnaire for validation purpose. Global rating scale (GRS) questionnaire was used for skill assessment.

Result - The experts evaluated the simulators for face, content and construct validity. Group 1 and 2 were compared with the controls using independent samples t-test. Post-training group-1 had better performance than untrained group-1; and they performed better than group-2. ($p < 0.05$). The post-training group-1 score were closer to controls. ($p < 0.05$). The pre-test and post-test group-2 had significant improvement in identification of anatomy, not in performance ($p < 0.05$).

Conclusion: The simulator was an excellent assessment tool for understanding, learning and practising TURP.

MPOS 03-35

A Randomised Control Trial to Evaluate the safety and Feasibility of Mono-Polar Transurethral Resection of the Prostate without Postoperative Urethral Catheter Traction in Benign Prostatic Hyperplasia in a Tertiary Care Hospital

Abhineeth K P, Manoj Biswas, Kumar Madhavan, Devashish Kaushal, M R Viswas
AIIMS Bhopal

Background: Monopolar transurethral resection of the prostate is a minimally invasive surgery for the treatment of benign prostatic hyperplasia. To prevent bleeding in the postoperative period, most surgeons apply traction with an inflated balloon of the urethral catheter to compress the bladder neck. This traction is associated with pain and rectal fullness, leading to increased analgesic consumption. This study evaluates the safety and feasibility of m-TURP without post-operative urethral catheter traction

Materials and methods: This prospective trial included 33 patients undergoing TURP. After resection patients were randomly (simple randomisation method using a sealed envelope) selected to have either traction (15) or no traction (18). The post-operative blood loss and pain scores were compared between the two groups

Results: The total number of patients included in this study was 33, out of which the no traction group was 18. This study showed statistically significant differences in pain score and analgesic consumption between the two groups. The mean pain score of the traction group at 6hrs was 5.93 +/- 0.79 while the mean pain score of the no traction group was 2.5 +/- 1.04 (P value is less than 0.0001). The consumption of analgesic(paracetamol) for the traction group was 2.06gm+/- 0.59 and no traction group was 0.27 gm +/- 0.46(P value is less than 0.0001). No statistically significant differences were found in blood loss and duration of hospital stay between traction and no traction

Conclusion: TURP without traction will result in less pain postoperatively without any safety concerns.

MPOS 03-36

Role of Solifenacin, Tolterodine and Mirabegron in treatment of stent related symptoms (SRS) after ureteric J-J stent insertion in terms of safety and efficacy: - A Comparative, Prospective, Randomized Placebo-Controlled Study

Jain Saurabh, Priyadarshi Shivam, Gupta Prashant, Bansal Somendra
SMS Medical College, Jaipur

Intro & objective: To compare the role various drugs in relieving stent related morbidities with considerable effects on quality of life, general health, sexual matters and daily work performance.

Material & Methods: after applying inclusion & exclusion criteria, total 120 patients stented with 6fr,26cm DJ stent included in study and randomized into 4 equal groups and allotted drugs randomly by chit-pull method, Solifenacin (5mg od) to group A, Tolterodine (2mg od) to group B, Mirabegron (25mg od) to Group C and placebo multivitamin to Group D, from Day7 of stenting to before removal of stent. Analgesics was given as per requirement. Patients assessed for stent related symptoms (SRS) by ureteric stent symptoms questionnaire (USSQ) on Day 7 and before removal of stent (Day 21)

Results: Demographics and preoperative questionnaire scores of all groups were comparable. USSQ score was significantly better in Group A to C in compare to control Group D, however when we compared group A to C, found mean USSQ score, analgesics requirement, side effects & QOL were favoring Group A>C>B. (P value <0.05)

Conclusion: Antimuscarinic drugs and beta mimetic drug both can be prescribed for DJ stent related lower urinary tract symptoms, but in terms of efficacy and side effects antimuscarinic drugs better tolerated (Solifenacin > Mirabegron > Tolterodine)

MPOS 03-37

Utility of Narrow band imaging cystoscopy in non-muscle invasive bladder cancer:A prospective comparison to standard white light cystoscopy.

Kuldeep Poonia, A K Shah, Amit Agarwal
Army Hospital R&R, Delhi

Introduction and objective: Quite often small papillary tumors and flat CIS lesions are not properly visualized during white light cystoscopy (WLC).

Methods: From January 2021 to June 2022, 30 patients could be evaluated

Results: The sensitivity, specificity, and false-positive rate of NBI and WLI were evaluated. Of the 30 patients, 06 had a confirmed urothelial carcinoma (UC). The sensitivities of NBI and WLI were 97.70%, and 66.67%, respectively (P< 0.0001). the specificities were 50% and 25%, respectively; and the false positive rates were 50% and 75%, respectively. Based on 30 valid biopsy specimens, the NBI and WLI sensitivities were 98.80% and 75.45%, respectively (P< 0.0001). These results suggest that NBI has a high sensitivity and has superior early bladder tumor and carcinoma in situ (CIS) detection rates compared with WLI cystoscopy.

Conclusion: Our study showed that NBI cystoscopy has high sensitivity and could improve the early detection of primary NMIBC over that of WLI.

MPOS 03-39

A Comparison of early versus conventional practice of foley catheter removal after Transurethral resection of prostate

Mehul Chopada, Sadasukhi T C, Sadasukhi Nripesh, Gupta Manish, Gupta H L, Sharma Ashish
Mahatma Gandhi Hospital, Jaipur, Rajasthan

Introduction - Transurethral resection of the prostate (TURP) is the standard surgical treatment for patients with benign prostatic hyperplasia. Time of urethral catheter removal varies after the TURP. Main aim of our study is to assess the safety and feasibility of catheter removal on post operative day 2 after TURP.

Method - we conducted a hospital based prospective observational study carried out at our hospital, and the cases were selected from the admitted patients with benign prostatic hyperplasia by using simple purposive sampling technique.

Results - 2 patients underwent re-catheterization in early group.

Conclusion - Either early or delayed removal of the catheter after TURP doesn't affect the overall patient satisfaction outcome. Early catheter removal following TURP reduces catheter related morbidity.

MPOS 03-40

A Novel Approach for Managing Concurrent Large Vesical Calculi with VVF

Barath Chinnaswami R, Sivasankar, Griffin, Dev, Mohammed Farooq, Muthulatha, Kamaraj
Saveetha Medical College, Chennai

Introduction Bladder stones are the most common manifestation of lower urinary tract stones, accounting for 5% of urinary stones and nearly 1.5% of all patients in the urology hospitalizations. VVF resulting from giant bladder stones is uncommon; the bladder stone may put pressure on the bladder wall, causing tissue necrosis and eventually VVF.

Case Report A 33 year old female presented with complaints of bilateral flank pain since 8 months which was associated with dysuria, urinary incontinence and continuous dribbling of urine. Routine blood investigations were unremarkable. CT urogram done showed 3 large vesical calculi largest 4.1x4x3.2 cm, fistulous tract between anterior wall of upper vaginal canal posterior wall of bladder. Patient underwent Percutaneous Cystolithotripsy+Cystolithotripsy with laser fulgration of fistulae under spinal anesthesia. 4 fistulous openings noted communicating between posterior wall of bladder and anterior vaginal wall. Laser fulgration of 2 smaller openings(<5mm) with Holmium done along with application of tissue glue. Patient recovered well post operatively.

Conclusion The management of VVF operations is usually transvaginal or abdominal through a transvesical approach. This treatment depends on the size and location of the fistula, the surgeon's experience, and the need for concurrent action. In this study we report a unique method of management of VVF with vesical calculus concurrently with minimally invasive method and tissue glue.

MPOS 03-41

Spontaneous Bladder Explosion during TURP: 2 rare cases

Ameya Sangle, Manasa T, Prasad Mylarappa, Ramesh D
Ms Ramaiah Medical College, Bangalore

Introduction& Objectives: Bladder explosion during transurethral resection of the prostate (TURP) is an extremely rare complication with a handful of cases reported in literature. It is thought to be due to the contact of the electrocautery with a mixture of gases produced during the resection procedure. We report two such cases of intravesical explosion during transurethral resection of the prostate (TURP) managed conservatively.

Materials & methods: 2 patients aged 72 and 74 years underwent bipolar TURP. During hemostasis, there was a loud pop sound and the sudden decrease in the outflow of irrigation fluid. On examination, a small bladder perforation was noted with extravasation of the irrigation of the fluid. Abdominal distention was noted. Immediately an intraperitoneal drain was placed and patient was catheterized with low pressure continuous irrigation via a tri-way Foley's catheter.

Results & Observations: Both the patients did well postoperatively. No deterioration in clinical findings noted. Drain was removed on day 4 and day 5 in patient 1 and 2 respectively followed by Foleys removal on Day 14. Patient was voiding well at discharge.

Conclusions: Bladder explosions can occur during all forms of transurethral procedures using diathermy with the presence of bladder diverticula being the risk factor. Prompt identification of the problem and proactive management could well avoid further complications.

MPOS 03-42

A Novel Approach for Concurrent Vesical Calculi with Vesicovaginal Fistula

Barath Chinnaswami R, Griffin, Sivasankar, Dev, Mohammed Farooq, Muthulatha, Kamaraj
Saveetha Medical College, Chennai

Introduction : Bladder stones are the most common manifestation of lower urinary tract stones, accounting for 5% of urinary stones and nearly 1.5% of all patients in the urology hospitalizations. VVF resulting from giant bladder stones is uncommon; the bladder stone may put pressure on the bladder wall, causing tissue necrosis and eventually VVF.

Case Report : A 33 year old female presented with complaints of bilateral flank pain since 8 months which was associated with dysuria, urinary incontinence and continuous dribbling of urine. Routine blood investigations were unremarkable. CT urogram done showed 3 large vesical calculi largest 4.1x4x3.2 cm, fistulous tract between anterior wall of upper vaginal canal posterior wall of bladder. Patient underwent Percutaneous Cystolithotripsy + Cystolithotripsy with laser fulgration of fistulae under spinal anesthesia. 4 fistulous openings noted communicating between posterior wall of bladder and anterior vaginal wall. Laser fulgration of 2 smaller openings(<5mm) with Holmium done along with application of tissue glue. Patient recovered well post operatively.

Conclusion : The management of VVF operations is usually transvaginal or abdominal through a transvesical approach. This treatment depends on the size and location of the fistula, the surgeon's experience, and the need for concurrent action. In this study we report a unique method of management of VVF with vesical calculus concurrently with minimally invasive method and tissue glue.

Moderated Poster Session 4

MPOS 04-43

Telemedicine for follow up of paediatric urology patients during COVID 19 Pandemic: Professional and patient satisfaction, A questionnaires based cross sectional study in a tertiary care hospital in South India

Mudasir Farooq, Chandra Singh J, Jayanth S T, Sudhindra J, Kumar S, Jeyaseelan L
Christian Medical College, Vellore

Introduction and Objective: Telemedicine is an established modality to deliver health care to patients remotely. Its role in pediatric urology follow-up among middle-class semi-urban families is unknown. We conducted a prospective observational questionnaire-based study to assess the patient and

provider(urologist) satisfaction and feasibility of teleconsultation across different socioeconomic strata in follow-up of paediatric urology patients during the COVID 19 pandemic.

Methods: The guardians of children treated earlier and due for follow-up were explained and the appointment for teleconsultation was fixed using a video conferencing app. After consultation, consenting caregivers were explained about study and the provider survey was filled by consulting urologist, while the patient questionnaire was filled by principal investigator telephonically.

Results: A total of 77 virtual visits were completed over 10 months. Median age was 8 years(IQR= 4 to 12) and 82% were boys. The clinical conditions were posterior urethral valves(22%), hypospadias(18%), PUJ obstruction(18%), vesicoureteric reflux(12%) and others(30%). Clinicians found that virtual visits were effective(78%) in deliverance of the care equivalent to the in-patient visit. Patients were equally satisfied(75%). Technical difficulties due to internet connectivity were faced in 24 visits(31%). Video clarity and inability to examine were additional limitations faced(23%). Majority(90%) belonged to the middle socioeconomic strata as per modified Kuppuswamy scale. Families were estimated to have saved a mean of 26,934 rupees(SD +- 7998.06) and a median of 7 days(Range 1-15) of travel time.

Conclusion: Telemedicine has potential for successful follow-up with cost and time savings. With improving internet connectivity, its potential is likely to increase in future.

MPOS 04-44

Management of Paediatric Urolithiasis in A Tertiary Centre- A Prospective Study

Suhas T, Sivasankar M, Griffin M, Kamaraj V, Muthulatha N, Dev Krishna Bharathi, Mohammad Farooq
Saveetha Medical College and Hospital, Chennai

Abstract: Pediatric urolithiasis poses a technical challenge to the urologist. This study was conducted to highlight the various treatment modalities in the management of pediatric stones such as percutaneous nephrolithotomy, ureteroscopy and Retrograde Intra Renal Surgery in pediatric stone diseases. In the last decade, technological advancement and miniaturization of instruments has changed the management of pediatric urinary-stone disease.

Materials and Methods: This prospective study was conducted among the pediatric patients (2-15 years) presenting with urolithiasis during January 2021 to June 2022 in the department of urology. Only confirmed cases of pediatric urolithiasis were included in this study. Medical records were reviewed for clinical and laboratory data including gender, age at diagnosis, clinical presentation, presence of urinary tract anomalies, and urinary tract infections (UTI) in the form of urinalysis, urine culture and complete blood count. Metabolic evaluation was advised in all children. Finally, a total of 50 pediatric urolithiasis cases were included in this study.

Results: A total of 10 percutaneous nephrolithotomy (PCNLs) were done with complete stone clearance rate. In the URS group, ureteroscopy was successful in 22 cases. Retrograde Intra Renal Surgery was done in 12 cases with 100% clearance rate. 6 patients were managed conservatively.

Conclusion: Miniaturization of instruments, particularly smaller nephroscopes and newer energy sources will decrease the morbidity and improve the clearance rates. Early metabolic evaluation and treatment may prevent further renal damage and recurrence. In this study we analyze the management of paediatric urolithiasis with Mini PCNL, RIRS, URSL.

MPOS 04-45

A Case of Congenital Anomalies of Kidney and Urinary Tract with Solitary Functioning Kidney Managed With Long Durable Double J Stenting

Gopu Rakesh Vamsi, P Periasamy, R Rajkumar, P Senthilkumar, S Rajasekar, N Jayaprakash
Govt Mohan Kumaramangalam Medical College Hospital

Introduction: Congenital anomalies of the kidney and urinary tract (CAKUTs) occur in 3-6 per 1000 live births and are responsible for 34-59% of chronic kidney disease (CKD) and for 31% of all cases of end-stage kidney disease (ESKD) in children.

CAKUTs comprise a wide range of renal system structural and functional malformations that occur at the level of the kidney (e.g., hypoplasia and dysplasia), collecting system (e.g., hydronephrosis and megaureter), bladder (e.g., ureterocele and vesicoureteral reflux), or urethra (e.g., posterior urethral valves).

Objective:

1. clinical and radiological evaluation of CAKUT patient to find out other associated anomalies.
2. To describe the complications associated with CAKUT and to preserve the renal function.

Methods:

1. X Ray KUB, USG abdomen, CT KUB, MRI and MCUG are utilised to evaluate the patient and to localise the pathology and identifying other associated anomalies.
2. 8/9.5 fr ureteroscope and long durable ureteric stent was used.

Results: 5 Fr long durable ureteric dj stenting was successfully done using 8/9.5 fr ureteroscope.

Conclusions: The primary aim should be early detection, follow up of patient and preservation of renal function.

MPOS 04-46

Undescended Testis in Three Generations of A Family: Case Report

Pranav Jasuja, RBNerli

Kles Dr Prabhakar Kore Hospital & Mrc, Belagavi

Cryptorchidism is a common congenital defect in boys. The etiology of cryptorchidism remains largely unknown. Although the exact cause of isolated cryptorchidism is not known, there exists enough evidence to suggest that the condition is heterogeneous and most likely the result of multiple genetic and environmental risk factors. Familial aggregation of cryptorchidism is described in literature. Cryptorchidism is also known to aggregate within male-male twin pairs and first-, second-, and third-degree relatives. In this paper, we report a family with three generations of cryptorchidism.

MPOS 04-47

VUR with UPJO management

Pradeep Nayak, Nayak P, Sridhar Reddy K, Shankar H, Kumar U, Trivedi S

IMS BHU Varanasi

Background : Ureteropelvic junction obstruction (UPJO) and vesicoureteric reflux (VUR) are the most common pathological conditions in paediatric urology, with 9%–14% of patients with UPJO likely to have concomitant VUR. Here we present a case of 4 yr male child with VUR and UPJO

Case Presentation - 4yr male child presented with complaints of left flank pain, Dysuria, Recurrent episodes of fever, Straining while voiding, Intermittency since 6 months, uroflometry normal, serum creatinine 0.4, ultrasound and CT urography suggested left kidney gross hydronephrosis and abrupt narrowing of funnel shaped pelvis at pelvi ureteric junction suggested UPJO, MCU was done suggested left grade 5 VUR with ?? secondary UPJO, DMSA scan was done, Differential function right kidney - 82%, left kidney - 18%, mod to gross HDN with severely impaired cortical function and no obvious evidence of cortical scars. On table Left RGP - left ureter dilated in entire course with UPJO with jet of contrast passing into pelvis above UPJO, Y-V pyeloplasty was done, post operatively 6 months DTPA scan showed left kidney normal excretion, MCU s/o grade 3 VUR, patient is asymptomatic and is on regular follow up.

Conclusion : Significant ureteropelvic junction obstruction in association with mild reflux can mimic severe reflux, but the operation needed is not reimplantation but pyeloplasty. Conversely, when significant ureteropelvic junction obstruction coexists with significant reflux, both operations may be necessary, but the order in which they are done seems to be crucial.

MPOS 04-48

Safety and Ergonomics of Robotic Assisted Laparoscopic Surgery in Paediatric Population: An Initial Experience from Tertiary Care Centre

Joshi Brij Mohan, Goel Ritesh, Sharma Himanshu, Bansal Amit, Chaturvedi Samit, Maheshwari Ruchir, Kumar Anant

Max Super Speciality Hospital, Saket, New Delhi

Introduction: Robotic urological surgery has expanding indications and recent most developments are being observed in Paediatric populations. Robotic surgery offers multiple challenges in paediatric patients like reduced space for port placements, difficulty in handling softer tissues due to lack of tactile feedback and limitation of proper positioning for pelvic surgeries. We report our experience on safety and ergonomic of Robot assisted laparoscopic surgery in paediatric population.

Materials and Methods: A total of 15 patients underwent Robotic Urological procedures (except Renal Allograft transplant) from January 2018 to December 2021. Out of 15 patients, 6 were female and 9 were male. The study included following procedures: 7 underwent pyeloplasty, 4 underwent ureteric reimplant, 2 underwent hemi-nephrectomy for non-functioning upper moiety, 1 underwent robotic RPLND and 1 patient underwent simple nephrectomy. Their outcomes were analysed and compared using paired-T-test.

Results: Mean age of the study population was 9.6 ± 2.67 (3-13 years). Male to female ratio was 2:3. Pre and post operative parameters were recorded and compared. Mean duration of hospital stay was 3.2 ± 0.89 (2-5 days). On comparison of pre-operative parameters: pre-operative creatinine versus post-

operative creatinine (0.77 ± 0.18 vs 0.83 ± 0.20 , $P = 0.13$), pre-operative haemoglobin versus post-operative haemoglobin (13.29 ± 1.25 vs 13.1 ± 1.09 , $P=0.32$). Clavin-dindo grade 2 complication was seen in 2 patients and both were managed conservatively. No patient required blood transfusion.

Conclusions: Robotic surgery is safe and feasible in paediatric population with immediate surgical outcomes comparable to adult population.

Moderated Poster Session 5

MPOS 05-49

Iatrogenic Ureteric Injury in Female: Outcome of Management of Uretero- Vaginal Fistula and Ureteric Injury in a Single Center: A Case Series

Ghosh Anik, Kumar Kunjan, Islam Md Arif, Singh Sudipta, Dey Ranjan Kumar
R G Kar Medical College and Hospital, Kolkata

Introduction: Injury to ureter is the risk of pelvic surgery. Most cases of ureteric injury in female presents as Uretero-Vaginal Fistula with continuous incontinence with normal voiding after primary surgery.

Objective: The objective of the study was to evaluate management of iatrogenic ureteral injuries including those Uretero-Vaginal Fistulas.

Methods: 22 patients of iatrogenic ureteral injuries were evaluated from May, 2015 to January 2021 by retrospective data collection and prospective observation.

Results: Among 22 cases, 14 from Elective Hysterectomy, 4 Emergency Hysterectomy, and 2 after ovarian cystectomy. 3 cases of B/L ureteric injury, presented with anuria and sepsis managed with B/L PCN, later by B/L ureteric reimplantation. In 5 cases of Hysterectomy ureteric injury was identified during primary procedure and double J Stent was inserted. Another patient underwent RGP f/b stenting on Right side, but on Left, PCN was done, f/b antegrade stenting. 3 patients presented with pyonephrosis after 2 weeks of primary surgery, managed with PCN, f/b ureteric reimplantation. Among remaining 8 cases, double J Stenting in 3 cases and in 5 cases ureteric reimplantation was done. All reimplantations were extravesical, refluxing. Follow up was done on post op 6 weeks, 2 month, 6 month and after yearly up to 2 year. Only 1 patient managed by antegrade stenting showed lower ureteric stricture in follow up - managed successfully with ureteric reimplantation.

Conclusion: Earliest intervention within 2 weeks in UVF gives best result even with endoscopic intervention. Cases which present after 2 weeks of injury are best managed by ureteric reimplantation.

MPOS 05-50

VVF Management - An Experienced Review in A Tertiary Care Center

Manoj Kumar Deepak, RM. Meyyappan, Senthil Kumar, Saravanan
SRM Institute of Science and Technology

Vesicovaginal fistula (VVF) is the most commonly encountered fistula in urological practise. Among the several causes, hysterectomy is now becoming the leading cause in many developed nations. The objective of our study is to review our experience in the management of VVF over the last 5 years (2017-2022), highlighting the most common causes, timing of surgery, surgical options available and their outcomes, and to determine the risk factors for poor outcomes and failures, thereby improving patient results.

Materials and methods-This was a retrospective study of 32 VVF cases operated between 2017-2022. All medical records were collected from the HIS, and the etiology, time to presentation, prior treatment, findings on presentation, treatment done and their outcomes were noted. The management approach was chosen based on patient factor and fistula characteristics.

Results- We observed transabdominal hysterectomy as the cause in most cases. Out of total 32 patients, 28 (87.5%) patient reported complete closure. The success rate of the transvesical approach was 100% whereas for transabdominal and transvaginal were 88.4% and 66.6% respectively. Success rates for supratrigonal vs trigonal were 100% and 66.6%, simple vs complex were 100% and 90.9% and primary vs recurrent were 96.6% and 50% respectively.

Conclusion-VVF is a major cause of morbidity in women and is a silent public health concern in India. Fistula etiology, characteristics, time to surgery and recurrence are the key determinant factors. In our region it is more frequently associated with transabdominal hysterectomy. The Transvesical approach has consistently shown better results.

MPOS 05-51

Role of Urologists in Management of Urological Injury in Obstetrics and Gynecology Operation Theatre

Sharma Shashank, Gite Venkat

Grant Government Medical College, Mumbai

Introduction: Both genital and urinary tracts are anatomically closely related in females. Urologic injuries are rare but among most disastrous sequelae of obstetrics and gynaecological surgery accounting for mean of 0.1%-1.5%.

Aim: To assess the role of Urologists in diagnosis and management of urological injuries occurred during obstetrics and gynaecological procedures.

Material and Methods: We retrospectively analysed hospital records of urological injuries in Obstetrics and Gynaecology theatre from May 2011 to May 2021 at tertiary referral centre

Results: A total of 72 urological injury was seen out of total 38296 cases.

Most common type of urinary tract injury was bladder injury. Simple abdominal hysterectomy was the leading cause of injuries, Intraoperatively, 6 ureteric injuries were diagnosed out of total 16, all 6 of them underwent ureteroneocystostomy with 100 % success rate. Out of 53 bladder injuries, 43 cases of bladder injury repaired intra-operatively with a 100% success rate. In 10 cases opinion of Urologists was sought after discharge (within 4 weeks) underwent Modified O Connor repair after a period of 3 months from primary surgery with a 100% success rate. Out of 16 patients of ureteric injury, 14 patients underwent Ureteroneocystostomy on DJ stent and 2 underwent Uretero-ureterostomy. While three cases of ureter

and bladder injury were identified simultaneously and treated with primary bladder repair and ureteroneocystostomy with a 100% success rate.

Conclusions: Thorough knowledge of anatomy with proper preoperative planning, anticipation, and multi-disciplinary approach is the key to success in the management of urological injuries in obstetrics and gynaecological surgery.

MPOS 05-52

Unusual Dorsal Urethral Laceration During Labour- A Case Series

Mayank Agrawal, Agrawal M, Supradeep N, Agrawal N, Malvi G, Rochlani T, Patwardhan S
Seth GS Medical College and Kem Hospital, Mumbai

Introduction: Perineal tears, vaginal, bladder, and urethral lacerations are the commonly described injuries after obstructed labour and forceps/vacuum-assisted deliveries by inexperienced or unqualified personnel. We describe three unusual cases of dorsal urethral lacerations (previously unreported).

Case-report: Case 1, 2: 24 years- and 37-years old patients presented > 72 hours after vaginal deliveries with foley catheter in-situ. Both were hemodynamically stable with ~4 cm laceration involving dorsal urethra and introitus reaching up to clitoris. Cystoscopy revealed injuries limited to distal urethra and not involving the bladder neck. Both patients underwent primary repair.

Case 3: 21 years old primiparous who delivered at a primary healthcare center 6 hours before was referred in view of severe pain abdomen and bleeding per vagina. Examination revealed laceration of anterior vaginal wall, anterior bladder wall, bladder neck and dorsal urethra with pubic diastasis. Patient underwent primary repair with external pelvic bone fixation.

Discussion: Ventral urethra along the anterior vaginal wall is the most common site of urethral injury during obstructed labour. [2] Dorsal urethral injuries have not been reported previously. The pathophysiology could be use of undue force exerted during difficult labour to deliver the fetus, resulting in avulsion of urethra from its dorsal attachments. Computed tomography cystography or cystoscopy should be used to rule out associated bladder injury. Management is immediate primary repair to provide unobstructed bladder drainage.

Conclusion: Dorsal urethral lacerations are uncommon injuries. Avoiding undue force to deliver the fetus during obstructed labour can avoid such injuries. The management involves primary repair.

MPOS 05-53

Role of Urologist in Labour Room – A Review of 50 Cases from A Single Centre – Original Research

N Supradeep, Mayank Agarwal, Sujata Patwardhan, Bhushan Patil
Seth G.S Medical college and KEM hospital, Mumbai

Introduction: Call for help from an obstetrician during parturition can occur for various reasons most common being injury to lower urinary tract. We report our experience of 50 cases where urological assistance was asked.

Methods: Patient's demographics, clinical profile, primary diagnosis, surgical intervention, and the outcomes of 50 patients for whom urological assistance was provided were recorded and analyzed.

Results: Out of 50 patients, 36(72%) patients had placenta percreta/accreta, 8(16%) patients had only previous history of cesarean-section and remaining 6 patients had no risk factors. Out of the 36 placenta percreta/accreta patients, placental separation(PS)-only was done in 10(28%) patients, and PS with bladder wall reinforcement was done in 8(22%). 8(22%) patients required PS with anterior cystostomy(AC), 4(11%) required partial cystectomy, 2(5%) required AC+PS+UC, and 4(11%) required ureteral stenting. 6 out of 8 patients(75%) with only history of previous LSCS, repair of bladder perforation was done in two layers. In 2 patients bladder was adhered to the uterus which was dissected and serosal tear repaired. 4 patients who had normal vaginal delivery had intraoperative bleed and during controlling of bleeders bladder was injured. 2 out of these 4 patients had sutures taken through the bladder which was removed and bladder rent closed, 1 had bladder injured during the incision for LSCS and 1 needed hysterectomy due to torrential bleed during which bladder injury occurred.

Conclusion: Difficult obstetric cases involving placenta percreta/accreta, history of caesarean-section and problems in delineating natural plane between uterus and bladder are common reasons for urological assistance.

MPOS 05-54

Surgical Management of Paraurethral Gland Cyst in A Female with LUTS - A Case Scenario.

Manoj Kumar Deepak, RM. Meyyappan, Senthil Kumar, J. Saravanan

SRM Institute of Science and Technology

The diagnosis and management of female genital conditions from a urologist stand point is often a challenging task. Non-specific presentation combined with patient side hesitancy, to be subjected to an examination by a urologist are key factors influencing diagnosis. Paraurethral cysts are often incidentally detected by gynaecologists during pelvic examination for other reasons. Rarely the patients can present with complaints of Lower urinary tract symptoms (LUTS) and dyspareunia also. Diagnosis in most instances can be made by physical examination but often a detailed evaluation with ultrasonography (US), voiding cystourethrogram (VCUG), computerized tomography (CT), or magnetic resonance imaging (MRI) are needed to rule other possible causes. Management of symptomatic paraurethral cyst is surgical excision. We present a 30-year-old woman who presented with a 6-month history of progressively worsening lower urinary tract symptoms, consisting of dysuria, frequency along with dyspareunia and a sense of mass protruding per vaginum. Physical examination in the lithotomy position revealed a cystic lesion located in the midline slightly to the left of the anterior vaginal wall pushing the urethral orifice anteriorly making it look like a slit. Vaginal Ultrasound revealed a solitary 4 cm cyst localized in the distal urethra. Pelvic MRI also revealed a T2 / T1 hyperintense lesion located below the level of pubic symphysis. The patient underwent surgical excision of the cyst under anaesthesia. HPE findings were consistent with para urethral gland cyst with ulceration and squamous metaplasia.

MPOS 05-55

The Bleeding Nightmare-A Rare Case of Hematuria in Pregnancy Due to Renal Arteriovenous Malformation

Sahu Rekhraj, R Nithya

Dept of Urology Kimshealth Trivandrum ,Kerala

Introduction- Renal arteriovenous malformations are mostly congenital and have an estimated incidence of 0.04% in the general population and even less in pregnant patient. MC symptoms is hematuria.

Case report- Here we present a rare case of renal AVM in 1st trimester managed at our institute.

A 27 yr old female ANC 12 weeks G2P1L1

presented at ER room with chief complaints of painful hematuria and right loin pain.conscious afebrile P-98/min BP 100/60 mm hg HB 11 gm dropped to 9.3 gm

US - nidus of tangled vessels at lower 3rd of kidney possibly AVM , MR s/o tortuous flow void at lower most part ,right renal vein is prominent s/o AVM.

Patient was managed with IVF and packed RBCs taken to cathlab ,pelvic shielding done cathlab settings at low frame rate. Right renal angiography shows a compact AVM in the lower pole of right kidney. Embolization done with Nestor fibred coils ,post embolization angiogram showed no significant filling of AVM.

After embolization patient did not experienced further episode of hematuria and discharged on 6th day.

Conclusion- Idiopathic renal AVMs in pregnancy represent rare and challenging case and rarely reported. Previously treated with nephrectomy and renal artery ligation. Embolization is preferred treatment of renal AVM because it can reduce the trauma and preserve renal function.

MPOS 05-57

An Audit into the Safety, Efficacy and Appropriate Duration of Treatment with Intravesical Glycosaminoglycans in Ladies with Primary Bladder Pain Syndrome and Recurrent Urinary Tract Infections

Viswas M R, Madhavan K, Kaushal D, Biswas M, Abhineeth K P

King's College Hospitals NHS Foundation Trust, London

Introduction Intravesical glycosaminoglycans (GAG) have been studied in the management of Primary Bladder Pain Syndrome (PBPS) and recurrent Urinary Tract infections (rUTIs). Although most guidelines recommend their use in PBPS, their use in rUTIs and also the duration of their treatment is unclear.

Methods We carried out a telephonic audit on our patients receiving intravesical GAG in October 2020 and follow up was done in February 2022. We studied the indication, duration of treatment, relief of symptoms and adverse effects. We also studied the effect of the pandemic on their treatment and then decided if they needed to continue treatment or could place it on hold.

Results We could review 41 ladies, who were on treatment for PBPS (n=19), rUTIs (n=18) and storage symptoms, not classified as PBPS (n=4). They were on maintenance doses and median duration of treatment was 61 months (10 - 180 months). Twenty-five patients (61%) showed significant improvement and 10 (27.02%) reported some improvement. No significant adverse events were reported. Out of these

patients, 22 had their treatment interrupted due to the pandemic. Of these, 14 remained symptom free. Overall, we could stop treatment for 26 patients (63.4%).

Conclusion Extrinsic GAGs are a safe and effective treatment option for PBPS and rUTIs. After collaborating our data with available literature, we could conclude that treatment should be continued 4-6 weekly for 2 years and then patients should be monitored for recurrence of symptoms. Patients should be informed that around 33% may need treatment for longer duration.

MPOS 05-58

On Table Ureteroscopy in A Renal Allograft: Our Experiences

Ranjan Satish Kumar, Desai Pragnesh, Kandhari Pawan, Kaushal Rohit, Chaturvedi Samit, Maheshwari Ruchir, Kumar Anant

Max Superspeciality Hospital Saket, New Delhi, India

Background: Nephrolithiasis is considered as a relative contraindication for kidney donation. Stone clearance followed by donor nephrectomy in the 2nd sitting is well adopted by many transplant centers. Here we aim to report the outcome of donor nephrectomy and ex-vivo ureteroscopy in the same sitting.

Material and Methods: In this retrospective observational study, we analyze the data of ex-Vivo ureteroscopy for stone clearance before kidney transplantation. After standard metabolic evaluation, the patients with stone sizes 4 to 9 mm were posted for ureteroscopy and laser lithotripsy.

Results: In the past 10 years, we performed 22 on-table flexible or semirigid ureteroscopy for incidentally detected renal stones. The stone fragments were removed after a small pyelotomy incision. With the laser lithotripsy, complete endoscopic clearance was achieved in all the patients. Only one patient had a procedure-related adverse event. None of the recipients experienced any adverse event related to the procedure or required additional stone procedures after a median follow-up of 48 months. All the recipients are having a stable graft function.

Conclusion: Ex-vivo Ureteroscopy can be safely performed in the selected renal allograft donors without compromising graft quality and function

MPOS 05-59

Penile Calciphylaxis A Rare Complication of CKD

Pawan Kandhari, Pragnesh Desai, Rohit Kaushal, Amit Bansal, Ruchir Maheshwari, Samit Chaturvedi, Dr Anant Kumar.

Nagpur

Introduction: Penile Calciphylaxis is an uncommon condition characterised by intimal calcification and fibrosis of arteries. It is a progressive condition affecting around 4% of patients with end-stage renal disease and has poor prognosis and high mortality.

Case Summary: 55 years, old male who is a known case of hypertension, Diabetes Mellitus and CKD was admitted to hospital with features of fluid overload and raised serum creatinine. Patient was initiated on hemodialysis. During hospital stay he developed reddish discoloration of meatus and dysuria. There was

high suspicion of penile calciphylaxis so patient was monitored at frequent intervals. Penile lesion progressed from reddish discoloration just around to the meatus and fixation of skin on ventral aspect of distal penile shaft to whitish slough being discharged of the urethral meatus, on examination it appeared like sloughed out urethra. At this stage urinary diversion was done via Supra Pubic catheter. Patient was initiated on Injection sodium thiosulphate after each episode of dialysis. Patient continued to have progression of penile lesion and there was severe pain associated with it which interfered with quality of life. Pain was very severe and was being managed with Penile blocks with 2 % Bupivacaine and Lignocaine which were given at frequent intervals. The lesion progressed gradually and involved distal to 2/3rd of penis. Total penectomy along with Perineal urethrostomy was made. In the post-procedure period patient had relief in pain and was discharged after three days. At 4 months of follow-up patient is doing fine.

MPOS 05-60

Pheochromocytoma with para-hilar paraganglioma with SDHC gene mutation of uncertain significance- a rare and challenging scenario

Praanjal Gupta, Pankaj Wadhwa, Rajesh Ahlawat

Department of Urology, Medanta- The Medicity, Gurugram, India

Introduction: Mutations in the SDHC gene are rare, accounting for 2-8% of hereditary paragangliomas and pheochromocytomas. We report a surgically challenging presentation of the paraganglioma type-3 syndrome(PGL-3) associated with SDHC gene mutation.

Methods: A 21-year-old girl presented with upper abdominal pain with episodes of fullness. She was evaluated, and a left suprarenal mass was discovered incidentally. On examination, a firm nodule was palpable in the left lobe of the thyroid gland. Ultrasonogram revealed a hypoechoic soft tissue lesion(5*7cm) in the left suprarenal area and a left lobe lesion(2*4cm- TIRADS 3) in the neck. Computed-Tomography(CT) abdomen showed a peripherally hyper-enhancing mass in left suprarenal region. 24-hour urine normetanephrines(2600Å,Åµg) were elevated. An atypical SDHC gene mutation as a variant of uncertain significance was identified. FNAC of the thyroid nodule revealed papillary thyroid carcinoma. 68Ga-Octreotide-DOTA-NOC scan demonstrated a lobulated avid lesion in the left suprarenal fossa arising from the left adrenal gland, with paraaortic lymph nodes.

Results: The patient underwent left laparoscopic adrenalectomy and excision of para-hilar paraganglioma with paraaortic lymphadenectomy. Intraoperatively, the left suprarenal mass was well-defined, arising from one limb of the adrenal. Another para-hilar paraganglioma mass was meticulously excised, preventing damage to the hilar vessels and the left kidney. The postoperative course was uneventful. Further, she is planned for a total thyroidectomy.

Conclusions: Paragangliomas with SDHC mutations typically involve head and neck, but can present with abdominal and pelvic masses. One must be cognizant of functionally active paragangliomas at multiple sites. Moreover, every patient with SDHC mutations require a tailored management and follow-up plan with multi-specialities.

Moderated Poster Session 6

MPOS 06-61

Evaluation of Lower Urinary Tract Function by Pre and Post Renal Transplant Urodynamic Study and its Significance in Bladder Management

Partha Pratim Sinha Roy, Debansu Sarkar, Arpita Raychoudhury, Dilip Kumar Pal

Institute of Post Graduate Medical Education and Research and SSKM Hospital, Kolkata

Introduction- Chronic kidney disease(CKD) patients on prolonged dialysis develop dysfunctional bladder due to oliguria/anuria. Assessment of this dysfunctional bladder by preoperative uroflowmetry and post-void residual urine estimation is fallacious. The resolution of this dysfunction after renal transplant(RT) is also uncertain. Our study aims to assess the bladder function by urodynamic study(UDS) and its efficacy in predicting the requirement of any intervention.

Methods and Materials- It is an ongoing prospective study started from February 2021 and an interim result was calculated on 31 RT recipients. UDS was performed in all recipients pre-transplant and 6 months after RT and the results were compared on various parameters. The results were analysed using SPSS version 27.0 and P value < 0.05 was taken as significant.

Results- Among 31 recipients 26 were male. Average age was 28.06 ± 10.09 years. 6 patients had diabetes mellitus. Most common preoperative abnormalities were reduced maximum cystometric capacity(MCC) and compliance, both of which improved after RT without any surgical intervention or bladder cycling. Abnormal uroflowmetry was found in 15 patients of whom 7 had underactive bladder, 3 had obstructed flow and 5 had normal UDS. 3 patients with obstructive UDS underwent transurethral incision of prostate, but their post-transplant UDS is still pending. We also observed that the longer the duration of dialysis vintage more is the chance of decreased MCC with compliance.

Conclusion- In absence of any lower urinary tract pathology as cause of CKD the bladder functions namely MCC, compliance and uroflowmetry improve post RT without any intervention.

MPOS 06-62

Role of cystoscopy as primary initial investigation in interstitial cystitis/bladder pain syndrome

Angadot Singh, Shivam Priyadarshi

SMS Medical College Jaipur

Introduction: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic painful bladder condition characterized by pelvic pain and urinary symptoms without another identifiable cause. Cystoscopy as primary initial investigation for IC/BPS has not been accepted yet and needs more studies to definitely conclude.

Materials and Methods: Our prospective observational study included 13 female patients aged 18-69 years presenting with symptoms consistent with interstitial cystitis. They were then subject to cystoscopy and the findings of the cystoscopy were analysed.

Results: None of the 13 patients had a normal cystoscopy, 7 patients (53.84%) had Grade I findings of petechiae in at least 2 quadrants, 2 patients (15.38%) had Grade II findings of a large submucosal bleeding, 1 patient (7.69%) had Grade III finding of diffuse global submucosal bleeding, 4 patients (30.76%) had a Grade IV findings of mucosal disruption (1 case with bleeding, 3 cases without bleeding). Hunner's lesion was noted in 2 patients (15.38%).

Conclusion: Our study found that cystoscopy is helpful as initial investigation in the diagnosis of Interstitial cystitis/bladder pain syndrome particularly with hunner ulcer finding.

MPOS 06-63

Evaluation of Detrusor Overactivity in Urodynamic Study in Patient of Overactive Bladder

Surendra Kumar Prajapati, Prajapati S, Sankar R, Pal H, Kumar S, Pathak U, Trivedi S

IMS BHU

Introduction: Overactive bladder (OAB) is a clinical syndrome characterized by urinary urgency, frequency, and nocturia with or without accompanying urinary incontinence. The current guideline not recommended UDS before the treatment of OAB, but the diagnosis of DO might be important before initiating therapy for OAB. In this study we evaluate the role of UDS in patient with overactive bladder to diagnose detrusor overactivity for better response to treatment.

Material and Method: This is retrospective comparative study conducted from January 2021 to January 2022. A total of 100 patients with OAB symptoms were recruited into a diagnostic study and divided into two groups of 50-50 patients. One group underwent UDS before treatment and in another group UDS was not done. Detailed clinical history and OABSS questionnaire responses were obtained before the UDS and treatment. These questionnaires were subsequently collected at a mean of 3 and 6 months, along with patient global impression of improvement. **RESULTS** The global response rate was 57% at 6 months. DO was found in 64% of patients with OAB on UDS. Treatment subsequent to UDS was highly associated with better response to treatment ($p < 0.01$). Patients who received treatment concordant with their UDS findings were more likely to report an improvement in bladder symptoms (68% vs 46%). **CONCLUSION** Urodynamics influenced treatment decisions made by clinicians in determining treatment in patients presenting with OAB. Patients treated based on UDS, appear to have greater reductions in symptoms than those who do not. Therefore, UDS may be considered as initial investigation for accurate diagnosis in patients with OAB symptoms.

MPOS 06-64

Is The Duration of Symptoms an Understudied Surgical Indication in Benign Prostatic Hyperplasia ?

Jain Rajkumar, Prakash JVS, Thiruvarul PV, S Vetrichandar, Arasi KV, Paranjothi Arun kumar, V Natrajan
Govt Stanley Medical College Chennai Tamilnadu

Introduction & Objectives : BPH is the most common cause of Bladder outlet obstruction in men. Bladder decompensation is the final irreversible change in the bladder in longstanding BPH. The exact time when the bladder decompensates due to bladder outlet obstruction is not adequately studied. To assess the decompensation of bladder function in patients with bladder outlet obstruction due to BPH in relation to duration of symptoms.

Methods: 30 patients with BPH were evaluated with Urodynamics and their bladder function was assessed by calculating the bladder contractility index. This was compared with the duration of obstructive symptoms, severity of symptoms, prostate size for each patient.

Results: It was found that patients with longer duration of obstructive symptoms had worse bladder function as measured by the Bladder contractility index. 8 patients (80%) with symptoms longer than 12 months had a BCI less than 100 while only 1 patient (9%) who had symptoms less than 6 months had a BCI less than 100. On comparing PVR with bladder contractility index 8 (80%) patients with PVR greater than 100ml had a BCI less than 100, 3 (33%) patients with PVR between 50-100ml had a BCI less than 100, 2 (18%) patients with PVR less than 50ml had a BCI less than 100.

Conclusion: The longer the duration and severity of obstruction the worse is the decompensation of the bladder. Urodynamics may be used as an initial evaluation tool to detect bladder function deterioration in BPH in patients with symptoms longer than 1 year.

MPOS 06-65

Comparison of Cough and Valsalva Maneuver for Quality Control During Urodynamic Evaluation

Patravale Tanmay Bharat, Saravanan K, Ezhil Sundar V, Sarvanan PR, Harry Santhaseelan W

Madras Medical College, Chennai

Introduction and Objective: Coughing and Valsalva maneuver are two methods of assessing the quality of urodynamic evaluation. Coughing is more commonly practiced but is seen to have poorer transmission in some cases. This study aims to compare both these methods at different volumes to better avoid errors in quality control.

Methods: 200 adult patients undergoing urodynamics were evaluated. Patients were taught how to perform Valsalva maneuver before starting the procedure. They were asked to cough and perform Valsalva maneuver at baseline, at cystometric capacity and postvoid. Pressure rise above resting pressure at the time of cough or Valsalva maneuver was calculated for each of the three time points. The percentage difference in abdominal (pabd) and vesical pressure (pves) graphs was calculated as a percentage of the larger value. Patients having cognitive abnormalities were excluded.

Results: At baseline, the percentage difference between pabd and pves was significantly lower for Valsalva maneuvers compared with coughs (median 6.2 vs 12.1%) for all patients. This association was consistent in patients irrespective of gender, age and neurological status. At prevoid, this was reversed with coughs providing more consistent pressure spikes than Valsalva maneuvers (median 5.1% vs. 28.4%), for all patients. Postvoid, no difference was noted in either men or women.

Conclusions: Coughs are a useful indicator of pressure transmission quality at all time points throughout urodynamic studies. However, at low volumes, Valsalva maneuvers give a better indication of quality, with lower variability, whereas at cystometric capacity coughs performed better.

MPOS 06-66

The Tale of Three Sisters- A Case series of Complete Androgen insensitivity syndrome in the same family.

Karthik Are, Srinath N, Prathvi, L.N Raju, Sreedhar Reddy, Deepak Bolbandi

Rajarajeswari Medical College

Introduction and Objective: Disorders of sexual development are congenital anomalies arising due to abnormal development of chromosomes, and gonads. Complete androgen insensitivity syndrome(CAIS) is a rare form of DSD in which the karyotype is 46 XY, but they are females phenotypically.

Early diagnosis and a multi-disciplinary approach is necessary to counsel such parents and patients.

Methods: This is a case series of 3 siblings having complete androgen insensitivity syndrome. Three sisters aged 24, 22 and 20 years presented to our OPD with complaints of not attaining menarche and delayed development of secondary sexual characters. They were evaluated with physical examination, blood investigations, imaging and karyotyping.

Results: All three of them had Tanner stage IV breast development with sparse pubic hair and no axillary hair, vaginal dimple present with no clitoromegaly. Investigations showed elevated testosterone levels and normal FSH and LH levels. Imaging showed oval echogenic lesions in bilateral inguinal regions suggestive of testes with uterus and ovaries not visualised. Karyotyping is 46 XY.

The eldest one 24 years age underwent Bilateral Orchiectomy and vaginoplasty. Histopathology showed germ cell aplasia, small seminiferous tubules with fibrosis, Sertoli cells alone and Leydig cell hyperplasia consistent with androgen insensitivity syndrome.

Rest two are awaiting surgery

Conclusions: Complete androgen insensitivity syndrome is a X linked recessive disorder and sisters with the same clinical presentation are seen. Most of the patients present with primary amenorrhea.

Counselling to be done in an age-appropriate manner. Psychoeducation regarding the biological condition is of utmost importance.

Moderated Poster Session 7

MPOS 07-67

Renal Vein Injury During PCNL : A Surgical Catastrophe - Management and Lessons Learnt

Aggarwal Amit, Bhirud Deepak Prakash, Sandhu Arjun Singh, Singh Mahendra, Choudhary Gautam Ram, Bhargav Priyank

All India Institute of Medical Sciences, Jodhpur

Introduction: Percutaneous Nephrolithotomy (PCNL) has become the treatment of choice for large and complex renal calculi. Puncturing and dilatation are two critical steps and majority of the complications of PCNL occur during these two steps. Injuries to the main renal vessels are uncommon, accounting for 0.5 - 2.4%. We report a case of renal vein injury with secondary thrombosis during PCNL and its management.

Case History: A 75-year-old female, with no known co-morbidity with multiple left renal calculi and right upper ureteric calculus who was planned for PCNL in a peripheral hospital but was abandoned during tract dilatation due to intractable bleeding and was referred to our institute with nephrostomy in situ in a clamped state. Patient was received in the emergency room in a hemodynamically unstable condition. She was resuscitated and blood products were transfused. After evaluation, the tip of nephrostomy tube was found to be in the left renal vein causing secondary thrombosis.

Results: Due to non-functional status of the kidney in dynamic scan, the patient underwent laparoscopic left simple nephrectomy with thrombectomy without any major intra operative complication and was discharged in a stable condition.

Conclusion: Renal vein injury during PCNL is rare but may be life threatening. Initial puncturing and dilatation are critical steps and should be performed very carefully. Routinely measuring the length of nephrostomy tube and performing antegrade nephrostography may help in decreasing major vascular injuries post PCNL.

MPOS 07-68

Our Experience of 100 PCNL'S using a Slender Nephroscope

B Sivaramakrishna, Wg Cdr Madhu, Saurav Paik,

Sri Dev Raj Urs Medical College, Tamaka, Kolar

Percutaneous Nephrolithotripsy (PCNL) is the generally accepted gold standard in the treatment and clearance of Kidney stone load of more than 2cm. Kidney stones are quite common and usually affect people who are between 30 and 60 years age. They affect men more than women. It is estimated that renal colic (severe pain caused by a stone in kidney) affects 10-20% of men, and 3-5% of woman. In India 12% of the population is expected to have urinary stones. PCNL offers an elegant minimally invasive option in clearing renal urolithiasis. In this paper we aim to present our experience of treating renal calculi in a tertiary referral center in the North East of the country, the results of a single surgeon and single center over a period of 18 months and to analyze the clinical spectrum of patients presenting with symptomatic renal calculus undergoing PCNL using a slender (21.5 Fr) Nephroscope with the Lithoclast Master(USS+Ballistic) and HO-YAG laser (, and their outcomes.

MPOS 07-69

Primary Malignant Melanoma of The Prostate Gland

Shreyas N M., Pirzada Faisal Masood, Rajeev Sood, Umesh Sharma

Abvims and Dr. Rml Hospital, New Delhi

Background: Primary melanoma of the prostate is very rare. The disease is very aggressive and needs aggressive management. Management is multidisciplinary. Excision of the primary is recommended if the patient has no systemic disease, supported by chemo and immunotherapy in case of systemic relapse.

Case presentation: A 52-year-old male patient presented with lower urinary tract symptoms from the last 1 and ½ months. The patient had a history of HoLEP for similar complaints 2 months back with the biopsy suggestive of melanoma. Systemic melanoma evaluation was normal. The patient underwent radical prostatectomy with a urethrectomy with bilateral pelvic lymph node dissection in view of urethral involvement. The patient suffered an early relapse for which chemotherapy and immunotherapy were given.

Conclusion: Prostatic melanoma is a rare disease and metastasis of unknown primary is the differential diagnosis. A multidisciplinary approach including early imaging to rule out possible metastases and to search for another potentially existing primary is advisable. To prevent complications related to local tumor progression and to receive tissue for mutational analysis, complete surgical resection to reduce the tumor mass supported with immune and targeted oncologic therapies.

MPOS 07-70

Renal Tumors : Demography, Choice of Surgery and Post Operative Outcomes - A Single Center Experience

Nanavati P A, Rajesh Kumar R A, Ghose S M, Mallikarjuna C, Reddy P C

Asian Institute of Nephrology & Urology

Introduction: Majority of Renal tumors are clear cell renal cell carcinoma (CC-RCC) histopathology, and consistent data are available about the clinical characteristics and oncological outcomes of this histological subtype. Non clear cell-RCC and other histological subtypes of tumors are rare entity, each pathological subtype of NCC-RCC has different oncological outcomes in terms of postoperative recurrences and survival. This study is to present the demography and outcomes of various subtypes of renal tumors at a tertiary care centre.

Objective: To study the demographic data in terms of age, gender, stage of the tumor, choice of surgery and post operative outcomes of patient undergoing either with partial or radical nephrectomy

Methods: It was a retrospective analysis of prospectively maintained data. Total 560 patients treated surgically either by partial or radical nephrectomy, between 2015-2022.

Results: Total 560 patients of mean age of 54 years, underwent surgery for Renal tumors between 2015-2012, of which 320 patients underwent minimally invasive partial nephrectomy. Angiomyolipoma was the commonest benign tumor detected. Papillary RCC Type I was second most common malignant tumor after Clear cell RCC. At the mean followup duration of 30 months; Overall survival rate was 97.67%. 17% patients newly developed chronic kidney disease - majority of them had undergone Radical Nephrectomy. Approximately 11% patients were lost to followup.

Conclusion: In our study, Nephron sparing surgery provided better results in terms of preservation of renal function on long term followup. There was no significant difference between overall survival rate between CC and NCC-RCC.

MPOS 07-71

Volvulus of Subcutaneous Portion of The Conduit Causing Acute Retention - A Case Report

S.B.Viswaroop, Ganesh Gopalakrishnan

Vedanayagam hospital and PG Institute, Coimbatore

Introduction: We present an unusual case of retention of urine secondary to double block resulting in a volvulus of subcutaneous portion of ileal conduit.

Case report : A 72 year old post radical cystectomy and Ileal conduit for pT1G3 in 2005, on regular follow up presented in 2017 with intermittent blockage of urine from the conduit. Conduitgram showed no flow of contrast beyond 10-12cm from the stoma but a 14 Fr Foley could be passed with some resistance at the same site where there was impedance to contrast on conduitgram.

He was counselled that the tube is getting kinked due to a long conduit and advised refashioning. He lost to follow up. In April 2022 he presented with acute painful retention. He had no fever. There was tense bulge below and lateral to the stoma. About 180ml was drained by needle puncture of the bulge. His creatinine was 1.9mg%. He was taken to OR for conduit scopy and catheterisation but was unsuccessful.

CT scan showed narrowed ileal segment of about 2cm with dilated proximal loop with mild bilateral HUN. He was explored following day with a circumferential incision around the stoma. There was band like constriction with volvulus of the ileal segment. The ileal segment was edematous, thickened and inflamed. A sac like cavity with a dense fibrosis was seen around the conduit in the anterior abdominal wall. The segment of ileum distal to the constricting band was excised and a Turnbull stoma was created. Subsequently his urine drainage improved.

MPOS 07-72

Cystic Nephroma : Is Surgical Excision the Way to go?

Achuth Ajith Kumar, Appu Thomas

Amrita Institute of Medical Sciences, Kochi

Introduction: Cystic nephroma is a rarely diagnosed benign cystic lesion of the kidney now classified by WHO (2016) as a mixed epithelial and stroma tumour (MEST). Despite its benign nature the diagnosis is almost always made retrospectively with the histopathology report. Surgical excision remains mainstay of treatment though an extensive review of literature identified few cases of recurrence, attributed to incomplete excision and no cases of metastasis in cystic nephroma. Our experience corroborates the same.

Methods: Our study consists of four cases of multilocular renal cysts, three of which underwent nephrectomies. Along with the diagnostic criteria, we found certain common denominators which pointed towards a diagnosis of cystic nephroma, being middle aged female, usually hypertensive, asymptomatic or vague long standing symptoms. Imaging showed unilateral multiloculated cyst with no solid components, usually affecting the lower pole of the kidney with clear demarcation from renal parenchyma. The fourth case has been under follow up for over 9 years.

Results: The three cases which underwent nephrectomies with final histopathological diagnosis of cystic nephroma showed no evidence of recurrence or metastasis during follow up and the fourth case is under radiological follow up showing an increase in the size of the cystic lesion but no progression of disease or metastasis.

Conclusion: The natural history of the disease suggests an innocuous course unlikely to hamper the quality of life and may be better left alone. Perhaps it is time to rethink the treatment strategy for cystic nephroma and proceed with intervention only if symptomatic.

Moderated Poster Session 8

MPOS 08-73

Factors Affecting The Outcome of Augmentation Urethroplasty with Buccal Mucosal Graft: A Single Center Study

Md Arif Islam, Ranjan Kr Dey, Anik Ghosh, Kunjan Kumar, Sudipto Kumar Singh, Sashikant Tewary

RGKar Medical college & Hospital, Kolkata

Introduction: Various factors affect the outcome of BMG Urethroplasty: the incidence and timing of stricture recurrence or urethrocutaneous fistula formation have relation with multiple independent factors.

Objective: To analysis the outcome of BMG Urethroplasty in a single institute and determine the factors predicting outcomes of BMG Urethroplasty.

Methods: Analyzed the records of 70 patients in both retrospective and prospective manner of 3 year time span from May 2018 to April 2021 in our college with a minimum 1 year follow up. The factors were: patient's age, stricture etiology, site, length, diabetes, hypertension, smoking, obesity, previous OIU or Urethroplasty, first post op ascending urethrogram dye extravasations.

Results: Average patient age was 42 years. Stricture free rate was 78% in mean follow up of 30 months. Average stricture length was 5 cm and most common site was distal bulbar urethra. 60% patient had previous OIU and 30% had h/o previous Urethroplasty. On analysis etiology, site, length, previous two or more OIU, diabetes, post op wound infection and hematoma, obesity, leakage at first ASU were associated with stricture recurrence. Traumatic and pan urethral strictures are independent factors with recurrence and post op wound infection and hematoma is a risk factor for UC Fistula.

Conclusion: Pan urethral and traumatic strictures are independent factors for stricture recurrence and post op wound infection and hematoma may precipitate UC Fistula.

MPOS 08-74

Comparison of Perineal Urethrostomy with Substitution Urethroplasty for Urethral Stricture Disease

Sandip Desai, Govind Sharma, Shivam Priyadarshi

SMS Medical College and Hospital, Jaipur

Background: Perineal urethrostomy is highly successful treatment for anterior urethral stricture but commonly used as last resort in recurrent disease. We hypothesized that PU utilization has increased over the last few years of practice, and is associated with improved outcomes.

Materials and Methods: a prospective study done on patients with long strictures greater than 3 cm. We compared demographic, clinical, urinary and sexual characteristics and quality of life using validated patient reported outcome measures between patients treated with perineal urethrostomy and substitution urethroplasty in anterior urethral stricture.

Results: Of the 66 patients 33 treated with substitution urethroplasty and 33 treated with perineal urethrostomy met study inclusion criteria. The cumulative incidence of failure at 2 years was 15.1% ($p=0.05$) for long stricture anterior urethroplasty and 6% for perineal urethrostomy ($p=0.06$). Compared to baseline metrics, patients who underwent substitution urethroplasty and perineal urethrostomy had similar improvements in sexual function . urinary function (ipss score) improvement is 20.8 vs 24 (group 1 vs group 2) ($p=0.04$) and quality of life score improvement is 2.3 vs 2.8 (group 1 vs group 2) ($p=0.05$).

Conclusions: Patients reported improvement in sexual function is comparable in perineal urethrostomy and substitution urethroplasty. However urinary function and quality of life is better after perineal urethrostomy. perineal urethrostomy failure rates were lower than substitution urethroplasty especially for long urethral stricture.

MPOS 08-75

Male Urethral Diverticulum - A Rare Entity Case Series

Syed Amer, Hemant Kamal,

PGIMS, Rohtak

Introduction And Objective: Urethral diverticulum is a localised out pouching or fusiform dilatation of the urethra. it is a rare entity in male, which may be congenital (10%) or acquired (90%). We present a case series of acquired urethral diverticulum.

Materials And Methods: 3 Elderly male presented with complaints of dysuria, of which 1 patient had a soft cystic penoscrotal swelling with egress of urine from meatus on compression, other patient had hard penoscrotal mass in relation to bulbar urethra, patients underwent ultrasound along with RGU and MCU.

Result : A diagnosis of urethral diverticulum with a stricture was made with 1 patient having multiple diverticular stones. Patients underwent open urethral diverticulectomy with urethral reconstruction. The clinical, radiological and surgical findings were comparable.

Discussion: Urethral diverticula are classified into congenital and acquired. Congenital diverticulum is secondary to developmental defect, where as an acquired diverticulum is due to Stricture, infection, trauma, etc.

Urethral diverticula can present with various urinary voiding symptoms. Initial diagnosis of UD is based on high clinical suspicion, which is further supplemented with urethroscopy, RGU and MCU, rarely an MRI. Complicated symptomatic UD needs surgical excision and urethral reconstruction that varies from patient to patient and is individually based.

Conclusion: Urethral diverticulum is a rare entity in a male. it needs a high level of suspicion for initial diagnosis. RGU may be considered a gold standard in diagnosis. Open surgical urethral reconstruction will be the main-stay treatment modality for complicated UD.

MPOS 08-76

An Audit of Dorsal Buccal Mucosal Graft Urethroplasty at A Tertiary Care Institute in South India: Indications, Technique and Outcomes.

Ameya Sangle, Manasa T, Sandeep P, Tarun Javali, Prasad Mylarappa, Ramesh D

M S Ramaiah Medical College, Bangalore

Introduction: Dorsal buccal mucosal graft (BMG) urethroplasty is the standard of care for stricture urethra in males in >85% of the cases. This technique has evolved over time and has been extensively reviewed and audited to assess the outcomes. We share our experience with dorsal BMG urethroplasty over the last decade by auditing the indications, technique & outcomes of the procedure.

Materials and Methods: A retrospective review of records from 2011 to 2020 was done. A total of 107 patients underwent BMG urethroplasty for anterior urethral strictures, of which 86 were available for follow-up. Preoperative, intraoperative and postoperative data were collected and analysed. The primary outcome measure was success/failure of the procedure.

Results :All patients underwent single stage urethroplasty. Mean duration of follow up was 21 months (Range:1-48 months).Iatrogenic(46%) was the most common cause followed by idiopathic. Mean stricture length was 4.6cm +/- 1.1cm with 63% of the strictures confined only to the bulbar urethra. Preoperative Qmax increased from a mean of 4.3ml/s to 19.3ml/s at 3 months and 18.6ml/s at 6 months postoperatively. Success rates were 94.18% at 3 months which declined to 86.04% at 6 months of follow up.

Conclusion:Dorsal BMG urethroplasty for the management of anterior urethral stricture is associated with superlative outcomes and good patient satisfaction.Our results are consistent with the available literature.

MPOS 08-77

Free Inner Preputial Skin Graft Urethroplasty, Single and Double Faced- 7 Years Experience

Ashish Pardeshi, Rajesh Rajendran

Kidney & Urology Super-Speciality Institute, Pune

Introduction: Finding adequate and healthy buccal mucosa can be a challenge. Free inner preputial skin graft in absence of Lichen Sclerosus, is an alternative which can give comparable long term results as the buccal mucosa graft.

Methods: 58 patients in the age group of 19 to 57 years (mean 33.07) were operated from the year 2014 to 2021. Patients with lichen sclerosus were excluded. 12 patients underwent ventral onlay bulbar urethroplasty, 26 underwent dorsal only pan-urethroplasty, 9 for dorsal onlay penile urethroplasty and 11 underwent double faced urethroplasty using preputial skin graft. Of the 58 patients, 6 (10.34%) were redo cases after previous augmented buccal mucosa urethroplasty. All patients were uncircumcised. Stricture length ranged from 2.5cm to 16cm (mean 7.85cm). Double faced grafts were used for obliterative strictures as Dorsal inlay with Ventral onlay (6 patients) and Ventral Inlay with Dorsal Onlay (5 patients)

Results: Of the 58 patients, 54 (93.10%) were considered as success over a mean follow-up period of 3.64 years. 2 patients with pan-urethral stricture had recurrent stricture at the proximal anastomoses of the graft which was managed with flexible dilatation and 2 patients with redo urethroplasty had recurrent disease due to graft shrinkage. Post void dribbling was a concern in 9 out of 12 (15.51%) in ventral onlay urethroplasty.

Conclusion:Free inner preputial skin graft is a comparable option to buccal mucosa graft for augmentation urethroplasty due to ease of harvest, availability, adequacy and low donor site morbidity and complications.

MPOS 08-78

Retrospective Analysis of Outcome of Transecting V/S Non Transecting Anastomotic Urethroplasty (5 Years Experience)

Rohan Shankar, Shankar R,Sulabh, Pal H, Kumar S, Kumar L, Trivedi S

IMS BHU, Varanasi

Objective: The purpose of this retrospective study is to compare outcomes of transecting and non-transecting anastomotic bulbar urethroplasty.

Materials And Methods: A retrospective study of 156 patients undergoing either transecting or non-transecting anastomotic bulbar urethroplasty from April 2014 to May 2019. Patients were excluded from study, if there had been prior urethroplasty, stricture location outside bulbar urethra. Study outcomes were urethroplasty success based on Q max, de novo sexual dysfunction assessed at 6-months (defined as 5-point change in SHIM score) and 90-day complications and freedom from secondary procedures. Patients underwent follow up at 6, 12 and 36 months.

Results: 156 patients with a mean stricture length of 1.4cm (0.5-4cm) were included in study, underwent either a transecting with stricture length range 2.8-4 cm (n=114) or non-transecting with stricture length range 0.5 -2.5 cm (n=42) anastomotic bulbar urethroplasty. Overall success rate was 94.9% at follow-up at 6, 12 and 36 months. 7.1% of patients experienced a 90-day complication and 11.6% reported sexual dysfunction. The mean decrease in SHIM score was significant in non transecting group. No difference in success (93.8% vs. 97.9%; p=0.18) or postoperative complications (8.1% vs. 4.3%; p=0.25). Patients undergoing transecting urethroplasty were more likely to report an adverse change in sexual function (14.3% vs. 4.3%; p=0.008) and was associated with sexual dysfunction (p=0.01)

Conclusions: Anastomotic urethroplasty is a highly effective surgery with relatively minimal associated morbidity. Non-transecting anastomotic urethroplasty compares quite favorably to the transecting technique and likely reduces the risk of associated sexual dysfunction.

MPOS 08-79

Audit of Anastomotic Urethroplasty for Pelvic Fracture Urethral Injury: Experience from A Tertiary Care Center

Mujahid Ali, Mujahid Ali, Sidhartha Kalra, LN Dorairajan, Sreerag KS, Swapnil Singh Kushwaha, Atanu Kumar Pal

Jawaharlal Institute of Postgraduate Medical Education & Research(JIPMER), Pondicherry

Introduction And Objective: Pelvic fracture urethral injury (PFUI) is a challenging problem for urologists. The published rate of urethral injury varies from 2-25% in different series.(1) Anastomotic urethroplasty is the preferred surgical procedure for the treatment of PFUI and its success rate is reported to be around 77%-95%.(2) The aim of our study is to describe the success rate and complications in patients who underwent anastomotic urethroplasty along with various progressive perineal approaches for PFUI.

Methods:This retrospective study was conducted on 53 patients with PFUI who had undergone urethroplasty and were enrolled in this study. They were studied in terms of demography, type of pelvic fracture, length of distraction defects measured using retrograde urethrography combined with voiding cystourethrography, complications, management, and outcomes.

Results:Out of 53 patients who were subjected to end-to-end anastomotic urethroplasty, 36(67.92%) patients had successful outcomes and 17 (32.08%) were not successful. The mean (SD) maximum urinary flow rate, assessed by uroflowmetry after surgery, was 18.87 (5.1) mL/s. The intraoperative rectal injury was repaired primarily in 2 cases. All of these patients underwent re-operation. Five patients (8.1%) had mild incontinence. Erectile dysfunction (ED) was present in seventeen (28.57%) patients after trauma post-operatively.

Conclusions:PFUI can be adequately managed by anastomotic urethroplasty, even in prior reconstructed or intervened cases. Careful workup and accurate dissection can help in preventing complications of urethroplasty.

MPOS 08-80

Dorsal and Lateral Onlay Bmg- Urethroplasty in Female Stricture Urethra

Kagalkar Suresh, Nirmala kagalkar

Al Ameen medical college Vijayapur, Karnataka,India

Background : Female urethral stricture disease is under recognized and is often treated with dilation.

Objective: Describe experience treating female urethral stricture disease with lateral and dorsal On Lay Buccal Mucosa Graft (FD-BMG) in female stricture urethra cases.

Methods : Retrospectively identified 27 BMG- Urethroplasty operations formed by reconstructive surgeons from 2013 to 2021. Technique included dorsally placed Buccal Mucosal Grafts in all cases except few cases with laterally ONLAY BMG as risk of incontinence expected.

Results: Mean age was 50 (Range,29-81) years. Stricture etiology was unknown (49%) Iatrogenic (36%), or Trauma/Straddle Injury (15%). A majority of women (87%)women had undergone a prior dilatation. Mean strictue length was 2.1 CM. Mean postoperative follow - up was 33 (Range,7-106) months. Postoperative complication within 30 days where seen in 7 individuals(18%) 2. Stricture recurrence was seen in 9 (23%) patients, time to recurrence 14 months. No patients experienced De Novo Incontinence.

Conclusions - Female Dorsal- and laterally placed Onlay BMG Urethroplasty is safe and effective management options for female urethral strictures. And few cases as of high risk of incontinence expected especially in fracture pelvis cases and bad obstretical cases where laterally ONLAY BMG selected.

MPOS 08-81

Double Face Augmentation Urethroplasty using Inner Prepuce, An Alternative for Tobacco Chewers

Sharma Shashank, Gite Venkat

Grant Government Medical College,Mumbai

Introduction- Augmentation bulbar urethroplasty can be performed using dorsal or ventral approach or using double face approach depending on the length, extent, and caliber of the stricture.

Case Report- A 30-year male presented with voiding LUTS for 1 year.The patient was evaluated and diagnosed to have bulbar urethral stricture. ACU showed stricture at penobulbar junction.Cystourethroscopy showed 4 cm stricture from penobulbar to mid bulbar region. SPC was done

Decision was taken to do augmentation urethroplasty using graft, but as patient was chronic tobacco chewer with buccal and lingual mucosa not healthy and pliable,hence Double face (Dorsal Onlay and Ventral inlay) using preputial skin graft urethroplasty was done.

Peri-catheter study done at 4 weeks showed no evidence of contrast leakage.USG PVR was insignificant.

A check scopy after 6 months by 17 Fr sheath was normal. Patient to be followed up after 6 months and then annually for next 5 years.

Discussion- Numerous grafts like genital and extragenital skin, tunica vaginalis, bladder mucosa, colonic mucosa, buccal mucosa, lingual mucosa and tissue-engineered grafts have been used for augmentation urethroplasty

DFAU can be performed using either a dorsal (dorsal onlay and ventral inlay) or ventral (ventral onlay and dorsal inlay) approach

A free inner preputial graft (IPG) can be used for the urethral plate augmentation

Conclusion- Preputial graft being familiar to urologists, and present close to surgical field can be easily harvested in chronic tobacco chewers as an alternative for buccal mucosa in double face augmentation urethroplasty with an acceptable overall outcome.

MPOS 08-82

Difficulties in Management of Complex and Redo Case of PFUI

Sharma Shashank, Gite Venkat

Grant Government Medical College, Mumbai

Introduction- Complex PFUI is referred to as patients having history of Previous failed urethroplasty, long defects due to bulbar urethral ischaemic necrosis.

PFUI failure usually occurs due to inadequate mobilization of bulbar urethra, inadequate scar tissue excision, anastomosis of well vascularized urethral ends.

Case- A 25 year old male presented as case of PFUI with SPC insitu (Status post end - End anastomotic Urethroplasty done 1 year back) which failed. Post surgery the patient was not able to void.

On Retrograde urethrogram there was complete cut off at proximal bulbar region with 3 cm defect. There was an incidental finding of metallic implant for pelvic bone fixation. On MCUG, Bladder neck was open with complete cut off at level of verumontanum with Bony chip at distal margin with suspected compression over urethra.

CT Cystography and Urethrography showed no passage of contrast for 5 cm in distal prostatic urethra, membranous and BMJ. Intra-operatively, cystoscopy revealed complete blockage at proximal bulbar region, there was no compression by bony chip, Fibrosis was present, which was excised and both distal and proximal urethral ends anastomosed.

Pericatheter study was done at 4 weeks which revealed No evidence of contrast extravasation, with Contrast going in bladder. Uroflowmetry showed normal pattern curve.

Discussion- Most of these redo cases of PFUI have inadequate scar excision. This scar tissue either prevents identification of normal healthy prostatic urethra or causes constriction resulting in narrowing at the site of bulbomembranous anastomosis.

Conclusion- Thorough diagnostic evaluation and proper planning is key to successful management of complex PFUI.

MPOS 08-83

Neourethra : Anterior Bladder Flap Neourethra (ABFN) Technique for Incontinence

Anupam Anand, Tapan Kumar Mandal, R.Roy, S.Karmakar, Asim Kumar Das,
Nrs Medical College and Hospital, Kolkata

Introduction And Objective: To evaluate the impact of anterior bladder flap neourethra (ABFN) technique (Tanagho) in a c/o complete destruction of urethra and bladder neck, following an obstructed labour with necrotising fasciitis of the perineum in a young female.

Methods: 22 year old female presented with h/o urinary incontinence since 2 years .patient had a h/o obstructed labor underwent vaginal delivery but in post-op period, developed necrotising fasciitis for which serial debridement was done leading to complete destruction of urethra and bladder neck.

On examination- patient had sever fungal infection with folliculitis in perineum , reaching upto thigh.

We did CPE- no urethral meatus was seen, bladder neck wide open into vagina, both Ureteric orifice could not be seen, bladder mucosa normal, no evidence of VVF was found. Her sugars were raised,

Fungal infection and sugars were controlled and patient underwent anterior bladder flap neourethra (tanagho)

Results: SPC and per vaginal catheter was kept for 6 weeks, after that MCU was done , there was no leak. Patient was continent after 6 weeks.

Conclusion: Among the many techniques of neourethra formation like , posterior bladder flap, vaginal flap etc, anterior vaginal flap can be the most favoured in a case of traumatic/surgical destruction of urethra. Points in favour for this are that anterior bladder wall is situated just above the internal meatus and ideal for such a reconstructive procedure. It is one of the heaviest segments of the bladder wall.

Moderated Poster Session 9

MPOS 09-85

Ureterocalycostomy in complex Pelviureteric junction obstruction (PUJO); our experience

Asim Kumar Das, Saurav Karmakar, Tapan Kumar Mandal, Tapas Kumar Majhi, Partha pratim Das,
Dawood Khan, Rahul Roy
NRS Medical College and Hospital, Kolkata

Introduction:Ureterocalicostomy (UC) has been reported as a surgical option for patients with complicated PUJO. UC was initially reported by Neuwirt in 1948. Mesrobian et al. described that the indications for this procedure included previously unsuccessful pyeloplasty, UPJO associated with anomalies of renal rotation or ascent, an intrarenal pelvis or a short ureter. The advantage of UC is that it provides dependent urinary drainage from the lower calyx into the ureter. However, bleeding from the incised renal parenchyma and the risk of anastomotic stricture are limitations of this procedure. We here describe our experience with ureterocalycostomy in 5 cases in last 18 months.

Materials and methods:In last 18 months we have done 5 cases of ureterocalycostomy with minimum age range of 15-50 yrs. All of them has undergone preoperative DTPA as well as CECT urography to

delineate the anatomy and functional status. All of them had a minimum of 15% differential function. Open UC has been done in all cases. Postoperative DTPA scan has been done after 6 weeks of DJ stent removal. Clinical, functional improvement has been compared.

Result: In follow up DTPA scan, 2 patients has shown functional and clinical improvement, one patient has shown no improvement and on further evaluation contrast also not excreting. Follow up DTPA are awaited for rest of two patients and will get those in next few months.

Conclusion: Early follow up of Ureterocalycostomy in well selected patients is encouraging, though more stringent follow up is required.

MPOS 09-86

Penile Fracture: Report of six cases with review of literature

Malvi Gaurav, Patwardhan Sujata, Patil Bhushan, Bhujbal Sachin

Seth G S Medical College and KEM Hospital, Mumbai, Maharashtra

Introduction: Penile fracture is defined as rupture of corpora cavernosa which occurs when the rigid penis is forcibly bent against resistance leading to disruption of tunica albuginea. There is a classical history and physical examination.

We have reviewed cases of penile fracture in Indian literature in comparison with our case series

Objectives: The objective of the study is to highlight differences in etiology, clinical presentation, investigations, modalities used, intraoperative findings and postoperative outcomes of penile fracture in present study.

Materials And Methods: This study is conducted in a tertiary health care center in Mumbai from Jan 2018 to June 2022. We have evaluated data from six patients presenting with penile fracture and compared to various case series in Indian literature. Patient details like age, etiology, clinical presentation, time interval from injury to presentation, investigations, treatment and outcomes were assessed.

Results The mean age of presentation is comparable and below 40 years.

The time to presentation in all series is variable with mean delay of 48 hours.

Sexual intercourse is the most common cause in all series.

Ultrasound is used for diagnosis in all series.

The rate of associated urethral injuries is however variable from 5-12%.

Very few series has offered conservative management and surgical management is successful in upto 95%.

Erectile dysfunction and chordee are most common complication.

Conclusion: The non-uniformity in the management of penile fracture is related to conservative management in 10% and the extent of complication in various series varies from 5-15% like erectile dysfunction and deformity.

MPOS 09-87

Does crossing vessels have an impact on Presentation and Outcomes of Pelvi-Ureteric Junction Obstruction? - A retrospective observational study

Sambit Tripathy, Rohith G, S Mandal, A Pandey, Dheeraj K, K Singh, P Nayak

AIIMS, Bhubaneswar

Introduction and Objective: Around 25-50% PUJO have been found to be associated with crossing vessels. But does its mere presence in any way affect the presentation of PUJO and perioperative outcomes following pyeloplasty? In this study we have defined the anatomy of crossing vessels and tried to identify the association of crossing vessels with perioperative outcomes.

Methods : This retrospective study from a Tertiary care Hospital included patients undergoing Laparoscopic Pyeloplasty from January 2019 to March 2022 in. Demographic profile and clinical presentation, intraoperative findings, duration of surgery and length of stay were recorded. Follow up data (symptom resolution and ultrasonography) were recorded as per institutional protocol.

Results : A total 33 patients have undergone Laparoscopic pyeloplasty. The mean age was 26 (18.5-51) years with male predominance (66.7%). Pain was presenting complaint in 94% patients with a mean VAS score of 2.45 (+/- 0.86). Crossing vessels were more frequent on right side (61.5%). 13 out of 33 (39.4%) patients had crossing vessels. Five patients (38.5%) had both artery and vein crossing the PUJO, six (46.1%) had only artery as crossing vessel while two (15.4%) had only vein crossing the PUJO. Operative time was significantly higher (206.08 +/-25.6 mins) in patients with crossing vessels as compared to those without crossing vessels (183.3 +/- 24.4 mins) ($p=0.018$). Two patients developed recurrence and underwent nephrectomy in follow up.

Conclusions : Crossing vessels are predominantly arteries or both artery and vein. We can also conclude that presence of crossing vessel doesn't affect perioperative outcomes except operating time.

MPOS 09-88

Bladder Exstrophy Epispadias complex with Adenocarcinoma in adulthood repaired distinctly have different outcomes: A case series

Amit Ranjan, P K Bagchi, M Phukan, D sarma, P K D Phukan, S K Barua

Gauhati Medical College, Guwahati

Introduction: The exstrophy-epispadias complex is a rare congenital malformation with spectrum of abdominal-pelvic fusion abnormalities, incidence 1/46,000 LB. Recurrence is 1 in 100 & the male-to-female ratio 2.3:1. Patients rarely presents in adulthood due to a lack of knowledge or financial constraints; it increases risk of bladder carcinoma mostly adenocarcinoma or squamous carcinoma, due to chronic inflammation, infection, and metaplasia. It has significant physical, functional, social, sexual and psychological burden.

Discussion: Three patients have been operated in our institute-i. A 37 years old male, ii. A 19-year-old male & iii. A 23-year-old female patient. Operation planned was radical cystectomy with an ileal conduit and an expanded local lymphadenectomy.

Repair: Defect of the pelvis and abdominal wall was repaired differently in all 3-patient using different techniques

- i. First patient went through primary tension closure
- ii. Second patient we used bilateral rectus muscle as flap and reinforced with mesh
- iii. Third patient we used rotation skin flap

Results:

- i. First patient developed wound dehiscence followed by faecal fistula
- ii. Second patient recovered well with muscle flap
- iii. Third patient develops flap necrosis at tip

Conclusion: As per result bilateral rectus flap with mesh recover better than rotation skin flap which is better than primary tension closure.

MPOS 09-89

Penile fracture with Urethral Rupture: The feasibility of repair via Penoscrotal Approach

Joshi Brij Mohan, Ranjan Satish, Sharma Himanshu, Kaushal Rohit, Chaturvedi Samit, Maheshwari Ruchir, Kumar Anant

Max Super Speciality Hospital, Saket, New Delhi

Introduction: Penile fracture with an associated urethral injury is a rare urological emergency resulting from trauma to the erect penis during vigorous sexual intercourse. Sub-coronal penile degloving incision has been conventionally described and is frequently used by many clinicians for the management of penile fracture-urethral injury. Here we describe a case of complex penile fracture managed via the vertical penoscrotal incision. The aim is to emphasise the importance of the penoscrotal approach for penile exploration in proximal complex penile fracture injuries.

Material And Methods: In order to review the epidemiology, diagnosis, and treatment of penile fracture patients we searched publications in the PUBMED database till 2022. After clinical evaluation, Urethral defect was confirmed on urethroscopy. Penile exploration through penoscrotal incision was done and repair of tunica albuginea and urethra repair was done and outcomes were followed.

Results: The penoscrotal approach is a feasible option for successful outcomes in such emergency procedures and improves the sexual, physical, and psychological aspects of the disease process. It confers excellent exposure to both the ruptured corpus cavernosum and urethra and ensures successful outcomes without having disadvantages of the degloving incision.

Conclusion: The penoscrotal approach is reliable, reproducible, and suitable for the most penile fracture and it gives adequate exposure to deal with associated urethral injuries also.

MPOS 09-90

Small capacity Neurogenic bladder with stricture urethra: A rare presentation

Jayant Maurya, V Singh, S N Snkhwar, Apul Goel, B P Singh

King George Medical University

Introduction: Intermittent catheterization (IC) is the gold standard for bladder evacuation in individuals with neurogenic lower urinary tract dysfunction (NLUTD) and adequate manual dexterity. Most common complication in patients using IC is infection. Second, occult urethral trauma as a result of repeated catheter introduction, may lead to urethral strictures, stenosis or false passages. The occurrence rate of urethral strictures varies in literature and has been reported to increase with time and a higher catheterization rate.

Case Report: 24 year old man having spinal & bilateral lower limb deformity presented with c/o continuous incontinence since birth for which he was catheterized multiple times. On evaluation with USG-KUB he had B/L gross HDUN, incontinent patient. On RGU, bulbomembranous urethral stricture with small capacity bladder noted. On further evaluation with CPE he was found to have multiple false tracts at distal penile region, cystoscope could not be negotiated beyond. He underwent B/L PCN placement followed by B/L nephrostogram which showed B/L grossly dilated PCS with dilated ureters with small bladder. He underwent laprotomy with continent ileal caecal pouch with mitrofanoff valve procedure. Post operative period was uneventful. After sequential removal of B/L ureteric splints, drain and B/L PCN, patient was taught to perform CIC to drain urine at regular interval through the pouch. On follow up he was doing well.

Conclusions: In such patients with such small capacity bladder with stricture, performing reconstructive surgery for urinary diversion followed by regular CIC is a good alternative.

MPOS 09-91

The Dorsal "Malone's" Meatoplasty- A Marvelous Approach for Meatal Stenosis

Nipun Bansal, BM Zeeshan Hameed, Nandakishore B, Suyog Shetty

Father Muller Medical College Mangaluru

The treatment of meatal stenosis associated with BXO is traditionally treated either by meatal dilatation or ventral meatotomy. These surgeries have high recurrence rates or create a hypospadiac meatus. We hereby, describe an established dorsal approach - "Malone's" Meatoplasty which gives excellent aesthetic, functional result with low recurrence rate. A 72 years old male, Diabetic, previously circumcised, came with complaint of poor stream of urine since 1 and half years. On examination, patient was having Meatal Stenosis with BXO changes. Initially after taking stay sutures, a small ventral meatotomy was performed followed by deeper dorsal meatotomy. Then an inverted V-shaped relieving incision was kept above proximal limit of the dorsal meatotomy. The opposing left and right inner edges are closed with continuous Vicryl sutures and the outer layer is opposed with interrupted sutures. Dorsal meatoplasty with "inverted V" incision is an easy splendid procedure which can avoid post-operative hypospadias and gives excellent aesthetic and functional results with low recurrence rate.

MPOS 09-92

Bilateral ischaemic ureteric stricture : A devastating complication of uterine artery embolization

Shivani Shah, Ishwar Ram Dhayal

Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow

Introduction and Objectives: Uterine artery embolization is valuable in managing severe post-partum hemorrhage, preserving the uterus. However, serious complications such as a thrombo-embolic event, fibroid expulsion, sepsis, urinary retention, and access-related injuries may rarely occur.

Methods: We present a post operative case of open hysterectomy with a history of uterine artery embolization for placenta increta in a 42 year female presenting with reduced urine output which has progressed to anuria and anasarca. Bilateral nephrostogram suggested streak of dye passing through narrowed lower segment of bilateral ureters near vesicoureteric junction (left more than right). Ureteroscopy suggested bilateral lower ureteric stricture. Hemodialysis followed by bilateral Percutaneous nephrostomy was performed for raised serum creatinine.

Result: Patient underwent left boari flap and right psoas hitch ureteric reimplantation with no post operative complications. Biopsy specimen showed epithelial cell disruption with inflammation and fibrosis.

Conclusion: Early identification and prompt definitive management can lead to preservation of renal functioning and improved long term survival in ureteric strictures.

MPOS 09-93

A Comparison of Robot Assisted and 3d Laparoscopic Dismembered Pyeloplasty for Management of Primary Uretero Pelvic Junction Obstruction

Iyer S, Kumar A, Kumar S, Kapoor K

VMMC & SJH

Introduction: Laparoscopic pyeloplasty is a technically challenging procedure requiring advanced intracorporeal suturing skills. The advent of Robot-assisted pyeloplasty has led to better surgeon ergonomics, faster suturing, reduced operative time with better visualization, depth perception and degrees of freedom. In this study, we have prospectively evaluated the outcomes following robot-assisted and three-dimensional(3D) laparoscopic pyeloplasty for primary uretero-pelvic junction obstruction(UPJO).

Methodology: This prospective randomized study, approved by institute's ethics committee was carried out at a tertiary care centre from December 2019 to June 2021. Treatment naïve patients aged >12 years with primary UPJO were randomised into groups A)Robot-assisted B)3D-Laparoscopic pyeloplasty to be performed by single surgeon. Success was defined as resolution of symptoms and improved drainage pattern in Tc99m-DTPA(diethylene triamine penta-acetic acid) at 3 months of follow up. Suturing time, operative time, perioperative blood loss, complications(Clavien-Dindo) was also compared between the groups.

Results: A total of 60 eligible patients were included in the study, 30 in each group. All patients except one in group-B reported success. Suturing time, total operative time was statistically significant for group-A(20.4 vs 31.5mins, $p<0.0001$; 58.3 vs 80 minutes, $p<0.0001$). The groups did not differ much in terms of intraoperative blood loss, mean hospital stay. Post-operative complication was seen in 2/30(6.67%) and 5/30(16.67%) patients in group-A and B respectively.

Conclusion: Robot-assisted pyeloplasty has equivalent perioperative outcomes to 3D-laparoscopy with significantly shorter intracorporeal suturing time and total operative time with better surgeon

ergonomics. With its dependence on extensive, precise intra-corporeal suturing, robot-assisted pyeloplasty is a significant addition to urologists' armamentarium.

MPOS 09-94

A Rare Case of Self Amputation of Penis Preserved and Reconstructed by Stump Burying and Grafting.

Manish Kumar Singh, S C Karan, Abhishek Bose

Narayan Medical College and Hospital Jamuhar, Sasaram, Rohtas.

Introduction- A 21 year old unmarried male presented to emergency with an alleged case of self amputation of the penis. The stump was denuded of skin and our aim was to preserve the maximum remnant portion so as to obtain a satisfactory penile length. The bleeding vessels of the remnant stump were ligated to secure haemostasis and its survival was ensured by burying it inside the flap created at the lower abdominal wall. The interval of three weeks was given to facilitate the taking in of the graft and to ensure proper healing of the wound. The graft was then elevated and applied circumferentially in a staged manner.

Result - We were able to attain an erect penile length which was sufficient enough to ascertain a healthy genitourinary life to the patient. Psychiatric consultation was sought for this patient where he was diagnosed as a case of substance abuse disorder. He is undergoing treatment for the same.

Conclusion - Male genital self-mutilation is one of the most dramatic and bizarre forms of major self mutilation and is often encountered within the context of severe psychopathology. Although there has been previous incidence of surgical repair of the amputated penis but the technique applied in the genital reconstruction in this case was different. It ensured sufficient penile length so as to ensure a satisfactory urinary and sexual life to the patient besides causing minimal morbidity and speedy recovery as the body's own tissue was used for reconstruction.

MPOS 09-95

The Curious Case of A Hard Palpable Abdominal Mass in an Ileocecal Pouch Patient

Nisanth Puliyaath, AV Venugopal, Farzana TC, Alphonse Jithin, Adil Abdulla, Anurag, Sanjula Jethwani

Government Medical College, Kozhikode, Calicut, Kerala

Introduction : Carcinoma urinary bladder is a malignancy that needs aggressive management and a regular patient follow-up. We describe a case of massive stone burden in the ileocecal pouch of a patient lost to follow up after his surgery.

A 63-year-old male presented with right flank pain and difficulty in catheterisation of stoma for the last 3 months. On abdominal examination, a hard lump of 8x6 cm was palpable in the right flank above the stoma.

He was a case of carcinoma urinary bladder, for which a radical cystoprostatectomy with continent diversion by an ileocecal pouch with catheterizable appendix stoma using Mitrofanoff's principle was done 27 years ago. The patient was on continuous intermittent catheterization since then but he was noncompliant with any follow up care.

The imaging showed massive stone burden in the ileocecal pouch, the largest of which measures 8x7x7 cm. Around 35 pouch stones, made of calcium oxalate and weighing 780g were retrieved by an open poucholithotomy, and the patient recovered following the surgery.

A massive stone burden in the ileocecal pouch is a rare occurrence with only a handful of cases reported, and to the best of our knowledge this is the heaviest stone burden so far reported in the literature.

Conclusions: This case illustrates the importance of the follow-up care of ileocecal pouch patients as any non-compliance might lead to profound consequences like this case which necessitated an open poucholithotomy and a massive stone burden can be a differential diagnosis when they present with a hard palpable abdominal lump.

Moderated Poster Session 10

MPOS 10-96

Peri-operative, oncological and survival outcomes of robotic radical cystectomy with urinary diversion in females

Ojas Potdar, TB Yuvaraja, Santosh Waigankar, Varun Agarwal, Ashish Asari, Akash Shah, Abhinav Pednekar

Kokilaben Dhirubhai Ambani Hospital, Andheri West, Mumbai

Introduction: Robot assisted radical cystectomy (RARC) is preferred approach for surgical management of bladder cancer. Currently, majority of literature on RARC involves men in view of higher incidence of bladder cancer in them. We hereby document peri-operative variables, oncological and survival outcomes in 41 women who underwent RARC, by single surgeon at tertiary health care centre.

Materials & Methods: Out of 225 RARC and urinary diversion procedures performed from 2012 to 2020, retrospective analysis of 41 women was performed. Baseline demographic and peri-operative details, oncological data and survival were recorded and analyzed. Kaplan-Meier analysis was done for survival outcomes and prognostic factors were assessed by Log Rank test.

Results: Thirty eight patients underwent intra-corporeal urinary diversion while three underwent extracorporeal diversion. One patient underwent organ preserving cystectomy. Clavien Dindo 30- day postoperative complications were Grade I in 8 (19.5%), Grade II in 4 (9.8%), grade IIIa in 3 (7.3%) patients without any mortality. During median follow up of 34 months (Range- 6-87months), 7 patients died of disease recurrences. Five-Year survival was 74% (95% CI- 59-82) and 35% (95% CI, 10-91) in transitional cell carcinoma (TCC) and non-TCC group respectively with p value of 0.04. There was no mortality in Stage 0 and 1. Five year survival was 78% in stage 2 and 41% in stage 3 and 4.

Conclusion: Our study highlights safety, feasibility and acceptable clinical, peri-operative and oncological outcomes of robotic radical cystectomy in females which should be incorporated in mainstream approach.

Key words: Radical cystectomy, robotic surgery, anterior exenteration, outcomes

MPOS 10-97

Is Nephron Sparing Feasible In Hilar Renal Tumors?

Channabasavaraj Hosangadi, Anandan M
Kovai Medical Centre & Hospital, Coimbatore

Introduction: Hilar tumors pose significant challenge for nephron sparing approach both technically & oncologic outcome. A hilar tumor was defined as a lesion suspicious for renal cell carcinoma in contact with a major renal vessel on preoperative cross-sectional imaging¹.

Methods: This retrospective study includes 9 patients who were diagnosed to have hilar tumors between 2018 to 2021 by CECT/MRI and underwent Robotic Partial Nephrectomy.

Results: The median age of patients is 54 and M:F ratio 3.5:1 in our series. mean tumor size was 4.6cm. Mean warm ischaemia time is 38.5 mins & avg estimated blood loss 233ml in this series. none of the patients had conversion to open or radical nephrectomy. median length of hospital stay was 5days. All patients had Doppler on POD-4 to confirm vascularity to remnant kidney. 1 patient had pseudoaneurysm & Angioembolisation done. 1 patient had to receive blood transfusion in post-op. None of the patients had delayed hemorrhage or urine leak. 1 patient had positive margin. 7 patients had clear cell RCC, 1 with Papillary RCC-mixed type and 1 had oncocytoma in this case series. There is no recurrence or significant reduction in eGFR at mean follow up of 1 year.

Conclusion: Robot assisted partial nephrectomy is feasible & safe in complex hilar tumors without comprising oncologic outcomes. Perioperative complications are comparable with PN for polar tumors.

MPOS 10-98

Neoadjuvant therapy with LHRH antagonist (Degarelix) in locally Advanced Prostate Cancer

Deerush Kannan, Sindhu Sankaran, Shivraj Barathkumar, Nivash Selvaraj, Kunal Dholakia, Srivathsan R, N Ragavan
Apollo Hospitals, Greams Road, Chennai

Introduction: The neoadjuvant management of locally advanced prostate cancer has been explored in the past with LHRH analogues. Herewith, we present a study to understand the effect of neoadjuvant degarelix on pre-operative, operative and immediate postoperative outcomes of radical prostatectomy in locally advanced prostate cancer.

Methodology: This is a non-randomized clinical study. Patients with T3 disease were prospectively enrolled and given two to six cycles of subcutaneous Degarelix followed by radical prostatectomy as definitive treatment. A similar set of patients who had undergone radical prostatectomy without neoadjuvant therapy were chosen to compare pre-operative, intra-operative and post-operative data outcomes.

Results: A total of 20 patients were included in this initial study. The two groups were similar in the age distribution, pre-operative PSA and histopathology. The neoadjuvant degarelix group were found to have a significant improvement in symptoms and clinical T stage before surgery. There was a clinically significant decrease in the margin positivity status (30% vs 80%, $p < 0.05$) and ease of operability (score of 2-4 vs 8-10). The post-operative length of stay and continence recovery were similar between the two groups as well.

Conclusion: The use of neoadjuvant degarelix could offer better control of symptoms, significantly reduced margin positivity rates, and increased operability ease. Being the first study to test the use of degarelix in the neoadjuvant setting for locally advanced prostate cancer, it can potentially pave the way to better management and improved quality of life.

MPOS 10-99

Quadripecta outcomes after Robotic Radical Prostatectomy in initial learning phase : A single centre experience

Aggarwal Amit, Singh Mahendra, Choudhary Gautam Ram, Sandhu Arjun Singh, Jena Rahul, Singh Vikram

All India Institute of Medical Sciences, Jodhpur

Introduction: Radical Prostatectomy is a treatment of choice for localized prostate cancer, which has evolved from open surgery to laparoscopy and robotic radical prostatectomy (RARP). Several reports on RARP outcomes from high volume centres demonstrate RARP provides excellent results in terms of oncological and functional outcomes with a favourable safety profile. This study aims to determine the RARP outcomes in initial learning phase of robotic surgery.

Material And Methods: In this retrospective study, all patients with clinically localized carcinoma prostate ($\leq T2$), who underwent RARP between May 2018 and June 2021 at our institute were included. Quadripecta outcomes (complications, continence, negative surgical margins, and biochemical recurrence free with at least 1 year of follow up following RARP) were analyzed. We excluded the return of sexual potency as the majority of the patients in our series were sexually inactive pre operatively.

Results: From May 2018 to June 2021, 45 patients underwent RARP, of which 40 were included in the study. 6 patients (15%) developed BCR at 1- year follow up. 28 (70%) had negative surgical margins. 5 (12.5%), 3 (7.5%), 1 (2.5%) developed Clavien-Dindo classification Grade I, II, and III complications. 21 (52.5%) patients achieved zero pad continence at one year. Quadripecta outcomes were achieved in 19 (47.5%) patients.

Conclusion: The results of the present study are consistent with those from other high volume centres. There was significant correlation of quadripecta outcomes with pre-operative PSA level, post-operative gleason score and D' Amico classification.

MPOS 10-100

Gifted Urethral Cancer

Jain S, Mandhani A, Niwas R

Fortis Memorial Research Institute, Gurgaon

Introduction and objective: Urethral cancer developing after buccal mucosal substitution urethroplasty is a rare complication. Here we report a case of this rare complication.

Case presentation: Patient was a 45 year old male who presented with voiding symptoms back in 2009. After work up he was diagnosed as a case of anterior long segment stricture urethra. He underwent dorsal

only buccal mucosal graft urethroplasty. Patient was asymptomatic for 12 years. In 2022 he developed voiding symptoms with hematuria. He was evaluated and underwent cystoscopy and biopsy. Biopsy showed squamous cell carcinoma. On imaging locally advanced disease was suspected. Patient then underwent total penectomy with perineal urethrostomy and bilateral inguinal lymph nodes dissection. On gross examination the tumor was involving the area of buccal mucosal graft. The histopathology came to be squamous cell carcinoma. Now patient is planned for adjuvant therapy.

Discussion: Only 6 cases of such urethral cancer have been described in the literature since 1961, when first case was reported by Kirkman et al. Management of such tumor is similar to other urethral cancers. Any patient presenting with hematuria and voiding symptoms should raise high suspicion of urethral cancer and should be evaluated accordingly.

Conclusion : Buccal mucosal urethroplasty which is been widely used is although a safe procedure but due to rare but plausible complications like urethral cancers, it should be done only after proper counseling of the patient. Moreover it emphasizes the need for research and finding safer options apart from buccal mucosa for substitution urethroplasty.

MPOS 10-101

Determinants of margin positivity in patients with locally advanced Prostate Cancer with or without Neoadjuvant Hormone Therapy

Joshi Brij Mohan, Sharma H, Ranjan S, Kaushal R, Chaturvedi S, Maheshwari R, Kumar A
Max Super Speciality Hospital, Saket, New Delhi

Introduction and objectives: Prostate cancer is the most common malignancy in men and the sixth leading cause of cancer-related death worldwide. One-third of newly diagnosed cases are regarded as locally advanced prostate cancer (LAPC). Various therapeutic options are available for LAPC including Radical Prostatectomy (RP), Radiotherapy (RT), and hormonal therapy (HT). This study aimed to investigate the effect of neoadjuvant hormone therapy (NAHT) on resection margin positivity in patients with locally advanced prostate cancer (LAPC) treated with Robotic radical prostatectomy.

Material and Methods: It is a Retrospective Cohort Study of LAPC; 20 of these patients received Neoadjuvant hormone therapy before RARP while 20 others underwent straightforward RARP. Categorical variables were compared employing nonparametric tests (chi-square, fisher exact test) whereas continuous variables were compared by using student's t-test. Values expressed as mean $\bar{X} \pm SD$ and p value < 0.05 considered significant.

Results: Margin positivity was found to be 20% in NAHT group compared to 55% in Non NAHT group ($p=0.0240$). The Non NAHT group had a higher extra prostatic extension (75% vs 55%) and higher complication rate (25%) compared to the NAHT group (10%) ($p=0.2177$).

Conclusion: Status of Neoadjuvant therapy is a predictor of margin positivity on multivariate analysis in patients undergoing RARP without neoadjuvant hormone therapy. This patient group was found to have a higher percentage of margin positivity. We also concluded that Preoperative PSA >40 ng/ml and extra-capsular invasion, were significant determinants of the margin positivity as well.

MPOS 10-102

Comparison of outcome of extra Corporeal Neobladder Formation vs Intra Corporeal Neobladder formation following Robot-Assisted Radical Cystectomy

Anand Patil, Deepak Dubey

Manipal Hospital Bengaluru,

Radical cystectomy and lymphadenectomy remains the recommended curative treatment for muscle invasive bladder cancer and recurrent high grade non-muscle invasive bladder cancer.

Orthotopic ileal neobladder is the most used continent urinary diversion, and it is an attractive option offered to patients who are suitable for bladder reconstruction after RC, has psychological and functional advantages

There was no significant urodynamic difference between extra corporeal (ECNB) and intra corporeal neobladder (ICNB). With good Daytime continence and night time continence. There is no perceived superiority of ICNB over ECNB. Either of the two can be offered to all suitable patients undergoing radical cystectomy.

Background and Objectives: To compare perioperative and oncologic outcomes of intracorporeal (ICNB) and extracorporeal neobladder (ECNB) following robot assisted radical cystectomy (RARC)

Methods: patients attending Manipal Hospital who underwent robotic assisted radical cystectomy in Manipal Hospital Bangalore during the study period (April 2018 – April 2022). Post-RC outcomes were assessed

Multivariate logistic regression models were fit to evaluate variables associated with receiving ICNB, overall complications, high-grade complications, and readmissions after RARC

Conclusion: Patients who underwent RARC and ICNB had shorter hospital stays and fewer 30-d reoperations

MPOS 10-103

The good, the bad, the ugly : Disguising as Pheochromocytoma creating a clinical dilemma

Vaswani Usha, Nagaonkar Santoshi, Joshi Vinod, Oza Umesh, Pandya Bhargavkumar, Punatar Chirag, Gohil Himanshu

P.D. Hinduja Hospital, Mahim

Ganglioneuroma is rare, benign, slow-growing tumor, originating from primordial neural crest cells. Adrenal cavernous hemangiomas are rare, most of them found incidentally on imaging studies. Extrarenal angiomyolipoma are extremely rare. We report a rare case of coexisting adrenal cavernous hemangioma, extrarenal angiomyolipoma & Mature ganglioneuroma in a single patient. 70 year old female with resistant hypertension & diabetes, with left adrenal mass & extra adrenal lesion abutting the aorta on CT scan. DOTANOC PET scan showed avid enhancing nodular lesion (SUVmax 13.4) in left adrenal & heterogeneously enhancing mass in left paraaortic region (SUVmax 9.5). Intraoperative ultrasound helped to pick up an incidental lesion in the pre aortic area which was not seen on pre op PET CT Scan and on histopathology turned out to be a neuro endocrine tumour. There was definite inconsistency between the radiological diagnosis, intra op findings and histopathology. Benign lesions can accumulate 68Ga-

DOTATATE because their tissues can express somatostatin receptors. To our knowledge and literature search, this is the first ever reported case of coexisting adrenal cavernous hemangioma, extrarenal angiomyolipoma, and Mature ganglioneuroma. Ganglioneuroma may mimic Pheochromocytoma and should be considered as a differential while evaluating a functional or symptomatic adrenal mass. Adrenal hemangioma is a rare disease but should be included in the differential diagnosis of adrenal tumors excluding adenoma. Extrarenal angiomyolipoma was not picked up on radiological imaging. The case was managed with robotic surgery which gave us magnified vision, access to intraoperative ultrasound and a quick and uneventful surgical recovery

MPOS 10-104

Symphysis Pubis Osteomyelitis post Robotic Assisted Radical Prostatectomy- A rare complication

Pandya Bhargavkumar, Nagaonkar Santoshi, Joshi Vinod, Oza Umesh, Vaswani Usha, Punatar Chirag
PD Hinduja National Hospital and Medical Research Centre, Mumbai

Introduction and objectives: Pubic symphysis osteomyelitis is typically an infectious/inflammatory painful chronic condition. It is characterised by disabling pelvic and/or groin pain, gait disturbance and a localised tenderness over the joint associated with low grade fever. Osteomyelitis of pubis after robotic assisted radical prostatectomy is a rare complication with incidence of less than 1%. We present our experience of 2 patients having this complication.

Methods: Two patients age 67 and 69 years diagnosed with ca prostate and operated for robotic assisted radical prostatectomy. They developed pubic region pain post surgery after few months and diagnosed to have pubic osteomyelitis. Both patients have history of urinary tract infection with extended spectrum beta lactamase bacteria. Both patients undergo magnetic resonance imaging of pelvic bone and found to have osteomyelitis of pubic symphysis. Both failed conservative method of treatment and were treated surgically with exploration and pubic bone debridement.

Results: Pubic symphysis osteomyelitis is a rare complication post robotic assisted radical prostatectomy and aetiology seems to be multifactorial. The diagnosis is usually based on high suspicion and MRI. Conservative management remains the cornerstone; nevertheless, surgical interventions required with osteomyelitis and failed conservative treatment.

Infected tissues must be widely excised in combination with prolonged antibiotic therapy. Both patients require exploration and pubic bone debridement and culture directed antibiotics.

Conclusion: Pubic symphysis osteomyelitis is an infectious disease post robotic assisted radical prostatectomy requires pubic bone exploration and debridement. Post surgery pain and gait disturbance improves significantly.

MPOS 10-105

Neoadjuvant therapy with LHRH antagonist (Degarelix) in locally advanced prostate cancer

Deerush Kannan, Sindhu Sankaran, Shivraj Barathkumar, Nivash Selvaraj, Kunal Dholakia, Srivathsan R, N Ragavan

Apollo Hospitals, Greaves Road, Chennai.

Introduction: The neoadjuvant management of locally advanced prostate cancer has been explored in the past with LHRH analogues. Herewith, we present a study to understand the effect of neoadjuvant degarelix on pre-operative, operative and immediate postoperative outcomes of radical prostatectomy in locally advanced prostate cancer.

Methodology: This is a non-randomized clinical study. Patients with T3 disease were prospectively enrolled and given two to six cycles of subcutaneous Degarelix followed by radical prostatectomy as definitive treatment. A similar set of patients who had undergone radical prostatectomy without neoadjuvant therapy were chosen to compare pre-operative, intra-operative and post-operative data outcomes.

Results: A total of 20 patients were included in this initial study. The two groups were similar in the age distribution, pre-operative PSA and histopathology. The neoadjuvant degarelix group were found to have a significant improvement in symptoms and clinical T stage before surgery. There was a clinically significant decrease in the margin positivity status (30% vs 80%, $p < 0.05$) and ease of operability (score of 2-4 vs 8-10). The post-operative length of stay and continence recovery were similar between the two groups as well.

Conclusion: The use of neoadjuvant degarelix could offer better control of symptoms, significantly reduced margin positivity rates, and increased operability ease. Being the first study to test the use of degarelix in the neoadjuvant setting for locally advanced prostate cancer, it can potentially pave the way to better management and improved quality of life.

MPOS 10-106

Does Size of Tumor Matters on Outcome of Partial Nephrectomy

Hussain Aznoor, Shah Shrenik, Patel K

Bj Medical College/ Ahmedabad

Introduction And Objective: RCC accounts for about 3% of all adult malignancies with usual presentation between 50-70 years of age. Surgery is the standard treatment for RCC. Studies shows that RN is a significant risk factor for the development of CKD. Nephron sparing surgery(NSS) should be considered to preserve functional tissue of the kidney in patients with localised renal mass.

Methods: In our study patients with renal tumour size < 7 cm, not involving the hilum were included. Study included tumour size and location (Renal Nephrometry Score), ischemia time, intra-operative blood loss, duration of procedure, post operative complications, number of patients with local recurrence. Preoperative and postoperative renal function was estimated and compared.

Results:

17(68%) males and 8(32%) females were included in our study.

10(40%) had tumours located in upper pole, 07(28%) in mid pole, 08(32%) in lower pole. The Mean tumour size was 4.31cm. The Mean Renal Nephrometry Score was 5.64 with SD of 1.35.

19(76%) underwent laparoscopic, 03(12%) RALPN and 03(12%) underwent open partial nephrectomy.

The mean serum creatinine pre-operative was 1.0mg/dl and post-operative after 1 year was 0.98mg/dl, (P=0.7261). There were no recurrence in 1 year follow up.

Conclusion: Partial nephrectomy for tumors >4cm has similar recurrence free survival rates and renal functional changes compared with tumors 4cm. And, postoperative complications didn't increase for tumors >4cm.

Laparoscopic partial nephrectomy has similar advantage in form of hospital stay, intra-operative blood loss and warm ischemia time in regard to minimally invasive surgery.

MPOS 10-107

Laparoscopic Radical Nephrectomy: A Retrospective Analysis on The Long-Term Clinical, Oncological and Survival-Related Outcomes

Singh Kirti, G Rohith, Pandey Abhishek, Mandal Swarnendu, Das Manoj K, Nayak Prasant, Gaur Abhay Singh

All India Institute of Medical Sciences, Bhubaneswar, Odisha

Introduction and Objectives: Laparoscopic radical nephrectomy (LRN) is current standard of care for localised and locoregional renal cell carcinoma(RCC). We present the long-term Clinical, Oncological and Survival Outcomes of patients who underwent LRN at our centre.

Methods: We performed a retrospective analysis of our prospectively maintained RCC database from August 2018 to May 2022 and included all patients who underwent LRN. Long term Clinical, Oncological and Survival Outcomes were evaluated amongst the study population.

Results: A total of 121 LRN were performed with conversion to open in 5 patients. The most common histological type was Clear cell RCC (89.2%), followed by Papillary (6.61%), Chromophobe (2.47%) and Leiomyosarcoma (0.8%) & Urothelial carcinoma (0.8%). The median follow-up was 15 months for 97 (80.1%) patients and twenty-four (19.8%) patients were lost to follow-up. Fifteen patients were experiencing local site pain, and 10 patients were experiencing lower urinary tract symptoms, one patient had retrieval site hernia and the rest were asymptomatic. Enlarged precaval lymph node was noted in a single patient, tumor bed recurrence in one patient, lung metastases in three patients and one patient had port site recurrence on follow-up; and death occurred in two patients. Overall survival (OS) at a median follow-up of 15 months was 97.9%, with a recurrence free survival (RFS) of 91.7% and median time to recurrence of 20 months.

Conclusion: Long term oncological and survival outcomes of RCC patients undergoing LRN are favourable. Close follow-up with recommended imaging is essential for timely detection and management of recurrence.

Moderated Poster Session 11

MPOS 11-108

A Ten-Year Retrospective Institutional Analysis Of Donor and Recipient Characteristics and Demography in Renal Transplant: Will they affect Transplant Outcomes?

Shreyas MD, Sivasankar G, Sivabalan J, Raju S, Bhargavi R, Muthurathinam K, SenthilKumar K
Government Kilpauk Medical College, Chennai, Tamil Nadu, India

Introduction& Objectives: Renal transplant has been a boon to patients with end stage renal disease. This study aims to study the long-term outcome of these patients and ascertain, how skewed is the demographic data pertaining to the donors and recipient with respect to gender, whether they have any significance in outcome(Success-alive,doing well;failure-rejection/death).

Methods: We did retrospective analysis of patients who underwent renal transplantation from 2012-2022. Data was compiled from the Digital database as well as departmental and institutional records. The data were analysed based on different variables. All these statistical data was correlated to the outcome of renal transplantation. Chi square test was applied to elicit any statistical significance between gender and outcome of transplantation

Results: Total of 168 cases of renal transplant were analysed. Majority of the transplants were live donor Renal Transplantation(86.9%),male recipients(76.8%), female donors(76%), mother to offspring(48.6%), ABO compatible(94%). 83.4% of patients are doing well with graft kidney, 11% have expired, with 23% mortality rate among Deceased donor group and 8.9% among live donors. 3% are lost for follow up

Conclusion: There was no statistically significant effect of recipient gender on transplant outcome as chi square test statistics was 3.159, but donor gender had significant effect on outcome as chi square test statistics was 4.064 as the critical value at 5% level of significance for both is 3.84. Hence these prove that donor male gender has significantly more failure rate. These discrepancies have both socioeconomic and medical basis, which has to be looked into and further studied

MPOS 11-109

The Role of Octreotide and Instillation of Povidone Iodine in The Treatment of Lymphorrhoea in Renal Transplantation - Comparative Study

Vaibhav Kant Baderiya, Dilip Kumar Pal, Atanu Pal

Institute of Post Graduate Medical Education and Research ,Kolkata,West Bengal.

Introduction - Lymphorrhoea is a minor complication after kidney transplantation but may develop into a lymphocele and prolong hospital stay. Treatment is conservative based on percutaneous drainage until lymphorrhoea cessation. It has been reported that betadine instillation and octreotide has beneficial effects to treat lymphorrhoea after renal transplantation. The aim of this study was to compare the betadine instillation and octreotide treatment in lymphorrhoea after kidney transplantation.

Materials and Methods - It is ongoing prospective study included 36 recipients of both cadaveric and live kidney allografts with posttransplant lymphorrhoea including 12 treated with instillation of betadine solution, 12 with octreotide (0.1 mg three times a day subcutaneously), and 12 was control group(no betadine and octreotide was used). We reviewed the daily drain amount , duration of lymphorrhoea, complications , graft outcomes, and hospital stay.

Results - The average duration of lymphorrhoea was 8.8(\pm 2.5) and 11.2(\pm 3.5) and 16.1(\pm 3.5) days for the betadine groups versus the octreotide groups and control groups respectively (P = .001). No lymphoceles occurred among the betadine group, while three lymphoceles were found among octreotide group and

five lymphocele were found among control groups. No differences were observed for wound infection, graft dysfunction or renal function and death between the groups.

Conclusion - The mean length of lymphorrhea was lower with betadine instillation versus octreotide treatment. In conclusion, lymphorrhea after kidney transplantation may be successfully managed by betadine instillation as compared to octreotide and control groups.

MPOS 11-110

Permanent Vascular Access in Hemodialysis Patients: Management and Complications in Arterio-Venous Fistula with Various Predictors: A Tertiary Center Study

Anik Ghosh, Kunjan Kumar, Arif Islam, Soumish Sengupta, Anand Biyani, Sudipta Singh, Ranjan Kumar Dey
RG KAR Medical College and Hospital, Kolkata

Introduction: Access procedures and complications are major causes of morbidity in CKD patients. Aggressive strategy should be taken for creation of AV Fistula to avoid sepsis and morbidity.

Objectives: To analysis various factors affecting the primary failure, secondary failure and primary patency of AV Fistula and its complications.

Methods: We evaluate the AV Fistulas created from January 2017 to February 2022 (212 cases of AV Fistulas). Various demographic factors (age, sex), clinical factors (diabetes, obesity, persistent low BP, smoking), venous anatomy of upper limbs, arterial atherosclerosis are related with primary failure and complications.

Results: Of 212 AV Fistulas, 178 fistulas matured for dialysis and 34 were primary failure. Primary failure rate was lower in patients less than 65 years, in 34 primary failure 6 developed pseudoaneurysm. In 178 cases, 38 had eventually secondary failure and required a second procedure in upper arm (12 cases required Permanent Catheter insertion). Primary failure was higher in diabetics, obese, in low BP and females. Among 6 cases of pseudoaneurysm, 4 were diabetic. Primary (28 out of 34) and secondary failure (22 out of 38) rate is higher in forearm fistula, but complications like pseudoaneurysm (4 cases), serpentine aneurysm (4 cases), steal phenomenon (10 cases), gangrene of the limb (2 cases) are common in upper arm fistula.

Conclusion: Success rate of AV Fistula is lower in certain subset of patients. AV Fistula need to be constructed in upper arm in older, female, low BP, or in diabetics though upper arm fistula has more complications.

MPOS 11-111

Unusual Urological Complications in Renal Transplant Recipients: A Case Series

N Supradeep, Sujata Patwardhan, Bhushan Patil, Sachin Bhujbal, Mayank Agrawal
Mumbai

Introduction:Complications requiring urological intervention in renal transplant recipient occur with a frequency ranging from 1 to 15%. Here we present few unusual urological complications managed surgically in transplant recipients.

Case 1:42-year-old female with pneumaturia, passing foul-smelling muddy urine, and burning micturition for the 10 days. Renal transplantation was done in 2002. CT scan revealed a fistulous communication between sigmoid colon and dome of bladder which was excised and bladder repaired.

Case 2:49-year-old male with dysuria and swelling in the right groin. Received renal transplantation in 2017. Cystoscopy showed stone formed over vicryl thread of ureteric reimplantation site within herniated wall which was cut with laser and vesical calculus dusted.

Case 3:36-year-old male with right lower quadrant pain and fever. Received renal transplantation in 2021. CT scan revealed a 2 cm lesion in grafted kidney. He underwent partial nephrectomy of grafted kidney. HPE showed clear RCC.

Case 4:16-year-old male with recurrent episodes of right lower quadrant pain and fever. Received swap renal transplantation in 2016. CT scan showed forming abscess in grafted kidney source of which was reflux into native horseshoe kidney for which laparoscopic nephrectomy was done.

Case 5:16-year-old male with recurrent episodes of right lower quadrant pain and fever. Received swap renal transplantation in 2016. CT scan showed hydronephrosis of transplanted kidney with ureteric stricture for which ureteric reimplantation was done.

Conclusion:Urologic complications in renal transplantation are common. Early diagnosis, multidisciplinary evaluation and prompt treatment is key to prevent morbidity in these patient.

MPOS 11-112

Management of Post Renal Transplant Lymphocele- Our Experience

Pruthvi Raj H, Shrinivas J, Sanjay R P, Vivek S R

Institute of Nephro Urology

Introduction: Post-transplant lymphoceles are peri graft lymphatic fluid collections occurring following preparation of the renal bed for the graft. Lymphoceles are the most common fluid collections occurring in 0.6-18% following renal transplant.

Injured lymphatic channels in the graft kidney hilum and the recipient iliac vessels have been implicated in the formation of lymphocele.

Materials and Methods - We retrospectively reviewed our institutional database for recipients of renal transplants performed between January 2020 and april 2022 who subsequently developed symptomatic lymphoceles.

The records were reviewed for type and number of procedures, complications and outcome

Results - There were a total of 6 (14.38%) lymphoceles detected in the post operative period, of which 3 (7.68%) were symptomatic. Primary aspiration was unsuccessful in (n =1) Laparoscopic marsupialization was successful in (n = 1)open technique (n = 1) was curative in all cases. In our opinion, the first step in the management of symptomatic lymphocele in post-renal transplant recipients should be percutaneous drainage with or without drug instillation. This can stabilize renal function and optimize patients who may require surgery. Surgical marsupialization offers superior definitive treatment of lymphoceles with the least recurrence rates.

MPOS 11-113

Graft Outcomes in Single Versus Multiple Renal Artery Kidney Allografts: A Pilot Cohort Study

Kshitij Kumar Singh, Vipin Tyagi, Mrinal Pahwa, Sudhir Chadha

Sir Gangaram Hospital, Delhi

Introduction: Kidney transplantation remains the treatment of choice in patients with ESRD. The success story of transplant has led to significant demand for organs, Besides increasing the number of live kidney donors, the lack of organs is partially compensated by extended donor criteria, which now includes patients with multiple renal arteries (MRA). Transplant using MRA allograft is technically more challenging and continued to be controversial with respect to outcomes.

Objectives: To compare the graft outcomes in single versus multiple renal artery kidney allografts in patients undergoing renal transplantation

Material and Methods: 168 patients with single renal artery allograft (group 1) and 52 patients (group 2) with multiple renal artery allograft were included in the study. Graft function was assessed in terms of creatinine values (mg/dl) at day 1, day 7, 1 month, 3 month, 6 month. All complications related to vascular and ureteral anastomosis were noted. Renal biopsy was done whenever there was derangement in creatinine values.

Results: Graft outcomes were comparable in both groups. Mean serum creatinine in group 1 was 2.4 ± 0.4 at day 1, 0.9 ± 0.5 day 7, 0.7 ± 0.3 at 1 month, 0.8 ± 0.2 at 6 month and in group 2 was 2.7 ± 0.6 day 1, 0.8 ± 0.5 day 7, 0.9 ± 0.2 at 1 month and 0.7 ± 0.6 at 6 month. All complication rates were similar in both groups

Conclusion: Multiple renal vessel allograft does not adversely affect graft survival.

MPOS 11-114

Outcome of Renal Transplantation with Single Versus Multiple Renal Vessels

Prasad SR, P R Modi, S J Rizvi, S Kumar, S Kataria

IKDRC-ITS, GUTS, Ahmedabad

Introduction and Objective - Our objective is to compare outcome of RT with single renal vessel versus multiple renal vessels donor kidney.

Methods :Prospective comparative study of 262 patients who underwent RT at IKDRC-ITS, Ahmedabad from 1/9/2020 to 30/11/2021. Data from the group with single arteries (n = 213) (group I) were compared with those from the groups with multiple renal artery (n = 31) (group II) in terms of donor and recipient outcomes.

Results: The graft bench time was higher in group II compared with group I mean (84.2 ± 23.78 , 23.12 ± 3.4). The mean cold & warm ischaemia time (in min.) respectively was 106.1 ± 23.78 in group I and 56.93 ± 12.49 in group II & 211.1 ± 23.64 in group I and 166.4 ± 27.89 in group II which is statistically significant. The mean anastomosis time (in min.) was 31.61 ± 7.03 in group I and 30.99 ± 6.65 in group II and this difference was not found statistically significant. The mean serum creatinine at 1st & 7th day; 1, 3, 6 month was comparable in both groups.. Post-operative complications Acute rejections, vascular complications and delayed graft

functions were seen more in group II as compared to group I. This difference was found to be statistically significant. Ureteric complications (short ureter, urine leak & ureteric strictures) were seen only in group I.

Overall graft survival in groups I, II was 97.7%, 98%, respectively.

Conclusion- The short term outcomes of patients transplanted with single vessel and multiple vessels live donor allograft kidney are similar.

MPOS 11-116

Surgical Correction of Ureter Diverticulum in A Transplanted Kidney: A Rare Case

Punia Sahil, Sadasukhi Nripesh, Sadasukhi TC, Gupta HL, Gupta Manish, Sharma Ashish
Mahatma Gandhi Medical College and Hospital, Jaipur, Rajasthan

(A) Introduction: Ureteral diverticulum is a rare urologic abnormality. Only about 50 cases have been reported in a non-transplanted patient and only one case has been reported in transplanted kidney in the literature. We present a rare case of ureter diverticulum which occurred 9 months after kidney transplantation.

(B) Methods: A 55-year old male patient with a history of Kidney Transplant in July 2021, in our institute came with complaints of mild right flank pain since 1 month. On MR pyelogram, narrowing seen in lower portion of implanted ureter with moderate dilatation of proximal ureter and PCS. Well defined collection seen adjacent to mid portion of implanted ureter. Measures about 46*33mm in size, appears hyperintense on T2 and hypointense on T1 images. Resection of the ureter diverticulum was performed, preserving the transplanted ureter and placing DJ stent over guidewire.

(C) Results: The ureter diverticulum is a rare complication after kidney transplantation: the present case is the only case observed among more than 1200 kidney transplantations performed during 10 years in our centre. Ureteral diverticula are subclassified into three categories: 1) abortive ureteral duplications 2) true congenital diverticula 3) acquired diverticula. Ureteral diverticula are susceptible to infectious complications and stone formation.

(D) Conclusions: The main aim of surgical treatment is to restore ureteral patency, avoid infection, maintaining normal function of transplant kidney. Opinions vary between conservative and radical treatment. In our case, we opted for the surgical treatment in order to avoid any infection, risk of degeneration and graft failure complications.

MPOS 11-117

An Experience of Pyeloureterostomy, Donor Pelvis to Recipient Native Ureter in Cases of Renal Graft Ureteral Stenosis/Leak in A Tertiary Center

Nagaraju S, Sharma U, Goel H, Sood R.
ABVIMS & Dr. RML Hospital, New Delhi

Introduction & Objective: Ureteral obstruction or leak in renal allograft is a challenging condition for diagnosis and management. Incidence of obstruction is 2-10% & urine leak 2.5-30%. After diagnosis by imaging, the management options include minimal invasive and surgical. Surgical options include Redo

uretero-neocystostomy, uretero-uretrostomy & pyeloureterostomy (donor pelvis to native ureter). Our objective is to present management of series of three cases of Pyeloureterostomy.

Method & Results: We are sharing cases of two graft ureteral stenosis and one urine leak and its management. First case, presented with repeated urine leaks through wound and failed PCN insertion (no graft kidney hydronephrosis. Hence, re-explored, to find intra operatively necrosed lower ureteral segment. A salvage cutaneous diversion of the viable ureter done from a 12 french latex catheter. After 6 weeks patient was taken for ureteropyloostomy from lower midline incision. Identification of graft pelvis in the retroperitoneal space done by instillation of dye/ fluoroscopy/ blind aspiration. The native ureter is dissected and the distal transected end is anastomosed with the pelvis (end to side). Drain removed and patient recovered well and creatinine was returned to baseline levels.

The other two cases presented as obstructed uropathy and graft PCN was inserted and later taken for Pyeloureterostomy as mentioned above.

Conclusion: Pyeloureterostomy in graft ureteral stricture/ leak as a definite repair has good graft outcome after an initial urinary diversion in cases of significant graft ureteral loss/stricture.

MPOS 11-118

Pseudoporphyria Due to End-Stage Renal Disease - Treated by Renal Transplantation

Kishlaya Atharwa, Puskal Kumar Bagchi, Mandeep Phukan, Debanga Sarma, Pranjit Kumar Dhekial Phukon, Sasanka Kumar Barua

Gauhati Medical College, Guwahati

Introduction and Objective: Porphyrrias are metabolic disorders of heme synthesis. Pseudoporphyria is estimated to occur in 1.2-18% of those on hemodialysis and less frequently, in those on peritoneal dialysis. We present here a case of hemodialysis-related pseudoporphyria successfully treated with renal transplantation. A 30-year female presented with swelling of both lower limb and face for 10 months. The patient developed multiple skin lesions all over the body. Lesions were erythematous and fluid-filled vesicle and bullae with cutaneous fragility

Methods: Diagnosis of pseudoporphyria was made clinically and on H.P.E. Initially treated with topical corticosteroids and N-acetylcysteine without improvement. The patient underwent live donor kidney transplantation.

Results: Gradually patient's serum creatinine came to a normal value up to 0.55 mg/dl within 3 days. Regression of skin lesions started from postoperative day 2. Almost 80-90% of skin lesions resolved on postoperative day 12 and no new lesion was noted.

Conclusion: Successful treatment of pseudoporphyria following N-acetylcysteine and high-flux hemodialysis has been reported previously. In our case, the pseudoporphyria was treated and new skin lesions did not appear post-transplantation. So porphyria in patients with end-stage renal disease refractory to treatment can be successfully cured by renal transplantation. Since this is a single case so further data will be needed for the final conclusion in the future.

MPOS 11-119

An Interesting Case Series of Renal Transplantation in Duplicated Ureters

Jain Rajkumar, Prakash JVS, Thiruvarul PV, S Vetrichandar, Arasi KV, Paranjothi Arun kumar, V Natrajan
Govt Stanley Medical College Chennai Tamilnadu

Introduction -Complications of the transplant ureter are the most important cause of surgical morbidity after renal transplantation. The presence of ureteral duplication in the renal graft might result in an increased complication rate.

Methods- 3 patients were known case of ESRD on hemodialysis received a donor kidney with a double ureter. In all 3 cases we used wallace technique for creation of single ostium and ureteric implantation done using single cystotomy incision.

Results- All three patients had an uneventful immediate postoperative course. The urethral foleys were removed on POD 7 and DJ removed on POD 12 . All 3 patients had urine output of around 3000 -3500 ml/day and creatinine maintaining around 1.2 -1.5mg/dl at 3 months. The DJ stents were removed after 6 weeks

Conclusion-Ureteral duplication, found in 0.6% to 1.0% of donor kidneys Ureteral duplication occurs twice as often in females, is bilateral in 15%. It has an autosomal-dominant inheritance .ureter can be either partially or completely duplicated . There is no consensus in the literature on the optimal way to implant a double ureter system into the bladder. Ureteral stenting is now accepted as a successful method to reduce complications in double ureters. The wallace technique of creating a single ostium from 2 ureters yields good results with few complications. A donor kidney with a double ureter should be used for transplantation without reluctance.

Moderated Poster Session 12

MPOS 12-120

Diverse Presentation of Ectopic Kidneys. It's Intraoperative and Diagnostic Conundrum Expect the Unexpected

Soumya Ranjan Nayak, Mayank Agrawal
KEM Hospital, Mumbai

Introduction: Symptomatic renal ectopia is far less common. varied symptom complexes and their duration of the presentation, Intraoperative location and surgical approach are quite different. Although pain is quite a common presenting symptom, the absence of pain cannot be ruled out either. Symptoms varied from chronic lower urinary tract symptoms to recurrent UTIs. Very little literature we could find in the PubMed index journal about ectopic kidneys and their management.

Materials and Methods: We retrospectively analysed the data of ectopic kidneys undergoing nephrectomies with prior CT UROGRAPHY and renal functional scan and complete routine hematological examination

Results: Symptomatic ectopic kidneys are rare.

Patients were aged between 17-40 with a mean age of 28. Male 40%.female 60%.Symptom duration varies from 2 weeks to 5 years. all had pelvic kidneys.

All Patients underwent laparoscopic nephrectomy with pelvic kidney except one patient which we converted to open surgery. All patients had no intraoperative complications and the post-operative period was uneventful.

Conclusion: Presentation varies from case to case basis and the approach towards each case can be unique in symptomatic uncommon cases from diagnosis to management. A unique laparoscopic approach should start from the vesicoureteric junction (VUJ) and proceed rest to another pole of the kidney and finally medially help in safe dissection anticipating vascular anomaly is quite possible. prior ureteric stenting might help in identifying the VUJ for a safe approach. most of the cases can be safely managed laparoscopically, yet we should not hesitate to convert to open surgery in case of difficult anatomy anticipated.

MPOS 12-121

An Eventful 5 Year Follow Up of Robotic Radical Cystectomy and Ileal Conduit Involving Recurrent Stone Surgeries, Penile Fracture Repair with Urethroplasty and Laparoscopic Assisted Radical Nephroureterectomy

P Sharma, HSTalwar, D Rathi, R Khera, MSuryavanshi

Medanta Institute of Kidney and Urology, Medanta The Medicity, Gurugram

Introduction: Patients undergoing urinary diversions are at an increased risk(3-43%) of urolithiasis. Penile fractures are almost unheard of after cystectomy. Upper tract recurrence occurs in 5-10% of carcinoma bladder. Our index case underwent nerve sparing radical cystectomy, had recurrent stone formations, penile fracture repair and radical nephroureterectomy with conduit stone removal in the fifth year of follow-up.

Methods:A 40-year-old man underwent an uneventful nsRARC +IC 5 years ago. Bricker uretero-ileal anastomoses were performed. On follow-up, was found to have a lower ureteric calculus, for which he underwent flexible lithotripsy. After 2 years, he had a penile fracture with a 1 cm corporal defect with urethral involvement. After further 2 years, he had a recurrence in the left renal pelvis and 2cm stone in the ileal conduit, for which he underwent laparoscopic radical nephroureterectomy, ileal cuff excision and stone removal.

Results:Intraoperatively, laparoscopic nephroureterectomy was performed. Using a midline incision, challenging adhesiolysis was done to identify the conduit, dissect the left ureter, dismember the ureteroileal anastomosis with a cuff and remove the stone. The ileal defect was repaired in 2 layers. Right ureteric anastomosis left undisturbed. Total intraoperative time was 175 minutes. Patient is doing well 3 weeks post-operatively.

Conclusion: A careful nsRARC can preserve potency, as evidenced by the penile fracture, a first to be reported to the best of our knowledge. A longer than usual length(30cm) of conduit can promote stone formation. Bricker ureteroileal anastomosis has the advantage over Wallace technique in such cases.

MPOS 12-122

Laparoscopic Adrenalectomy for Adrenal Adenoma Presenting with Hypokalemic Periodic Paralysis

Hussain Aznoor, Shah Shrenik

BJ Medical College, Ahmedabad

Introduction And Objective: Primary aldosteronism (Conn's syndrome) is the most common secondary form of hypertension. It is characterized by an independent and excessive aldosterone production in the adrenal cortex, causing hypernatremia, hypertension, and, in some cases, potentially severe hypokalemia.

Laparoscopic adrenalectomy is preferred surgical approach for most adrenal neoplasm. Laparoscopic adrenalectomy is indicated in functional neoplasm, bilateral adrenal hyperplasia, symptomatic angiomyolipoma, cysts and incidentaloma

Methods: We report a case of 46-year-old woman, with a history of lower limb weakness since 6 months and history of fall (2 episodes) in last 6 months. Patient is on anti hypertensive since 7 years. The initial blood analysis showed severe hypokalemia (2.4 meq/L). Further laboratory studies revealed an elevated plasma aldosterone level with low renin activity. CT scan showed 15x15x12 mm adenoma in left adrenal gland. Regression of paresis was noted with vigorous potassium supplementation.

Results: Patient underwent laparoscopic adrenalectomy, with consequent normalization of hypokalemia, without need for supplementation. Post operative period was uneventful and patient discharged on POD-3 with normalisation of serum potassium (4.2 meq/l).

Conclusion: Hypokalemic periodic paralysis as a presenting manifestation of conn's syndrome is rarely reported in the literature. A high clinical index of suspicion of Conn's syndrome should be kept in patients with hypertension and hypokalemia with periodic paralysis.

Early diagnosis and treatment surgically will effectively relieve these adverse events. Laparoscopic adrenalectomy will provide all benefits of minimal invasive approach with enhanced patient recovery and satisfaction.

MPOS 12-123

I am always Wet- Rare case of Urinary Incontinence

Rachit Arora, Mangaiyarkarasi, Subhkanesh S, A Larif, Sadagopan
Tirunelveli Medical College Hospital, Tirunelveli

Case Report

Rare Case of urinary Incontinence

Bilateral duplex collecting system with ectopic ureter is rare entity. Clinical presentation depends on insertion of ectopic ureter, varying from asymptomatic (mostly in males) to recurrent urinary tract infections (UTIs) and incontinence (mostly in females).

A 30 year old female presented with continuous low volume urinary incontinence, despite a normal voiding pattern, since childhood. Imaging is important in diagnosis of anomalies of collecting system. Contrast enhanced computed tomography(CECT) revealed Bilateral duplex collecting system with Right Ectopic ureter opening in perineum. On the left, bifid ureters joined before Vesicoureteric Junction.

Treatment depends on functionality of moiety drained by ureter. Laparoscopic Right ureteroneocystostomy was done to correct Incontinence for this patient. There was complete resolution of symptoms. Her Follow up has been uneventful.

MPOS 12-124

Eggshell Calcification of Kidney in Ureteropelvic Junction Obstruction Mimicking a Hydatid Cyst

Anantbir Singh Lubana, Joshi M, Priyadarshi S, Sharma G, Bansal S

SMS Medical College and Hospital

Introduction and Objective: Eggshell-like renal calcification is a rare finding in patients with ureteropelvic junction obstruction (UPJO) with only a few cases reported in literature. We report a 39 year old symptomatic female patient in whom the right kidney was replaced by a peripherally calcified cystic lesion.

Methods: A 39-year female with complaint of right flank pain since 3 months. No H/O fever, hematuria and other urinary symptoms.

Results: X-ray film revealed eggshell like calcifications surrounding a reniform shape on right side of abdomen. USG abdomen showed a well-defined cystic lesion with peripheral calcifications in right renal fossa. CECT abdomen showing a large calcified reniform cystic lesion in right renal fossa. On right RGP there was a normal calibre ureter, obstructed at the ureteropelvic junction. Laparoscopic nephrectomy was done. Histopathology demonstrated chronic pyelonephritis.

Conclusions: In UPJO, eggshell calcification of entire kidney is uncommon, with a small number of case reports in literature. This kind of curvilinear calcification is usually found in benign cysts, renal cell carcinoma and hydatid cysts. Risk of malignancy is 20% in such calcified cystic lesions, so surgical intervention is indicated.

MPOS 12-125

Post-operative Chyle Leak in Nephrectomy Patients: A Single Centre Experience

Sarangji Shakti Swarup, Bhirud Deepak Prakash, Navriya Shiv Charan, Sandhu Arjun Singh, Choudhary Gautam Ram, Aggarwal Amit, Singh Vikram

AIIMS, Jodhpur

Lymphatic channels drain interstitial fluid into general circulation. These channels also carry absorbed nutrient from gastro-intestinal tract in the form of chyle. As the lymphatic channels (LC) are not as prominent as blood vessels, they tend to get damaged during surgical procedures. The incidence varies from 3.8-5.1% following renal surgeries. It is more frequently associated with laparoscopic procedures and with history of infection in the diseased kidney. Here we present our experience with postoperative chyle leak in nephrectomy patients and its management.

During the period of January 2021 and June 2022, 91 patients underwent nephrectomy. We retrospectively analyzed nephrectomy cases those develop chyle leak done in our center.

Five patients out of the 91 patients (5.49%) undergoing nephrectomy developed chyle leak. One patient underwent open while rest 4 underwent laparoscopic nephrectomy. All patients had undergone left sided

nephrectomy. Most cases could be managed with dietary changes with only 2 patients octreotide therapy was used.

Chyle leak is not a rare complication after nephrectomy. Most cases can be managed conservatively. To minimise this complication, meticulous clipping of all perihilar and retroperitoneal fibrous fatty tissue during surgery is to be done, especially for left sided nephrectomy.

MPOS 12-126

Transmesocolic Approach Pyeloplasty for Left Sided PUJO in Pediatric and Adult Patients: Our Single Centre Experience

Ajay Kumar G, M N Reddy, Radhamadhavi, Nayak N, Sowjanya, Jayaram P
Sentini Hospitals, Vijayawada

Introduction: Laparoscopic pyeloplasty has emerged as a feasible and reliable treatment option for uretero pelvic Junction obstruction (UPJO).

The objective of the study is to compare the transmesocolic approach (TMC) for left laparoscopic pyeloplasty with the laterocolic approach.

Materials and Methods: Between August 2015 and July 2021, 48 patients underwent laparoscopic left sided pyeloplasty. Out of these 25 underwent transmesocolic approach while the remaining 23 underwent laterocolic approach. The operative time and post op complications were assessed in both the groups.

Results: The mean operative time was significantly shorter in the TMC group (108 min) compared with the Laterocolic group (152 min). Post operative pain was lower in the TMC group (2.5 vs 4.2 measured using Visual analogue scale). The mean hospital stay is shorter in the TMC group (2.8 vs 4 days). There were no open conversions in both the groups. After follow up of one year all the patients were symptom free.

Conclusion: The transmesocolic approach for left sided pyeloplasty saves time during the colon mobilisation and is safer for surgeons with limited experience

Key words: Laparoscopy, pyeloplasty, transmesocolic

MPOS 12-127

Robot Assisted Laparoscopic Vesicovaginal Fistula Repair using Human Amnion Chorion Membrane Interposition Allograft in Post Cytoreductive Surgery for Ovarian Mass

Barkesiya BL, Vasudeva P, Kumar N, Mandal A
Vardhman Mahavir Medical College and SJH, New Delhi

Introduction: Complex vesico-vaginal fistula (VVF) has a high recurrence rate, and so the repair with graft tissues seems to be a favourable approach. The human Amnion chorion membrane allograft contains immunomodulatory properties and serves as a scaffold for wound healing. To the best of our knowledge, no published data about the same, being used in VVF repair is available in contemporary Indian medical literature.

Case report: A 43-year-old female was admitted with supra trigonal VVF, which developed after total abdominal hysterectomy with a bilateral salpingo-oophorectomy and B/L extended pelvic lymph node dissection with omentectomy for ovarian mass. The patient had pale, unhealthy surrounding mucosa. The patient underwent robot-assisted laparoscopic VVF repair (modified "O" Connor). The omentum was absent and, due to the procedure, peritoneal flap was not healthy. An interposition allograft of human amnion chorion membrane was done.

Good functional results without any adverse events or graft complications have been found.

Conclusion: This procedure is technically simple, with favourable results, safety and efficacy profile, and should be further studied in larger cohorts, especially in a population where flap is deficient or technically difficult.

MPOS 12-128

Living Donor Renal Transplantation after Ex Vivo Partial Nephrectomy for Incidentally Detected Small Renal Mass

Ranjan Satish Kumar, Desai Pragnesh, Joshi Brijmohan, Bansal Amit, Chaturvedi Samit, Maheshwari Ruchir, Kumar Anant

Max Superspeciality Hospital Saket, New Delhi

Background: Owing to the possible risk of transmission, a kidney with a small renal mass is not a preferred choice for transplantation. The present study aims to evaluate the long-term outcome of the transplantation of a kidney with a small renal mass.

Material and Methods: A total of 7 patients were incidentally diagnosed with small renal mass during standard donor evaluation. All the patients underwent laparoscopic donor nephrectomy followed by bench resection of the mass was done, and negative margins were confirmed on the frozen section.

Results: On histopathological examination, 4 were reported as renal cell carcinoma, 2 angiomyolipomas, and 1 oncocytoma. After a median followup of 36 months, there is no recurrence of mass in the recipients.

Conclusion: if there is no other appropriate donor, a kidney with a small renal mass can be considered for kidney transplantation. Bench excision of the mass is a viable and safe surgery.

MPOS 12-129

Primary Adenocarcinoma with Yolk Sac Differentiation of the Transplant Ureter - Salvage of the Transplant Kidney with Transplant Ureterectomy and Pyelovesicostomy: A Rare Case Report

Bharath Kumar Nagarajan (Kumar BN), Shukla AK, Guleria P, Datt B, Prakash S, Vairam AR

Command Hospital (Southern Command), Pune

Introduction: Renal transplant recipients are prone to high risk of malignancies. We hereby present a case of adenocarcinoma with yolk sac differentiation (YSD) of the transplant ureter (TU), which is the first such case reported in literature.

Materials: 61 years old lady, who had undergone spousal living donor renal transplant 10 years back, on immunosuppression with tacrolimus, mycophenolate mofetil and prednisolone, presented to our centre

with symptoms of fever, chills, and oliguria of 3 days duration. She had recurrent urinary tract infections, managed conservatively. Her serum creatinine had risen from 1.3 mg/dl to 1.8 mg/dl. Imaging showed a 13 x 8 mm size hyperdense nodular lesion in the proximal TU causing hydronephrosis and acute pyelonephritis of transplant kidney. Retrograde double J stenting was done with difficulty and pyelonephritis managed with antibiotics. Later, ureteroscopic biopsy of the lesion demonstrated high grade urothelial cancer.

Results: Patient underwent total ureterectomy along with bladder cuff excision and pyelovesicotomy. Proximal margin, initially positive on frozen section, was revised twice to achieve negative margins. The final histopathology revealed a primary adenocarcinoma (villoglandular type) with YSD of TU. On follow-up MRI scan 3 months and 12 months after surgery, pyelovesicostomy was patent with no lesion or hydronephrosis.

Conclusion: This case report highlights the rare possibility of an extremely uncommon malignancy occurring in transplant ureter in the setting of recurrent urinary tract infections. With the therapeutic dilemma of treating the malignancy and saving the transplant kidney, individual case based approach is required in such cases.

MPOS 12-130

Fatal Mucormycosis Infection Induced Ileal Perforation Peritonitis In a Renal Transplant Recipient : A Rare Presentation

Vishal Balan Pillai, Manasa T, Prasad Mylarappa

M S Ramaiah Medical College Hospital, Bangalore

Introduction&Objectives: Gastrointestinal mucormycosis is a rare invasive type of mucormycosis with high fatality rate which affects predominantly immunocompromised and metabolic deranged hosts. We report a rare presentation of post renal transplant young adult male recipient who developed fatal gastrointestinal mucormycosis infection induced ileal perforation peritonitis.

Materials & Methods: 26-year-old male k/c/o CKD on dialysis who underwent live renal donor transplant developed hypotension, abdominal distension and diffuse tenderness on POD 6. CT Abdomen and Pelvis demonstrated pneumoperitoneum with air foci in the mesentery tracking through surgical site on the right lateral anterior abdomen with moderate ascites and bilateral mild pleural effusion. The patient was taken up for emergency exploratory laparotomy.

Results & Observations: Intra operatively gangrenous segment around 25 cm with perforation and fecal peritonitis noted 10 cm proximal to the ileocaecal junction. Patient underwent resection of ischemic ileal segment, peritoneal lavage, partial omentectomy and end ileostomy. In spite of all resuscitative measures, he continued to deteriorate with persistent hypotension and bradycardia and succumbed. Histopathological analysis of the resected specimen of ischemic ileal segment and omentum showed positive for fungal elements resembling mucormycosis.

Conclusions: In conclusion, this case illustrates that gastrointestinal mucormycosis is a serious and often fatal infection of immunocompromised states especially in post renal transplant recipients. Due to the vagueness of presenting symptoms, such infections can be easily missed which leads to increase in

mortality and morbidity. So a high degree of clinical suspicion with combined early surgical and medical treatment is essential to increase the probability of a favorable outcome.

Moderated Poster Session 13

MPOS 13-131

Contemporary Relevance of Hand Sewn Extra-Mucosal Single Interrupted Layer Ileo-Ileal Anastomosis for Bowel Continuity in Open Radical Cystectomy

Mujahid Ahmad Mir, Mohammad Saleem wani, Arif Hamid, Sajad Malik, Abdul Rouf Khawaja, Faiz Manzar Ansari

Sher I Kashmir Institute of Medical Sciences

Objective: To highlight the role of EMSIL ileo-ileal anastomosis for bowel continuity in open radical cystectomy (ORC) to let fall the morbidity associated with the procedure.

Material & Methods: Bladder cancer patients who underwent open radical cystectomy (ORC) with urinary diversion were prospectively studied. Bowel continuity was achieved by EMSIL ileoileal anastomosis in all patients. Operative duration, anastomosis time, blood loss, hospital stay, time to return of bowel function, perioperative and postoperative complications were studied.

Results: Out of 59 patients ileal conduit was fashioned in 49 patients and neobladder in 10 patients following cystectomy. In our study, mean operative duration was 263.8 ± 48.9 minutes, mean anastomosis time was 17.3 ± 05 min, intraoperative blood transfusions 0.97 ± 0.79 units, cost needed per anastomosis was just 850 indian rupees, mean time to return of bowel activity 84.6 ± 10 hours and the average post operative hospital stay $12.6 (\pm 3.1)$ days. 8 patients had major complications. There was no anastomotic leak or any other major gut-related complication in any of our patients.

Conclusion: ORC with urinary diversion is the standard procedure for non metastatic bladder cancer patients who are not candidates for bladder preservation. We recommend EMSIL as the optimal choice for bowel continuity in urinary diversions following cystectomy. It is safe, feasible, easy, cost effective and time saving technique.

MPOS 13-132

Metastatic Ewing S Sarcoma of Kidney with Extension into the Right Atrium; A Diagnostic and Therapeutic Challenge

Nirmit Agrawal, Sujata Patwardhan, Bhushan Patil, Supradeep N., Mayank Agrawal

Seth G S Medical College and KEM Hospital Mumbai

Introduction: Primary renal Ewing sarcoma (ESK)/ or primitive neuroectodermal tumour PNET is an uncommon and very aggressive tumour. (ESK) or (PNET) typically presented with irradiating flank pain that mimics the pain associated with kidney stones. Although established treatment guidelines for ES of the kidney are scarce, a multi-modality treatment approach is typically implemented.

We report the case of a 28 year old man who presented with left flank pain and intermittent haematuria and underwent exploratory laparotomy outside but was abandoned due to plastered abdomen. The

patient underwent CT guided biopsy from mass suggestive of Ewing's sarcoma of the Kidney. PET CT suggestive of a large heterogeneously enhancing multiloculated abdominal soft tissue mass, arising from the left kidney with internal septations and multiple cystic components, crossing the midline and infiltrating the left renal vein measuring 17x17x14 (previously 29.5 x 28.2 x 23.8 cm SUV 20.56) with the extension of thrombus into the right atrium with lung metastasis. After 5 cycles of chemotherapy including Vincristine, Doxorubicin, and Cyclophosphamide, the tumour reduced in size with thrombus extension reduction below the Infrahepatic IVC

Discussion: Chemotherapy and surgery is the mainstay of treatment. After neoadjuvant chemotherapy, tumour burden has been reduced after which debulking surgery can be done. Before doing debulking surgery, SMA involvement should be confirmed as SMA can not be sacrificed. Radiotherapy can be used in recurrence or residual or localized metastatic disease.

Conclusion: Primary renal Ewing sarcoma/PNET has been treated with neoadjuvant chemotherapy with debulking surgery if SMA involvement is not present and has a poor prognosis. It requires a multidisciplinary approach. This needs further studies for determining a treatment algorithm.

MPOS 13-133

Can we Avoid Prostate Biopsy in Patients with Trifecta (Serum Psa More Than 100, Dre Positive, Bone Scan Positive)?

Jatin Soni, Nitesh Jain

Apollo Main Hospital Chennai

Purpose: Patients presenting with trifecta of high serum PSA above 100, DRE positive and Bone scan positive, belongs to advanced cancer prostate. Treatment to be followed in such patients is minimally effected by biopsy results. Thus we retrospectively investigated the patients of advanced cancer prostate for whom we did bilateral orchidectomy with prostate biopsy in one sitting at our center.

Materials and Methods: Around 131 patients who underwent prostatic biopsy with bilateral orchidectomy at our center over a period of last six years were reviewed retrospectively. All of these patients were having trifecta positive (Serum PSA more than 100, Bone scan positive and DRE positive). In all biopsy proven patients positive predictive value and sensitivity and specificity of combined Bone scan positive with DRE positive with serum PSA more than 100 were calculated in view of detecting advanced cancer prostate.

Results: Almost all 131 patients with Trifecta of serum PSA levels above 100, Bone scan positive and DRE positive were having advanced cancer prostate. Biopsy was done at the time of bilateral orchidectomy in all patients.

Conclusion: We suggest possibility of detecting almost all patients with advanced cancer prostate who are having "Trifecta positive. In such patients we can easily skip prostatic biopsy early in phase and can move for hormone withdrawal treatment straight away. This proves extremely beneficial for elderly and prevents them from side effects of prostate biopsy.

MPOS 13-134

Cytoreductive Nephrectomy Plus Targeted Therapy in Patients with Metastatic Renal Cell Carcinoma: Our Experience

Keyur Patel, R. B. Nerli

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

Introduction: Renal cell carcinoma presents with metastatic disease in approximately 30% of cases. Since the introduction of targeted therapies, they have demonstrated impressive gains in overall survival, progression-free survival, and response rates over the previously utilized immunotherapies in patients with metastatic renal cell carcinoma. The rates of cytoreductive nephrectomy have declined since the introduction of targeted therapy. We report our experience with cytoreductive nephrectomy plus targeted therapy.

Materials & Methods: We retrospectively collected the hospital inpatient and outpatient records of patients with metastatic renal cell carcinoma who had undergone cytoreductive nephrectomy followed by targeted therapy. Data included demographic, clinical, imaging and laboratory data and those that were found to have prognostic value. Measured outcomes included OS.

Results: A total of 78 patients (61 males and 17 females) with a mean age of 60.17 ± 8.76 years underwent cytoreductive nephrectomy for metastatic renal cell carcinoma of clear cell type. Co-morbidity was seen in 43 (55.1%) patients. On computed tomography imaging all the 78 patients had huge renal masses (mean 10.167 ± 2.756 cms). All the 78 patients had a smooth post-operative recovery. Four to eight weeks after surgery, all the patients were initiated on target therapy. The mean overall survival of the patients was 27.98 ± 1.47 months.

Conclusions: The role of cytoreductive nephrectomy in the era of targeted therapy is not well defined. Patients with good performance status definitely do better than patients with health risks.

MPOS 13-135

Expression Analysis of Long Noncoding Rnas in Prostate Cancer; Association with Progression and Prognosis

Md Taquedis Noori, D K PAL, Keya Basu

IPGME and R: Institute of Postgraduate Medical Education and Research

Introduction: In past few years, non-coding RNAs (ncRNAs) have gained much importance in cancer research. Among them, long non-coding RNAs (>200 nucleotides) have been found to play both oncogenic as well as tumor suppressive role depending on cancer type. LINC01409 (Long Intergenic Non-Protein Coding RNA 1409) was previously found to be over-expressed in ccRCC and gastric cancer. However, till date no study has explored its status and functional role in prostate cancer (PCa).

Aims And Objective: To investigate the functional status of LINC01409 in PCa.

Methodology: This is on going study in our Hospital. Total 50 prostate cancer patients will be taken as case. 50 BPH patients and 30 normal patients for prostatic fluid will be taken as control. Both BPH and Prostate ca sample were collected after TRUS guide biopsy and prostatic fluid sample after prostatic massage Till date semi-quantitative polymerase (PCR) has been done on 20 normal prostate (i.e. prostatic fluid) samples and 20 prostatic cancer tissue samples. For semi-quantitative PCR, total RNA was isolated

from both fluid and tissue samples and cDNA was synthesized. After that, PCR was done using specific primer set against the target gene. The product was loaded on 2% agarose gel followed by its visualization.

Result: The results revealed that expression level of LINC01409 was significantly higher in PCa samples compared to normal samples.

Conclusion: LINC01409 gene are over expressed in Prostate ca so it may play a potential oncogenic role.

MPOS 13-136

Prognostic Significance of Combination of Pre Operative Hemoglobin, Albumin, Lymphocyte and Platelet Counts (HALP) in Patients with Renal Cell Carcinoma after Nephrectomy

Alam Tahzeeb, Sharma Pramod kumar, Mandal Soumendranath, Mollah Washim, Dey Sumantra, Bajoria Suyash

Calcutta National Medical College, Kolkata

Introduction and objective: Renal cell carcinoma (RCC) makes up for 3% of all worldwide cancers. Some studies have established prognostic model systems to predict survival by assessing preoperative blood parameters which can indicate patients' inflammatory status and healthy conditions. Objective is to determine the prognostic value of pre operative blood parameters hemoglobin and albumin levels and lymphocyte and platelet counts (HALP) in RCC patients treated surgically.

Methods: In this prospective case control study, 30 patients with RCC will be evaluated preoperatively with blood for hemoglobin, albumin, platelet and lymphocytes followed by radical nephrectomy. Patients will be followed upto 1 year. The study will determine whether combination of pre operative HALP have any effect on prognosis of post nephrectomy patients

Results: Cut off values for HALP was 31.2 for dividing patients into low and high HALP.

Anemia, hypoalbuminemia and low HALP were all significantly associated with worse survival

Conclusion: HALP is closely associated with clinicopathologic features of RCC patients undergoing nephrectomy and is an independent prognostic factor of cancer specific survival. Preoperative HALP can be a novel indicator to evaluate the outcome for RCC patients after nephrectomy.

MPOS 13-137

Management and Efficacy of Ureteral Stenting and Percutaneous Nephrostomy in Patients with Hydronephrosis and Renal Failure Secondary to Cervical Cancer - An Institutional Study.

Karthik M Chavannavar, Natarajan, Chandru, Velmurugan

Sri Ramachandra Medical College, Porur, Chennai

Objective : Our study aimed to evaluate the management and efficacy of ureteral stenting and percutaneous nephrostomy in patients with hydronephrosis and renal failure secondary to cervical cancer over a period of 5 years.

Results and Observations : A total of 48 patients were analysed in our study. We divided our patients into two groups according to the treatment they received i.e. stenting group and nephrostomy group (i.e.

patients who failed retrograde stenting). The age, stage, degree of hydronephrosis, site of hydronephrosis, length of ureteral obstruction, and serum creatinine level before treatment were recorded. The complications, cost, surgical time, and hospitalisation time and management strategies were compared between the two groups.

Conclusion : In patients with hydronephrosis and renal failure secondary to cervical cancer, Ureteral stent placement is the preferred method. The overall complication rate was compared between the two groups and was found to be similar. However, in patients who have >2cm length of ureteral obstruction or severe hydronephrosis at the initial presentation, Percutaneous nephrostomy followed by chemotherapy maybe a more appropriate first option in view of high failure rate of stenting.

MPOS 13-138

Does Multiparametric Magnetic Resonance Imaging In Initial Evaluation Of Carcinoma Prostate Patients Help In Preventing Unnecessary Prostatic Biopsies. A Prospective Study.

Shashi Prakash, K Rajesh, Ahmad A, Upadhyay A, Mahmood K, Ranjan N, Kumar M
Indira Gandhi Institute of Medical Sciences, Patna

Introduction and objective: Presently all the patients with abnormal digital rectal examination with or without raised serum prostate specific antigen are subjected to transrectal ultrasound (TRUS) guided biopsy. TRUS biopsy has inherent risk of complications. Multiparametric magnetic resonance imaging (mp-MRI) has been used as triage test to decide which men might safely avoid biopsy. This study aims to evaluate the role of mp-MRI in preventing unnecessary biopsies in patients of suspected prostate cancer at our institute.

Methods: A prospective observational study was conducted on biopsy naive and suspected prostate cancer patients. Patients underwent mp-MRI of the prostate followed by TRUS biopsy. In addition to 12-core systematic biopsy, cognitive fusion biopsy (CFB) was taken from abnormal lesions detected on mp-MRI. Results of mp-MRI based on prostate imaging reporting and data system (PIRADS) V2 and CFB along with systematic biopsy were compared.

Results: A total of 79 patients were included in this study. The incidence of prostate cancer was detected in 7.1%, 57.1%, 75.0%, and 95.2% patients of suspicious lesions with PIRADS score 2, 3, 4, and 5, respectively. The sensitivity, specificity, positive and negative predictive value of mp-MRI for significant prostate cancer on TRUS biopsy was 98.0%, 43.3%, 73.9% and 92.9%, respectively. Taking PIRADS ≥ 3 as cut-off for biopsy 13 out of 79 patients (16.4%) can be spared and kept for follow up.

Conclusion: So based on our study biopsy can be avoided in PIRADS2 patients and kept for follow up with due counselling.

MPOS 13-139

Diagnostic Dilemmas Determining Primary Organ of Origin of Squamous Carcinoma in Prostate, Bladder, or Rectum .

Nirmit Agrawal, Sujata Patwardhan, Bhushan Patil, Supradeep N., Mayank Agrawal, Aadhar jain
Seth G S Medical College and KEM Hospital Mumbai

Squamous cell carcinoma of the prostate is rare prostatic neoplasia, representing less than 1% of all cases. It is highly aggressive with a poor prognosis. Its optimal treatment remains unknown, with few survival benefits for locally advanced or metastatic diseases. The challenge that we encountered was to determine its origin and extensive squamous differentiation with involvement of the prostate, bladder, and rectum.

60 years old male presenting per rectal bleeding since 1 month with dysuria and pain in abdomen with anal pain. on examination, PR suggestive of hard growth from 1 cm of anus present at 3 to 9 o'clocks. Serum PSA – 0.086. CECT suggestive of asymmetric heterogeneously enhancing mural thickening (13 to 20mm) of rectum seen for a length of approximately 8-10cm above the anorectal junction. There is suspicious heterogeneously enhancing soft tissue growth also seen arising from the anterior wall of the rectum. There is a loss of fat plane between the anterior wall of rectum and prostate seen. Multiple lymph nodes were also noted in the perirectal region. TRUS biopsy is done with IHC suggestive of atypical squamous carcinoma. The patient underwent total pelvic exenteration with HPE suggestive of squamous cell carcinoma. On IHC, tumor cells positive for CK 5/6 and p40. negative for CK 20.

Conclusion: These cases are the most challenging since large tumor volume replaces architectural landmarks and it is difficult to decide if the tumor originates from the prostate or it extends from the urinary bladder into the periurethral/bladder neck tissue or from the rectum.

MPOS 13-140

Comparison of Pirads 3 Lesions with Histopathological Findings after Trus Guided 12 Core Biopsy

Premanand, Shivashankar, Griffin, Devkrishna, Farooq, Kamaraj, Muthulatha

Saveetha Medical College, Chennai

Introduction: We aimed to evaluate whether PIRADS 3 lesions in multiparametric MRI (mpMRI) represent a significant risk of prostate cancer (PCa)

Materials & Methods: Between May 2017 and July 2022, a total of 90 patients underwent a randomized 12 core biopsy of the prostate due to suspected prostate cancer. In all patients, preoperatively an mpMRI of the prostate was performed

Results: Mean PSA Level was 9.5 ng/ml (range: 1-26 ng/ml), mean patients age was 66 years (48-80). In 6/12 patients (50%) prostate cancer was diagnosed by trus biopsy of the PIRADS 3 lesion, the target lesion PCa was classified as Gleason Score which is 3+4 in 2 patients and 4+3 in 1 in our study.

Conclusions: PIRADS 3 lesion indicates an equivocal likelihood of significant prostate cancer. In our series the overall PCa detection rate was 50 % for clinically significant cancer in PIRADS 3 lesions. This evokes the question, if PIRADS 3 lesions could be surveilled only. The findings should be confirmed in a larger series.

MPOS 13-141

Prognostic Significance of Sarcopenic Index and Hemoglobin Percentage in Patients Undergoing Surgery for Upper Tract Urothelial Cancer

Kishlaya Atharwa, Puskal Kumar Bagchi, Mandeep Phukan, Debanga Sarma, Pranjit Kumar Dhekiyal Phukan, Sasanka Kumar Barua

Gauhati Medical College,Guwahati

Introduction and Objective: Upper urinary tract urothelial carcinoma (UTUC) is a rare malignancy that accounts for 5-10% of all urothelial carcinomas. Radical nephroureterectomy (RNU) with excision of the bladder cuff is the gold standard treatment for non-metastatic, localized UTUC. UTUC are aggressive tumors with a poor prognosis, and 60% of these tumors are found to be invasive at diagnosis. Anemia of chronic disease is often seen before or at the time of diagnosis of underlying cancer. Sarcopenia, a novel concept reflecting the degenerative loss of skeletal muscle mass, develops as a critical pathophysiological change in the process of cancer cachexia.

Methods: This study is designed as a prospective study to include all the patients who fulfill the criteria for selection for the study population. The patients diagnosed with having upper tract urothelial carcinoma on CT scans/MRI will be treated as the index case. Postoperatively patients will be followed up and further evaluated with post-operative imaging and laboratory investigation as per institutional protocol.

Results: In total, 9 patients have been included in the study to date. Patients underwent preoperative evaluation with CT Scan/MRI and sarcopenia index was calculated. On postoperative follow up patients will be evaluated for disease recurrence and overall survival. The final result will be available at the time of presentation.

Conclusion: The calculation of skeletal muscle index is easy and simple using free software and CT images. The use of sarcopenia and the presence of anemia may be used as one of the surrogate markers of prognosis.

MPOS 13-142

Co Relation of Sarcopenia Index, NLR ,PLR,CRP:Albumin Ratio with that of Final Outcome after Surgery in Patients with Large Urinary Bladder Tumour (> 3 Cm): A Prospective Study

Mustafa Abdur Rahman, Pushkal Kumar Bagchi, Mandeep Phukan, Debanga Sarma, Pranjit Kumar Dhekiyal Phukan, Sasanka Kumar Barua

Gauhati Medical College and Hospital ,Guwahati , Assam,India

Introduction : Bladder cancer is over four times more common in men than women, being the sixth most common neoplasm .Sarcopenia is a muscle loss syndrome known as a risk factor of various carcinomas and is associated with poor Overall Survival suggesting it as a promising prognostic marker. Psoas muscle mass index was calculated by bilateral psoas major muscle area at the L3 with computed tomography. Elevated NLR has shown a significant association with adverse oncologic outcomes in Urological Carcinoma.

With this background,this study is designed to prospectively co relate sarcopenia index,nlr,plr and crp:albumin ratio in patients with large urinary bladder tumour (> 3 cm) in terms of treatment modalities and outcome

Materials and Methods: Patients with CT scan/ MRI revealing urinary bladder tumour,and is planned for management under different modalities was included in the study. A single axial CT image was used to estimate whole body composition along with sarcopenia measurement by segmentation of the psoas .The

inflammatory markers were evaluated from the routine blood investigations. Post management, the patient will be undergoing overall assessment at 3 months, 6 months, 9 months and 1 year.

Results : In total, 33 patients have been included in the study to date. Patients underwent preoperative evaluation with CT Scan/MRI and sarcopenia index was calculated. Large urinary bladder carcinoma represented 55% with sarcopenia along with raised inflammatory markers.

Conclusion : The use of sarcopenia along with markers of inflammation may be used as one of the surrogate markers of prognosis in large urinary bladder tumour.

Moderated Poster Session 14

MPOS 14-143

Comparison of Serum Uric Acid Levels between Localised Prostate Cancer Patients and a Control Group

Satyaveer Singh, Satyaveer Singh, S.S Yadav, Shivam Priyadarshi

S.M.S Medical College and Hospital Jaipur

Introduction: The aim of this study was to investigate the difference in serum uric acid levels in the patients with localized prostate cancer diagnosis, and the patients having complaints of LUTS but no carcinoma prostate.

Material and Methods: In this prospective comparative observational study, A total number of 60 patients having age 50 years or more having complaints of lower urinary tract symptoms (LUTS) attending urology OPD at our Hospital were evaluated. Patients diagnosed as localized prostate cancer were included in one group (30 patients) and patients having no carcinoma on biopsy and other patients having LUTS and not suspicious for carcinoma were considered as CONTROL group (30 patients). The serum uric acid levels were compared between both the groups.

Results: The age distribution of the patients in the prostate cancer and control group was 66.1 ± 9.2 and 63.2 ± 8.1 years, respectively. The uric acid levels were found as 4.64 ± 1.11 and 6.37 ± 1.13 mg/dl in the prostate cancer and control group, respectively. ($p < 0.05$)

Conclusions: The uric acid levels measured in serum of patients with a localized prostate cancer were reduced compared to the control group. Low serum uric acid level was determined as risk factor for prostate cancer.

MPOS 14-144

Changes in Blood Pressure, Sugar and Creatinine Levels in Patients Undergoing Pheochromocytoma Surgery

Prashant Sevach, Shivam Priyadarshi, Govind Sharma, Somendra Bansal

SMS Medical College, Jaipur

Introduction and objective: Pheochromocytoma surgery leads to hemodynamic and metabolic changes in post operative period. There is need of post operative monitoring as risk of hypotension or hypoglycemia

persist. We prospectively evaluated blood pressure, blood sugar and creatinine level changes in patients undergoing pheochromocytoma surgery to determine the minimum duration of monitoring and assess factors that could predict these changes. The catabolic state induced by catecholamine excess and its reversibility after surgery is demonstrated by the postoperative rise in creatinine as muscle tissue is the main source of creatinine .

Materials and Methods:50 patients undergoing pheochromocytoma surgery were included in this prospective cohort study. Blood pressure and sugar levels were serially monitored using a fixed protocol in the perioperative period and subsequently at 1 and 3 months after surgery. Serum creatinine level was measured at 1 month. Changes were compared and assessed for the predictive factors.

Results:All hypotension episodes occurred within 6 hours of surgery and hypoglycemia episodes occurred within 12 hours of surgery. Occurrence of hypotension correlated with preoperative 24-h urinary vanillylmandelic acid (VMA) levels and the total daily dose of prazosin. There was significant increase in the serum creatinine level .

Conclusion: Hypotension occurs immediately but hypoglycemia may manifest upto 12 hours after surgery. Elderly diabetic patients are more likely to have persistent hypertension. Surgery results in increase in lean body mass which is reflected in increase in serum creatinine level.

MPOS 14-145

Angiomyolipoma of the kidneys are typically benign and rare accounting for 2% of all renal masses. Reporting our experience with a series of 5 patients of ruptured angiomyolipoma

Patankar R., Chari P. D., Halarnakar R. G., Cardoso M. A., Pai S., Prabhudesai M. R., Oza U.
Goa Medical College, Bambolim-Goa

Introduction:A case series of 5 patients of ruptured angiomyolipoma's who presented to us in emergency department.

Methods:A case series of 5 patients of ruptured angiomyolipoma's who presented to us in emergency department.

Results: Of 5 patients 4 were female , of which 1 was at early pregnancy and 1 male patient. The pregnant patient presented with abdominal pain and vomiting but was haemodynamically stable. Her ultrasound & MRI revealed a large left sided angiomyolipoma associated with a large haematoma with suggestive of spontaneous rupture. The patient underwent partial nephrectomy with evacuation of perinephric haematoma with the foetus left in utero. Patient had no complication and pregnancy was continued

All the other 4 patients presented with flank pain and shock. On investigation patient had drop in Hb. An imaging revealed spontaneously ruptured angiomyolipoma. Pre operatively all of them required resuscitation with antibiotics, fluids and blood transfusions. Prior to exploration arterial line, CVP were passed. All patients underwent cystoscopy with RGP with ureteric catheter placement, following which patients underwent emergency exploration with partial nephrectomy. There were no post operative complications.

Conclusion: Partial nephrectomy is possible in an emergency setting if patient is resuscitated well, ureteric catheter is placed for identification of ureter in presence of large haematoma and good control of vascular pedicle is achieved.

MPOS 14-146

Prognostic Significance of Sarcopenia in Patients with Locally Advanced Penile Cancer and its Correlation with Markers of Inflammation and Hpv Positivity and EGFR Expression

Amit Ranjan, P. K. Bagchi, M. Phukan, D. Sarma, P. K. D. Phukon, S. K. Barua
Gauhati Medical College, Guwahati

Introduction and objectives: Recent studies suggest factors for development of carcinoma penis are the presence of a foreskin, immunosuppression & smoking. HPV DNA, 16/18 subtypes can be identified in about 80% of tumour specimens. The penile cancer expresses EGFRs in ~90 to 100%. A link between cancer development and systemic inflammation suggested by its markers a high NLR and LMR. Sarcopenia, a progressive and extensive skeletal muscle degeneration, is associated with functional decline, arises due to chronic inflammatory state and malignancy, due to increased metabolism leading to subsequent proteolysis. The aims of this study were to find the correlation of sarcopenia in patients with locally advanced penile cancer and its correlation with markers of inflammation and HPV positivity and EGFR expression.

Methods: This is a matched case-control study that included all locally advanced penile carcinoma patients operated in Department of Urology from 2021 to 2022. Age matched penile tumor with sarcopenia compared with penile tumor without sarcopenia and its correlation with markers of inflammation and HPV positivity and EGFR expression.

Results: Locally advanced penile carcinoma represented 64% and 36% of with sarcopenia and without sarcopenia, respectively. A multivariate model adjusted for age, high BP, diabetes & smoking status found sarcopenia in locally advanced penile carcinoma associated with raised markers of inflammation and HPV positivity and EGFR expression.

Conclusions: This study demonstrates that sarcopenia in locally advanced penile carcinoma is associated with raised markers of inflammation and HPV positivity and EGFR expression.

MPOS 14-147

Correlation of Androgen Receptor, Estrogen Receptor, Progesterone Receptor with aggressiveness and presence of muscle involvement in Bladder Tumour in females

Avnish Kumar Singh, Sasanka Kumar Baruah
Gauhati Medical College, Guwahati

Introduction: Bladder cancer, mostly urothelial carcinoma, is the second most common genitourinary malignancy, leading to significant morbidity and mortality. Various epidemiological and clinical studies have demonstrated that men have a substantially higher risk of bladder cancer, while women tend to have more aggressive tumours. These observations have prompted research on the role of sex hormone receptors, such as androgen receptor (AR) and estrogen receptors (ERs), in bladder tumour (BT) among the female population.

This study was done to determine the correlation of Androgen Receptor, Estrogen Receptor, Progesterone Receptor with aggressiveness and presence of muscle involvement in Bladder Tumour in females.

Material & Methods: This is a hospital based prospective study from north east India, done over a period of 1 year. All female patients presenting with documented bladder tumour during the study period were included in the study. Patients with synchronous tumours at another site or recurrent tumour were not included. Samples were obtained through the collection of archived paraffin blocks of transurethral resection and radical cystectomy specimens. The tissue sections were deparaffinized in xylene solution and rehydrated using gradient ethanol concentrations. Immunostaining was performed.

Results & Conclusion: Data of 30 patients have been collected till now (the study is ongoing). Out of the 30 cases, 18 were non-muscle invasive bladder tumour and 12 were muscle invasive. 9 were ER positive, 6 were AR positive and 2 were PR positive. Final results will be discussed at the time of presentation.

MPOS 14-148

Correlation of Serum Lymphocyte-derived Biomarkers in Muscle invasive and non muscle invasive Bladder Cancer. : A Hospital based Retrospective study.

Avnish Kumar Singh, Amit Ranjan, Sasanka Kumar Baruah
Gauhati Medical College, Guwahati

Introduction- Urinary bladder cancer (BC) is the sixth most commonly occurring cancer in men and the seventeenth most commonly occurring cancer in women. Most BC (95%) are transitional cell carcinomas (TCCs). The host's immune system plays a crucial role in determining the clinical outcome of many cancers, including BC. Peripheral blood neutrophils and lymphocytes counts may be surrogate markers of systemic inflammation and potentially reflect aggressiveness of disease.

This study was done to determine the possible association of Serum Lymphocyte-derived Biomarkers in Muscle-invasive and non-muscle invasive Bladder Cancer.

Material & Methods: This retrospective study was conducted Guwahati Medical College. The demographic data and cancer characteristics were obtained from the medical records in 2020-2021. The neutrophil to lymphocyte ratio (NLR), lymphocyte to monocyte ratio (LMR), platelet to lymphocyte ratio (PLR) and derived neutrophil-to-lymphocyte ratio (dNLR) were calculated.

Results: The study included 70 patients. The mean age was 62 yr. The mean value of NLR, PLR, LMR, and dNLR in NIMBC was 3.03 ± 0.85 , 115.22 ± 29.15 , 6.05 ± 2.44 and 1.31 ± 0.24 respectively and in MIBC was 5.37 ± 2.81 , 247.12 ± 157.41 , 3.17 ± 1.10 and 1.33 ± 0.49 respectively.

Conclusion: High NLR, PLR and low LMR showed positive association with high grade and stage of urinary bladder tumor.

MPOS 14-149

Prostate Health Index or Multiparametric Magnetic Resonance Imaging? Better Triage Tool Before Prostate Biopsy

Gupta A, Chaudhari R
Ruby Hall Clinic

Objective- Due to the limited specificity of prostate-specific antigen, more accurate detection techniques for prostate cancer are required to minimize unnecessary biopsy (PSA). The Prostate Health Index (PHI) and magnetic resonance imaging (MRI) were more accurate than PSA in recent research. This study aimed to see how accurate PHI and MRI were in distinguishing between patients with and without prostate cancer.

Method - 50 Patients who had a prostate biopsy at our institute due to increased serum PSA > 4 ng/mL were prospectively included. To compute PHI, serum samples were analyzed for PSA, free PSA, and p2PSA before prostate biopsy. Patients' mpMRI was recorded in the Prostate Imaging Reporting and Data System. After that, the diagnostic performance of PHI and mpMRI was evaluated.

Results - Prostate cancer was identified in 33 of the 50 participants (70 percent). The sensitivity and specificity to predict PC was 88.23 percent and 96.9 percent, respectively, by the PI-RADS 3 threshold. The sensitivity and specificity to predict PC was 88.23 percent and 90 percent, respectively, by the PHI 35 threshold. PHI and mpMRI have areas under the receiver operator characteristic curves of 0.9394 and 0.9492, respectively.

Conclusion- PHI had comparable accuracy to mpMRI for the detection of Prostate cancer.

MPOS 14-150

Demographic Pattern and Outcome in Indian Patients with Variant Histology Undergoing Radical Cystectomy- A Single Center Experience.

Gujela Ajit, Bakshi G., Pal M., Menon S., Murthy V., Arora A., Prakash G.

Tata Memorial Hospital, Mumbai

Introduction and Objectives: Variant histology (VH) refers to any bladder cancer that is not pure urothelial carcinoma (UC). VH indicates an aggressive disease therefore recommendations generally include early aggressive intervention with radical cystectomy. The objective of our study was to evaluate the demographic pattern and outcomes of Indian patients with variant histology undergoing radical cystectomy.

Methods: We retrospectively analysed medical records and pathology reports from 447 patients who underwent RC with pelvic lymphadenectomy at our Hospital from 2012 to 2021. 90 patients with VH on final histopathology report were included in the study.

Results: In the 90 patients with VH, median age of diagnosis was 58 years with 75 male patients (83%). The most common VH were squamous differentiation 24 (26.7%), squamous cell carcinoma 19 (21.1%) and sarcomatoid differentiation 12 (13.3%). Pathological T staging - majority of patients were T3- 37 (41.1%) followed by T2 - 32 (35.2%) and in N staging majority of patients were N0 53 (58.8%) followed by N1 18 (20%). Grade 1 complications Calvin Dindo classification occurred in 22 (24.2%) patients followed by Grade 2 and 3 in 13 (14.4%) patients each. 34 (37.7%) patients received adjuvant treatment in form of RT or CT. The median follow up was 18 months (range 1-110) and the OS, RFS, CSS at 18 months was 64.1%, 62.1% and 71.1% respectively. In our pure UC cohort the OS, RFS, CSS at 18 months was 77.7%, 76.5%, 83.1%.

Conclusions: It is critical to recognise urothelial carcinoma histological variants because they indicate aggressive disease and worse prognosis than pure urothelial carcinoma.

MPOS 14-151

Is Two Core Prostatic Biopsy Sufficient in Metastatic Prostatic Carcinoma? - A Prospective Validation

Anil Baid, Sumit Mandal, Himanshu Raj, Madhur Anand, Snajoy Sureka

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Aim: Our hypothesis is single or two cores are sufficient in metastatic prostate cancer.

Material and Methods:

Two phases

first: retrospective data of 400 prostate biopsies (12 cores) between January 2012 and 2017 was analyzed. Using probability analysis adequate number of cores which could detect metastatic cases was calculated. A ROC curve between PSA and bony metastasis was plotted.

Second phase, from January 2017 to January 2021 in a prospective setting, patients underwent bone scan first who had PSA >75 ng/dl. Patients with positive bone scan were assigned for 2 cores biopsy. Cancer detection rate and complications were analyzed to validate the findings of phase 1 study.

Results: In retrospective analysis, 400 biopsies showed cancer detection rate of 62% (248/400). 51% (126/248) of these patients had bony metastasis.

Number of positive cores was 12 in 93 patients (73.8%), 11 in 14 (11.1%) and 10 in 7 (5.6%) patients. Using probability analysis, 94% of the patients could be detected with single core and 97.8% with 2 cores biopsy.

PSA of 75 had 80% sensitivity and 90% specificity of detecting positive bone scan.

In the second phase: 52 patients with PSA >75 were enrolled. 3/52 (5.7%) patients had negative bone scan. 49 were assigned for 2 core biopsy. 48/49 (97.9%) had positive result. One patient underwent repeat 12 core biopsy.

Conclusion: 2 cores biopsy is adequate in almost all of the patients with metastatic prostate cancer with PSA >75 and had low complications and morbidity.

MPOS 14-152

Role of Multiparametric-MRI in Local Staging of Urinary Bladder Carcinomas

Mrinal Tandon, Sunirmal Choudhury, Sumit Chakraborty, Dilip Kumar Pal

Ipgme&R, Kolkata

Objective: To evaluate the role of multiparametric-MRI for determining the local staging of urinary bladder carcinoma and its histopathological correlation.

Methods and Materials: Thirty patients diagnosed with bladder sol were prospectively included and mp-MRI data were interpreted. Multiparametric-MRI including conventional (high-resolution T2 weighted imaging) and functional sequences (diffusion-weighted imaging and dynamic contrast enhanced-MRI) were done. The accuracy of these techniques separately and in conjunction was evaluated using

histopathological findings as reference gold standard. Also, accuracy of vesical imaging reporting and data system (VI-RADS) score in staging bladder carcinoma was done. Diagnosis of bladder sol was performed using cystoscopy and radiologic investigations including ultrasonography or computed tomography.

Results: Histopathological confirmation for local T staging was done in all 30 patients using cystoscopy/biopsy or from transurethral resection of bladder tumors (TURBT). The diagnostic accuracy of mp-MRI (82%) was superior to DW-MRI (80%), DCE-MRI (74%), and high-resolution T2W-MRI (52%) in differentiating non-muscle invasive from muscle-invasive bladder carcinoma. Overstaging of bladder tumors also decreased using Multiparametric-MRI(mp-MRI). None of the patients were understaged using mp-MRI. The agreement between the mp-MRI and histopathological staging was greater than DW-MRI, DCE-MRI, and high-resolution T2W-MRI. The diagnostic accuracy of the VI-RADS score in the detection of muscle invasion was 84%, with specificity and a negative predictive value of 88%.

Conclusion: Multiparametric-MRI is considered as a comprehensive and effective tool for the determination of local T staging in cases of urinary bladder carcinoma. Also, the VI-RADS scoring system can accurately differentiate between invasive and non-invasive bladder cancer.

MPOS 14-153

Is Conventional Prostatic Biopsy an Overdoing in Metastatic Prostatic Carcinoma? - A Prospective Validation

Anil Baid, Sumit Mandal, Himanshu Raj, Madhur Anand, Aneesh Srivastava, U.P.Singh, Snajoy Sureka
Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Aim: Our hypothesis is single or two cores are sufficient in metastatic prostate cancer.

Material and Methods Two phases

first: retrospective data of 400 prostate biopsies (12 cores) between January 2012 and 2017 was analyzed. Using probability analysis adequate number of cores which could detect metastatic cases was calculated. A ROC curve between PSA and bony metastasis was plotted.

Second phase, from January 2017 to January 2021 in a prospective setting, patients underwent bone scan first who had PSA >75 ng/dl. Patients with positive bone scan were assigned for 2 cores biopsy. Cancer detection rate and complications were analyzed to validate the findings of phase 1 study.

Results:In retrospective analysis, 400 biopsies showed cancer detection rate of 62% (248/400). 51% (126/248) of these patients had bony metastasis.

Number of positive cores was 12 in 93 patients (73.8%), 11 in 14 (11.1%) and 10 in 7 (5.6%) patients. Using probability analysis, 94% of the patients could be detected with single core and 97.8% with 2 cores biopsy.

PSA of 75 had 80% sensitivity and 90% specificity of detecting positive bone scan.

In the second phase: 52 patients with PSA >75 were enrolled. 3/52 (5.7%) patients had negative bone scan. 49 were assigned for 2 core biopsy. 48/49 (97.9%) had positive result. One patient underwent repeat 12 core biopsy.

Conclusion: 2 cores biopsy is adequate in almost all of the patients with metastatic prostate cancer with PSA >75 and had low complications and morbidity.

MPOS 14-154

Role of MP-MRI in Grey Zone S.Psa(4-10 Ng/MI)

Lathiya Prince, Shah Shrenik

Bj Medical College, Ahmedabad.

Introduction and objectives: Prostate cancer is the second most cause of cancer and the sixth leading cause of cancer death among men worldwide. The S.PSA has high sensitivity for prostate cancer, but low specificity when S.PSA levels is within so called grey zone of 4-10 ng/ml. Multi-parametric MRI has potential to discriminate clinically significant cancer from non-significant ones. Objective of this study is to evaluate diagnostic accuracy of MP-MRI with PIRADS in ability to avoid prostate biopsies in grey zone S.PSA (4-10 ng/ml).

Materials and Methods: This is prospective study design, single institute between Jan 2021 and June 2022. Patient evaluated using history, physical examination (DRE), S.PSA, MP-MRI and prostate biopsy. A standard 12 core TRUS guided biopsy was performed.

Results: A total 40 patients with S.PSA values between 4-10 ng/ml were enrolled. Three patients with PIRADS I score had BPH on biopsy. All 12 subjects having PIRADS score of II had BPH on biopsy. Subjects with PIRADS III, out of 12 patients 1 patient had malignancy and while rest 11 patients had BPH. In PIRADS IV group, 4 patients had malignancy and 2 had BPH. In PIRADS V group, 6 patients had malignancy and 1 patient had BPH. Correlation done between histopathology findings of TRUS biopsy and PIRADS.

Conclusion: MP-MRI can guide in clinical decision making by avoiding unnecessary biopsies in patients with PIRADS I and II. In PIRADS score of IV and V, it gives high sensitivity and accuracy in detecting prostate cancer.

Moderated Poster Session 15

MPOS 15-155

Technical Aspects for Correcting Penile Curvature

Merchant J, Shah R, Ilamkar I, Shirke A, Panda M, Rathod A, Mandanka J

Lilavati Hospital & Research Centre, Mumbai

Introduction & Objective - Penile curvature may be congenital or acquired. Assessment of curvature on OPD basis with either Office sildenafil test or intra penile injections was carried out.

Yachia technique is well known. Here we present technical aspects and modifications that increase the efficacy of this technique.

Method - Circumcoronal incision is taken and penis degloved. Artificial erection is induced and the point of maximum correction noted. Bucks fascia is opened which helps in taking plication sutures and closure. Stay sutures taken with 5-0 ethilon. Small vertical incision is taken over the tunica and closed horizontally with 2-0 prolene burying sutures (inside out - outside in). Strengthening sutures taken parallel to each

prolene suture on either side with 3-0 ethilon. Plication sutures taken in a staggered manner. Dorsal curvatures are treated with ventrolateral plication sutures. Ventral curvatures are corrected with lifting the neurovascular bundle and dorsal plication. Lateral curvatures are corrected with plication sutures on opposite side.

Result - Patients have good postoperative length and erections. Minimal residual curvature was noted in all the patients. With small incisions in staggered manner, good curvature correction was obtained

Conclusion - Surgical correction of PD with or without penile prosthesis placement remains the gold standard to correct deformity and is indicated when deformity or rigidity compromises or prevents penetrative sexual activity. Pre op assessment is very crucial to plan the surgery. Patient counselling is of utmost importance that 10-15 % of curvature is bound to persist despite best efforts.

MPOS 15-156

Role of Tadalafil to Improve Sperm Parameters and Motility

Anantbir Singh Lubana, Shivam Priyadarshi, Nachiket Vyas, Neeraj Agarwal, Govind Sharma, D Somendra Bansal

S.M.S Medical College and Hospital, Jaipur, Rajasthan

Introduction: Tadalafil is PDE5 inhibitor and specifically used for treatment of erectile dysfunction (ED). No adverse effects on spermatogenesis and on the production of sexual hormones were proven. Sperm motility is a significant parameter for the assessment of the fertilizing capacity of the subject under examination. cAMP plays an important role to upregulate tyrosine phosphorylation, that determines the sperm capacitation and motility. This study was undertaken for evaluating the role of tadalafil to improve sperm parameters and motility.

Materials And Method: Healthy infertile male patients with ED 20 to 40 yrs age received tadalafil 5mg once daily. Semen analysis was performed after single day abstinence before tadalafil 5mg once daily administration and after 2 and 4 months after administration. Values of parameters as per WHO lab manual 6th edition were analysed and subjected to statistical analysis using IBM SPSS 20.0 version at significance of $p < 0.05$.

Results: During the administration of tadalafil no unsuspected safety findings were observed. Patients on tadalafil showed significant improvement in semen volume, sperm concentration, progressive and total motility when compared to spermogram on baseline and 2 and 4 months after administration.

Conclusion: The administration of Tadalafil has directed the production of sperm and seminal fluid to the highest values. It is just like the testicles were pushed toward their highest "functional reserve". Once-daily treatment with tadalafil 5mg has no negative effects on spermatogenesis. It would be interesting to test whether the administration of Tadalafil may improve in a statistically significant way the seminal fluid of patients.

MPOS 15-157

Magnetic Resonance Imaging- An Accurate Diagnostic Tool in Equivocal Cases of Penile Fracture

Syed Aamer, Devendra S Pawar, Vazir S Rathee, Hemant Kamal, Deepak garg, Kumar Marigank, Tarun Mittal
PGIMS, Rohtak

Introduction And Objective-Penile fracture is defined as a disruption of the tunica albuginea with a corporeal tear occurring after a blunt trauma directed to an erect penis. Fracture typically occurs during sexual intercourse, masturbation, bending the erect penis to achieve de-tumescence and rolling over in bed.

History and clinical findings often reveal diagnosis, but diagnostic uncertainty can exist in certain cases. Differential diagnosis of penile fracture includes injury to dorsal penile vessels and extra-albugineal hematoma.

Penile fracture is a surgical emergency. If not treated immediately, devastating complications such as chronic pain, penile curvature, erectile dysfunction may result. In the management of clinically uncertain penile fracture cases, imaging studies can be helpful in diagnosis. Penile ultrasonography can aid in diagnosis but it is operator dependent and has high false negative rates. The present study was done with a aim to evaluate role of magnetic resonance imaging (MRI) in clinically equivocal cases of penile fracture.

Materials And Methods- There were a total of 12 patients who presented with history that was suggestive of penile fracture. Clinical features and ultrasound was diagnostic of penile fracture in 9 patients. In 3 patients there was diagnostic uncertainty, these patients underwent MRI, their findings were recorded compared with surgical findings.

Results- MRI revealed tunical rupture in these 3 patients and in 1 patient there was urethral injury. These MRI findings were confirmed on surgical exploration.

Conclusion- MRI provides a important information in management of patients with clinically equivocal cases of penile fracture.

MPOS 15-158

FSH and Testicular Size cannot Definitively Differentiate Between Obstructive and Non Obstructive Azoospermia

Priyank Kothari,

B.Y.L Nair Ch Hospital, Mumbai

Introduction: Differentiating Non obstructive(NOA) from Obstructive azoospermia(OA) among infertile men in clinically equivocal cases is a dilemma. Craig Neiderberger in the widely quoted articles provided the basis for differentiation based on serum FSH level and testicular size claiming high sensitivity and specificity. We aimed to follow up and analyze patients with equivocal Azoospermia who underwent diagnostic testicular biopsy(nTESE).

Methods: 23 infertile Azoospermic males with equivocal findings on examination (patients who didn't have a turgid obstructed epididymis or a flabby non obstructed epididymis) were included. Patients with normal FSH levels, good testicular size and normal total testosterone underwent testicular biopsy with histopathological analysis.

Results: Large number of patients with normal FSH levels (< 7.6 mIU/ml) and good testicular size(> 4.6 cm) had spermatocytic arrest in our study and therefore FSH and testicular size had low sensitivity and specificity in differentiating OA from NOA.

Conclusion: Azoospermic men with equivocal physical examination and FSH levels < 7.6 mIU/ml and testicular size > 4.6 cm can be OA or NOA , contrary to the study by Craig Neiderberger . FSH Levels , LH levels and testicular size can help in this differentiation , but none of them are definitive and a nTESE with histopathological assessment can be confirmative for planning management .

MPOS 15-159

Artificial Sperm, A Distinct Reality - How Soon?

Kammela Sreedhar, Kammela Sridevi, Faizullah Khan, Gulfarosh Hidayatullah, M Gopichand, T Jagadeeshwar

Sreedhar Kidney & IVF Centres, Gachibowli, Mehdiapatnam, Hyderabad

Aim: Artificial organs are a distinct possibility since the advent of tissue culture and cell amplification techniques. From the time artificial skin is made in tissue labs, hundreds of lives were saved who were suffering with major burns or avulsions. With tissue engineering techniques, it became clear that scaffolding mixed with stem cells and growth factors gives excellent result. Efforts are on to make artificial kidney, liver, heart and urinary bladder in full swing. Scaffolds come from animal organs washed off, of their cells. Azoospermic men with no sperms in the testis biopsy are often heart-broken. Many are averse to IUI.

Methods: For them 'Artificial Sperm' gives a ray of hope. According to Gordon, Nobel Laureate 2012, the human biological clock can be taken back. Human stem cells are abundant in bone marrow of long bones and are 'blank cells' which can be turned into any other tissue/ cells. Stem cells from bone marrow of azoospermic men are taken and grown in tissue culture labs into sperm cells.

Results: In 2014 Dr.Nayernia has injected these artificial sperm cells into testis of azoospermic men for final maturation. After 3 weeks the matured sperm cells are extracted by PESA technique. These mature sperms are used to create an embryo by IVF technique. Surprisingly 30-40% of these embryos could get implanted in prospective mothers.

Conclusion: Artificial sperm is a distinct reality in near future and boon for azoospermic men with no spermatogonia in their testes

MPOS 15-160

A Case of Persistent Müllerian Duct Syndrome: A Rare Case Report

Sandeep Kumar, Mukesh Patel , Kaustubh Patel , Prarthan Joshi
Zydus Hospital

Research objective: persistent Müllerian duct syndrome is a rare form of male pseudo hermaphroditism caused by defect in synthesis or action of Müllerian inhibiting factor due to which Müllerian duct derivatives such as uterus , Fallopian tube and upper part of vagina present along with testis in phenotypic male.

Method: we reported a case of 29 year male came with primary infertility with poorly developed secondary sexual characters, right inguinal hernia and penoscrotal hypospadias with B/L undescended testis. MRI abdomen and pelvis shows absent prostate and seminal vesicles, B/L undescended testis, atrophic uterus, cervical canal and proximal vagina. Surgery was planned and cystoscopy shows absent prostate but verumontanum present, urinary bladder normal. Laparoscopic hysterectomy with B/L gonadectomy and open right inguinal hernia. Patient was discharged uneventfully on POD 03. HPE of gonad report shows presence of ovotestis.

Result : PMDS is very rare form of pseudo hermaphroditism. Only 15 case reported in India as literature said.

Conclusion: PMDS is autosomal recessive inheritance. Screening of sibling and second degree relative is necessary. Ultrasound and MRI are main tool for diagnosis along with clinical symptoms.

MPOS 15-161

Description of Adrenal Vasculature and its Correlation with the Tumour Size and Pathology

Santosh Kumaraswamy, Manoj K Das, Abhishek Pandey, Gorrepati Rohith, Dheeraj Kumar Dheeroo, Swarnendu Mandal, Prasant Nayak

All India Institute of Medical Sciences, Bhubaneswar

(a) **Introduction and Objective:** To avoid significant bleeding during an adrenalectomy, it's crucial to know the adrenal vasculature. Cadaveric studies in normal individuals report a fairly constant vascular anatomy. Adrenal pathology through angiogenesis might alter the blood supply. The objective of the study was to describe the vascular anatomy of the adrenal gland and correlate it with the size of tumour, and the final histopathology.

(b) **Methods:** This observational study included patients undergoing adrenalectomy between January 2019 and July 2022. Recorded surgical videos and operative notes were reviewed. Tumour size and final histopathology were obtained from the case files.

(c) **Results:** Eighteen patients were included. One patient underwent bilateral adrenalectomy. Ten were right and 9 were left adrenalectomies. Adrenal adenoma (6/19), Pheochromocytoma (4/19) and Adrenocortical carcinoma (4/19) were the commonest pathology, Others being Ganglioneuroma (1/19), Myelolipoma (2/19), adrenal cyst (1/19) and High-grade non-Hodgkin's lymphoma (1/19). A distinct adrenal artery was visualized only in 2 cases, both on the right side and with pheochromocytoma. A single adrenal vein was the most common finding (12/19). No vein was identified in 2 patients. Three patients had 2 veins and 2 patients has 3 veins. Multiple veins were seen in Pheochromocytoma (1/19) Adrenocortical carcinoma (2/19) and myelolipoma (1/19). Size >3.5 cm was associated with multiple veins.

(d) **Conclusion:** Adrenal artery is seldom visualized due to small size. Pheochromocytoma, adrenocortical carcinoma and tumor size > 3.5 cm are risk factors for multiple veins

MPOS 15-162

IGG4 Disease of The Genitourinary Tract - A New but Rare Diagnosis with Common Presentation

Arvind Ramachandran, Sriram Krishnamoorthy, Hari Hara Sudhan, Vivek Meyyappan

Sri Ramachandra Medical College and Hospital, Chennai

IgG4-related disease (IgG4-RD) is an immune-mediated systemic fibro inflammatory condition in that it involves the occurrence of disease in organs as the result of a dysregulated immune system. It is an autoimmune condition, much like rheumatoid arthritis and systemic lupus erythematosus, affecting various organs of the body. IgG4-RD involving the genitourinary tract is one of the least studied entity. With an increased awareness of this condition, more and more of genital and urinary tract involvement is diagnosed these days.

We present a rare case of 54 year old male with isolated IgG4-RD of epididymis. The patient presented with a progressive swelling of the left testicle. A clinical diagnosis of tuberculosis was made. Ultrasound revealed relatively hetero-echoic lesion involving left epididymis in close proximity to left testicle. Focal spindle cell proliferation and abundant plasma cells and keloid like collagen were observed. Immunohistochemistry was positive for vimentin and IgG4 and negative for CD34. Serum level of IgG4 was elevated. Computed Tomography of abdomen and thorax did not show any systemic involvement. Intra operatively, the mass was found to be densely adherent to left testicle and inseparable from it, necessitating left total orchidectomy. Histopathology and immunohistochemistry with elevated serum IgG4 levels confirmed the diagnosis of IgG4-RD of the epididymis.

The purpose of this case report is to highlight the rarity of this condition and the need for a high index of clinical suspicion to make an earlier diagnosis and initiate appropriate treatment.

MPOS 15-163

BMI and Prostate Volumes as Factors to Determine Tolerance of Transperineal Biopsy Under Local Anesthesia.

Mohamed Mustafa, Lokesh Suraparaju, Natarajan Sezhian

James Paget University Hospital

Introduction: Trans-perineal (TP) prostate biopsy under local anesthesia is considered to be safer and more accurate for prostate biopsy in clinic setting. However, patient selection and outcome remains an area for research to assess and predict variable that might influence tolerance and success of the procedure.

Materials and Methods: A sample of 30 patients who underwent TP biopsy between January 2020 to January 2021 were included in this study. we proposed a positive relationship between the patient's BMI and prostate volume in relation to the visual analog pain scale.

Results: The mean BMI was 28.30, and mean pain score of 2.63, a regression analysis showed a correlation coefficient of $r=0.14$, indicating a weakly positive relationship and poor tolerance in patients with high BMI. Patients with large gland volumes >80 cc had pain score of 0. Patients with moderate prostate volumes of 40 to less than 80 cc (mean 60) had a mean pain score of 3. Those with smaller glands <40 cc had a mean pain score of 3. Regression analysis shows a correlation coefficient of $r= -0.01$, this implies a weak negative relationship between the prostate volumes and pain score, interestingly the larger the gland the less pain score or discomfort under local anaesthesia.

Conclusion: BMI and prostate volume has shown that TP prostate biopsy under local anaesthesia can be successfully tolerated by patients with high BMI, and patients with large volume glands. And interestingly the larger the gland the less pain score or discomfort under local anaesthesia.

MPOS 15-164

Paravertebral Block in Percutaneous Nephrolithotomy

Tikar C R, S Parab, T Jain, M Andankar, H RPathak

Topiwala National Medical College and B.Y.L. Nair Charitable Hospital, Mumbai.

Introduction: Percutaneous Nephrolithotomy can be safely performed under General Anaesthesia and Neuraxial Anaesthesia. However paravertebral block is used to provide effective postoperative analgesia after urological procedures.

Thoracic paravertebral block is the technique of injecting local anesthetic alongside the thoracic vertebra close to where spinal nerve emerge from intervertebral foramen. This produces unilateral, segmental, somatic and sympathetic nerve block which is effective for postoperative pain control. We analyzed our experience with TPVB in PCNL surgery and compared it with control group operated under General Anaesthesia without TPVB.

Methods: In this study we have compared two groups of PCNL surgery comprising 25 patient each, one with TPVB and one without TPVB. The clinical data of the two group were analyzed.

Results: Pain in early postoperative period analyzed with VAS score found to be very less in TPVB group when compared with control group. No significant difference in pain is noted in both groups after 24 hours of surgery. Requirement of analgesics is significantly low in the group with TPVB. No significant difference is noted in average hospital stay, Intraoperative bleeding in both the group.

Conclusion: TPVB is effective modality in controlling early postoperative pain after PCNL surgery. However there is no effect in late postoperative pain control and average hospital stay after PCNL surgery with TPVB.

MPOS 15-165

Angioembolization as A Treatment Modality in Renal Angiomyolipoma : A Case Series

Upadhyay A, Mittal A, Panwar V K, Mandal A K, Agarwal O

AIIMS Rishikesh

Introduction: It is a benign neoplasm, it consists of thick-walled poorly organized blood vessels, smooth muscle, and mature adipose tissue. Most common renal mass associated with spontaneous perirenal hemorrhage. Selective embolization considered as first-line therapy in patients with acute or potentially life-threatening hemorrhage. Here we present 4 cases of angioliipoma successfully managed by angioembolization

Method: 3 cases were female with age group between 35 to 55 years. All of the 4 cases presented with c/o flank pain without hematuria. Contrast enhanced urography was performed in all four of them which was suggestive of renal angiomyolipoma. Maximum dimension of the AML was 13 cms and minimum dimension was 3 cms. All four of them had perirenal hematoma on cross sectional imaging. After adequately optimizing them all were angioembolized using using PVA embolization particles and glue.

Results : Hospital was uneventful. 2 out of 4 patients developed post embolization fever. All patients are asymptomatic in follow up. There was significant decrease in the size (30-50%) of renal AML in 1 year follow up post intervention

Conclusion : Treatment options for renal angiomyolipoma ranges from nephrectomy to minimally invasive angioembolization techniques. Effective and safe method for treatment of renal AML is renal angioembolization. Main advantage being renal preservation and recurrence free interval.

MPOS 15-166

Genitourinary Tuberculosis: Diagnosis and Management- Our Institutional Experience

Shivananda BN, Sivasankar G, Sivabalan, Bhargavi, Muthurathinam

Govt Kilpauk Medical College, Chennai

Introduction: Genito-urinary Tuberculosis (GUTB) constitutes 15-20% of the patients with pulmonary tuberculosis. 90% of GUTB occurs in developing countries. GUTB still leads to be a major clinical problem due to non specific clinical presentation and variable radiological appearance

Material and Methods: Our Study population comprised of 75 patients who were diagnosed with GUTB admitted in our institution from DEC 2020 to APRIL 2022. Patients were diagnosed with clinical symptoms, urine tests for AFB and culture sensitivity, CBNAAT and radiological investigations. Management of the patients done medically with Antitubercular drugs and surgically with both ablative and reconstructive procedures.

Results: Most of the GUTB patients mainly presents with irritative symptoms. IVP is the gold standard for early changes in GUTB. CT has largely replaced intravenous urogram at present. GUTB is successfully treated with standard short course regimen of six months. 1st line antitubercular drugs are given. Here (30/75) of the patients are managed with medical management alone. Surgical treatment are performed to relieve urinary obstruction and drain infected material. Optimal timing of surgery is 4-6 weeks after initiating medical therapy. Procedures like DJ stenting, Nephrectomy, augmentation cystoplasty, pyeloplasty, ureteric reimplantation done in our study population

Conclusion: GUTB remains the main health problem in developing countries. Diagnosis is delayed due to nonspecific symptoms and variable radiological appearance. Immediate stenting and medical management is the mainstay of GUTB treatment and prevention of ablative procedure. Long term follow up is required after reconstructive surgeries

Moderated Poster Session 16

MPOS 16-167

Urachal Mucinous Adenocarcinoma Clinicopathological Features Treatment & Outcome of an Aggressive Malignancy : A Tertiary Care Center Experience

Pal H, Kumar S, Nayak P, Gangawar N, Kumar L, Trivedi S

IMS SSH BHU Varanasi

Introduction: Urachal mucinous adenocarcinoma is a rare type of bladder cancer. The objective was to assess the clinical presentation, histopathological findings, treatment and outcome of patients of urachal mucinous adenocarcinoma carcinoma at a tertiary care center

Methods: A retrospective analysis of 18 cases of urachal carcinoma diagnosed over a period of 6 years from 2015 to 2021 was carried out. All pathologic specimens were reviewed. Clinicopathological features along with treatment were reviewed and patient follow-up and survival outcome was obtained.

Results: Out of 18 patients the tumor was located in dome in 15 patients and dome and anterior wall in 3 patients. Hematuria was the predominant finding. Thirteen patients underwent RC, 2 patients underwent partial cystectomy with b/l PLND. In 3 patients disease was unresectable. Fifteen patients had urachal mucinous adenocarcinoma and 3 had adenocarcinoma NOS. Adjuvant chemotherapy was given to 6 patients. One patient of partial cystectomy and one RC with margin positive developed local recurrence & 4 patients developed metastasis at 9 month follow up & ultimately 5 died of the disease. The Sheldon pathologic stage was stage II in 2, IIIA in 5, IVA in 8 & IVB in 3 cases. The mean follow-up period was 12 months. Ten out of 18 patients were disease free at last follow-up.

Conclusions: Urachal cancer is an aggressive neoplasm. Large prospective studies comparing different systemic therapies are not available. Surgery remains the mainstay of treatment for non metastatic disease. Treatment of metastatic disease relies on systemic chemotherapy and outcomes have been poor.

MPOS 16-168

Outcomes of Selective Angioembolization and Nephrectomy for Renal Angiomyolipoma at A Tertiary Care Centre.

Thakare Vaibhav, Kuppurajan N, Channabasavaraj Hosangadi
Kovai medical centre and hospital, coimbatore, Tamil Nadu.

Introduction: Angiomyolipoma (AML) is relatively rare benign tumor with female dominance, composed of blood vessels, smooth vessels, and adipose tissue. AML often asymptomatic when size < 4cm, bleeding occurs if size > 4 cm . Established treatment option is selective angioembolization .

Objective:Comparing perioperative outcome, renal functional outcomes following angioembolization and identify any role of surgical treatment in the bleeding AML.

Methods:From September 2009 to October 2022, the database of a single medical center was reviewed and patients who admitted with AMLs were enrolled. Patient managed with angioembolization with N-butyl-cyanoacrylate glue, nester coils, and Nephrectomy. Then patients demographics, perioperative complications, and postoperative outcomes (Glomerular filtration rate,creatinine, Hemoglobin,) were analyzed.

Result :We identified 10 patients who admitted with AML. The average age was 38 yrs ($\bar{X}, \hat{\sigma} \pm 10$) years, and 6 (60%) patients were female. Among our study presentation was Pain (80%), Haematuria (30%), Shock (40 %), Raised creatinine (60%) .The median size of the AML was 7 cm . Out of 10, bilateral AML (2) , right side AML (6), left side AML (2). Among angioembolisation 1 patient had elective embolisation while other 9 cases required emergency embolization. 1 patient had subsequent episode of bleeding which required open nephrectomy . 6 (60%) patient had normal renal function while 4 (40%) patient had raised creatinine in postoperative period.

Conclusion: In our centre also Angioembolization is safe and effective in treatment of bleeding AML. We noticed a rare AML infiltrative type required surgical removal.

MPOS 16-169

Upfront Enzalutamide in Metastatic Hormone Sensitive Prostate Carcinoma Patients: Efficacy and Safety

Keyur Patel, R. B. Nerli

Kles Dr Prabhakar Kore Hospital and Medical Research Centre, Belagavi

Introduction: Recently published ENZAMET and ARCHES trials have demonstrated advantages of adding Enzalutamide, a potent androgen-receptor inhibitor, to Androgen Deprivation Therapy (ADT) in metastatic hormone sensitive prostate carcinoma (mHSPC) patients, in improving overall survival and radiographic progression free survival, respectively. We hereby present our experience of adding upfront enzalutamide with ADT in mHSPC patients in Indian population.

Methods: This is a single centre, retrospective plus prospective observational study wherein 29 men with mHSPC were assigned to either Enzalutamide (160 mg/day) or a standard nonsteroidal antiandrogen therapy, plus androgen deprivation therapy (ADT). The primary end point was the 7-month prostate-specific antigen (PSA) response (SMPR) rate, a previously accepted surrogate for overall survival (OS) outcome. Secondary end points included early PSA response rate, pain progression and adverse reactions.

Results: A total of 29 men, most in 65-75 years age group, diagnosed to have mHSPC underwent a median follow up of 15 months. 13 (i.e. 44.83%) men received enzalutamide plus ADT whereas 16 (i.e. 55.17%) men received bicalutamide plus ADT. Enzalutamide group showed significantly better PSA response rate and pain progression ($p < 0.05$; CI 95%). More men achieved an undetectable prostate-specific antigen level with enzalutamide plus ADT ($P < 0.001$). Fatigue was noted more in patients taking enzalutamide.

Conclusion: This study suggests that enzalutamide is associated with significantly improved outcomes compared with bicalutamide, in terms of the PSA response rate and pain progression, in Indian patients with mHSPC, with no significant increase in grade 3 or greater adverse events.

MPOS 16-170

Extra Nodal Rosai-Dorfman Disease: A Rare Mimicker of Metastatic Renal Cell Carcinoma

Priyank Bharqava, Rahul Jena, Gautam Ram Choudhary, Poonam Elhence, Nikita Srivastava, AS Sandhu, SC Navriya

AllMS, Jodhpur

Introduction: Rosai-Dorfman disease is a rare, benign histiocytic proliferation disorder involving lymph nodes with renal involvement reported very rarely and even patients with imaging findings suggestive of metastatic RCC, may turn out to have a completely different disease altogether.

Materials and Methods: A 29 years old female presented with a 2 month history of pain in abdomen and a palpable hard smooth lump in right hypochondrium, lumbar and umbilical region. On evaluation with contrast enhanced computed tomography (CECT) and then positron emission tomography computed tomography (PET-CT), she was found to have a heterogeneously enhancing mass entirely replacing mid

and lower pole of right kidney, pelvis and upper ureter with loss of fat planes with the inferior vena cava (IVC), psoas muscle and hepatic flexure, with pericardial deposits and soft tissue lesions in multiple paravertebral regions and right thigh. Owing to high suspicion of metastatic renal cell carcinoma (RCC), a right cytoreductive nephrectomy was performed.

Results: Histopathology revealed extra-nodal Rosai-Dorfman disease, which was mimicking metastatic RCC on imaging. The patient was started on oral steroids, to control distant lesions and prevent disease progression and on follow up, the patient is doing well.

Conclusion: In patients with large renal masses with atypical pattern metastases, alternate diagnoses should be suspected and a renal mass biopsy should be performed because findings of a benign pathology will alter the course of management. However, in certain situations, a renal mass biopsy may be avoided and a nephrectomy can be done.

MPOS 16-171

An Evaluation of Monopolar and Bipolar Electrocautery in Transurethral Resection of Urinary Bladder Tumors

Imbisat MZ, Ahmad A, Kumar B, Kumar S, Tiwari RK

Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

Introduction and Objective: Transurethral resection of bladder tumor (TURBT) has role in the diagnostic evaluation and treatment of bladder cancer. Use of monopolar electrocautery is the traditional way, however bipolar electrocautery has gained attention these days. This study was done to study the occurrence of cautery artifact and to compare various intraoperative and postoperative parameters in monopolar and bipolar electrocautery for transurethral resection of urinary bladder tumors.

Methods: This prospective study included adult patients more than or equal to 18 years of age having primary bladder tumor of size ≤ 4 cm. Patients were randomly assigned to monopolar and bipolar groups. Occurrence of cautery artifact, duration of surgery, incidence of urinary bladder perforation, fall in haemoglobin, need of blood transfusion, transurethral resection syndrome and postoperative hospital stay were compared in these two groups.

Results: In our study cautery artifact and duration of surgery was significantly lower in bipolar group. However, incidence of urinary bladder perforation, fall in haemoglobin, need of blood transfusion, transurethral resection syndrome and postoperative hospital stay were comparable in these two groups.

Conclusions: Bipolar TURBT is better for histopathological analysis and resection time.

MPOS 16-172

The Paris System for reporting urinary cytology improves the negative predictive value of high-grade urothelial carcinoma

Sulabh, Shankar R, Pal H, Kumar S, Kumar L, Trivedi S

IMS BHU, Varanasi

Introduction:The Paris System (TPS) for reporting urinary cytology differs from conventional systems in that it focuses on the diagnosis of high-grade urothelial carcinoma (HGUC). This study investigated the impact of TPS implementation on the diagnostic accuracy of HGUC.

Materials and Methods: A total of 80 patients who underwent transurethral resection of bladder tumor (TURBT) between January 2021 and April 2022 were included in this study. The diagnostic accuracy of HGUC in preoperative urinary cytology was compared with the presence or absence of HGUC in resected specimens of TURBT.

Results:Out of 80 patients who underwent TURBT 42 patients (52.5%) were found to have high grade urothelial carcinoma on HPE whose urinary cytology was diagnosed by TPS. TPS for detecting HGUC had 71.42% sensitivity(30 out of 42), 97.36% specificity (37 out of 38) and 96.77% positive predictive value(30 out of 31) . On the other hand, the negative predictive value for HGUC using TPS was 75.51% (37 out of 39).

Conclusion: In instances where urinary cytology is reported as negative for HGUC by TPS, there is a low probability of HGUC, indicating that TPS has a potential diagnostic benefit

MPOS 16-173

The Impact of Intravesical Prostatic Gland Protrusion on Outcome of Transrectal Ultrasound Guided Prostate Biopsy

Chandan M N, Manohar C S, Keshavamurthy R

Institute of Nephro Urology

Background: Intravesical prostatic protrusion(IPP) is a morphological change due to overgrowth of prostate gland with positive correlation with prostate specific antigen(PSA) in detection of prostate cancer(PCa). Transrectal ultrasound(TRUS) guided prostate biopsy is a rapid, convenient, cost-effective technique performed in high-volume centers for detection of PCa.

Objective:To determine the association between IPP and the detection rate of PCa on TRUS-guided biopsy.

Methods: Prospective, single-centre study of 101 consecutive men who underwent TRUS-guided prostate biopsy from May2021-April 2022 for clinically suspicious prostate cancer after adopting inclusion & exclusion criteria. We analysed the association between IPP and PCa detection on TRUS guided biopsy after controlling age, prostate specific antigen, urine culture & number of cores sampled.

Results:Out of 101 patients who underwent TRUS guided prostate biopsy, 34(33.67%), 40(39.6%) and 27(26.73%) men had grade 1, grade 2 and grade 3 IPP, respectively. A total of 34(33.66%) had PCa on TRUS guided biopsy. There was significant statistical difference in overall relationship between all 3 IPP grades and PCa found on TRUS guided prostate biopsy($\chi^2=6.0124, p<0.05$); however, there was no statistical difference between grade 1 IPP and grade 2 IPP in relation to detection of PCa($p>0.05$). Grade 3 IPP is associated with a significantly lower rate of PCa detection than grade 1 IPP(11.76% vs 38.24% respectively, $p<0.05$). Therefore, IPP less than 10 mm has better detection rate of PCa(88.23% vs 11.77%) with significant statistical difference($\chi^2=5.862, p=0.0154$) compared to IPP more than 10 mm.

Conclusion:The detection rate of PCa decreases as the size & grade of the IPP increase on TRUS-guided biopsy.

MPOS 16-174

Comparison of diagnostic ability of mpMRI and 68Ga-PSMA-11 PET/CT imaging for local staging prior to radical prostatectomy in patients with carcinoma prostate - A prospective single center study

Sanjay Kumar, R Kumar, A Seth, CJ Das, R Gupta, P Singh, A Sharma

All India Institute of Medical Sciences, New Delhi

Introduction and Objective: To compare the diagnostic ability of mpMRI and 68Ga-PSMA-11 PET/CT imaging for local staging including extracapsular extension (ECE), seminal vesicle invasion (SVI) and lymph node (LN) staging prior to radical prostatectomy (RP) in patients with carcinoma prostate (CaP).

Methods: Fifty-six patients with biopsy-proven CaP who were potential candidates for radical prostatectomy (RP) were prospectively enrolled in the study. All the patients underwent 68Ga-PSMA PET/CT and mpMRI prior to RP. mpMRI and 68Ga-PSMA PET/CT images were independently analyzed by experienced radiologist and nuclear medicine physician who were blinded for the clinical findings. The diagnostic performance of mpMRI, 68Ga-PSMA PET/CT and their combination (com-MRI/PET) on ECE, SVI and LN involvement were analysed.

Results: The sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) for ECE were 72.73%, 82.22%, 50%, 92.5% on PET/CT, 54.55%, 80%, 40%, 87.8% on mpMRI and 81.82%, 71.11%, 40.91%, 94.12% on com-MRI/PET. com-MRI/PET had a higher sensitivity than PET/CT as well as mpMRI for ECE diagnosis (81.82% vs. 72.73% and 81.82% vs. 54.55%). Also, the sensitivity of PET/CT was higher than mpMRI (72.73% vs 54.55%). The Sensitivity, specificity, PPV and NPV for SVI were 60%, 91.3%, 60%, 91.3% on PET/CT, 50%, 91.3%, 55.56%, 89.36% on mpMRI and 70%, 82.61%, 46.67%, 92.68% on com-MRI/PET. LN involvement was present in 1 patient which was not detected by both PSMA PET/CT as well as mpMRI.

Conclusion:In the present study, 68Ga-PSMA-11 PET/CT imaging has shown superiority over mpMRI for local staging including ECE and SVI.

MPOS 16-175

Outcomes of Penile Cancer Stratified by Nodal Staging - Importance of Pelvic Nodal Involvement

Amandeep Arora, Gagan Prakash, Mahendra Pal, Uday Chandankhede, Manoj Tummala, Ganesh Bakshi

Tata Memorial Hospital, Mumbai

Introduction: Nodal metastasis is the most important prognostic factor in penile cancer (PeCa). Our aim here was to determine the oncological outcomes in patients with PeCa stratified according to their nodal stage, focussing on the subset of pN3 patients.

Methods: We conducted a retrospective review of 509 patients with PeCa who were treated at our tertiary care centre from 2012-2019. Multivariable logistic regression analysis (MVA) was performed to identify predictors of nodal/distant recurrences.

Results: At initial presentation, 368 (72.3%) patients were cN0. 7.6%. Of these 257 (69.9%) underwent staging evaluation for the groins. Of these, 198 (53.8%) remained as pN0, while upstaging to pN1, pN2 and pN3 status occurred in 18 (4.9%), 7 (1.9%) and 34 (9.2%) patients respectively. Out of the 34 patients upstaged to pN3, 24 had ENE of inguinal LNs and 10 had positive pelvic LNs. At 24 months, pN3 status due to pelvic nodal metastasis had a significantly lower DFS (32.6% vs 66.6%) and CSS (38.7% vs 72.8%) compared to pN3 status due to ENE of inguinal LNs alone. On MVA, pN3 nodal status (overall) was found to be an independent predictor of nodal/distant recurrence (Odds ratio: 3.23). However, this odds ratio increases to 8.79 (95% confidence interval: 3.76 - 20.55) when the pN3 status is due to involvement of pelvic LNs.

Conclusion: pN3 due to pelvic nodal disease has a much poor prognosis compared to pN3 due to inguinal LN ENE. Our results suggest that the two categories of pN3 status should be staged differently.

MPOS 16-176

Assessment of Clinical Outcomes in Radical Cystectomy Patients using Enhanced Recovery after Surgery (Eras) Protocol - A Single Centre Experience

Pal Atanu Kumar, Ghosh Nirmalya, Sreenivasan Sreerag Kodakkattil, Dorairajan Lalgudi Narayanan, Kalra Sidhartha, Kushwaha Swapnil Singh

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry

Introduction and objective: Our objectives are to assess the clinical outcomes among the patients undergoing radical cystectomy using the enhanced recovery after surgery (ERAS) protocol and identify the clinical factors associated with the outcomes.

Methods: A total of 30 patients were included in this prospective study. Standard ERAS principles were applied. Clinico-demographic profile, surgical approach, operating time, blood loss, Clavien-Dindo complication, histopathology, infection rate, postoperative ileus, length of hospital stay, and readmission rate were assessed.

Results: The mean age and body mass index were 60.77 ± 7.7 years and 22.8 ± 4.1 kg/m². Twenty-six were males (M: F 26:4). Fourteen, two, and fourteen patients underwent open, laparoscopic, and robot-assisted laparoscopic cystectomy, respectively. Ileal conduit and neobladder were done in 26 and four patients, respectively. Mean operating time and blood loss were 382 ± 52 minutes and 376 ± 111 ml, respectively. Overall and major Clavien-Dindo complication rates were 47% and 16%, respectively. All patients adhered to more than 90% principles of the ERAS protocol. On average, the diet was resumed on the third postoperative day. The average postoperative stay was 9.5 days. Infection rate (urinary tract infection and surgical site infection) and readmission rates were 33.3 and 23.3%, respectively. Patients with albumin ≤ 4 gm/dl had a significantly prolonged hospital stay. There was no difference in the perioperative outcome between minimally invasive and open cystectomy groups with ERAS protocol other than less blood loss and more operating time.

Conclusions: The implementation of ERAS protocol can have a strong impact on perioperative outcomes irrespective of the surgical approach.

MPOS 16-177

Primary Synovial Sarcoma of Kidney- A Diagnostic and Interventional Enigma

Lingesh Sairam C, Sathish Kumar G, Manoj Kumar G
Government Medical College Thiruvananthapuram, Kerala, India.

Introduction and Objective: Primary synovial sarcoma of the kidney is considered the rarest of all renal sarcomas. Described In 1999 by Faria, with only about 50 cases reported in the literature. The tumor grows slowly and mimics a benign lesion, leading to possible misdiagnosis and improper treatment

Methods: This is a case report of 40yr old hypertensive male patient presenting with rt flank pain following a fall from staircase and imaging suggestive of perinephric hematoma.

Result: Based on findings open drainage of hematoma was done, HPE was sent to rule out underlying malignancy which turned out to be synovial sarcoma hence definitive management of radical nephrectomy and wide local excision with post-op Radiotherapy was done. Post RT follow-up revealed recurrence in resected tumor bed which was managed with right hemicolectomy and wide local excision followed by post-op chemotherapy.

Conclusion: Primary Synovial Sarcoma of the kidney is an aggressive rare disease, mistaken for other types of renal cell carcinomas. Diagnosis is difficult, based on morphological and molecular studies demonstrating spindle cells and the SYT-SSX translocation. Surgery is the mainstay of treatment, Prognosis can be enhanced by use of anthracycline-based chemotherapy which has shown to induce complete remission. Since the disease may have rapid course with unfavorable outcomes, clinicians need to be aware of the existence of this rare entity, so that timely and appropriate therapy can be initiated.

MPOS 16-178

Identification and Validation of Hub genes associated with clear cell renal cell carcinoma(ccRCC)

Anshu Kumar, Dilip Kumar Pal, Madhusudhan Das

Institute of Post Graduate Medical Education and Research, Kolkata

Background: Clear cell renal cell carcinoma (ccRCC) is one of the most lethal urological malignancies, but the pathogenesis and prognosis of ccRCC remain obscure. This study is aimed at obtaining some novel biomarkers for potential therapeutic targets for ccRCC.

Methods: Differentially expressed genes were identified and function enrichment analyses were performed using three publicly available ccRCC gene expression. Gene Ontology (GO) analysis and Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment analysis were conducted by using the DAVID tool and a protein-protein interaction (PPI) network was constructed and visualized by Cytoscape. Then we identified 10 hub genes using cytohubba plugin of Cytoscape on the basis of degree score. The mRNA and protein expression of hub genes was analysed by GEPIA and Human Protein Atlas (HPA) database. Then, prognosis analysis of hub genes was conducted using GEPIA 3.0 which consist data from The Cancer Genome Atlas (TCGA).

Results: We identified 293 differentially expressed genes shared across the three datasets. which significantly enriched in multiple immune-regulatory related biological process and tumor-associated pathways, such as HIF-1, PI3K-AKT and metabolic pathways. Survival analysis and validation of the hub genes at the mRNA and protein expression levels suggested that these genes, particularly

C1QA,C1QB,FCER1G and TYROBP associated with advanced clinical stage, high pathological grade, and poor survival in patients with ccRCC.

Conclusion: Our study illustrated the hub genes and pathways involved in the progress of ccRCC, and further molecular biological experiments are needed to confirm the function of the candidate biomarkers in human ccRCC.

Moderated Poster Session 17

MPOS 17-179

Efficacy of ESWL in Cases of Proximal Ureteric Calculus Compared to other Procedures A Prospective Study

Amar C Holambe, Griffin, Sivasankar, Kamaraj, Muthulatha, Dev, Farooq
Saveetha Medical College and Hospital, Chennai

Introduction- The aim of this study is to review clinical aspects of upper ureteral stones and to analyse the outcomes of therapeutic modalities currently available for treating upper third ureteral calculi

Materials & Method: Over a period of one year, 200 patients of upper ureteric stone treated with ESWL, URS, PCNL or open ureterolithotomy at our hospital were studied prospectively.

Patients of solitary upper ureteric stone with even upto 1300 HU, normal urinary tract anatomy and without any previous procedure for renal or ureteric stone were selected in this study.

Results: For ESWL overall success rate was 73% and 27% required auxiliary measures for the further management of stone. For the stones ≤ 1 cm success rate with ESWL is 86%. For the stones > 1 cm success rate is 63%. In URS, overall success rate was 89% and 11% required auxiliary measure. In PCNL, overall success rate was almost 93%. In Open surgery, success rate was 100%.

Conclusion: ESWL is preferred method of treatment for non impacted, ≤ 1 cm upper ureteric stone as being an OPD procedure and with less complications, it is quite cost effective. For the stones which are >1 cm, impacted and for which auxiliary measures may be required, procedures other than ESWL can be preferred.

MPOS 17-180

A Cross-Sectional Study on Epidemiology, Clinical Profile and Outcome of Acute Pyelonephritis Among Adults in A Tertiary Care Hospital

Prabhu E, Srikala Prasad T, Sudhakaran S, Senthil Kumar S, Ramesh G, Anandha Kumar I, Mohamed Javid R

Chengalpattu Medical College, Chengalpattu

Introduction & Objective: Though acute pyelonephritis is a common clinical condition; the phenotype and treatment methods and outcomes have been found to vary from region to region. Hence, our study was done to determine the epidemiology, risk factors, phenotype, and treatment outcome of adult patients with pyelonephritis in our hospital

Methods: The study was done for a period of 18 months in Chengalpattu medical college, 107 patients who satisfied the inclusion and exclusion criteria were studied. The following data was collected:

Presenting complaints and clinical examination findings
Associated co-morbidities like Diabetes Mellitus, urolithiasis
Blood investigations.
Urine albumin, sugar, deposits, acetone (if needed) & c/s.
Radiological imaging - USG abdomen & KUB, CT scan abdomen
Intervention (if done)
Outcome

Results: Among the patients studied, most of the patients were above the age of 45 and the most common underlying comorbidity was found to be diabetes mellitus. The most common clinical feature was found to be flank pain followed by fever with chills and rigors. The most common organism isolated from urine culture was E.Coli (60%). 25 patients were found to have Emphysematous pyelonephritis. Conservative management with higher antibiotics was done for 45 patients, Stenting and drainage of the Pelvicalyceal system were done for 50 patients and PCN (Percutaneous Nephrostomy) drainage was done for 12 patients. Almost all patients recovered except for 3 patients who expired.

Conclusions: Early diagnosis, timely intervention, and an integrated team approach for the successful outcome of the patient are recommended.

MPOS 17-181

Emphysematous Pyelonephritis - Its Clinical Profile & Outcomes: Our Institutional Experience

Praveen, Sivasankar G, Sivabalan J, Raju S, Bhargavi R, Muthurathinam K, Nagareddy.

Government Kilpauk Medical College, Chennai, TamilNadu.

Introduction & Objectives: Emphysematous pyelonephritis (EPN) is a necrotizing infection which results in gas within the renal parenchyma, collecting system, or perinephric tissue. Objectives of this study is to analyze the characteristics of patients with EPN with respect to patient demographics, clinical presentation, diagnostic investigations, microbiological findings, treatment modalities and outcomes.

Methods: The study involved 50 consecutive cases of EPN admitted in Department of Urology, at our Medical college during the period- Sep 2018 to Sep 2020. The diagnosis of EPN was based on clinical features and documentation of gas within the renal parenchyma, collecting system, or perinephric tissue on computed tomography (CT) abdomen. We retrospectively reviewed the clinical, laboratory, radiological, and microbiological findings, treatment modality, and outcome of these patients.

Results: Mean age was 55yrs. 38(76%) were Females. 43(86%) were Diabetics, 6 patients had ipsilateral obstructive Ureteric calculus, 1 was having End stage renal disease. The majority of patients 32(64%) had extensive EPN (class 3 & 4). Most common Isolated Organism: Escherichia coli 29(58%). 48 (96%) patients were managed with conservative treatment. PCD/PCN was done in 22(44%), DJS in 10(20%) and both PCD/PCN and DJS in 6(12%) cases. 12 (24%) cases were managed medically. Two required nephrectomy and one expired on conservative treatment.

Conclusion: The treatment of EPN has evolved over the years from invasive surgery to more conservative approaches in the form of DJ stenting, percutaneous drainage. We recommend early aggressive medical treatment and suggest that nephrectomy be considered only if patients deteriorate or do not improve on conservative treatment.

MPOS 17-182

Establishing Treatment Options for Lower Calyceal Stones of Size 1-2 Cm: Percutaneous Nephrolithotomy or Retrograde Intrarenal Surgery? A Single Center Experience.

Tharaka Mourya N, Sivasankar G, SivaBalan J, Bhargavi R, Muthurathinam K

Government Kilpauk Medical College, Chennai

Introduction and objectives: The optimal management of lower pole (LP) calculi continues to be a dilemma that has recently received heightened attention. A variety of factors, including patient body habitus, local renal anatomy, cost and patient preference, must be taken into account when determining the treatment modality for LP renal calculi

The aim of our study is to compare RIRS and PCNL in terms of efficacy, evaluated by SFR, and safety for the treatment of lower pole renal stones <2 cm.

Methods: Patients with a single lower calyceal stone with evidence of a CT diameter between 1 and 2 cm were enrolled in this single-center, randomized, unblinded, clinical study. Patients were randomized into group A: PCNL (34 pts); group B: RIRS (37 pts). KUB radiography was taken on day 14 to evaluate stone clearance.

Results: The mean stone size was 14.4 mm in group A, and 13.8 mm in group B. Group A compared to group B showed longer operative time [82.3 vs. 55.8 min], and hospital stay [4.7 vs. 2.4]. The overall stone-free rate (SFR) was 89.4% for group A, 81.8% for group B. The complication rate was 7.9 and 14.3% for groups A and B.

Conclusions: RIRS and PCNL are effective options to obtain a better SFR and less auxiliary and re-treatment rate in a single lower calyceal stone with a CT diameter between 1 and 2 cm. PCNL offers better SFR than RIRS. RIRS compared to PCNL offers the best outcome in terms of procedure length, radiation exposure, and hospital stay.

MPOS 17-183

A Case Series of Horseshoe Kidney with various Manifestations and their Management -Our Institute Experience

Mahadev.V, Govindarajan.R, Saravanan.K, Chengalvarayan, Subramaniyan, Saraswathi,

Madras Medical College, Chennai

Introduction: Horseshoe Kidney Is A Common Congenital Anomaly Occuring In 1 In 400 Population.Majority Of Them May Be Asymptomatic Or May Present With Different Manifestations Such As Pujos, Renal Stones, Infection, Tumors, Trauma.

Methods: In This Case Series I Will Be Presenting A Total Of 7 Cases From Our Institute With Various Manifestations Including Hsk With Unilateral Stone,Hsk With Bilateral Stone,Hsk With Pujo,Hsk With Pyelonephritis,Hsk With Staghorn Calculi,Hsk With Trauma And Hsk With Tumor.All Preop Images Are Provided And Their Management Were Dealt With.

Results: I Will Be Highlighting On The Management Of Various Calculi In Hsk In Our Cases ,Also Trauma In A Hsk Which Was Managed Consevatively And Tumor In A Hsk For Which Radical Nephrectomy Was Performed Were Discussed.One Stone Case Was Managed By Rirs And 2 Other Cases Were Managed By Pcnl.One Case Of Pyelonephritis Was Treated Conservatively.I Will Also Highlight The Challenges We Encountered In Managing Those Patients.

Conclusion: This Case Series Covers Almost All Manifestations Of Horseshoe Kidney And Their Management.

MPOS 17-184

Is There Any Role of Medical Line of Treatment as the Only Modality in Management of Emphysematous Pyelonephritis?

Halarnakar R. G., Prabhudesai M. R., Chari P. D., Lawande P. R., Mateen M. A., Kamaladinni A. M., Talwadker N. B.

Goa Medical College, Bambolim-Goa

Introduction:Emphysematous pyelonephritis (EPN) is an acute necrotising parenchymal and perirenal infection caused by gas forming organisms.

We present a series of cases of emphysematous pyelonephritis which were managed only by medical line of treatment.

Methods:158 consecutive cases of EPN who presented to emergency department of our Medical College between April2008 and May2022 were retrospectively studied. Their mode of presentation,side of involvement,co-morbid conditions,Class of EPN,severity of sepsis,prognostic factors (altered sensorium, shock, acidosis, thrombocytopenia & need for dialysis),treatment modalities (minimally invasive surgery, delayed nephrectomy & medical line of treatment) and its outcome was studied.

Results:147/158 patients underwent minimally invasive surgery(DJ stenting/Percutaneous nephrostomy/Percutaneous drain), of which 28 patients underwent delayed nephrectomy. 1/158 patient went DAMA. 10/158 patients were treated with conservative management alone. The patients treated by conservative treatment, majority of the patients were in the age group of 45-60 years with a male preponderance. All 10 patients were diabetic of which 50% patients had HbA1c>8%. 7/10 patients had class I, 2/10 had class II and 1/10 had class IV EPN. All 10 patients had <3 prognostic factors. All 10 patients were treated with intravenous fluids, insulin for strict glycemic control & potent antibiotics(Imipenems), and all of them showed good resolution with no mortality.

Conclusion:Availability of newer antimicrobials and earlier diagnosis with CT scan has changed the approach from immediate nephrectomy to minimally invasive surgeries. There is a subset of patients who can be considered for only medical line of treatment. However selection of these patients has to be extremely appropriate.

MPOS 17-185

Health Related Quality of Life with Emotional and Behavioral Outcomes in Renal Transplant Recipients: A Study from A Tertiary Center in North India

Anant Giri, Nripesh Sadasukhi, T.C. Sadasukhi, Hotilal Gupta, Manish Gupta, Ashish Sharma
Mahatma Gandhi Medical College and Hospital, Jaipur

Introduction: Kidney transplantation is the treatment of choice for patients suffering from end-stage renal disease(ESRD) and HRQoL(Health Related Quality of Life) is routinely used for measuring the outcome. Although the generic HRQoL questionnaire provides useful information on multiple dimensions, they fail to capture emotional and behavioral components of well-being, which is supplemented by the TxEQ(Transplant Effects Questionnaire). The present research studies the impact of these two questionnaires on various parameters affecting the health of kidney transplant recipients.

Methodology: This cross-sectional study included 500 post-renal transplant patients within 05 years of transplant (18-70 years) evaluating HRQoL using a Short Form survey-36 questionnaire(SF-36) and emotional/behavioral outcomes using a TxEQ questionnaire.

Results: The mean age of participants were 44.92+5.86 years and males constituted the majority (>75%). The mean physical component score(PCS) was 41.3+9.2 and the mental component score(MCS) was 48.1+8.4. The highest score was observed for bodily pain(BP), followed by role limitations attributable to emotional problems(RE). The PCS was significantly higher among younger participants, among males, among participants who have got a transplant > 24 months ago, and among participants who had serum creatinine levels <2mg/dl (*p < 0.05). However, the mental component score did not differ significantly in any matched variables. In the TxEQ questionnaire, medication adherence had the highest mean score, followed by perceived responsibility towards others.

Conclusion: In our study, we concluded that reduced physical functioning among female gender, illiterate patients, with increasing age, in employed section and with associated comorbidities such as hypertension and with history of re-hospitalization.

MPOS 17-186

Active Surveillance: Transperineal Biopsies and Evaluation of Multi-Parametric Magnetic Resonance Imaging

Mahakshit Bhat, Shameer Deen, Zubair Bhat, Arshad Bhat, Jayasimha Abbaraju, Mudassir Wani, Tahir Bhat

Princess Royal University Hospital

Background: Active surveillance has emerged as an acceptable choice for low-risk prostate cancer patients and is defined as a treatment strategy of close monitoring through PSA, digital rectal examination, imaging and prostate biopsy, with conversion to curative treatment if progression occurs. An ideal tool for risk-stratification would detect aggressive cancers and exclude such men from taking up active surveillance in the first place.

Methods: We retrospectively reviewed patients who underwent transperineal template biopsies from January 2016 till December 2018. All the patients had been classified as low grade prostate cancer after conventional trans-rectal ultrasound guided biopsy and enrolled in AS after discussion in hospital MDM.

As per NICE guidelines all patients underwent multi-parametric magnetic resonance imaging (MRI). All suspicious lesions were assigned a PIRAD score; this was followed by Trans-perineal prostate biopsy. 142 patients were on active surveillance and underwent mapping transperineal template biopsies and cognitive target biopsies. 130 of them had multi-parametric MRI prior to the biopsies.

Results: In 52% of cases the histology was upgraded. In 34 (24%) the cancer was upgraded to Gleason 3+4 and 39 (28%) it was upgraded to scores higher than Gleason 3+4. Only 64 (45%) patients continued on active surveillance post-template biopsies due to significant upgrading of histology.

Conclusions: We advocate combination of MRI and an early transperineal template guided prostatic biopsies for intermediate risk prostate cancer, multiple core involvement, higher PIRAD grades and suspicious prostate on digital rectal examination in order to re-stage the initial disease and provide better safety for this cohort of patients.

MPOS 17-187

Transition from open and Laparoscopic to Robotic Partial Nephrectomy: A Single Surgeon's Experience at an Indian Tertiary Center

Shritosh Kumar, Brusabhanu Nayak
AIIMS, New Delhi

Introduction: Partial nephrectomy (PN) is the current standard of care for patients with T1 renal tumors and there has been a shift from open and laparoscopic to robot-assisted PN. We compared the perioperative outcomes of all three approaches done by a single surgeon at a tertiary center in India.

Methods: Patients who underwent PN from June 2015 to February 2022 by open, laparoscopic, and robotic methods performed by a single surgeon were included in the study. Basic demographic data, preoperative, intraoperative, and postoperative data were collected and analyzed.

Results: Baseline parameters were similar for open (n=12), laparoscopic (n=9), and robotic (n=25) PN except for tumor size and nephrometry score, which were higher in the open group (p=0.000). Operative time was significantly longer in the robotic approach (p=0.05) and blood loss was more in the open group (p=0.000). Preoperative imaging and final histopathology data showed larger tumors were operated using an open method than laparoscopic and robotic PN (p=0.000). More open procedures (n=9/12) were performed during the initial 23 cases with a later transition to robot-assisted PN (n=19/25) in the next 23 cases. Hospital stay, surgical margins, and complications were similar in all three groups.

Conclusion: Robotic PN is a feasible and safe alternative to open and laparoscopic approaches for selected renal masses with less blood loss and equivalent surgical outcomes. Open PN should be reserved for select patients with a higher tumor complexity.

MPOS 17-188

Impact of the R.E.N.A.L. Nephrometry score on warm Ischemia time in Robotic Partial Nephrectomy

Rajesh Paul, Pratik, Deerush, Jatin, N Ragavan
Apollo Hospital, Chennai

Introduction:The role of RENAL nephrometry score in pre op assessment of partial nephrectomies is studied in literature. In our study we try to correlate the individual elements of the score with the possible outcomes of Robotic assisted partial nephrectomy.

Materials and methods :All patients undergoing robotic assisted partial nephrectomies were enrolled in the study. Dock time, total operative time, warm ischemia time (WIT) and blood loss were recorded. Apart from this, tumour characteristics were noted down. Patients were followed up upto 3 months.

Results :Out of the 28 cases 23 were males and 5 females. In terms of laterality, 14 tumours were right sided and 14 left sided. 18 (64%) cases were incidentally finding on imaging. 16 (57%) patients had tumour size less than 4cm i.e R1 and 16 (57%) patients had tumours that were less than 50% exophytic i.e E2. 14(50 %) patients had tumor between 4 mm to 7 mm near the PCS i.e N2. 18 (64%) patients had anteriorly located tumor and 13 (46%) patients had L score of 2 i.e. the lesion crosses polar lines. Median WIT was 20 mins, median console time was 180 minutes and median blood loss was 185 ml. None of the patients had positive surgical margins.

Conclusion :In this study there was a significant association between N subcategory i.e. nearness of the tumor to the sinus or the PCS had significant impact on WIT. The overall RENAL score was also found to be significantly associated with WIT.

MPOS 17-189

Cowper's Duct Syringocele- Rare Cause For Oluts

Barath Chinnaswami R, Dr. Griffin, Dr. Sivasankar, Dr. Dev, Dr. Mohammed Farooq, Dr. Muthulatha, Dr. Kamaraj

Saveetha Medical College, Chennai

Introduction: Cystic dilatation of Cowper's gland, originally described in 1881, is known as Cowper's syringocele. It is rare in adults, and the aetiology is not fully understood. It has been suggested that previous infection or trauma with obliteration of the gland's duct can be a possible etiologic factor.

Case Report 36 year old male patient came with complaints of poor stream and straining to pass urine since 3 months. h/o incomplete voiding and decreased output since 1 week. h/o sudden inability to pass urine since 1 day. No h/o iLUTS, hematuria, UTI episodes in past. No h/o urolithiasis, urological interventions in past. On examination unremarkable. Uroflowmetry showed obstructive pattern. MRI done showed Solitary well defined oval T2 hyperintense cystic lesion of size 28x13x21mm in posterior aspect of urethra- F/S/O Cowper's duct syringocele. Patient underwent Cystoscopy + laser deroofting of the cyst. Recovered well post operatively.

Conclusion Unfortunately, Cowper's syringocele in adults can be easily missed because of its non-specific symptoms. Its true incidence is probably higher than currently recognized. For this reason, urethrography and flexible cystourethroscopy should be performed in young adult male patients with persistent lower urinary tract symptoms

MPOS 17-190

Neourethra : Bladder Flap Neourethra (ABFN) technique for Incontinence

Anupam Anand, Dr. Tapan Kumar Mandal, Dr R.Roy, Dr, S.Karmakar, Dr. Asim Kumar Das,

NRS Medical College And Hospital, Kolkata

Introduction And Objective To evaluate the impact of anterior bladder flap neourethra (ABFN) technique (Tanagho) in a c/o complete destruction of urethra and bladder neck, following an obstructed labour with necrotising fasciitis of the perineum in a young female.

Methods 22 year old female presented with h/o urinary incontinence since 2 years. Patient had a h/o obstructed labor –underwent vaginal delivery but in post-op period, developed necrotising fasciitis for which serial debridement was done leading to complete destruction of urethra and bladder neck. On examination- patient had severe fungal infection with folliculitis in perineum, reaching upto thigh. We did CPE- no urethral meatus was seen, bladder neck wide open into vagina, both Ureteric orifice could not be seen, bladder mucosa normal, no evidence of VVF was found. Her sugars were raised, Fungal infection and sugars were controlled and patient underwent anterior bladder flap neourethra (tanagho)

Results SPC and per vaginal catheter was kept for 6 weeks, after that MCU was done, there was no leak. Patient was continent after 6 weeks.

Conclusion Among the many techniques of neourethra formation like, posterior bladder flap, vaginal flap etc, anterior vaginal flap can be the most favoured in a case of traumatic/surgical destruction of urethra. Points in favour for this are that anterior bladder wall is situated just above the internal meatus and ideal for such a reconstructive procedure. It is one of the heaviest segments of the bladder wall.

MPOS 17-191

Assessment of Factors predicting response to Gonadotropin treatment in Azoospermic men with Hypogonadotropic Hypogonadism

Dr Priyank Kothari,

B.Y.L Nair Ch Hospital, Mumbai

Introduction: Hypogonadotropic hypogonadism(HH) is a rare but treatable cause of male factor infertility accounting for approximately 1% - 2% of cases. Successful treatment with Gonadotropins is demonstrated though the duration of treatment and outcome vary. We analysed 6 patients of HH who had received gonadotropin treatment to assess factors predicting success.

Method: 4 patients with CHH(Congenital HH) and 2 patients with adult onset HH received hormonal therapy for fertility. Preinduction factors were assessed. Patients received HCG (5000 IU / twice weekly) and after appropriate time gap HMG(75 IU thrice weekly) was added after 12 months (sequential therapy) for CHH and patients were followed for upto 3 years with Serum testosterone levels and semen analysis.

Results: Men with CHH required extensive treatment with HCG for 1-3 yrs and addition of HMG for 6 months. 2/4 patients had sperm appearing in the ejaculate after 24 months and 28 months. Adult onset HH patients responded to treatment with HCG at 6 months and 9 months with sperm in ejaculate.

Conclusion: CHH patients with testicular volumes more than 4 cc and those responding to HCG therapy with increase testicular size have better chance of sperm appearing in ejaculate after addition of HMG. The median time for sperm to appear can be from 12- 36 months.

Moderated Poster Session 18

MPOS 18-192

A Prospective Randomized Trial Evaluating The Effect of Enhanced Recovery after Surgery Protocol in Patients Undergoing Open Radical Cystectomy

Biswas A, Singh SK, Devana SK, Sharma AP

Post Graduate Institute of Medical Education & Research, Chandigarh

Introduction and Objectives: Existing evidence pertaining to the benefit of Enhanced recovery after surgery (ERAS) protocols in radical cystectomy (RC) patients is conflicting and heterogenous. There is need for high quality randomized control trials (RCT) for strengthening the evidence.

Methods: A prospective RCT was conducted on patients of bladder cancer who were underwent open RC and ileal conduit (IC). Patients were randomly assigned by computer generated block randomization method to two groups viz. ERAS group or Conventional surgical care group (CS), at our center between June, 2021 to May, 2022. Post-operative outcomes namely time to first appearance of bowel sounds, passage of first flatus, hospital stay and perioperative complications were compared.

Results: 54 patients (27 patients in each group) were enrolled during the study period. Demographic parameters were comparable between the two groups. The time to first appearance of bowel sounds (2 days Vs 3 days, $p=0.003$), time to passage of first flatus (2 Vs 3 days, $p=0.002$), time to passage of first stool (5 Vs 7 days, $p=0.005$) and median length of hospital stay (10 days Vs 16 days, $p=0.001$) in ERAS group was significantly shorter compared to CS group. Incidence of paralytic ileus (14.81% vs 44.44%, p value 0.035) were significantly lower in ERAS group compared to CS group. Major complications (Clavien-Dindo Class 3-4) were comparable in both groups.

Conclusions: ERAS protocols in patients undergoing open RC and IC is associated with faster bowel recovery and decreased length of stay.

MPOS 18-193

Management of Inferior Venacava Thrombus and Beyond in Renal Tumors -10 Year Experience in Our Institution

Lohith . D, Jagadish Kaushik, Prashanth M Kulkarni, Saurabh Bhargava, Robbie George, Varun Shetty
Narayana Hrudayalaya Hospital (Nh) , Bangalore

Introduction and Objective: Renal cancers represent 3 % globally. Tendency to extend into inferior vena cava (IVC) (4-10%) and growing beyond into the right atrium (1%) is a rare complication. Usually have unfavorable prognosis with 5-year cancer-specific survival of 65.4% in IVC Thrombus and 11.8% in Metastasis

Methods: Retrospective study from January 2011 to January 2022 operated in our hospital, 26 patients underwent resection of Renal Tumour with tumor thrombus in the IVC and beyond. Pre-operatively patients were evaluated with CT Abdomen and pelvis, MR Renal angiogram/Coronary Angiogram.

Results : A total of 26 cases were operated with majority of the patients in 5th to 7th decade of which 20 male and 6 female patients. The extent of the tumor thrombus was Renal IVC in 18, Infrahepatic in 3, Retrohepatic in 1 and Intra-atrial in 4 patients.

Underwent laparoscopic radical nephrectomy / IVC thrombectomy/ Partial resection of wall of IVC with reconstruction using PTFE patch / Sternotomy and cardio-pulmonary bypass with right atrial access for thrombus removal

Post operative recovery in all patients was satisfactory with 3.85% mortality

Conclusions: Aggressive surgical approach is required in patients having Renal tumours with tumor thrombus in IVC and beyond.

Level of thrombus is an independent survival predictor

40% -70% of Renal tumours with venous thrombus can be cured with nephrectomy and thrombectomy

Operative management with high-level caval thrombi should be undertaken in high-volume centers by surgical teams involving cardiothoracic and vascular surgeons with capacity for bypass and invasive intraoperative monitoring.

MPOS 18-194

Synchronous bilateral testicular tumors with different histopathology with congenital renal anomaly: A rare case report

Mujahid Ali, Mujahid Ali, Sreerag KS, Sidhartha Kalra, LN Dorairajan, Swapnil Singh Kushwaha, Atanu Kumar Pal

Jawaharlal Institute of Postgraduate Medical Education & Research(JIPMER), Pondicherry

Introduction and objectives: Testicular tumors are rare and reported to be around 1-1.5 % of all malignancies occurring in men(1). Paramount significance is that these are the most common malignant disease, developing in men between 20 and 40 years of age(2). Mixed germ cell tumors(GCT) are more common than any of the pure histologic forms and account for 32%-60% of all GCTs. But an association of testicular cancer with unilateral renal agenesis (URA) is very rare. This article shares our experience of a rare case of a bilateral synchronous Mixed GCT with URA.

Patient and Methods: A 30-year-old gentleman presented with a complaint of bilateral testicular swellings for 1 month with left side preference. On examination, bilateral testicular mass with variegated consistency was present in both the testes. Alpha-Fetoprotein, beta-HCG, and LDH values were found abnormal. USG of the scrotum revealed a large left testicular swelling characterized by cystic elements. The testicular parenchymal architecture was completely distorted. CT scan of the abdomen and pelvis showed ill-defined hypoenhancing solid areas in the left testis with bulky right testis with inhomogeneous attenuation. There was no retroperitoneal lymphadenopathy with an absent right kidney. Chest CT was not suggestive of metastases. The patient underwent bilateral high inguinal orchidectomy. Post orchidectomy there was normalization in tumor markers values. Follow-up CECT abdomen and chest is planned.

Conclusion: Concurrent bilateral testicular cancer of different histopathology with URA is an exceedingly rare situation.

MPOS 18-195

Comparative Analysis of Standard , Tubeless and Total Tubeless Percutaneous Nephrolithotomy:A Prospective Study

Vaibhav Kamble, Sandeep Gupta, Dilip Kumar Pal

IPGME and R: Institute of Postgraduate Medical Education and Research

Objectives: To prospectively compare the outcome of standard ,tubeless and total tubeless percutaneous nephrolithotomy(PCNL) as primary treatments of renal stones.

Materials and Methods: A total of 90 patients were randomized into three groups of 30 each: standard PCNL with nephrostomy tubes (Group 1), tubeless PCNL with double J stent and no nephrostomy (Group 2), and totally tubeless PCNL without double J stent or nephrostomy and with or without ureteric catheter if placed and removed within 24 hrs of surgery(Group 3). Randomization was done with patients satisfying the inclusion criteria based on single puncture tract, intraoperative bleeding, stone burden, intact pelvicalyceal system, and no residual stones at the end of procedure. The outcomes measured were mean operative time,hemoglobin (Hb) drop, hemorrhage, need for blood transfusion, pyrexia, urine leak, pain score, analgesic requirement,andduration of hospital stay.

Results: There was no significant difference in hemorrhage, Hb drop, blood transfusion, among the groups. The operation time was significantly lower in the totally tubeless PCNL group than tubeless and standard PCNL group .The postoperative pyrexia is significant in tubeless PCNL as compared to total tubeless PCNL group.The analgesic requirement and duration of hospital stay attained statistical significance in favour of tubeless and totally tubeless groups compared to the standard.

Conclusions: Tubeless and totally tubeless PCNL are safe and effective method of renal stone management. Totally tubeless PCNL significantly reduced operative time, postoperative pain and morbidity compared to the tubeless and standard PCNL method.

Keyword:Percutaneous nephrolithotomy(PCNL),nephrostomy tube, Double J Stent, duration of surgery, analgesic usage

MPOS 18-196

Predictors of Failure of Conservative Treatment among Patients with Emphysematous Pyelonephritis

Manish C A, Sanjay R P, Manohar Cs , Sreenivas J, Keshavamurthy R

Instituite of Nephro Urology Bangalore

Introduction:Emphysematous pyelonephritis (EPN) is a severe necrotizing infection of the renal parenchyma and perirenal tissues that is caused by gas-producing bacterial pathogens. Percutaneous drainage is now the gold standard of definitive management. The aim of this study is to analyze the predictors associated with failure of conservative treatment among patients with EPN and offer the recommendation of appropriate empirical antibiotic regimen.

Material and Methods:Retrospective study including 264 patients treated for EPN at our institute from January 2007-July 2021.The demographic characteristics, clinical presentations, management strategies, and final outcomes were analyzed.

Results: The overall survival rate was 88.6% . Need for emergency hemodialysis, shock on initial presentation, altered mental status, severe hypoalbuminemia, inappropriate empirical antibiotic treatment and polymicrobial infections were significantly more common in the patients who died compared with the survivors. The overall failure rate of conservative treatment was 32.6% . Severe hypoalbuminemia ($p=0.003$), need for emergency hemodialysis ($p=0.03$), and polymicrobial infections ($p=0.04$) were significantly associated with failure of conservative treatment. Severe hypoalbuminemia was independently associated with conservative management failure ($p=0.02$). Even in the patients treated with percutaneous drainage plus effective antibiotics, failure was still associated with severe hypoalbuminemia ($p=0.01$). According to the in vitro susceptibility data, third-generation cephalosporins is recommended as the empirical antibiotic regimen.

Conclusion:Both appropriate empirical antibiotic and percutaneous drainage were essential for patients with EPN. Patients with severe hypoalbuminemia and uncontrolled DM had a higher risk of conservative treatment failure, and additional management may be required.

MPOS 18-197

New World Order- Paradigm Shift in the Management of Renal Trauma - A Prospective Study in A Tertiary Care Institute

Suhas T, Muthulatha N, Sivasankar M, Griffin M, V Kamaraj, Dev Krishna Bharathi, Farooq
Saveetha Medical College and Hospital, Chennai

Introduction& Objectives: Renal trauma occurs in up to 5% of all trauma cases and accounts for 24% of abdominal solid organ Injuries. Renal trauma management has evolved over the past decades, and current management is transitioning toward more conservative approaches for the majority of hemodynamically stable patients. The objective of this study was to analyze the mechanism of injury, management, and outcome in renal trauma. **Materials & methods:**Patients diagnosed with renal trauma in Saveetha Medical College and Hospital from January 2021 to April 2022 were identified. Imaging was classified by radiologists. Variables analyzed included age, sex, mechanism of injury, degree of renal trauma, related organ injury, management, and outcome.

Results & Observations:AAST

GRADE 1- 0

GRADE 2- 4

GRADE 3- 5

GRADE 4 -2

GRADE 5- 4

Non operative management-12

Operative management - 3

Outcome:

Good -14

Poor -0

In our study >70%(11 patients) of the renal trauma patients had grade 3 renal injury and above. 2 out of 11 patients(18%) were treated with surgical management and rest all patients were managed with conservative approach, with serial imaging, monitoring the blood parameters,with ICU setup and finally salvaging the system

Conclusions: The majority of blunt and penetrating renal trauma cases that are hemodynamically stable have a good outcome when treated with non operative measures. Deceleration injuries especially road traffic accidents are the most common cause of renal injury and adequate safety measures should be taken to avoid such accidents.

MPOS 18-198

Renal Angiomyolipoma :Case series and Review of the Literature

Manjunatha.S.B, Sanjay.R.P, Shivakumar.V

Institute of Nephro Urology-Bengaluru

Introduction: The angiomyolipoma of renal origin is a rare benign tumour composed of fat cells, smooth muscle cells, and thick-wall blood vessels. Mostly these are sporadic origin, asymptomatic and benign in nature.

Materials and Methods: 13 cases of Renal angiomyolipoma (AML) treated in INU Bengaluru from 2015-2022 were included in the study. Demographic details, presentation, size of the lesion and treatment provided were documented.

Results: All the Patients presented with either Flank pain, perirenal haematoma or frank haematuria. After initial stabilization, patients were evaluated by contrast enhanced computer tomography (CECT) & diagnosed as renal angiomyolipoma because of low Hounsfield areas (10-20HU) suggestive for fat. 6 patients were managed conservatively. 3 Patients underwent angiography with selective angioembolisation. Post intervention period was uneventful. 1 patient developed perinephric abscess and PCD was placed. one patient presented with gross hematuria and underwent simple nephrectomy which also showed Leimyomatoid variant. 2 patients had association with TSC.

Conclusions: Embolisation is the emergency treatment of choice for bleeding angiomyolipoma. When preventive treatment is considered a nephron sparing approach by either transarterial embolisation or partial nephrectomy is clearly important. While angiomyolipoma in both kidneys or in solitary functioning kidneys, renal preservation is mandatory in order to avoid need for renal replacement therapy. Everolimus may be considered for patients not suitable for surgery particularly in tumour seen with tuberous sclerosis.

MPOS 18-199

Pyeloplasty in Ectopic Kidney

Nitin Gangwar, Shankar R, Nayak P, Shankar H, Kumar U, Trivedi S

IMS BHU

Objective: To evaluate the functional and morphologic outcome after open pyeloplasty for ureteropelvic junction obstruction (UPJO) in ectopic pelvic kidneys.

Materials and Methods: A retrospective review of all patients who underwent open pyeloplasty in ectopic pelvic kidneys was conducted. Records were evaluated with respect to age at presentation, preoperative imaging, surgical details, and postoperative course. Patients were followed up regularly for functional and morphologic outcome. Success was defined as symptomatic relief and radiographic improvement of obstruction at the last follow-up.

Results: Between 2011 and 2018, 300 patients with primary UPJO underwent open dismembered pyeloplasty at our center. Of these patients, 20(12.6%) had UPJO in ectopic pelvic kidneys. No perioperative complications were encountered in the study group. Mean follow-up was 36 months (range, 18-90 months), and 10 patients were lost to follow-up. The overall success rate was 82.6%. Postoperative hydronephrosis was improved in 10 (50%), stable in 6 (30%), and worsened in 4 (20%). Postoperative renal function was improved in 6 (30%), stable in 12 (60%), and deteriorated in 2 (10%). Preoperative differential renal function was statistically significant predictor of improvement in renal function after pyeloplasty.

Conclusion: Open pyeloplasty for UPJO in ectopic pelvic kidneys is feasible, but varying degrees of hydronephrosis and radiologic obstruction persist after pyeloplasty that could be attributed to anatomy related pelvicaliectasis, and so regular follow-up is warranted.

MPOS 18-200

Outcome Measures of Renal Trauma Grade 3-5 And Assessing Complications & 1 Month Re-Admission Rate At Tertiary Care Hospital A 5 Year Retrospective Study

Goli Abhishek, Arun Chawla

Kasturba Hospital

Background: Trauma is a Major cause of death and disability worldwide. Renal Injuries account 8-10% of abdominal Trauma. We aim to assess the outcome measures, complications and 1 month re-admission rate in AAST Grade 3-5 Renal Trauma Patients over 5 Year period at a tertiary care hospital.

Methods: Retrospective observational study of all patients admitted with AAST Grade 3-5 kidney injury at tertiary hospital between 2017-2021.

Results: During a period of 5 years, a total of 46 patients with AAST Grade 3-5 kidney Injuries, were included in the study. M:F Ratio was 11:4, with the most common Presenting complaint being Flank pain (11/46; 23.9%), followed by Hematuria (8/46; 17.3%), with common side Left in 22%, Right in 19%, Bilateral in 5%. Perinephric Collection was seen in 31 patients (67.3%). Grade Of Injury was Grade 3 in 23 patients, Grade 4 in 18 patients, Grade 5 in 5 patients. Mode of Injury was RTA in all the patients (100%). 28 patients (60%) had associated injuries being Splenic and liver injuries. All 46 Patients were managed Conservatively, of which 1 patient required Angio-Embolization. Mortality rate was 6.5% (3/46).

Conclusions: High grade renal injury with haemodynamically stable can be safely managed conservatively. However all the patients managed conservatively require follow up to look for complications such as Hematuria (pseudoaneurysm, AV fistula), Renovascular Hypertension, Retroperitoneal Abscess. Early nephrectomy is reserved of those patients who are haemodynamically unstable and fail the resuscitation by crystalloids, Colloids, blood

MPOS 18-201

Retrograde Intrarenal Surgery for Urolithiasis: Prospective Observational Study at a Tertiary care center (GMC Super Specialty Hospital) in Kashmir

Haamid Hassan Bhat,

GMC Super Specialty Hospital, Kashmir

Introduction: Advancements in the endoscopic armamentarium, retrograde intrarenal surgery has become a viable and attractive option for the treatment of renal stones because of its high stone-free rates (SFRs) and low morbidity.

Objective: To describe our experience and outcome of RIRS for the treatment of renal stones and to assess its effectiveness and safety.

Design, setting, and participants: A prospective analysis of 160 patients who underwent RIRS for renal stones at our institute between January 2021 to June 2022 was performed.

Surgical procedure: Flexible ureteroscopy and laser lithotripsy using a standardized technique with last-generation flexible ureteroscopes (Flex-Xc) using Holmium-YAG laser.

Outcome measurements and statistical analysis: Clinical data were collected and intraoperative and postoperative outcomes were assessed (Ureteral access sheath placement, operation time, hospital stay, stone free rate, post-operative blood transfusion & fever, need for second session of RIRS. A descriptive statistical analysis was performed.

Results and limitations: The mean overall stone size was 13±3 mm. Pre stenting done in all cases. Ureteral access sheath placement was possible in (90%) patients. At 1 month follow-up, the overall primary SFR was 86.67%, the secondary SFR was 96.67%. The mean operative time was 91.96±18.7 min. Mean hospital stay was 1.86±1.02 days. Complications were reported in (13.33%) patients overall, with fever in (10%), steinstrasse in (3.33%) patients need for second session RIRS in (10%). No patient needed blood transfusion.

Conclusions: RIRS performed using a flexible ureterorenoscope marked the beginning of a new era in urology. It is safe and effective procedure and an alternative to extracorporeal shock wave lithotripsy (ESWL) and Percutaneous nephrolithotomy (PCNL) in the treatment of selected renal stones.

MPOS 18-202

Evaluation of Epidemiology and Management of Renal Trauma Patients in Tertiary Care Centre

Abhilekh Tripathi,

SCB Medical College and Hospital Cuttack

Aim:To study epidemiology of renal injury occurring in trauma victims, to analyse mode of trauma, role of various imaging modalities and various methods of management and early and late complications

Methods:The statistical details of all trauma patients who were admitted to the emergency trauma ward in the Medical college and Hospital, during the period between September 2019 to March 2022

Results:out of 521 abdominal trauma 99 were urological and 30 were renal 7/30 needed surgical intervention in the form of renorrhaphy, PCN, DJ STENT, nephrectomy. Intervention higher in high grade renal injuries

Conclusion:Urological injuries account upto 20% posterior urethral disruption injuries seem to be predominant, young adults in the age group 16 to 30 yrs predominant CT scan most comprehensive imaging tool. Non operative management has proven to be successful in majority, need for surgical interventions seems to increase with higher grades of renal injuries, nephrectomy rates are high in polytrauma patients.

MPOS 18-203

Retrograde Ureteroscopic Holmium Laser Lithotripsy for Graft Ureteric Stone in Post Renal Transplant Patient : A Rare Case Report

Sandeep Kumar, Mukesh Patel, Kaustubh Patel, Prarthan Joshi
Zydus hospital , Ahmedabad

Research objective - Renal transplant graft ureterolithiasis is very rare complication with incidence of 0.2-1.7% . It can lead to disaster consequence such as graft dysfunction even graft loss. Routine follow up with graft sonography is must as transplanted kidney is denervated and patient will not complain any pain.

Method: we reported as 47 year female with history of CKD had cadaveric renal transplant 1 month back . During regular follow up we found 8 mm lower calyx stone in graft kidney but after 10 days stone came in mid graft ureter . Patient had DJ stent in situ during cadaveric renal transplant . We did retrograde semi rigid ureteroscopic holmium lithotripsy with laser dusting . Patient discharged on day 3 with uneventful outcome

Result : urinary stone post renal transplant is rare but this case was due to the cadaveric donor kidney stone which was diagnosed after renal transplant.

Conclusion: Early diagnosis and prompt treatment is must in case of graft renal or ureteric stone as this will land up into graft dysfunction and graft loss.

Moderated Poster Session 19

MPOS 19-204

Primary Ewing - Sarcoma of the Kidney with Inferior Vena Cava Thrombus: A Rare Presentation

Singh PM, Vasudeva P and Kumar N.

Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi.

Introduction: Ewing sarcoma(ES) or primitive neuroectodermal tumour (PNET) represents a spectrum of poorly differentiated and aggressive malignancies. They are more prevalent in young children and adolescent. Ewing sarcoma is an aggressive tumour majorly described in bones. Primary Ewing's sarcoma of kidney is a rare entity accounts for less than 1% of renal mass. Given the atypical clinical symptoms and imaging characteristics is often diagnosed on post-operative pathology.

Case Presentation: We depicted a case of 20-year old male who presented with sudden onset of right flank pain and gross hematuria. Patient underwent right open radical nephrectomy with IVC thrombectomy. Post op period was uneventful and on histopathology and IHC was diagnosed with primary Ewing's sarcoma. Patient was started on adjuvant chemotherapy. Patient developed liver metastasis at 8 months on PET-CT during follow up. We present our treatment experience and review of literature.

Conclusion: Diagnosis of renal Ewing's Sarcoma relies on HPE and IHC. Despite surgery and adjuvant therapy, optimized and potent therapeutic regimen are still urgently needed to improve poor prognosis of RES.

Keywords: Renal Ewings sarcoma (RES), IVC thrombus, radical nephrectomy.

MPOS 19-205

Hospital Stay, Readmission, and Mortality in Octogenarians who Underwent Radical Cystectomy with Urinary Diversion for Bladder Cancer

Pushan Prabhakar, Chase Mallory, Nikhil Kulkarni, Hariharan Ganapathi, Murugesan Manoharan
Miami Cancer Institute, Baptist Health South Florida, Miami, Florida, United States

Introduction: Radical cystectomy is an effective curative treatment for invasive bladder cancer. This major surgical procedure imposes extensive physiological stress and is often associated with morbidity and mortality. We analyzed the morbidity and mortality comparing octogenarians and younger patients who underwent radical cystectomy for bladder cancer utilizing the National Cancer Database (NCDB) in the United States.

Methods:We analyzed bladder cancer patients who underwent radical cystectomy with urinary diversion reported in the NCDB. Hospital stay, readmission, and perioperative mortality of octogenarians were compared to patients below 80 years and stratified by the Charlson-Deyo score.

Results: Overall 45,062 (72.8%) men and 16,850 (27.2%) women underwent radical cystectomy between 2004 and 2018 (total 61,912). Of these, 54,060 (87.3%) patients were aged <80 and 7852 (12.7%) were aged 80 or above. Octogenarians had a 30-day mortality rate of 5.0 % compared to 1.8% in younger patients ($p < 0.001$). The 90-day mortality rate for octogenarians was 12.8%, compared to 5.4% in the younger group ($p < 0.001$). This difference in mortality was more pronounced when stratified by the Charlson-Deyo comorbidities score. Length of hospital stay was 1 day higher in octogenarians (10.3 vs 9.2 days, $p < 0.001$). Unplanned readmission within 30 days was similar between both groups (8.3% vs 8.5%).

Conclusions:The 30-day and 90-day mortality were significantly higher in octogenarians. Length of hospital stay was 1 day higher in octogenarians, and unplanned readmission was comparable between age groups. These data will help with shared decision-making and patient counseling.

MPOS 19-206

Extent of Pelvic Lymph Node Dissection in Octogenarians Undergoing Radical Cystectomy

Pushan Prabhakar, Hariharan Ganapathi, Murugesan Manoharan, Armin Ghomeshi

Miami Cancer Institute, Baptist Health South Florida, Miami, Florida, United States

Introduction:Radical cystectomy (RC) with urinary diversion is the preferred treatment for localized muscle-invasive bladder cancer (MIBC) (cT2-cT4a N0-N1 M0). The extent of pelvic lymph node dissection (PLND) can increase patient survival. We aim to explore any discrepancies in the extent of PLND in octogenarians in the National Cancer Database (NCDB).

Methods:NCDB data between 2004 and 2018 were identified for analysis. Pelvic lymph node dissection (PLND) between octogenarians and patients below 80 years was compared and stratified by the clinical T stage. The number of lymph nodes dissected during surgery was used to assess the extent of PLND. The cutoff for adequate PLND was more than 10 lymph nodes dissected (based on previous NCDB studies).

Results:11,237 (73.9%) males and 3,959 (26.1%) females undergoing RC were analyzed (total = 15,196). Out of these, 1,792 (11.8%) patients were octogenarians, and 13,404 (88.2%) were below 80 years. Among the octogenarians, 697 (38.9%) did not fit the criteria for adequate PLND compared to 4,029 (30.1%) in the younger group ($p < 0.001$). Stratified by clinical T stage, octogenarians predominantly had a larger percentage of patients with inadequate PLND. The overall difference in proportion between the PLND in the octogenarian and the younger patient group did narrow with cT3B and cT4A.

Conclusions:There are a large proportion of patients undergoing RC with inadequate PLND, with the discrepancy increasing with patient age. Further studies exploring standard or extended PLND and survival for patients undergoing RC are required to improve patient outcomes.

MPOS 19-207

Efficacy and compliance of a novel maintenance intravesical bcg protocol for non-muscle invasive bladder cancer: A longitudinal study

O Agrawal, N Jain, A Mittal, VK Panwar, AK Mandal, A Upadhyaya,

AIIMS Rishikesh

Introduction : 75% of the patients of urothelial carcinoma of bladder present with non-muscle invasive bladder cancer (NMIBC) confined to the mucosa (stage Ta, carcinoma in situ [CIS]) or sub-mucosa (stage T1). Adjuvant therapy is necessary in NMIBC patients as demonstrated by several meta-analysis studies which have concluded that administration of adjuvant intravesical bacillus Calmette-Guerin (BCG) immunotherapy suppresses the rate of tumor progression, prevents its progression after transurethral resection of the bladder tumor (TURBT) compared to TURBT alone or TURBT with chemotherapy.

Materials And Methods: In this longitudinal study done over 18 months, patients with completely resected, biopsy-proven, intermediate or high risk non-muscle invasive urothelial carcinoma of the bladder were included. Treatment of patients with induction BCG was started after 2 weeks to 1 month following TURBT. The intravesical instillation procedure was performed weekly, for a total of six treatments in induction phase. The maintenance therapy was carried out by performing monthly BCG intravesical instillations for 12 months.

Results : Of total 125 patients studied, compliance rate was 94.8% and recurrence rate was 15.2 % in our study over 15 months. Most of the recurrence occurred after 9 doses of maintenance therapy.

Conclusion : It can be derived from our study that short term monthly maintenance for one year is analogous in efficacy with SWOG protocol maintenance and has added advantage of improved compliance

MPOS 19-208

Management of Wunderlich Syndrome with Angioembolisation as The Primary Intervention - Our Initial Experience

Patravale Tanmay Bharat, Saravanan K, Ezhil Sundar V, Sarvanan PR, Harry Santhaseelan W

Madras Medical College, Chennai

Introduction: Wunderlich syndrome is a rare phenomenon with incidence reported to be <0.3% in general population. This case series aims at sharing the initial experience of our institute with angioembolization as first line of management.

Methods: 4 patients presenting with abdominal pain and shock were diagnosed as Wunderlich syndrome in casualty and referred to urology for further management after primary resuscitation. All patients underwent blood transfusion and emergency angioembolization within 24 hours. Segmental arterial embolization was required in all cases. All patients underwent a delayed open nephrectomy following stabilization by 48 hours.

Results: The fall in hemoglobin was arrested immediately after angioembolization in all cases. Intra-operatively, adhesions to surrounding structures and difficult dissection was encountered in 3 out of 4 patients. Post-operative course was uneventful except for wound infection in one patient. All patient's histopathology reports were suggestive of angiomyolipoma.

Conclusion: Angioembolization as primary intervention in Wunderlich syndrome is a viable option which decreases morbidity associated with emergency surgery and allows time for patient preparation

MPOS 19-209

Three-Dimensional Reconstruction of Renal Vascular Tumor Anatomy to Facilitate Accurate Preoperative Planning of Lap/ Robotic Partial Nephrectomy

R K Rajesh, V Rajagopal, Dvsln Sharma

Apollo Jubilee Hills Hyd

Objectives: To evaluate the role of three-dimensional (3D) reconstruction tumors and vessels of the kidneys in aiding the preoperative planning of lap/robotic partial nephrectomy.

Materials and methods: Patients with renal tumors to be treated with partial nephrectomy were included. Each patient underwent a preoperative computed tomography (CT) survey, and the reconstruction of each patient's 3D arteriography and 3D surface-rendered tumor was performed based on the CT images for preoperative surgical planning.

Results: No intraoperative or postoperative complications were noted. The renal function was preserved in all the patients, and none of the patients exhibited evidence of local recurrence during more than 6 years of follow-up.

Conclusions: 3D arteriography fused with 3D surface-rendered tumor image navigation facilitates precise preoperative planning. Three-dimensional (3D) virtual reconstruction (VR) in the medical sciences has emerged as a novel, exciting and effective tool, with promising results for patients, trainees, and even experienced surgeons. The purpose of this review is to summarize the information on the clinical value and applications of 3D VR in renal tumors published in the last ten years. Most studies have provided a quantitative assessment focused on the accuracy of 3D VR models in replication of anatomy and renal tumor, on measuring 3D tumor volume and on the clinical value and utility of 3D VR in pre-surgical planning and simulation of renal procedures, with significant reductions of intraoperative complications. Moreover, 3D printing technology is a novel technique, and we are currently in the dynamic era, expanding into new surgical nephron-sparing procedures

MPOS 19-210

A Case of Synchronous Bilateral Renal Angiomyolipoma and Very Rare Eosinophilic Solid Cystic Variant of Renal Cell Carcinoma In A Patient with Tuberous Sclerosis

Dhineshkumar P, Prakash JVS, Thiruvarul, Vetrichandar, Arasi, Arun kumar paranjothi, Natarajan
Stanley Medical College, Chennai

Introduction: Renal angiomyolipoma is often associated with tuberous sclerosis. Eosinophilic solid cystic variant(ESC) of RCC is potentially new subtype; only 3 cases reported with synchronous AML in tuberous sclerosis patient.

Case Report: A 35 year old female presented with mass per abdomen since 2 years. She is a known case of seizure disorder. On examination, she was poorly nourished, anaemic, adenoma sebaceum+, and was having mass of size 20 x 25 cm occupied entire abdomen . CECT abdomen showed heterogenous, large retroperitoneal mass 18x23x19cm arising from lower pole of left kidney with multiple arterial feeders from left renal artery, jejunal branches of SMA, left hepatic artery and inferior mesenteric artery. Multiple small fat dense lesions noted in both kidneys suggested bilateral renal AML. After optimisation of patient, angioembolisation of left renal artery (main supply of tumour) was done. Because of risk of bowel ischemia and technical difficulty, angioembolisation was not done for other feeders. Left open nephrectomy was done after angioembolisation. HPE- Angiomyolipoma with eosinophilic solid and cystic variant of RCC.

Discussion:ESC variant of RCC is characterized by solid and cystic architecture and voluminous cytoplasm with stippling and is almost exclusively occur in females. CK 20 reactivity present unlike in other renal neoplasm. Clinically indolent in nature.

Conclusion:For patients with TSC, one should be aware that renal AML can be malignant and there is a possibility of coexisting RCC with variant histology, management should be planned accordingly.

MPOS 19-211

Diagnostic Dilemma and Pre Operative Planning in A Case of Paraganglioma of Bladder Neck and Prostate Region

Deerush Kannan, Jatin Soni, Pratik Taur, Deepak Raghavan

Apollo Hospitals, Greams Road, Chennai.

Introduction:Extra-adrenal paragangliomas originate from cells of neural crest origin anywhere along the distribution of the sympathetic neuroendocrine system. Paragangliomas of the urinary bladder are rare entities and that of the prostate are even rarer. These tumours are well known to pose multiple challenges in the peri-operative period. Here we present a case of paraganglioma of the bladder neck region with extension into the prostate that posed a diagnostic dilemma as well as challenge in pre-operative surgical planning.

Materials and methods:A 40 year old gentleman from Bangladesh with bladder outlet obstruction underwent TURP at his native place and the procedure was aborted in view of hypertensive crisis intra op. He presented to our tertiary care centre for definitive management. Urinary metanephrines were elevated and after pre op medical management of blood pressure he was planned for surgical excision of the lesion.

Results:MRI with DOTATOC PET screening showed DOTATOC avid lesion in the antero-inferior wall of the urinary bladder probably arising from the prostate. He underwent a robotic wide excision of the bladder wall lesion with Freyer's simple prostatectomy as the inferior extent of the tumour into prostate could not be made out.

Conclusion:Paragangliomas of the bladder neck region and prostate are rare entities and the pre-operative decision making depends on imaging and assessment of the extent of the lesion into the capsule. Though the treatment option is straightforward wide excision, pre-operative patient counselling for simple prostatectomy is essential in such cases.

MPOS 19-212

Surgical Management and Outcome of Uro-Oncological Cancers Involving Inferior Vena Cava: A Tertiary Centre Experience

Devana SK, Sharma VK, Sharma AP, Bora GS, Mavuduru RM, Kumar S, Mete UK

PGIMER, Chandigarh

Introduction: Surgical management of Urological cancers with inferior vena cava (IVC) involvement is complex and challenging. We present our surgical experience and outcome of such complex cases.

Material and Methods: A retrospective data of operated cases of urological cancers needing IVC repair or reconstruction was collected from hospital data from January 2017 to March 2022. The data related to clinical, operative details, postoperative course and surgical outcome was analyzed. Preoperative angioembolization was done as and when deemed necessary. Surgeries were performed by urologists and vascular surgeons/gastrointestinal surgeon were involved as and when needed.

Results: A total of 70 patients were available during the study period. Renal mass with IVC tumor thrombus constituted the most common etiology (84.28%). IVC partial or segmental resection with reconstruction using PTFE/Dacron tube or patch graft was performed in 20% of cases. Bleeding needing blood transfusion is the most common complication encountered (32.9%). Perioperative mortality was 4.2%. Patients with level II-IV IVC tumor thrombus were significantly associated with prolonged operative time {300(135-600) min Vs 195(60-600) min} and higher blood loss {1500(200-3500) ml Vs 500(100-2500) ml} when compared to level I-II IVC tumor thrombus patients (p value 0.00).

Conclusion: Urological cancers needing with IVC involvement are technically challenging and may require either patch/ tube graft repair/reconstruction of IVC in 1/5th of cases. These cases are associated with significant perioperative bleeding needing multiple blood transfusions. Multidisciplinary surgical team involving Urosurgeon, vascular surgeon and gastrointestinal surgeons offers the best surgical outcome in these cases.

MPOS 19-213

Left Sided Ileal Conduit in Patient with Uretero-Ileal Anastomotic Stricture and Left Solitary Kidney-Point of Technique

Deepak Kumar, Ankur Mittal, Vikas Panwar, Omang Agrawal, Akshay Upadhyay, Harshit Agarwal, Arup Kumar Mandal

Aiims, Rishikesh, Uttarakhand India

Urinary diversion is re-routing of the urinary drainage system to the outside of the body. An incontinent ileal conduit is the most common type of diversion used in India. Ileal conduits are made on the right side. There is only one case report of left side ileal conduit formation³. Here we report a case of left ileal conduit formation.

Case history : A 52-year-old lady, a known case of endoscopically unmanageable carcinoma of the urinary bladder with right upper tract urothelial carcinoma, underwent right Nephroureterectomy and anterior exenteration and ileal conduit formation. The patient developed flank pain on the left side after 2 months of surgery. She was diagnosed with left uretero-ileal anastomotic stricture with a small capacity ileal conduit.

She was planned for left-sided ileal conduit formation.

Points of surgery

1. Patient counselling for left-sided stoma
2. Selection of ileal segment conduit - 15 cm segment, 50 cm proximal to the ileocecal junction
3. Transposition of the ileal segment through mesocolon of the sigmoid colon
4. Isoperistaltic orientation of conduit
5. Uretero-ileal anastomosis using the Bricker technique.

Conclusion : Left-sided ileal conduit formation is not a common procedure but it can be done in specific circumstances.

MPOS 19-214

Initial Experience and Short-Term Follow-Up of Radical Cystectomy and Ileal Conduit

Gaur Abhay Singh, Gorrepati Rohith, Pandey Abhishek, Singh Kirti, Mandal Swarnendu, Das Manoj Kumar, Nayak Prasant

AIIMS Bhubaneswar

Introduction: We present our initial experience and short-term follow-up of Radical Cystectomy and Ileal Conduit (RCIC) for carcinoma bladder.

Methods: A total of 67 patients underwent RCIC from January 2019 to June 2022 at a tertiary care centre. The clinic-demographic outcomes were evaluated retrospectively from our prospectively maintained database.

Results: 51/67 cases were analysed. Forty-eight were males, and three were females. The mean age was 58+/-11 years. Laparoscopic Radical cystectomy and pelvic lymphadenectomy with extra-corporeal ileal conduit were done successfully in 48 cases. In two cases, conversion to open surgery was needed, and open surgery was performed in one. Complications occurred in 22 patients. Clavien-Dindo grade 1, 2, 3a and 3b complications were 17, 16, 6 and 2 in number, respectively. No grade 4 and 5 complications were seen. Final histopathology revealed Ta, T1, T2, T3a, T3b, and T4a in 3, 18, 22, 5, 2, and 1 cases. Ten (19.6%) patients were lost to follow-up. The median follow-up was 17 months (IQR 12-32) for 41(90.4%) patients. All patients were able to take care of themselves and their stoma. Two patients developed stoma prolapse, and the parastomal hernia was seen in one patient. One patient developed CKD with a left non-functioning kidney. Three patients developed metastases, and death occurred in four patients.

Conclusion: Although complications are expected after RCIC, none of our patients developed grade 4 or 5 complications. Most of our patients had T2 and T3a disease at presentation. Regular follow-up in our setting is often difficult.

Moderated Poster Session 20

MPOS 20-217

Silodosin Versus Tamsulosin For Medical Expulsion Therapy of Distal Ureteral Stones- Comparative Study

Shabir Ahmad Mir, Syed Sajjad Nazir, Tanveer Iqbal, Omar Saleem, Javaid Magray, Yasir Qadri, Faud baqal
Govt Medical College, Srinagar

Aim: To compare the safety and efficacy of tamsulosin with silodosin in medical expulsion therapy of stone in the lower 1/3rd ureter.

Methods: This prospective randomized comparative study was performed in Department of Urology, superspeciality hospital, GMC Srinagar over a period of 2.5 years with 65 patients each in Group A (silodosin 8 mg) and Group B (tamsulosin 0.4 mg). Patients with age 18 years having a solitary unilateral 10 mm calculus in the distal third of ureter were included in the study. Patients with previous open or endoscopic surgery, urinary infection, not willing for strict follow up, large stone burden (bilateral or

multiple stones), severe hydronephrosis, were excluded. Patients were followed every 7th day for a total of 28 days by ultrasonography, plain X-ray KUB and CT scan of the urinary tract if required.

Results: Silodosin seems to be more effective than tamsulosin as the stone expulsion rate in silodosin group was 76.6% while in tamsulosin group it was 55.17% ($p < 0.05$). Mean time (days) to stone expulsion time was significantly lower in silodosin group (8.7) than the tamsulosin group (13.8) with a p value of < 0.05 . The side effects were comparable but retrograde ejaculation in the silodosin group was higher although non-significant.

Conclusion: Silodosin seems to be more effective than tamsulosin in the stone expulsion (rate and time duration) with comparable safety profile.

MPOS 20-218

Role of DJ Stenting Prior to Eswl in Patients of Renal Calculus

Garg Mayank, R Govindarajan, K Saravanan, G Chengalvarayan

Institute of Urology, Madras Medical College, Chennai

Introduction& Objectives: ESWL is an efficient and non invasive modality with good compliance and success rate. Role of DJ stenting prior to ESWL is controversial and this study aims in understanding it better.

Methods: A retrospective study done at our medical college from 1st January to 30th June. All patients undergoing ESWL with or without prior DJ stenting included. Detailed clinical history, scans, procedure, stone clearance and post ESWL symptoms upto 3 months were noted.

Results : Out of 500 patients, 100 had underwent ESWL without prior DJS. Single session stone clearance achieved in 306 patients (61.2%). Patients with higher HU (>1000) and larger stone size required more than 1 session for stone clearance. Patients without prior stenting had more post op loin pain, hematuria (57%) VS stented counterparts (31.5%) with $p < 0.05$. Non stented patients with stone <1 cm presented with flank pain and hematuria in 48.5% patients Vs 76.6% in patients with stone 1-2 cm. No statistically significant difference in stone clearance in stented vs non stented patients. Patients with prior DJS had more lower urinary tract symptoms like increased frequency (37.5% vs 27% in non stented patients). More than single session was required for stone clearance in 37.5% of stented patients vs 44% in non stented patients.

Conclusions: ESWL without prior DJ stenting feasible in patients with renal stone <1 cm and stones with lower density upto 600 HU. For stone size > 1 cm associated with higher post op complications.

MPOS 20-219

Role of Angioembolization in Urology

Malvi Gaurav, Patwardhan Sujata, Patil Bhushan, Bhujbal Sachin

Seth G.S. Medical College and K.E.M. Hospital, Mumbai, Maharashtra

Introduction: The indications of therapeutic angioembolization in urology is related to severe haemorrhage due to renal tumors, AV malformation, pseudoaneurysm and trauma. At times it is used for

hemorrhage related to radiation cystitis, post radical pelvic surgery, high flow priapism, and placenta percreta.

Objective: The objective of this study is to evaluate the therapeutic efficacy, safety and complications of arterial embolization in the treatment of patients presenting with hemorrhage in urology department.

Methods: From January 2018 to June 2022, clinical data of 16 patients requiring angioembolization were analyzed. We have used angioembolization in cases of renal tumor, renal trauma, radiation cystitis, post PCNL pseudoaneurysm and placenta percreta.

Demographic and clinical data of patients were recorded, and the success rates and complications of angioembolization were evaluated.

Results: The etiology in the present study was post PCNL hematuria in 18.75%, renal malignancy in 12.5%, renal trauma in 6.25 %, radiation cystitis in 6.25% had and placenta percreta in 37.5%.

81.25% had clinical improvement and 6.25% required nephrectomy after renal artery angioembolization, 6.25% had accidental angioembolization of spinal artery leading to paraplegia and rest 6.25% had mortality even after internal iliac artery ligation.

Conclusions: Angioembolization is the most successful mode to control haemorrhage today, in etiology related to kidneys. The role of angioembolization in placenta percreta is successful in 40% probably because of multiple vessels supplying uterus and bladder. Its role in prostate related causes has not been evaluated in search of Indian literature.

MPOS 20-220

Novel Prognostic Scoring System for Emphysematous Pyelonephritis - EPRO Scoring System

Premanand, Shivashankar, Griffin, Devkrishna, Farooq, Kamaraj, Muthulatha
Saveetha Medical College, Chennai

Aims and Objectives: To study the different prognostic factors in EPN. To device a prognostic scoring system for EPN.

Materials and Methods:

Type of study - Retrospective study.

Period of study - September 2019 to December 2022.

Total cases - 40.

The diagnosis of EPN is done with plain CT-KUB. After confirming the diagnosis, the patient is subjected to following investigations - complete blood count, renal function test, liver function test, random blood sugar and HBA1C, prothrombin time, serum electrolytes and proteins, urine analysis and culture, blood culture.

Results: The mean age of the patients in our study was 54.9 \bar{X} \pm 9.01 yrs. Out of 40 patients 27 were females and 13 were males (67.5%). 3 patients presented with shock (7.5%). 4 patients were on haemodialysis (10%). Alkaline phosphatase was elevated in 19 patients (47.5%). 6 patients were found to

have polymicrobial infection (15%). E.coli was found in urine cultures of 24 patients (63.15%). Proteus was found in 5 patients (13.15%). 4 patients had klebsiella infection (10.5%). 3 patients had pseudomonas infection (7.89%). Two patients had other infections than mentioned above. Blood culture showed E.coli infection in 3 patients (7.89%). One patient each had pseudomonas and klebsiella grown in blood culture (2.63% each). 37 patients out of 40 recovered (92.5%) while 3 patients did not survive (7.5%)

Conclusion: Using the EPRO scoring system, poor prognosis can be effectively predicted and can be managed accordingly.

MPOS 20-221

Observational Study of Traumatic Renal Injury and Its Management and Outcome

Sandip Desai, Mukesh Kumar, S.S. Yadav

SMS Medical College Jaipur

Introduction: Renal trauma management has evolved during the past few years, with a more and more inclination toward a conservative approach. Therefore, the present observational study was conducted to evaluate the best way of management of renal injury and to find out associated injury and complications

Method: The present prospective observational study was carried out in our Medical College and Hospital from September 2020 to June 2022. Patients presented to emergency with renal injury who were examined and treated in department of Urology.

Results: Total 149 subjects were selected for the study & 147 had blunt trauma injury, 2 had penetrating injuries. Grade I injury was seen in 22.1%. Maximum subjects had grade II injury with 38.9% patients. Grade III in 28.1%, Grade IV in 9.3% and Grade V in 1.3%. Gross and microscopic haematuria was present in 109 subjects (73.1%) on urinary examination. Associated injury was present in 77.81% (115) patients. Out of total 149 subjects conservative management was done in 134 subjects and intervention was done in 8.7% (13) patients who developed complication after conservative management. Two (1.36%) subjects required nephrectomy.

Conclusion: RTA are the most common cause of traumatic renal injuries hence public awareness regarding the traffic safety rules should be increased and importance of early hospitalization should be emphasized by information, education and communication and majority of patients can be managed conservatively even in higher grade injuries.

MPOS 20-222

Transperitoneal Robotic Repair of Retrocaval Ureter : Our Experience

Dhruva G Prakash, Prasad Mylarappa

M S Ramaiah Medical College

Introduction: We aimed to describe our experience in transperitoneal robotic repair of retrocaval ureter (RCU) in this study.

Methods: Between 2021 and 2022, five patients (1 female and 4 males) who underwent robotic repair with the diagnosis of RCU in our department were included in this study. Patients mean age was 27 (range 20–32 years). All patients were pre-operatively evaluated using ultrasonography (US) followed by

contrast-enhanced computed tomography (CT) intravenous pyelography (IVP). After CT diagnosis of RCU, all patients underwent diuretic renography examination with ^{99m}Tc-DTPA. Robotic surgery was performed by the transperitoneal approach using the three-dimensional (3D) vision system in all the patients.

Results: All operations were completed via robotic without conversion to open surgery. Mean operation time was 168.5±9.89 minutes. Operation time of the patients in whom 3D a vision system was used was shorter (155 and 165 minutes). Blood loss was less than 50 mL in all patients. Obliterated ureteric segments were excised in all the patients. All patients were symptom-free after surgery and had regression of hydronephrosis in their kidneys.

DiscussionandConclusion: Careful dissection along the planes with good tissue respect and good hemostasis during each step are the key to success for robotic repair of RCU. Pure robotic surgery treatment of RCU seems feasible and technically reliable. At the same, time using a 3D vision system, if available would be preferable because of the dissection and intracorporeal suturing advantages.

MPOS 20-223

Retroperitoneal Fibrosis - Experiences and Outcomes from a Urologic perspective

Kevin Arulraj, Siddharth Jain

AIIMS, New Delhi

Retroperitoneal fibrosis is a rare condition characterized by the presence of inflammatory and fibrous tissue in the retroperitoneum. It is classified into primary (75%) which can be IgG4 related or secondary (25%) to infection, malignancy and other causes. We did a retrospective analysis of all cases of retroperitoneal fibrosis who visited our centre from 2017 to 2022. A total of 21 cases of retroperitoneal fibrosis were identified. 10 were males and 11 were females. 2 patients presented with obstructive uropathy. The mean creatinine at diagnosis in the rest was 0.97mg/dl. The predominant symptom was flank pain (57%). Most common location of fibrosis was infrarenal with extension upto bifurcation (76%). Histopathology showed features suggestive of retroperitoneal fibrosis in 77% of cases with 6 cases of IgG4 positivity. 90% of patients received initial medical therapy with steroids. Other treatment options included Tamoxifen (n=6), Methotrexate (n=2) and rituximab (n=1). 70% of patients on medical therapy had partial response. 19 or 21 patients underwent ureteric stenting (bilateral or unilateral). One patient underwent bilateral ureterolysis for progressive disease and two patients have one poorly functioning kidney. The management of retroperitoneal fibrosis is complex, with the primary goal being renal preservation from the urology point of view. Medical therapy is effective in inducing remission but a rigorous follow up is mandatory to identify progressive disease. Early urinary diversion with stenting is important to preserve renal function. Surgery is an option of patients with progressive disease and impaired renal function.

MPOS 20-224

Evolution Towards Conservative Management of Emphysematous Pyelonephritis and Predictors of Poor Outcome: Taking Down A Giant with Minimalistic Intervention

Sumit Mandal, Anupam Shukla, Kunj Bihari, Sanjoy Sureka, Uday Pratap Singh, Aneesh Srivastava

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh

Introduction:To evaluate the current trends of management, suggest a protocol-based approach and discuss the predictors of adverse outcomes of Emphysematous Pyelonephritis(EPN). EPN was traditionally associated with high morbidity often requiring emergency nephrectomy and mortality. However, the management and prognosis of EPN have changed with time.

Methodology:We retrospectively analyzed cases of EPN managed at our centre from January-2021 to June-2022. Our outcome variables included duration of hospital stay, need for elective nephrectomy and mortality. Per-Cutaneous Drain(PCD) placement was the rule with selected exceptions based on the amount of gas,clinical and laboratory parameters. We also compared our data to an old cohort at our institute.

Results:We had 66 patients with a median age of 51years.Fifty-one(77.3%) were diabetics. Nine patients had renal and 15 had ureteric calculi. The number of patients with EPN classes 1,2,3a,3b and 4 were 6,27,9,18 and 6 respectively.

Thirty-six presented with sepsis(47.4%) and 12 developed signs of organ dysfunction(15.8%) with 1 mortality(1.31%). PCD was placed in 63 and PCN in 15 patients. Median hospital-stay was 11 days. None needed emergency nephrectomy and 15(19.7%) underwent elective nephrectomy. We had similar rates of sepsis but lower rates of organ dysfunction, mortality, emergency nephrectomy and higher rates of PCD placement compared to our historical cohort. Predictors of adverse outcomes were presence of calculi, duration of symptoms, age, total leukocyte count and HbA1c.

Conclusion:With early empirical antibiotic coverage and use of PCD prognosis of EPN has improved. Emergency nephrectomy and mortality are rare occurrences, although sometimes requiring elective removal.

MPOS 20-225

Pandoras Sac - Bladder and both Ureters Herniating in the Scrotum : A Trap for Surgeons

Dwivedi Gaurav, Joshi BM, Sharma Himanshu, Bansal Amit, Desai Pragnesh, Maheshwari Ruchir, Kumar Anant

Max Super Speciality Hospital, Saket, New Delhi

Introduction And Objectives:Inguinal hernia is a common clinical presentation. Large inguinoscrotal hernias can contain omentum, small bowel, and large bowel commonly but rarely ureter and urinary bladder. The patient presents with large inguinoscrotal swelling with storage lower urinary tract symptoms. Other than routine clinical findings patient can present with hydroureteronephrosis (HDUN) or altered kidney function test. The aim of this study is to present such a rare case that surprises the treating surgeon.

Materials And Methods:A retrospective search of the publication of the PUBMED database was done to review the literature regarding such rare cases. The patient presented with a large inguinoscrotal hernia with bilateral HDUN with kidney dysfunction. CT scan revealed bilateral small kidneys with bilateral HDUN and both distal ureters with most of the urinary bladder within the right inguinoscrotal hernia. The patient was planned for bilateral DJ stenting before the hernia repair surgery.

Results:The patient underwent cystoscopy and was found to have a trabeculated, small capacity bladder, ureteric orifices couldn't be identified. Ureteric stenting couldn't be done and he was planned for hernia repair surgery.

Conclusions:A high index of suspicion should be maintained for high-risk populations, such as patients with large inguinal hernia, particularly obese old males who have symptoms that indicate urological pathologies or with unexplained hydronephrosis, renal failure, or urinary tract symptoms. Preoperative diagnosis is essential to guide the surgical approach, reducing the risk of bladder and ureter injuries during hernia repair.

MPOS 20-226

Perioperative Outcomes of Adrenalectomy- Review of One Year Experience in A Single Centre

Pal Atanu Kumar, Kalra Sidhartha, Sreenivasan Sreerag Kodakkattil, Dorairajan Lalgudi Narayanan, Ali Mujahid, Aggarwal Deepanshu

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry

Introduction and objectives:Our objective is to analyze our experience in open, laparoscopic, and robot-assisted laparoscopic adrenalectomy in one year and to check their feasibility in large adrenal tumors.

Methods: Between April 2021 to March 2022, 22 patients underwent adrenalectomy. Clinico-demographics, surgical technique, operative time, estimated blood loss (EBL), American Society of Anaesthesiologists score (ASA), Clavien-Dindo (CD) complications, length of hospital stay, and final histopathology were recorded.

Results: The average age and body mass index was 36.1 years (range 16-58) and 30.7 kg/m²(Range 18.9-36.7). Eight were males (M: F 8:14). Fourteen patients had right-sided, and eight patients had left-sided tumors. Thirteen patients had incidentalomas, nine had symptoms. The average tumor size was 6.3 cm (1.9-14). Fourteen tumors were large (>6cm). Three, 12, and seven patients underwent open, laparoscopic, and robot-assisted laparoscopic adrenalectomy, respectively. The average operative time was 165 minutes (range 85-305), the mean EBL was 100 mL (range 70-450), and the mean ASA score was 2.7 (range 1-4). The average length of stay was 3.6 days (range 2-25). One patient developed wound infection. One patient required readmission due to pancreatic fistula formation, which was managed conservatively with pigtail insertion (CD 3A). Patients with large tumors and pheochromocytoma had the longest operative times; highest estimated blood loss, and ASA scores. Final histopathology showed non-functional adenoma (n=8), myelolipoma (n=2), pheochromocytoma (n=8), adrenal cyst (n=2), schwannoma (n=1) and adrenocortical carcinoma (n=1).

Conclusions: Minimal invasive techniques are safe and feasible for adrenalectomy; even large adrenal tumors and pheochromocytomas can have good outcomes.

MPOS 20-227

Impact of Urolithiasis on Disease Severity, Prognosis and Management Strategies in Patients of Emphysematous Pyelonephritis: Data from A Tertiary Referral Centre

Anshuman Singh, Arun Chawla, Bommireddy V. Reddy

Kasturba Medical College, Manipal

The clinical spectrum of EPN ranges from a mild asymptomatic to severe life threatening disease. The relationship between urolithiasis and EPN disease severity has been debated. The aim of this study was to compare the disease severity, prognosis and outcome post treatment in patients of EPN with and without concomitant urolithiasis. A retrospective comparative study was performed on prospectively kept database of patients of emphysematous pyelonephritis admitted to our hospital from 2016 to 2021. Patients were divided into group 1 and group 2 on the basis of presence or absence of urolithiasis respectively. Parameters associated with disease severity were collected from the medical records and compared between the two groups. Total 102 patients having EPN were included. 26 patients had concomitant urolithiasis while 76 were with EPN alone. There was a statistically significant difference in the peak renal dysfunction; duration of ICU stay; duration of hospital stay and CT severity grading. No significant difference was observed in total leucocyte count, associated comorbidities, platelet count between the two groups. Mortality was present only in non stone group. 7 patients in the urolithiasis group underwent elective PCNL and 4 patients underwent elective URSL after 4 weeks of discharge. Nephrectomy was needed in 2 patients of the non-urolithiasis group. EPN associated with urolithiasis had milder course with excellent response to endourological management as compared to EPN without concomitant urolithiasis. ICU stay and overall hospital stay was shorter in the EPN with urolithiasis group. Mortality was observed only in the EPN without urolithiasis group.

MPOS 20-228

PSA Kinetics after Androgen Deprivation Therapy in Metastatic Carcinoma of Prostate

G.Naveen Guntupalli, Mujeeburahiman,

Yenepoya Medical College ,Mangalore

Prostate cancer (PCa) is the second most common cancer in men, and the fourth most common cancer worldwide. The incidence of organ confined Prostate Ca has increased since the introduction of prostate specific antigen (PSA). This circumstance reduces the incidence of metastatic Prostate carcinoma. Prostate carcinoma patient treated at early stages have a good prognosis with 5-year overall survival (OS) reaching 99%. In contrast, metastatic Prostate carcinoma patients generally experience a poor outcome

There is controversy among various study about the utilization of the PSA kinetics after hormonal treatment for predicting the progression to CRPC and survival

The findings of various studies showed that lower PSA nadir was associated with good prognosis after ADT treatment.

However, due to the variety of PSA nadir threshold, one best optimal threshold of PSA nadir could not be concluded .

Most of the papers & in many meta-analysis studies were using below 0.2 ng/ml PSA nadir

In clinical practice, PSA is the most common diagnostic test to evaluate the disease and to predict the survival. PSA kinetics such as nadir PSA level, time to reach nadir (TTN), or specific PSA value after initiation of ADT might become a predictor of survival in several retrospective and clinical trial studies

So there has been no acceptable guidelines about psa kinetics following androgen deprivation therapy for metastatic ca of prostate

I want to assess how psa kinetics varies in my patients for whom ADT therapy was given

Unmoderated Poster Session

UMP 01

Leydig Cell Tumour of Testis: A Case Report

Kiron Krishnaprasad, M Nazar

GTDMCH, Alappuzha, Kerala

Introduction: Leydig Cell tumours accounts for only 1-3% of all testicular tumours, but they are the most common type among non-germ cell tumours. They are mostly benign but 10% can present as malignant disease. Discussing here a case of a Leydig cell tumour for which high inguinal orchiectomy was performed.

Case Discussion: A 39-year-old man presented with a left testicular swelling increasing in size for the past one year. Local examination showed a hard, enlarged testis. An ultrasound revealed a 4.9 cm lobulated heterogenous mass in the left testis with septations and calcific densities. Serum tumour markers were all within the normal range. Patient was worked up and prepared for surgery, and high inguinal orchiectomy was done. The Histopathology report showed a Leydig cell tumour limited to the testis without lymphovascular invasion. Immunohistochemistry showed positivity for Inhibin while Calretinin, S-100 and Desmin were negative. After 2 weeks of surgery, a baseline contrast CT was obtained and serum testosterone level was done, which were both normal. Patient was asked to follow up after six months with CT scan.

Conclusion: Leydig cell tumours are rare testicular tumours of the male gonadal interstitium that may be hormonally active and lead to feminizing or virilizing syndromes. Adults with androgen secreting tumours are usually asymptomatic besides a non-tender palpable mass in the testes. Unlike germ cell tumours, Leydig cell tumours show relative lack of sensitivity to radiotherapy and chemotherapy agents. Since they are mostly benign, 6 monthly follow up after high inguinal orchiectomy is sufficient.

UMP 02

Voiding Lower Urinary Tract Symptoms Due to A Large Epidermoid Cyst of Mesorectum - A Rare Presentation

Vinod Kumar, YM Prashant, Anup Kumar

VMMC and Safdarjung Hospital, New Delhi

Epidermoid cysts usually occur in the region of face, neck and trunk. Pararectal epidermoid cysts are rare with very few cases reported in literature. We present a case of 43 year male who presented to us with voiding lower urinary tract symptoms and constipation. He was diagnosed to have a large mesorectal cyst and underwent robot assisted laparoscopic excision of the cyst which proved to be epidermoid cyst on histopathology.

UMP 03

A Giant Urethral Calculus in Anterior Urethral Diverticulum

R K Rajesh, V Rajagopal, Dvsln Sharma

Apollo Hospitals Jubilee Hills, Hyd

Introduction & Objective: Urethral diverticula are congenital or acquired saccular urethral dilations that communicate with the urethral lumen via an orifice. They are more commonly observed in females because of poor anatomical support of the urethra. In males, etiologic causes of acquired urethral diverticula include commonly periurethral and prostatic abscesses, urethral strictures, blunt force trauma. Herein we present a rare case of giant urethral calculus in anterior urethral diverticulum in an elderly male.

Materials & methods: A 72-year-old male presented to the OPD with a month-long history of dysuria and urinary frequency and urgency.

Results & Observations: A cystoscopy confirmed a stricture at the bulbomembranous junction. Retrograde urethrogram and a voiding cytourethrogram confirmed these findings. MR urethrogram demonstrated large diverticulum at distal part of anterior urethra with 6.4 x 3.9 cm large calculus within. We performed urethral diverticular excision, stone extraction and urethroplasty.

Conclusion: While rare, urethral diverticula should be considered in males presenting with urinary voiding symptoms along with perineal mass.

UMP 04

Comparison of Warm Verses Ambient Temperature Irrigation Fluids to Prevent Hypothermia in Patients Undergoing Holmium Laser Enucleation of Prostate (HoLEP) Under Spinal Anaesthesia. A Prospective, Randomised Study

Srivastava Pushkar, Maheshwari PN, Goyal A, Shetty V

Fortis hospital Mulund, Mumbai

Introduction and Objectives: To study if warming irrigation fluid can prevent hypothermia in patients undergoing HoLEP and help maintain core temperature on arrival in PACU (post anaesthesia care unit) and reduce intra-op and post-op shivering.

Materials and Methods: In this randomized comparative study, patients undergoing HoLEP under spinal anaesthesia were randomly allocated into two groups. Group A had patients with warm irrigation fluids used intra operatively while Group B had patients with ambient temperature irrigation fluids. Prewarming and inline warming of irrigation fluids was used in Group A

The main outcome was core temperature on arrival to post anaesthesia care unit. Incidence of intra and post-operative shivering was also noted.

Results: A total of 52 patients (26 in each group) were included in this study. Mean core temperature on arrival at PACU in Group A (35.43 \pm 0.53) was significantly higher than that of Group B (34.83 \pm 0.67) (P value=0.0008). Shivering intraoperatively (38.46%) and in PACU (34.62%) happened only in Group B. This was not seen in Group A (P value=0.0005).

Conclusion: Combination of prewarming and inline warming of irrigation fluids was very effective in preventing intra and post-operative shivering in patient undergoing HoLEP. This also reflected in improved peri operative comfort.

UMP 05

Inflammatory Myofibroblastic Tumour of the Bladder - A Rare Entity. A Case Report and Review of Literature.

T Shashikanth, R Sethi, M S Bindra, N Kekre

Naruvi Hospital, Vellore

Introduction and Objective:Inflammatory myofibroblastic tumour [IMT] of the bladder is an idiopathic tumour of low malignant potential. Here, we describe a case of IMT bladder treated at our hospital.

Methods:Description of the demography, clinicopathology, management and follow-up details of a patient who was treated at our centre for IMT bladder. To review literature currently available on the topic.

Results:A 36-year-old diabetic lady with pain during voiding and dysuria for 3 months was found to have a large bladder tumour in the anterosuperior wall on CT done elsewhere. She had no hematuria or any addictions. Urine cytology was negative for malignant cells. Cystoscopy showed a solid tumour with a narrow stalk with normal surrounding mucosa. The tumour was completely resected endoscopically. Histopathology [spindle cells with inflammatory cells] and Immunohistochemistry [ALK-1, SMA positive] confirmed the diagnosis as IMT bladder. At 3 month follow up, she had no recurrence on CT and Cystoscopy.

Two systematic reviews of 182 and 46 cases of bladder IMTs reported a local recurrence rate of 4% and 22% after a mean follow up of 30 and 33 months respectively. Almost all were managed with Re-TURBT or Partial cystectomy. Two cases of malignant transformation have also been reported.

Conclusions:IMT Bladder is a rare differential diagnosis to be considered in patients presenting with atypical symptomatology and tumour morphology.

Complete surgical resection is the treatment of choice.

Recurrences are rare and do not need radical surgery.

Regular follow up after surgery is required to detect recurrences.

UMP 06

Large orthotopic reservoir stone burden: Role of Percutaneous Surgery

Sandeep Kumar patel, Apul Goel,SN sankhwar,V.singh,BP singh,Manoj Kumar

King George Medical University, Lucknow(UP)

Purpose: To present our experience in percutaneous poucholithotomy as a primary management of large orthotopic reservoir stone burden and discuss different management options.

Materials and Methods: Records of men with a history of Bladder extrophyepispadias complex underwent radical cystectomy and orthotopic urinary diversion were developed continent pouch stone formation. Patients with large reservoir stone burden managed by percutaneous poucholithotomy

Results: A 40-year-old male with a history of Bladder extrophy epispadias complex presented to OPD with Left flank pain. He underwent creation of a continent cutaneous pouch at the age of 23. Since that time, he has performed clean intermittent catheterization four to six times daily but has never irrigated his pouch to clear mucous and debris. As a result, he developed continent pouch stone for which fluoroscopic-guided tract was made to the pouch through a small puncture (9-10 mm) and a nephroscope was inserted via an Amplatz sheath placed. The calculus was fragmented with pneumatic energy before being flushed out. A pouch nephrostomy was kept in place for 72 hours postsurgery; no catheter was needed through the catheterizable limb of his pouch.

Conclusions: Percutaneous removal of stones from continent cutaneous reservoirs is a safe and effective alternative to open poucholithotomy in adults with large stone burdens. We present a rare case of percutaneous poucholithotomy for a large stone in an adult who previously underwent continent Pouch creation for management of Bladder extrophyepispadias complex

UMP 07

Primary Localized Amyloidosis Of Urinary Bladder: A Rare Cause Of Recurrent Hematuria

Gupta V, Devana SK, Sivakumar S, Sharma AP

PGIMER, Chandigarh

Introduction: Amyloidosis is extracellular deposition of misfolded insoluble proteinaceous material leading to organ dysfunction. It can be either primary or secondary. Here we present one rare case of recurrent hematuria due to primary amyloidosis of bladder. We also present a short review of evaluation and management of bladder amyloidosis.

Material and Methods: A 42-year-old male with no known comorbidities presented with history of dysuria followed by gross painless hematuria with clot retention. Cystoscopy showed a 4x4 cm mass on anterior wall of bladder which was completely resected. Histopathology showed ulcerated urothelium with underlying stroma and muscle involved by amorphous congophilic eosinophilic material deposits showing apple-green birefringence on polarized microscopy suggestive of bladder amyloidosis.

Results: After 11 months, patient again had hematuria with recurrent sessile bladder growth of 1x1 cm on right lateral wall which was again resected. Immunohistochemistry demonstrated Primary (Alpha-Light-chain-type) amyloidosis. Comprehensive evaluation including serum and urine protein electrophoresis, serum-free-light-chain-assay, Troponin-I and T, NT-pro-BNP, ECG and FDG-PET CT done which ruled out systemic amyloidosis. The patient presently is asymptomatic and is kept on oral colchicine therapy (0.5mg bd).

Conclusion: Primary amyloidosis of the urinary bladder is a rare cause of recurrent hematuria. Before establishing diagnosis of localized amyloidosis, extensive evaluation for systemic disease is imperative. Transurethral resection is the standard treatment and long-term follow-up is recommended.

UMP 08

A Rare Case of Ectopic Prostatic Tissue in the Bladder -A Case Report

Shivananda Bn, Sivasankar G, Sivabalan, Bhargavi, Muthurathinam
Govt Kilpauk Medical College, Chennai

Introduction And Objective : Ectopic prostatic tissue is a rare entity and usually involves the midline in the form of vestigial remains of embryonic prostatic elements .It can be endoscopically confused with malignancy. Here we report a case of 29 year old male patient, having ectopic prostatic tissue in the bladder as nodule.

Methods: This young male patient came to our urology opd with infertility who was married 4 yrs back. Later on cystoscopy , a 1 cm nodule was noted over the interureteric bar. Tumour resected and sent for histopathological examination

Results: Histopathological examination revealed that the tissues showed fragments of fibromuscular components whose subepithelium showed glandular epithelium resembling the prostate glands

Conclusion: Ectopic prostatic tissue is a rarely reported case and till now very few cases has been reported in the literature. It is usually seen in bladder trigone, bladder neck, seminal vesicle. It is usually a benign disease and has excellent prognosis.

UMP 09

Epidermoid Cyst in Urinary Bladder - A Rare Case

Santhosh K, Sumanth T , Suresh V, Srinivas G
Nri Academy Of Sciences, Mangalagiri, Andhrapradesh

Introduction And Objective: Benign tumours of bladder are usually diagnosed incidentally. Epidermoid cyst in urinary bladder is a benign pathology and a very rare case, only 2 cases reported prior to this study.

Methods: A 53 yr old female patient presented with Dysuria , was evaluated with USG and CT scan KUB which was suggestive of leiomyoma of bladder 1.8*1.3 cms , cystoscopy revealed well defined smooth bulge in size of around 2cms present over the base of the bladder , planned for TURBT

Results: During TURBT, the mass turned out to be a cystic lesion , cyst wall de-roofed ,putty material came out. the remaining cyst wall was completely resected and sent for Histopathological examination. Histopathological Examination sections studied, which showed bladder mucosa lined by transitional epithelium and cyst wall lined by squamous epithelium with a few anucleate squames . features consistent with epidermoid cyst . patient kept in regular follow up.

Conclusion: Epidermoid cyst of the bladder is a very rare benign mass of urinary bladder which can mimic a leiomyoma . diagnosis confirmed with Histopathological examination . complete excision and regular follow up is the optimal treatment .

UMP 10

A Study of Relationship between Clinical score of Lower Urinary Tract Symptomsand Certain Parameters of Metabolic Syndrome: A Cross Sectional Study

P Mandal, Nachiket Vyas

Jaipur

Introduction: Lower urinary tract symptoms (LUTS) are a common finding in the aging male. There is increasing evidence of a relationship between LUTS and the presence of metabolic syndrome (MSx). MSx represents a constellation of abnormalities including being overweight (visceral abdominal fat distribution), dyslipidemia, hypertension, and impaired glucose metabolism with insulin resistance as the hypothesized underlying pathogenic mechanism. The objective of this study is to determine the prevalence of MSx in men 40 years of age and older who visit an outpatient urological clinic and to evaluate its relationship with LUTS.

Materials and methods: All patients more than 40 years of age attending urology outpatient department were included in the study. They were evaluated with the International Prostate Symptom Score (IPSS) questionnaire and certain parameters of MSx were determined in these patients. A logistic model was used to determine possible associations, controlling for confounders and interaction factors.

Results: Six hundred fifty patients were included in the study. MSx was observed in 42.3%. The bivariate model showed an association between MetS and LUTS ($p < 0.01$). The association between MSx and IPSS was shown by applying logistic model. Greater risk of MSx was found in patients exhibiting moderate and severe LUTS than mild LUTS.

Conclusion: The results were able to confirm an association between MSx and LUTS. As the prevalence of MSx is high and there is association between MSx and LUTS, it is advisable that urologists actively screen for it and give advice for its management.

UMP 11

Our Institutional Experience of Single Session Pneumatic Ureteroscopic Lithotripsy for The Management of Bilateral Ureteric Calculi

Dudhat M, Sivasankar G, Raju S, Sivabalan J, Muthurathinam K, Bhargavi R, Tamilselvan D

Government Kilpauk Medical College, Chennai, Tamil Nadu, India

Introduction: In present scenario there is increasing trend of single-session ureteroscopic lithotripsy (SS-URSL) for the management of bilateral ureteric stones with different localizations. The aim of this study was to evaluate efficacy and safety of single-session pneumatic lithotripsy in patients with bilateral ureteric stones.

Materials and Methods: Between January 2021 to June 2022, a total of 858 patients underwent ureteroscopy with pneumatic lithotripsy in our tertiary care center. Among those, 32 patients underwent SS-URSL. The stones were located in the lower, middle and upper ureter in 38(59.4%), 16(25.0%), and 10(15.62%) of the cases, respectively. 52 stones were less than 10mm in size. A 6 /7.5 & 8/9.8 Fr semi-rigid ureteroscope were used for the procedures and the stones were fragmented with pneumatic lithotripter and double loop J stent placed.

Results: Out of the 64 stones, 54 (84.38%) fragmented in single endoscopic procedure and 10(15.62%) required retreatment. According to location, stone free rate (SFR) for distal, middle & proximal ureteric stones were 89.48%, 81.25% and 70.0% ($p < 0.05$), respectively. A higher SFR was obtained with stone size less than 10 mm (94.23%) ($p < 0.05$). Average hospital stay was 2.3 days. No major complications were observed in our study (Clavien – Dindo Gr 2 or less).

Conclusions: Bilateral pneumatic lithotripsy in single session can be performed effectively and safely with low complications and minimal morbidity. It's cost effective and patient friendly by reducing re-admission for staged procedure, the need of anesthesia and hospital stay.

UMP 12

Complication of Percutaneous Nephrolithotomy -Our Institute Experience

Ch.Pavankumar, Mangayarkarasi, Rajakumari, Subhakanesh, Larif, Sadagoppan
Tirunelveli Medical College & Superspeciality Hospital (Pmssy) Tirunelveli, Tamilnadu

Introduction- Percutaneous nephrolithotomy (PCNL) is generally considered standardised technique for renal calculus, serious complications although rare can occur. Total complication rates after PCNL vary widely, between 29% and 83%.

Objectives- To know the incidence of complications of percutaneous nephrolithotomy (PCNL) at our institute

Materials And Methods- From JANUARY 2021 to JUNE 2022, 140 cases of PCNL were performed at our institute. A prospective study was done in view of complication occurred during the study period we analyzed 140 patients for complication rates & classified by the modified Clavien grading system.

Results- In 140 patients, staghorn stone patients are 36. Bilateral staghorn calculus 3 cases

A total of 42 (30%) complications were documented in patients.

According to the modified Clavien classification, grade I, II, IIIa, IIIb, IVa, IVb, and V complications were observed in 28 (20%), 6 (4.2%), 15 (10.7%), 3 (2.1%), 2 (1.4%), 1(0.7%), and 1(0.7%) patients, respectively.

The most common complication was extravasation of irrigation fluid (11%) and postoperative fever

Bleeding & blood transfusion required in 10 (6.9%). Other individual complications occurred in less than 1.5% of cases.

Conclusions - A shorter operation time is associated with less bleeding.

Staghorn stones are significant contributing factors for developing postoperative fever and sepsis.

Prolonged surgery and multiple punctures there is increased incidence of extravasation

Complication can be avoided by proper technique & expertization in PCNL but still complication can occur.

UMP 13

RIRS Versus Mini PCNL for a Stone Less than 2 Cm; Do we have a Clear winner

Suresh Singh, Gharwar Yogendra, Dani Tushar, Agarwal Sandeep, Tiwai Shivendra
DKSPGI, Raipur

Introduction:RIRS and Mini PCNL are two options for a stone less than 2 cm in kidney pelvis and calyces. We compared the two modalities in various outcome respects.

Material and methods: Study was conducted in a govt. super speciality set up hospital. 30 pts of each group were selected after removing the confounding factors and bias.

The comparison was made in regard to hospital stay, stone clearance, complications, need for auxiliary procedure.

Results: Lower calyx stone took more time, were associated with more complications and hospital stay was more. upper pole and pelvis stones were more or less equal in all regards.

Keywords: RIRS, Mini PCNL, Stone clearance, complications.

UMP 14

Retrograde Holmium Laser Endopyelotomy in A Case of Failed Pyeloplasty

Ghosh Anik, Kumar Kunjan, Islam Md Arif, Singh Sudipta, Dey Ranjan Kumar

R G Kar Medical College and Hospital, Kolkata

Introduction: The gold standard treatment for Uretero Pelvic Junction Obstruction is dismembered pyeloplasty. Endopyelotomy in retrograde/ antegrade manner by knife/ laser is also a treatment method for UPJO patient. This procedure is reserved for patients with history of disease recurrence after pyeloplasty.

Objectives: Retrograde Laser Endopyelotomy is appropriate option for a failed Open Pyeloplasty twice.

Case Description: A 10 year old boy presented with pain on Right flank of abdomen for last 1 year and history of open pyeloplasty twice. CECT KUB shows Right sided grade III hydronephrosis with pelvi ureteric junction obstruction. DTPA Renogram shows a Type 2 obstructive curve. This patient had history of open surgery twice. On table RGP was done -- which shows jet sign. With help of Semi rigid URS Laser Fiber (365 micron wire with a setting of 1 J at 10 Hz) was introduced and cutting was done in the PUJ for full length of narrowing till periureteric fat is seen through incision. After that a RGP was done again which shows dye out of pelvis. Double J Stenting was done with two 4 Fr/ 20 cm long D J Stent given side by side, which was removed after 6 weeks. Another RGP after 6 weeks showed, wide open PUJ, no jet sign with dye reaching renal pelvis and rapid wash out of contrast.

Conclusion: Retrograde Laser Endopyelotomy is a good option for failed pyeloplasty as it is a minimal invasive procedure with least morbidity.

UMP 15

Open Pyelolithotomy in a Left Pelvic Ectopic kidney - A Case Report

Sammohit Gulakavrapu., P.Periasamy, R. Rajkumar, S Rajasekar, P SenthilKumar.

Govt Mohan Kumaramangalam Medical college and Hospital, Salem

Background: Recent Advances in Urology have significantly reduced the indications for open surgery to treat Large kidney stones. Nevertheless, according to our experience, an open surgery is still the preferred treatment for rare cases of the ectopic pelvic kidney.

Case Report: A 51 year old male presented with complaints of left lower abdominal pain from 6 months . The pain increased in intensity from 2 months. No other specific complaints ; on physical examination,

on palpation of the left iliac fossa, and hypogastrium, an ill defined tender mass could be felt. The abdominal Non contrast computed tomography(NCCT) showed a left ectopic kidney at the level of L5 over Left iliac crest with hilum facing anteriorly. There was also mild hydronephrosis (grade I) and Left PUJ calculus of size 2 x 2.4 cms . The stone was surgically treated with open pyelolithotomy through a left Gibson Incision. The patient was discharged on 5th Post operative day without any complications.

Conclusion: Open surgery can still be a valid alternative in the treatment of Renal stones of very selected cases, including anomalous kidneys, in a setting where resources are limited.

UMP 16

Spontaneous Calyceal Rupture with Urinoma

Yash Rajeev Godbole, Devendra Kumar Jain, Ajay Shahbaaz Chahal

Bharati Vidyapeeth Hospital and Medical College, Pune

Research objectives - management of a patient of spontaneous middle calyx rupture, secondary to a pelvic calculus

Methods- A 35-year-old male presented with complaints of right flank pain as well as fever for 2 days prior to presentation. On examination his abdomen was soft with marked flank tenderness, without guarding. Laboratory investigations revealed mildly elevated leucocyte levels and creatinine was within normal limits.

A contrast study CT scan of the kidney, ureter and bladder was done which revealed a middle calyx rupture with urinoma formation along with a 7mm calculus at the site of the rupture and a calculus measuring 16.5mm in the renal pelvis.

The patient underwent Double-J stenting in the initial phase of therapy along with adequate antibiotic cover and showed symptomatic improvement thereafter. A follow up CT scan was done, which revealed a healed site of rupture and formation of a minor diverticulum there. Later he underwent percutaneous nephrolithotomy with clearance of the renal calculi.

Results - The patient was initially managed with double j stenting and later percutaneous nephrolithotomy with successful outcome

Conclusion - Thus, a staged approach with internal diversion of obstruction proves to be the most effective modality of treatment allowing adequate drainage and time to heal following calyceal rupture.

Funding - none

UMP 17

Renal Cortical Necrosis- An Unseen Complication of Post Percutaneous Nephrolithotomy Sepsis.

Thummala Yashaswi, Aditya rakash sharma, Sudheer kumar Devana, Shrawan kumar Singh

PGIMER ,Chandigarh

Background- Acute cortical necrosis is unusual cause of renal failure Obstetric complications are the most common cause of renal cortical necrosis in developing countries. We report unusual case of acute cortical necrosis following percutaneous nephrolithotomy

Methods- 52 year male came with history of right percutaneous nephrolithotomy done at private centre, following which he had high grade fever ,decreased urine output. He was referred to our institute with nephrostomy drain and Double J stent insitu. Evaluation shown an increased total leucocyte count of 22000 and creatinine of 10.5 mg/dl. He was resuscitated with intravenous antibiotics and underwent hemodialysis. Non contrast computed tomography abdomen was done which shown acute cortical necrosis in left kidney and pyelonephritis in right kidney with gross abdominal ascites

Results- Abdominal ascites was drained percutaneously and nephrostomy tube was removed as it was outside the peviccalceal system and a new percutaneous nephrostomy was placed. Patient urine output was initially less than 100ml which had increased to 800ml per day. Patient clinically improved but creatinine was persistently high and ended up in end stage renal failure

Conclusion- Acute cortical renal necrosis is rare entity and was never reported post percutaneous nephrolithotomy sepsis.

UMP 18

Urolithiasis Management in Patients with Kyphoscoliosis : Our Experience.

Tikar C R, S Parab, T Jain, M Andankar, H Pathak.

Topiwala National Medical College and B.Y.L. Nair Charitable Hospital, Mumbai.

Introduction:Scoliosis is characterized by abnormal three-dimensional changes in the structure and shape of the spine, and its incidence is approximately 1%.The standard treatment strategy for this condition is unclear and has been rarely reported, representing a challenge in the field of urological surgery. Extracorporeal shock wave lithotripsy was once reported to be used to treat renal calculi in patients with severe scoliosis. However, this application was limited because of postoperative intestinal bleeding. Additionally, the effect of extracorporeal shock wave lithotripsy on hard stones or those of >2cm was unsatisfactory. Open surgery is another routine strategy; however, it has high rates of complications and mortality.

Methods:This case series describes the performance of percutaneous nephrolithotomy and RIRS in 5 patients of scoliosis with kyphosis . The operations were performed with the patients under general anesthesia and for PCNL prone position was used. One patient need second Surgery, PCNL was performed after failure of RIRS 2 weeks later. All stones were successfully removed during the second surgery . USG guided puncture taken in all PCNL Surgery.

Results: Two weeks post Surgery complete clearance of stone noted in all patient. No complications occurred in either operation, and the patient recovered well.

Conclusion: This study suggests that USG guided percutaneous nephrolithotomy and RIRS both are safe and effective approach in treating renal calculi in patients with kyphoscoliosis. However selection of modality should be done by considering the stone burden and feasibility of prone position for PCNL.

UMP 19

Modified URS for Large Impacted Distal Ureteric Calculus- A Case Report.

Pratik Taur, Nitesh Jain, Jatin Soni, Deerush Kannan, Rajesh Paul

Apollo Main Hospital, Chennai.

Introduction: Large distal ureteric calculi often get impacted, causing difficulty for URS . Therefore Laparoscopic ureterolithotomy is better for complete stone clearance. Laparoscopic ureterolithotomy has its own advantages and disadvantages. We used innovative endoscopic method for treating the large distal ureteric calculus in which we performed URS with ureteral access sheath and semi-rigid Ureteroscope .Holmium YAG laser Energy source was used for lithotripsy.

Materials and Methods: A 58 year old gentleman known case of Hypertension and azotemia presented with recurrent left loin pain. On evaluation CT KUB revealed 2.8 cm left lower ureteric calculus with proximal hydronephrosis.

Results: He underwent modified URS using ureteral access sheath. Complete clearance was achieved quickly. Post operatively he recovered well and discharged on same day.

Conclusion: we can use access sheath as adjunct for routine semi rigid Ureteroscope to fragment large ureteric calculus to achieve quick clearance with reduced chance of ureteric injury in cost effective manner.

UMP 20

Emphysematous Pyelonephritis with Scrotal Extension – An Unusual Case Presentation

Udham Singh, SNSankhwar, A Goel, V Singh, BP Singh, Manoj Kumar, Vivek K Singh

King George's Medical University, Lucknow

Introduction: Emphysematous pyelonephritis (EPN) is a suppurative necrotizing form of renal infection with abscess & gas formation in the renal parenchyma and perirenal tissue. It is a rare and life-threatening condition. Most common causative organism is Escherichia coli, which accounts for 60% of all the cases. Diabetes mellitus has been found in almost all the cases.

Case Presentation: A man in his 40's was newly diagnosed as diabetic and presented to the clinic with complaints of fever, right flank pain and pus discharge from the scrotal wall for last 20 days. On the basis of clinical examination and imaging a diagnosis of right emphysematous pyelonephritis with scrotal extension was made. Blood sugar was controlled with subcutaneous insulin. Right side DJ stenting and right-side percutaneous drainage was done under local anaesthesia. Incision and drainage of scrotal abscess was also done at the same time.

Conclusion: Emphysematous pyelonephritis is almost always associated with diabetes mellitus and E coli is the most common causative organism. Aggressive management including hemodynamic stabilisation, intravenous antimicrobial therapy, and diabetes control with insulin therapy is mandatory, but a surgical procedure (nephrectomy or drainage) is almost always required. Despite an aggressive treatment the mortality remains high in advanced disease.

UMP 21

Spontaneous Ureteric Rupture

Shameer Deen, Emmanuel Ogbu, Nicholas Faure Walker and Nkwam Michael Nkwam

Princess Royal University Hospital, Kings College NHS Foundation Trust

Spontaneous ureteric rupture is a rare phenomenon which can be traumatic or non-traumatic that may arise from ureteric obstruction, trauma, mucosal inflammation from urolithiasis, connective tissue disease or retroperitoneal fibrosis. High pressure chronic retention is characterised by nocturnal enuresis, a tense palpable bladder, hypertension, progressive renal impairment, bilateral hydronephrosis and hydroureter on imaging. Obstructive urological symptoms are typically absent in uncomplicated cases.

We report the case of a 69-year-old male who presented with high pressure chronic retention and spontaneous ureteric rupture demonstrated on a non-contrast CT. This patient was managed with a urethral catheter on free drainage and a retrograde ureteric stent. The patient's condition improved, and the stent was removed after a uretero-pyeloscopy which revealed no extravasation. He later underwent a successful transurethral resection of the prostate.

UMP 22

Acute Kidney Injury as Delayed Presentation Due to Clots following Pcnl in A Solitary Kidney

Banerjee A, Velmurugan P, Natarajan K

Sri Ramachandra Institute of Higher Education and Research, Chennai, Tamilnadu, India

Introduction and Objective: Bleeding post PCNL (percutaneous nephrolithotomy) is relatively common. However, clot formation in the ureter resulting in acute kidney injury (AKI) two weeks after stent removal is rare. This article discusses a case, where clots led to AKI but, prompt clot evacuation from the ureter prevented further renal impairment and the patient recovered swiftly.

Methods: A 40 years old male presented with complaints of right loin pain for the past 1 month. The patient underwent left simple nephrectomy 2 years back. On CT KUB, he had a few calculi in the lower pole calyx - the largest measuring 14 mm with maximum HU +1405. PCNL was performed and he was discharged the following day in stable condition. He came back after 5 days for right JJ stent removal. On postoperative day (POD) 13, he came to the ER with complaints of right loin pain, fever and anuria for 12 hours. His serum creatinine was 2.5 and was rushed to the OR, where ureteroscopy revealed long thread-like clots in the right ureter. The clots were evacuated with a grasper and a right JJ stent was placed.

Results: Post-operatively the urine output was 300ml and on POD 3, serum creatinine of 1.4. He was discharged the following day and came for a follow-up after 1 month and is doing well.

Conclusions: For a solitary kidney, post-op complications must be promptly managed. As conservative management alone may result in permanent renal impairment with the patient requiring renal replacement therapy in future.

UMP 23

Multifaceted Approach in Management of Urolithiasis in Horseshoe Kidney

Kshitij Kirane, JVS Prakash, PV Thiruvarul, Vetrichandler, KV Arasi, Arunkumar Paranjothi, Natarajan V

Stanley Medical College Chennai

Introduction: Horseshoe kidney (HSK) is the most common complex anatomic variant of fusion defect of the kidneys occurring in approximately 1:400 individuals. 20% of HSK are reported to be associated with calculi. Anatomic causes such as high insertion of the ureter and obstruction of the ureteropelvic junction

are thought to contribute to stone formation due to impaired drainage with urinary stasis and increased incidence of infection.

Materials And Methods: A retrospective review of 4 patients with HSK with renal calculus who presented to our institution from 2019 to 2022 was performed. Demographic data was collected, the method of treatment and the outcomes of stone management were reviewed.

Results And Observations: We included 4 patients, all 4 are males with a mean age of 37 years. Mean serum creatinine level was 66 mmol/l. Three patients with a stone size of >2 cm were treated with percutaneous nephrolithotomy (2 underwent prone pcnl and one laparoscopic assisted pcnl). one patient with a 10 mm stone was treated using retrograde intrarenal surgery. For all the 4 patients 100% stone clearance obtained in single sitting.

Conclusion: Appropriate management of urolithiasis within the HSK depends not only on stone burden, but also on stone location, calyceal configuration and malrotation. Renal stones can be cleared successfully in almost all patients with horse shoe renal anomaly with tailored approach.

UMP 24

Large Vesical Calculi with Vesicovaginal Fistula in an Adolescent Female- Staged Endoscopic and open Surgical Management

Nitish Dev, SN Sankhwar, Apul Goel, V Singh, BP Singh, Manoj Kumar
King George Medical University / Lucknow

Introduction: Primary vesical calculi are uncommon in patients with vesicovaginal fistula (VVF). Complicated Vesicovaginal Fistulae (VVF) is prevalent in developing countries following obstetric injury. We report a rare case of a large vesical calculi in a patient with recurrent, complicated VVF managed successfully in two stages 12 weeks apart.

Case presentation: A 38-year-old female presented to the outpatient department with complaints of lower abdomen pain and continuous dribbling of urine per vaginum for the past 2 years. There is history of TAH in 2020. Diagnosis was confirmed on CPE, ultrasonography and CT Urography demonstrating exact site and size of vesical calculus. Two large vesical calculi was broken by Holmium laser and repair of fistula was done by Transabdominal VVF repair after interval of 12 weeks.

Conclusion: In cases of long standing VVF, patients are at risk of formation of large stones in the defect. After ruling out the malignant pathology, minimally invasive approach for the stone clearance in the form of Holmium laser energy can minimize the morbidity of the procedure by avoiding open cystolithotomy. This can lead to early recovery following which fistula can be repaired successfully in staged manner after resolution of stone induced oedema and inflammation.

UMP 25

A Rare Case of Postpartum Acute Abdomen in a Primipara

Jithesh P, Sreerag KS, Kalra S, Dorairajan LN, Aggarwal D

Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry

Introduction & Objective: Spontaneous Rupture of the Bladder is of rare occurrence after normal vaginal delivery. It is a surgical emergency. We describe our experience of managing Postpartum Spontaneous rupture of the bladder.

Methods: We report a case of a 24 years old primipara with 39 weeks of gestation presented to our tertiary care centre's Obstetric and gynaecology department with latent labour. After augmentation, She delivered by normal vaginal delivery. Postpartum, she developed peritonitis and, on evaluation, was found to have bladder rupture. We emphasise the importance of preoperative imaging in diagnosing, surgical planning, and treatment challenges for this rare case of bladder rupture.

Results: Examination revealed free fluid in the perisplenic and pelvic area with multiple septations and moving echoes. CT Cystogram suggested perforation in the bladder with extravasation into the peritoneum. There were multiple perforations over the dome and posterior wall of the bladder. Sloughed off bladder wall with unhealthy mucosa was removed. After excising unhealthy tissues, bladder repair was done in three layers. Postoperatively patient developed Vesico peritoneal fistula, which was managed conservatively.

Conclusions: Surgical treatment is necessary; the suggested operative procedure is laparotomy for Spontaneous Bladder rupture. Revision of the abdominal cavity and urinary bladder is essential. Urinary bladder rupture early after the delivery is considered a dire obstetric emergency that manifests with acute abdomen, new-onset ascites, bowel ileus, acute renal failure and urosepsis that requires prompt surgical intervention and distended bladder should be drained before labour.

UMP 26

[Just a Suture - How harmful can it be - Findings in a Patient Post-Vvf Repair](#)

Singh R, Palaniyandy V, Chandru, Kumaresan N

Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai

Introduction & Objective : Complicated Vesicovaginal Fistulae (VVF) is prevalent in developing countries following obstetric injury. Repair is undertaken after a period of rest with strict adherence to the principles of urogynaecological fistula repair. We wish to report a rare finding of a 5cm vaginolith in a post-VVF repair patient, secondary to a prolene suture acting as a nidus.

Materials and Methods : A 37-year-old lady was diagnosed with post-hysterectomy VVF in 2018 and underwent open repair (O Connor's Technique) with uneventful post-operative recovery. In 2022, the patient presented with complaints of persistent dyspareunia. Per vaginal and speculum examination revealed a large? vaginolith occupying almost the entirety of the vaginal lumen. A non-contrast CT scan was ordered for better delineation of the pathology.

Results and Observations : Vaginoscopy confirmed the presence of 5 cm calculus in the vagina attached to the anterior vaginal wall with blue-coloured suture material. Cystoscopy revealed no intravesical pathology or signs of failed VVF repair. The vaginolith was approached transvaginally and removed after cutting the thread on the anterior vaginal wall. Post-operative recovery was uneventful. The patient had no urinary leak post catheter removal.

Conclusion :Our case is unique because of the rarity of vaginal calculus secondary to a nidus and highlights the importance of following surgical principles of urinary fistula repair. Non-absorbable sutures and obstruction of urinary drainage combined with repeated urinary tract infections are hypothesised to promote vaginal stone formation.

UMP 27

Recurrent Vesical Calculus Formation Leading to Spontaneous Vesicovaginal Fistula in a Young Girl.

Ankush Sadotra, Vishwajeet Singh, SN Sankhwar, Ankush Sadotra
KGMU, Lucknow.

Vesical calculi are common in pediatric population especially in the Indian subcontinent. Spontaneous vesicovaginal fistula formation as a complication of long standing recurrent vesical calculus in a young girl has seldom been reported in the literature. We hereby report a case of 15 year young girl who had a history of recurrent, impacted vesical calculus disease. She now presented with complaint of continuous urinary leakage per vaginum for last 6 years. Transurethral holmium laser lithotripsy was done to make her stone free. The chemical stone analysis revealed predominantly of ammonium urate stone. Transvaginal repair of vesicovaginal fistula with interposition of Martius flap was done 6 weeks following cystolithotripsy. The patient is dry following repair and doing well in 12 months follow-up.

UMP 28

Distal Ureteric Injury following Excision of Transverse Vaginal Septum and Distal Vaginoplasty: A Rare Complication

Jayant Maurya, V Singh, S N Snkhwar, Apul Goel, B P Singh
King George Medical University

Introduction: Transverse vaginal septum (TVS) with distal vaginal atresia is rare abnormality of female genital tract with an estimated incidence of 1/200-1/7200 cases. Diagnosis of TVS is based on clinical history, gynecological examination, and radiological investigations. Early postoperative complications of resection of transverse vaginal septum with drainage of hematocolpos are small hematoma formation on sutured line and infection. Late complications are vaginal stenosis, dyspareunia, menstrual irregularity, and fertility-related issues. Urinary incontinence due to distal ureteric injury following resection of TVS and distal vaginoplasty has not been previously reported in literature

Case Report: 12 years girl presented with cyclical lower abdominal pain and primary amenorrhoea. Her clinical and radiological examination revealed, hematometra, hematocolpos (proximal vagina) with thick transverse vaginal septum and distal vaginal atresia. She was managed initially by excision of the transverse vaginal septum and distal vaginoplasty. She had left distal ureteric injury following this operation for which cystoscopy and retrograde ureteric stenting was tried initially which remained unsuccessful. Later she was managed by left percutaneous nephrostomy followed by Modified Gregoir Lich ureteroneocystostomy through a mini-incision.

Conclusions: Distal ureteric injury following excision of transverse vaginal septum and distal vaginoplasty is extremely rare complication. Initially cystoscopy and retrograde ureteric stenting must be tried. Percutaneous nephrostomy should be done if retrograde stenting is unsuccessful. Definitive management is stented ureteroneocystostomy. In present case Modified Gregoir Lich technique of ureteroneocystostomy through a mini-incision was performed which showed excellent result.

UMP 29

Leiomyoma of the Bladder Presenting with Lower Urinary Tract Symptoms in a Female Patient: A Case Report

Annappa Kamath K, S Vasudevan, H Pandey

Government Medical College, Thiruvananthapuram

Background: Most bladder tumors are derived from the urothelium. Benign mesenchymal tumors are rare. Leiomyoma of the bladder is the most common benign neoplasm. We present a case of leiomyoma of the bladder presenting with LUTS in a female patient.

Methods: A 60-year-old woman presented with LUTS, especially Hesitancy and Intermittency. Evaluations including ultrasound, magnetic resonance imaging, cystoscopy, and contributed to a provisional diagnosis of leiomyoma of the bladder.

Results: A transurethral resection was performed. The final pathological report was leiomyoma. After the operation, her symptoms resolved.

Conclusions: Leiomyoma of the bladder can cause female outlet obstruction. Transurethral resection is an excellent modality for treatment of leiomyomas projecting into lumen of UB

UMP 30

Persistent Müllerian Duct Syndrome Presenting as Bilateral Cryptorchidism- A Case Report

Joshi M, Priyadarshi S, Sharma G, Bansal S

Jaipur

Introduction and Objective: Persistent Müllerian Duct Syndrome is a rare condition marked by the presence of Müllerian duct derivatives (uterus and fallopian tubes) in males who are seemingly (phenotypically and karyotypically) normal. We report a case of PMDS encountered in a patient presenting with bilateral non palpable testes since birth.

Methods: A 17 year old boy presented to the Urology OPD with complaint of bilateral non-palpable testes in scrotum since birth. He had no other complaint.

Results: Ultrasound revealed non-visualization of testes in bilateral hemiscrotum and inguinal canals. CECT scan of the abdomen showed empty scrotal sac with iliac oval structures without any CT identifiable follicles- likely gonads. A normal sized prostate was identified at the base of the bladder, adjacent to which a uterus like structure was seen. The patient underwent diagnostic laparoscopy, which revealed presence of both testes in the iliac regions along with the uterus and fallopian tubes. Hysterosalpingectomy and orchidopexy were done at the neck of the scrotum after testicular mobilization which could not go beyond the neck of the scrotum.

Conclusions: A remote possibility of Persistent Müllerian Duct Syndrome should be borne in mind while dealing with a case of undescended testes. If such an encounter occurs, orchidopexy with removal of mullerian duct structures is the preferred management.

UMP 31

A Rare Presentation of Squamous Cell Carcinoma of the Buccal Mucosal Graft Site of the Urethra Post Urethroplasty

Deerush Kannan, Jatin Soni, Pratik Taur, Rajesh Paul, Deepak Raghavan
Apollo Hospitals, Greams Road, Chennai.

Introduction: The management of urethral stricture with mucosal grafts and penile flaps are gaining popularity. Though some complications of buccal mucosal graft urethroplasties are well known like fistula, diverticulum and stricture recurrence, very few case reports have been reported on development of squamous cell carcinoma (SCC) of the graft mucosa.

Materials and Methods: Our patient is a 55 year old gentleman, non-smoker, who underwent meatoplasty 9 years ago and full length buccal mucosal graft urethroplasty 3 years ago for recurrent stricture despite being on self dilatation. He presented back with hematuria after a period of lost follow up.

Results: He had a hard and painful urethra from penobulbar junction to pan bulbar urethra. Upon cystoscopy, entire roof of the graft site from mid penile to proximal bulbar urethra was replaced by sloughed out and friable papillary growth. In view of clinically advanced disease, biopsy was taken and MRI was performed for loco-regional staging that confirmed SCC with multiple nodal metastasis on MRI.

Conclusion: It is well known that urethral stricture disease can predispose to SCC of the urethra. Also to remember that there are case reports to show the occurrence of the tumour post buccal urethroplasty. Theories have been proposed whether SCC after buccal urethroplasty is secondary to transformation of the buccal mucosa or due to that of the native urethra. Nevertheless strict follow-up of patients is essential to pick up SCC at an earlier stage.

UMP 32

Verity of Male Sexual Disorder videos on Social Media Platforms

Giri Anant, Gupta Hotilal, Gupta Manish, Sadasukhi Nripesh, Sadasukhi T.C., Sharma Ashish
Mahatma Gandhi Medical College & Hospital, Jaipur

Objective: Male sexual disorders remain taboo, particularly in a developing country like India. The affected census is under-depicted as of privacy issues, unawareness about the disease complex, a phobia about being affected, and many more counting on it, with advancing digitalization and many friendly social media platform, the affected individual logs onto cybernet for perception, and here comes role of content reliability.

Material and Methods: In April 2022, we seek the most accountable social media platform - Facebook, Youtube, and Instagram for videos with the keywords of "Male Sexual Disorders", "Erectile Dysfunction", "Premature Ejaculation" and "Male sex Problems". The content was evaluated by two urology residents

as per European Association of Urology(EAU) Guidelines 2021, and for discrepancies, final decision was established by a senior specialist.

Results: Out of 191 included videos, 62.3% were videos uploaded by a specialist and their mean duration was 7.2 minutes. 67.53% of uploaded videos explained general information and provide information about diagnosis (28.7%) and treatment (78.01%), among which maximum videos favored medical management (97.9%). 158 inclusion videos were following EAU guidelines. In excluded videos, videos on alternative medicines shared maximum number (n=141, 45.63%). Videos with animation and sound were more appealing based on views and likes, although the contribution of animated videos was rather less in number.

Conclusion: The content with delusive information, small size samples, and individual opinion are having more luring appeasement. so, this study firms its ground by stressing the verity of content and the need for scrutiny by the Medical community.

UMP 33

Retroperitoneal Hemorrhage - A Rare Presentation of Pheochromocytoma

Deepak Kumar, Ankur Mittal, Vikas Panwar, Omang Agrawal, Arup Kumar Mandal
AIIMS, Rishikesh, Uttarakhand India

Pheochromocytoma is a catecholamine-secreting tumour of the adrenal gland. Spontaneous haemorrhage is a rare presentation of pheochromocytoma. Only a few cases have been reported in the literature till now.

Case Report: A 49 years old female presented with a complaint of left flank pain. The patient had a history of hypertension for the last 12 years. The patient was conscious and well-oriented. CECT abdomen and pelvis showed a 5x5.4x5.8 cm mass in the left suprarenal region which was ruptured with 3x4 cm and contained hyperdense content likely hematoma. Function evaluation was adrenal mass was done which revealed raised plasma normetanephrine level. Left open adrenalectomy was done after optimization of the patient. The patient responded well. The patient was discharged on postoperative day 5.

Discussion: The incidence of pheochromocytoma is 1 per 300000 persons per year. Spontaneous haemorrhage is a lethal complication of pheochromocytoma. In the setting of a contained retroperitoneal haemorrhage, emergency adrenalectomy should be avoided as it is associated with 25% mortality

Conclusion : Spontaneous haemorrhage is a rare complication of pheochromocytoma. We should maintain a high index of suspicion in patients presenting with adrenal mass associated with haemorrhage. In our case, we optimized the patient and adrenalectomy was done after optimization which had a good outcome. Resuscitation and medical optimization should be considered if a patient is hemodynamically stable.

UMP 34

Isolated Penile Gangrene - A Case Series

Malvi Gaurav, Patwardhan Sujata, Patil Bhushan, Bhujbal Sachin
Seth G.S. Medical Colleague and K.E.M. Hospital, Mumbai, Maharashtra

Introduction: Gangrene of the penis may be dry or infective and can be caused by trauma, infection or vascular insufficiency. We report our experience with 6 patients who presented with isolated penile gangrene.

Objectives: To study the age distribution, etio-pathogenesis, risk factors, types and presentation, investigations, management and outcomes of penile gangrene.

Method: This prospective study is carried out at tertiary healthcare center in Mumbai from 2021 to June 2022. This study includes data from six patients with detailed history and clinical examination, blood investigations, penile doppler in suspected dry gangrene, wound swab culture, surgical debridement with diversion in case of extensive disease or urethral involvement and further reconstructive procedures as skin grafting.

Results: Out of six patients, 83.3% patients were having age distribution between 50-80 years.

In 33.33% patients the cause was idiopathic, 50% patients had history of catheterization, 16.67% patients had calciphylaxis.

66.66% patients were diabetic, 33.33% patients had chronic kidney disease.

83.33% patients had wet gangrene, rest had dry gangrene.

83.33% patients underwent surgical debridement and 16.67% patients having dry gangrene had auto-amputation.

66.66% patients underwent urinary diversion in form of suprapubic catheterization.

16.67% patient had extensive disease in form of urethral involvement.

33.33% underwent skin grafting and had satisfactory outcomes, 33.33% patients had satisfactory wound with healthy granulation tissue, 33.33% patients had mortality.

Conclusion: Early recognition, correction of underlying disease, co-morbidity, broad-spectrum antibiotics and timely debridement with urinary diversion can prevent further progress, preserve more penile length and improve quality of life.

UMP 35

An Unusual Urological Presentation of Idiopathic Thrombocytopenic Purpura

Kumar V, Gajengi K A, Gourabathini S

Bhaktivedanta Hospital & Research institute, Mira Road, Thane, Maharashtra

Introduction & objective : Microscopic hematuria and mild hematuria is common in Idiopathic Thrombocytopenic purpura (ITP), but refractory hematuria is rare. Here we are presenting an unusual case of refractory hematuria in a case of ITP with secondary urological complication in form of acute pyelonephritis and obstructive uropathy. This patient was managed by timely endourological intervention by DJ stenting. There are limited literature on refractory hematuria in ITP and its management guidelines.

Method: A 40 year female a known case of ITP from 4 years presented with sudden refractory hematuria. She got admitted with gum bleeding rashes but later on developed frank hematuria. Platelet count were in range of 2000 to 20000. CT scan evaluation was normal. On conservative treatment by

platelet transfusion, it didn't subside. Gradually hematuria improved but she started having rt flank pain and fever. On repeat CT scan revealed rt hydronephrosis with soft tissue attenuating filling defect in the delayed scan with rt perinephric fat stranding. Then she underwent RT DJ stenting and started recovering.

Results: Idiopathic Thrombocytopenic Purpura is common platelet dysfunction, usual presentations are gum bleed, microscopic hematuria, purpura. But severe hematuria is very unusual. This case was unique as it had refractory hematuria. Later on bleeding stopped but developed sudden obstructive uropathy, that is very unusual and not reported in literature. she required immediate intervention in form of DJ stenting and she improved.

Conclusion : Refractory hematuria is rare after ITP. It can manifest as obstructive uropathy and later on may require intervention.

UMP 36

Management of Renal Trauma : Our Institute's Experience.

Jeffrey Ashiq, R Govindharajan, K. Saravanan, Chengalvarayan, Harry Santhaseelan, P.R. Saravanan
Madras Medical College, Chennai.

Our institute handles enormous cases of blunt trauma abdomen. Of this, renal trauma is one of the most common. Renal trauma cases are unique in their own way as they are associated with multiple complex scenarios. This paper presents our institute's unique way of managing this complex scenarios with our experiences and multidisciplinary approaches. This paper also guides in the management process of all the grades of renal injury, specialized treatments, timely interventions and follow up.

UMP 37

A Rare Case of Malakoplakia of Urinary Bladder

Pranav Raja Yadav, Piyush singhania , Ajinkya Patil
MGM Medical College and Hospital Navi Mumbai

Malakoplakia (from Greek Malako "soft" + Plako "plaque") is a rare inflammatory condition which presents as a papule, plaque or ulceration that usually affects the genitourinary tract.

The most frequently affected organ is the urinary bladder.

This condition has features of a granulomatous inflammation. The pathogenesis of the disease is not completely understood. It is often misdiagnosed as a malignancy.

In this case report, we present a case of urinary bladder malakoplakia which presented with obstructive uropathy and AKI.

UMP 38

Bladder Paraganglioma - Did we Miss the Red Flags ?

Singh R, Palaniyandy V, Chandru, Kumaresan N
Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai.

Paraganglioma is a rare, catecholamine (norepinephrine) secreting extra-adrenal neuroendocrine chromaffin cell-related tumour. It may occur anywhere from the skull to the bladder. Incidence of extra-adrenal pheochromocytoma is approximately 10%, whereas bladder paragangliomas account for a mere 0.06% of all bladder tumours. Only about 200 cases have been reported to date.

Materials and Methods :A 42-year-old hypertensive woman was evaluated for complaints of LUTS and hematuria for 1-week. KUB sonogram demonstrated a solitary lesion on the posterior wall of the bladder measuring 3.5 x 2.5 cm. CECT KUB findings corroborated the above findings and metastatic workup was negative. Hence, the patient was planned for a TURBT. Intraoperatively, during scopy and resection, the patient developed hypertensive crisis (226/118 mm Hg) and bradycardia (42/min) which was promptly managed with antihypertensives and atropine. Postoperative period was uneventful.

Results and Observations :On HPE - round, cells arranged in small nests with highly vascularised fibrous septa were noted. Given the suspicion of NET, an IHCs were done and was strongly positive for synaptophysin and chromogranin and negative for cytokeratin, confirming the diagnosis of bladder paraganglioma. Postprocedural functional workup was within normal limits. On detailed history taking, the patient acknowledged having occasional episodes of micturition related headaches, which we failed to pick up on during the initial consultation.

Conclusion :Bladder paragangliomas are likely to recur and metastasize. Stringent follow-up, with detailed history, physical examination, annual functional workup and cystoscopy is essential. Imaging in the form of contrast-enhanced CT or nuclear scan is warranted to locate recurrence and metastasis.

UMP 39

Retrovesical Paraganglioma; A Rare Entity

Zaheen Khan, Sachin Arakere Natraj, Rajesh Ahlawat, NP Gupta
Medanta, The Medicity, Gurgaon

Paragangliomas (PGLs) are infrequent, benign, neuroendocrine tumors arising from neural crest derived cells of the autonomic nervous system. Paragangliomas in retro vesical region are usually seen in association with bladder and prostate involvement.

Case Report -A 69 years old male patient with recent onset of hypertension. With a high index of suspicion of possible pheochromocytoma, he underwent ultrasonography of abdomen which was essentially normal. He further underwent 68Gallium-DOTATATE-PET CT (Figure 1) which revealed 1.7x1.5 cm nodular avid lesion between right posterior wall of bladder, prostate and right seminal vesicle and closely abutting the right vesico-ureteric junction. Metabolic analysis revealed normal Urinary creatinine of 0.39g/day (0.3 - 1.8 g/day), normal free plasma Metanephrine 21 pg/ml (20-60 picograms per millilitre) and normal urine Metanephrine - 27 ug/L.

With a working diagnosis of nonfunctioning paraganglioma in the retrovesical region and a possible cause of hypertension we decided to excise the mass. Pre-operatively his blood pressure was optimized with prazosin, telmisartan and alfuzosin for three weeks. Due to the unusual and difficult location for access, robotically assisted surgery was performed. Due to its close proximity with right ureteric orifice a ureteric catheter was placed prior to the procedure. The robotic approach was similar to our technique of

posterior dissection in robotic assisted radical prostatectomy (Montsouris technique) Figure 3. There was intraoperative fluctuation of blood pressure which was managed with intravenous nitroprusside.

Post-operative recovery was uneventful and patient was discharged on day 03 with normal blood pressure. At threemonths follow up, patient was normotensive.

UMP 40

Bulbar Urethral Stricture with Multiple Calculi in Prostatic Urethral Diverticulum - A Rare Entity

Arif Islam, Ranjan Kr Dey, KunjanKumar, AnikGhosh, Sudipto Kr Singh, Sashi Kant Tewary

R.G.Kar Medical college, Kolkata

Introduction&Objectives: Urethral diverticula are commonly seen in female patients, with male urethral diverticula being relatively uncommon. Bulbar urethral diverticula are more commonly found. Here, we discuss a rare presentation of urethral stricture disease with prostatic urethral diverticulum showing multiple calculi.

Methods: A patient presenting to the urology Outpatient department (OPD) of our Medical College was investigated and worked up.

Results: A 65-year old patient presented to the OPD with a history of acute urinary retention for which suprapubic cystostomy (SPC) was done, after failed attempts at per-urethral catheterization. He had prior history of weak urine stream, straining, and intermittency. Control film taken during retrograde urethrogram showed multiple calculi inferior to the bladder neck, with complete cutoff of contrast at the mid-bulbar urethra. Micturatingcystourethrogram showed a possible diverticulum containing multiple calculi. Antegradeurethroscopy showed prostatic urethral diverticulum with calculi visible inside.

Conclusion: Prostatic urethral diverticulum with calculi is a rare presentation seen in urethral stricture disease

UMP 41

Isolated Renal Artery Thrombosis Complicated by Acute Pyelonephritis in A Young Male: Lesson Learned

Imran Q, Priyadarshi S, Vyas N, Agarwal N

SMS Medical College, Jaipur

Introduction: Renal artery thrombosis is a serious, rare and usually misdiagnosed entity. Renal artery thrombosis has been well described in association with various disorders, but isolated spontaneous complicated by acute pyelonephritis is rare. Contrast enhanced CT scan with coagulation panel has key role in clinching the diagnosis. Late diagnosis will result in higher chances of nephrectomy.

Methods: A 28-year male presented to urology OPD with history of left flank pain for 10 days and history of fever with burning micturition for 2 days. He had no comorbidity with no surgical history in the past. On examination the patient had out of proportion left flank tenderness and rest of the examination was within normal limit and there were no signs of bleeding diathesis.

Result: On routine investigations leucocyte count was normal but coagulation profile was deranged. On USG KUB the left kidney was hypoechoic with increased peripheral fat echogenicity. CECT urography showed ill-defined perinephric collection and non-enhancing non-excretory left kidney with no vascularity

and arterial occlusion. Tc-DTPA renal dynamic study showed non-functioning left kidney with GFR of 0.2 ml/min. Colour doppler study of bilateral lower limb showed normal deep venous system. Left laparoscopic nephrectomy was done. Post-operatively the patient developed sepsis and necrotizing fasciitis of back and flank following which the patient died.

Conclusion: Patient presenting to emergency department with pain out of proportion of clinical features, a thrombotic or vascular cause should always be kept in mind. An astute clinical management with early diagnosis can save the organ.

UMP 42

A Rare Case of Penile Gangrene Secondary To Nimesulide Induced Severe Leukocytoclastic Vasculitis (LCV)

Singh Vikram, Bhirud Deepak, Navriya Shivcharan, Sandhu Arjun, Choudhary Gautam, Aggarwal Amit
AIIMS, Jodhpur

Introduction-Nimesulide is a non-steroidal anti-inflammatory drug, which is still rampantly used in many countries despite its known adverse reactions and advisories against its usage. We report a case of penile gangrene along with the involvement of upper and lower limbs with the usage of nimesulide.

Methods- A case of 21 year old male who presented to emergency with complaint of reddish discoloration of penile skin and syncope within 3 hours of consumption of Nimesulide tablet (100 mg). Lesions progressed to involve left upper limb and bilateral lower limbs within few days.

Results-At the time of presentation, he was hemodynamically unstable. Further examination revealed multiple gangrenous lesions involving penis, left upper limb and bilateral lower limbs. He was admitted in Intensive Care Unit (ICU) for stabilization and after optimisation biopsy was taken from purpuric plaques which was suggestive of Leukocytoclastic vasculitis. Patient was managed with penile skin debridement, below elbow amputation on left side and debridement of lower limb wounds. With elaborative history, prompt diagnosis and timely intervention, we could preserve the penis of the patient and he was discharged in a stable condition. Nimesulide has known idiosyncratic reaction of vasculitis but involvement of penis leading to gangrene within a few hours of consumption of single dose of the drug has not been reported yet.

Conclusion- Nimesulide induced LCV and resultant penile gangrene raises serious concerns over the usage of this drug and as clinicians we should be more precautious before prescribing it to avoid deleterious side effects.

UMP 43

Evaluation and Management of Adrenal Mass-An Institutional Experience

Shivananda Bn, Sivasankar G, Sivabalan, Bhargavi, Muthurathinam
Govt Kilpauk Medical College, Chennai

Introduction and Objective: The widespread use of abdominal imaging has led to increased detection of adrenal tumors. Radiological evaluation by CT or MRI provides useful parameters to identify malignant lesions. Surgery is indicated for masses that are larger than 5 cm in diameter or suspected of malignancy. Fine-needle aspiration biopsy should be used when other extra-adrenal malignancies are suspected and

after pheochromocytoma has been ruled out. We share our experience in evaluation and treatment of four cases of adrenal mass

Methods:Based on our institutional experience, we observed diagnostic, evaluation, and management options for treating adrenal masses.

Results: The case series included 4 patients who underwent surgery for adrenal gland tumor. The surgical technique performed was the laparoscopic trans-peritoneal approach in 2 cases and the open retroperitoneal approach for 2 patients. In all the 4 cases tumor was seen arising from right adrenal

Conclusions: Careful analysis of each adrenal mass is essential to effectively avoid potential problems. Guidelines to manage patients with adrenal masses are needed.

UMP 44

Efficacy of Conservative and Minimally Invasive Treatment in the Management of Patients with Emphysematous Pyelonephritis

Sharma AK, P. B. Barani Kumar

Kovai Medical Center and Hospital, Coimbatore

Introduction: Emphysematous pyelonephritis (EPN) is a severe, acute, necrotizing infection of the renal parenchyma, collecting duct or perinephric tissues. As minimally invasive modalities became widely available, the role of nephrectomy came into question, however, there is a dearth of prospective data.

Methods: We undertook this prospective observational study over a period of one year, with the aim to evaluate the efficacy of minimally invasive treatment in patients of EPN. All patients presenting with CT KUB confirmed EPN were included in the study population, and were classified using Huang-Tseng classification. Patients were treated initially with resuscitative measures, antibiotics, percutaneous drainage/nephrostomy or DJ stenting. Nephrectomy or open drainage if deemed necessary was performed as a deferred procedure.

Results: A total of 13 patients with CT KUB confirmed EPN, including one patient with graft EPN were included in the study population. All patients were diabetics. Eleven patients improved with minimally invasive modalities and resuscitative measures. One patient worsened clinically and underwent ipsilateral nephrectomy. One patient had near complete resolution of disease but developed ischemic stroke in the post-operative period and subsequently expired. Four patients developed new onset Chronic Kidney Disease (CKD).

Conclusion: 84.6% of patients with EPN can be successfully managed with minimally invasive treatment modalities along with IV antibiotics, fluid resuscitation and intensive care. The rate of development of new onset CKD in patients with EPN is 38%, significantly higher than that of simple pyelonephritis. Male sex and CT Class 3B are predictors of unfavourable outcome following minimally invasive treatment.

UMP 45

Prostatic Abscess-Sweet Poison- A Case Series at Our Institute

Amar C Holambe, Sivasankar, Griffin, Muthulatha, Kamaraj, Dev, Farooq

Saveetha Medical College and Hospital, Chennai

Objectives: Present and discuss the pathogenesis, diagnostic methods and treatment of the prostatic abscess.

Materials and Methods: We have prospectively studied the medical records of 10 patients diagnosed and treated for prostatic abscess, between Aug 2019 till date (July-2022) , assessing age, context, associated diseases, and diagnostic and therapeutic methods

Results: Mean age was 41.6 years. 6 patients had previous DM diagnosis, and 3 were recently diagnosed and 1 was having no comorbidities. CT scan confirmed the diagnosis of prostatic abscess in all cases. All cases received antibiotic treatment, and 8 of 10 needed concomitant surgical treatment. 2 case of micro abscess were treated only with antibiotics. All cases needed deroofting of abscess along with few requiring auxiliary procedures like bladder neck resection, urethral dilatation , pigtail drainage. Mean hospitalization time was 10.5 days, and most frequent bacterial agent was S. aureus. All patients were discharged from the hospital, and there was no mortality in this series

Conclusions: In this antibiotic era , prostatic abscess has changed from young sexually active men to one of debilitated and immunocompromised.

Although antibiotics serve an important function in treatment , appropriate management requires both early diagnosis and surgical treatment.

Whenever this clinical entity is encountered , we should be aware either to evaluate for undiagnosed underlying comorbidities or to initiate more aggressive management to control a known chronic illness.

Prostatic abscess should be treated with broad-spectrum antibiotics and surgical drainage whenever indicated.

Microabscess may heal without surgery.

UMP 46

Evaluation of Epidemiology and Management of Renal Trauma Patients in Tertiary Care Centre

Abhilekh Tripathi, Kishor Maruti Tonge, Samir Swain

SCB Medical College and Hospital Cuttack

Aim: To study epidemiology of renal injury occurring in trauma victims, to analyse mode of trauma, role of various imaging modalities and various methods of management and early and late complications

Methods: The statistical details of all trauma patients who were admitted to the emergency trauma ward in our Medical college during the period between September 2019 to March 2022

Results: out of 521 abdominal trauma 99 were urological and 30 were renal

7/30 needed surgical intervention in the form of renorrhaphy, PCN, DJ STENT, nephrectomy. Intervention higher in high grade renal injuries

Conclusion: Urological injuries account upto 20 % posterior urethral disruption injuries seem to be predominant, young adults in the age group 16 to 30 yrs predominant CT scan most comprehensive imaging tool. Non operative management has proven to be successful in majority, need for surgical

interventions seems to increase with higher grades of renal injuries, nephrectomy rates are high in polytrauma patients.

UMP 47

Role of Minimally Invasive Approaches for Renal Salvageability In M/M Of EPN.

Sachin Sharma, Vishal Kumar Neniwal, S Swain, S Panda, S Choudhuri, P K Mohanty

SCB Medical College & Hospital Cuttack Odisha

Method- 40 patients of EPN admitted in Deptt of Urology and renal transplant between Dec 2019 to Nov 2021.

Results- Mean age was 49.97 years, 9 -male & 31 – female . Platlet count < 1.2 lakh is 5.71 % in good outcome pts compared to 40 % (2 out of 5)in bad outcome (p value of 0.017-significant) , basal TLC > 10000 is found in 74.29 % (26 out of 35) good outcome pts & all bad outcome pts (5 out of 5)(p value 0.0014- significant), as Per CT classification, class 1 having 22.5 % (9), class 2 having 37.5 % (15), class 3A – 10 %(4), Class 3B -22.5 % (9), Class 4- 7.5 % (3), out of 5 bad outcome pt 4 - class 3 B & 1 -class 4 .Urinary tract obstruction was found in 19 (47.5 %)- 15 were good outcome and 4 were having bad outcome(p value 0.00015 –significant). 15 pts were treated by antibiotics only, in 9 pts- DJ stenting, in 9 pts-PCN/PCD ,In 2 –PCN + PCD, In 1 –open drainage and in 4 Nephrectomy was done , open drainage and nephrectomy needed in poor outcome pts only)

Conclusion- Minimally invasive t/t for renal conservation has a definite role in properly selected pts with good outcome.

UMP 48

Active Surveillance for Prostate Cancer: An Audit Cycle of Local Practice

Mohamed Mustafa, Lokesh Suraparaju, Natarajan Sezhian

James Paget University Hospital

Introduction: Active surveillance (AS) became a standard of care for patients diagnosed with low-risk prostate cancer. Recent estimates reported that approximately 50% of patients with low-risk disease are initially managed with AS in the USA, Australia, and Europe.

Material and Methods: In this study we audited our local practice of patients selection and follow-up on active surveillance in accordance of the NICE guideline and Epstein criteria for patient selection.

Results: 37 patients were included in this study. Length of AS period ranged between 6-2 years. Ten patients escalated to curative treatment options. More than 80% of this cohort fulfilled the Epstein criteria. More than 80% of cases were followed up according NICE guidelines Active surveillance protocol.

Conclusion: Active Surveillance for prostate cancer remains a save and recommended options for patients with low risk disease. Our audit demonstrates good practice and adherence to guidance.

UMP 49

Inguinal Herniation of Ureter- A Rare Cause of Hydroureteronephrosis-Clinical Image

Aher N, Kumaresan N

Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai

Introduction: Herniation of ureter into the inguinal canal is a rare radiological finding. The study aims to highlight the rare cause of hydroureteronephrosis.

Method: We present a radiological Computed Tomographic (CT) image with contrast of a 69-year-old obese male who came to Urology OPD with complaints of mild, dull aching left loin pain.

Clinical examination revealed a non-obstructing left recurrent irreducible inguinal hernia and a bedside. Ultrasound revealed left hydroureteronephrosis. CT Urogram done showed herniation of left ureter into inguinal canal. Patient was planned for left inguinal hernia repair. Few cases of herniation of native ureter into the inguinal canal has been noted in literature. In our case, the herniation of ureter is probably due to scarring due to prior inguinal surgery which pulled the ureter into the inguinal canal.

Conclusion: The presence of inguinal hernia with hydroureteronephrosis on the same side should arouse a suspicion of ureteral herniation. CT with contrast imaging is required for confirmation of diagnosis and a careful inguinal hernia repair is required for avoiding inadvertent ureteral injury and relieving the obstruction.

UMP 50

Case Report of Giant Intra-Renal Aneurysm Masquerading as Hydronephrosis Due to Pelviureteric Junction Obstruction

Avnish Kumar Singh, Sachin Patel, Debanga Sarma, Amit Ranjan, Sasanka Kumar Baruah

Gauhati Medical College, Guwahati

Introduction: Renal artery aneurysms are defined as dilation of renal vasculature. The incidence is less than 1%. Renal artery aneurysms are increasingly being detected incidentally during diagnostic imaging using magnetic resonance imaging, computed tomography, or angiography performed for evaluation of other diseases. Our understanding of their natural history and surgical management has evolved significantly during the past two decades.

Patients and Methods: A 22-year-old female, with no significant past medical history, presented with right flank pain for the last 2 years. The pain was colicky and episodic in nature. On presentation, her blood pressure was 140/90 mm of Hg with otherwise normal vitals and general examination. There were no scars, no palpable lump or tenderness in her abdomen. Routine laboratory workup was unremarkable except numerous pus cells in urine routine & microscopy. Abdominal ultrasonography reported gross right hydronephrosis with echogenic debris and multiple septations and thickened urinary bladder wall with debris (fig 1). For further evaluation, CT Urography was done which revealed large RAA from posterior division of renal artery with significant compression over renal parenchyma and normally excreting left kidney (fig 2).

Result: Due to complex anatomy, large size and the distal location of the right aneurysm, it was decided to perform an elective aneurysmectomy. Intraoperative doppler showed good flow to renal parenchyma after aneurysm resection. The patient made an uneventful postoperative recovery and was discharged home.

UMP 51

Pseudo-Tumor Renal Tuberculosis: A Case Report

Annappa Kamath K, S Kumar, H Pandey, N Moogi, S Lakavath
Government Medical College Thiruvananthapuram

Introduction and Objective : Renal lesion is a very frequent location of tuberculosis disease, the diagnosis of which is often difficult and delayed due to its atypical clinical presentations, especially in its pseudo-tumoral form. We present a rare case of pseudo tumoral form of Renal tuberculosis and the difficulties in diagnosis of this form and management.

Methods : 67 year old was referred after a kidney mass was found on an abdominal ultrasound. The patient presented with minimal intermittent low back pain, weight loss and slough in urine. On computed tomography, it was a solid cystic lesion of the upper pole of the left kidney, and it has a heterogeneous enhancing lesion and calcification.

Results : A total nephrectomy was performed by 11th rib cutting incision. Pathological examination of the specimen revealed the presence of diffuse gigantocellular granulomas with caseous necrosis suggestive of renal tuberculosis.

Conclusion : Despite the rarity of this form, renal tuberculosis should always be thought of, so that early diagnosis and treatment can be offered promptly.

UMP 52

Cutaneous Metastasis of Transitional Cell Carcinoma of The Urinary Bladder 4 Yr after the Definitive Treatment of The Primary : A Unusual Presentation with Dilemma In Diagnosis

Jateen Anshuman, Amiya S Paul
SCB Medical college and Hospital, Cuttack, Odisha

Introduction:- Overall documented incidence of cutaneous metastasis is 5.3% of all cancer patients. The reported incidence of cutaneous spread from primary urologic malignancies is 1.3%. Kidney is the most common primary. Urinary bladder malignancies account for approximately 0.84%. Here we present a patient with TCC bladder who developed multiple subcutaneous nodular metastases 4 yr after the definitive treatment of primary bladder cancer .

Case presentation :-An 81-year-old man presented with multiple painless swelling at Lt Upper limb ,anterior chest wall and nape of neck for 3 month. He underwent radical cystectomy and ileal conduit 4 years back and CT scan at that time demonstrated no para-aortic or pelvic lymphadenopathy and no distant metastasis. The specimen showed invasive TCC extending into the outer half of his muscularis propria (Stage pT2b), Ureteric and urethral margins were clear and there was no significant prostatic pathology, no malignant lymphadenopathy . Patient was on regular follow up every 3 month .

FNAB of all the swelling revealed high grade TCC with adenomatous differentiation

CECT revealed local recurrence in pelvis .

NCCT skull revealed no bony involvement

Patient was started on chemotherapy with GC regimen but he expired after 1 month due to pulmonary complications

Discussion:- The first reporting of cutaneous metastasis from primary TCC of urinary bladder was in 1909. The gross appearance is not distinctive and may mimic many common dermatologic disorders. The prognosis of patients with cutaneous spread is poor and median survival is less than 12 months

UMP 53

Utility of Office Sildenafil Test for evaluating young males and newly married couples : a simple test to avoid further complicated testing

Pradeep Jain, Mukund Andankar, HR Pathak, Tarun Jain, Sandesh Parab, Priyank Kothari
Nair Hospital Mumbai

Introduction-Sildenafil is a potent inhibitor of cyclic guanosine monophosphate in the corpus cavernosum and therefore increases the penile response to sexual stimulation. Office sildenafil test (OST) is used as first line diagnostic and therapeutic tool for management of erectile dysfunction. This study evaluates the use of OST as first line diagnostic and therapeutic tool which can prevent unnecessary investigations in young unmarried or newly married males.

Method-In our institute over the period of one year we prescribed OST with sildenafil in a dose of 100 mg to 50 young inexperienced unmarried or newly married male with complaining of erectile dysfunction

Result-Out of this 50 patient 90% of the patient could be adequately counselled and managed with OST and their problem were resolved either with loose dose supportive treatment which could be weaned off or with anxiolytics or no treatment at all. Rest 10% of the patient didn't respond to OST and needed further evaluation with intrpenile injections and penile Doppler. It is found that 25% of them are previously gone through various investigation previously like hormonal studies, Doppler which could be avoided with OST and sildenafil. 65 %of the patient had not gone through any investigations and could be managed with OST.

Conclusion-The sildenafil test revealed that 90% of men responded to this therapy with no requirement for more invasive tests and no further treatment at all. In addition this test reduced the overall cost of the diagnostic investigation.

Key word - Erectile dysfunction, office sildenafil test, sildenafil

UMP 54

A Review of Urology based podcasts

Shameer Deen, Kelly Ong, Nicholas Faure Walker

Princess Royal University Hospital, Kings College Hospital NHS Foundation Trust, London, United Kingdom

Podcasts are episodic series of downloadable audio files where subscribers automatically receive new episodes. The first podcast was produced in 2004, and there are now over 48 million podcasts available on various platforms. This study aims to review the content of currently available Urology podcasts.

A systematic search of podcast engines and social media platforms (Apple iTunes, Google, Twitter, Facebook, LinkedIn, Spotify) was performed in January 2022 for Urology podcasts. Only English language podcasts were included in the study.

A total of 48 Urology-based podcasts were identified. 3 were excluded as they were in non-English languages. 41 (91.1%) were produced in the United States, 2 (4.4%) in the United Kingdom and 2 (4.4%) in Australia. The first urology podcast was streamed in 2007. The majority (n=30 (62.5%)) were published after 2019. There was a mean 56.0 (range 1-250) episodes per podcast. Urology Care Podcast had the most content (36.48 Hours) with a mean episode length of 11.64 (Range 1 minute to 42 minutes). The Prostate Health podcast had the highest listen score of 39 and was in the top 2% of global podcast rankings. 13 (28.9%) urology podcasts are in the top 10% global ranking. Most of the higher ranked podcasts were published in 2020.

Conclusion: There is currently a large volume of urology content available from a broad range of providers. Urology podcasts have increased in popularity in recent years and represent a useful and readily available medium for education and continuing professional development.

UMP 55

Reality of Laser Circumcision and Stapler circumcision.

Sampathirao Gopal krishna, Tarun Javali, Ramesh D

Ms Ramaiah Medical College, Bangalore

Purpose: Reality of Laser Circumcision and Stapler circumcision.

Introduction; Circumcision is performed as a routine operation in many countries, more commonly for religious and cultural reasons than for indicated conditions, such as phimosis and balanitis. Surgically, circumcision is an easy technique to learn and perform and results are satisfactory both functionally and esthetically. We report the complications which occurred due to laser and stapler circumcision.

Clinical presentation:

Case 1: 20 year old came with complaints of discharge and discoloration and pain over the prepuccial region since 2 days. He gives history of Laser circumcision 1 week back.

On examination: redness over glans noted ,discoloration of skin over the surgical site noted, tenderness noted.

Case 2: 30 year old came with complaints of severe pain and discharge from the glans since 3 days. Patient gives history of Stapler circumcision 1 week back.

On examination: redness over glans noted ,discoloration of skin over the surgical site noted, tenderness noted.

Management: Both patients underwent wound examination under Anaesthesia .

Case1: the unhealthy skin was denuded and the laser skin site was excised and skin to glans approximation was done with catgut 4.

Case 2: The stapler skin site was opened and the stapler was removed. The unhealthy skin was denuded and the laser skin site was excised and skin to glans approximation was done with catgut 4.

Conclusion: Conventional circumcision is safe and more effective than LASER and STAPLER circumcision which are costly and have side effects.

UMP 56

Extensive Idiopathic Calcification of The Tunica Vaginalis

Nitish Dev, SN Sankhwar, Apul Goel, V Singh, BP Singh, Manoj Kumar
King George Medical University / Lucknow (U.P.)

Introduction: Hydrocele is an abnormal collection of fluid within the tunica vaginalis of the scrotum due to either excessive secretion or poor drainage. Calcification of tunica vaginalis is rare and its exact cause is not known. Most cases are seen in cases of long standing filarial hydrocele.

Case Presentation: A 50 year old male who was being evaluated for complaints of right flank pain was found to have a hard swelling in his left scrotum. Computed tomography scan revealed calcification of left tunica vaginalis with minimal fluid in right hydrocele sac. His serum tumor markers were within normal limits. As this was a benign condition so patient was advised for conservative management.

Conclusion: Egg shell calcification of tunica vaginalis is a rare cause of scrotal swelling and must be differentiated from testicular malignancies. Diagnosis can be made with reasonable certainty with the help of ultrasonography. As this is a benign condition and most patients are asymptomatic who are diagnosed during investigation for other diseases, not every case need to be operated.

UMP 57

Elephantiasis of Penis: A Case Report

Durlabh Thengal, G. Sivasankar, J. Sivabalan, S. Raju
Kilpauk Medical College, Chennai

A 60 yrs/male presented with verrucous lesion in the penis for 2 years. On examination of External genitalia: multiple verrucous lesions in the penis covering the entire penile shaft, scrotal wall was thickened.

Degloving of penis was done after a diagnosis of idiopathic elephantiasis. HPE showed skin tissue with papillomatosis. Dermis had dense lymphoplasmacytic infiltration and dense fibrocartilagenous tissue with dilated lymphatic channels. These features are consistent with Elephantiasis.

Elephantiasis is caused by obstruction of the lymphatic system, which results in the accumulation of a fluid called lymph in the affected areas. Penile and scrotal lymphedema mostly occurs following an infection or as a reaction to trauma. Idiopathic lymphedema is rarely seen and is caused by a primary obstruction of lymphatic vessels of scrotum. Involvement of external genitalia causing a marked enlargement of its volume and appearance is an uncomfortable clinical scenario with impairment of movement, hygiene, voiding and sexual intercourse.

UMP 58

Partial Nephrectomy for Endophytic Tumor in a Solitary Kidney

Agarwal P, Sabale V, Satav V, Asabe S, Bagla H,

D.Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune

Here we are presenting a case report of a patient who had undergone nephron sparing surgery in a solitary kidney. Nephron sparing surgery is a proved surgical modality for the treatment of renal tumors of less than 4 cm size with acceptable oncological outcome in view of local recurrence and disease progression. But partial nephrectomy in a solitary kidney is a challenging task in view of treatment outcome as well as renal functional sparing.

Introduction: Nephron sparing surgery is an imperative operation for patients with a renal tumor in a functional or anatomic solitary kidney. Over the past decade, in the elective setting, mounting evidence indicates that when technically feasible, Partial nephrectomy provides equivalent oncological results to Radical nephrectomy while at the same time maximally preserving renal function, preventing or delaying the onset of chronic kidney disease.

Discussion: A 51 year female patient presented to us left side abdominal pain associated with episodes of haematuria for last 2 months, past history suggested right sided radical nephrectomy 5 months back. CT suggested solitary left kidney with 57x51x57mm interpolar mass invading pelvicaliceal system multiple enlarged retroperitoneal nodes with normal renal artery, vein. With due consent of making patient anephric and dialysis dependent, patient was operated, mass along with normal kidney margins excised, pcs opened and tumor thrombus removed from pelvis. Post operative period uneventful.

Conclusion : Nephron sparing surgery for the treatment of RCC is feasible with low surgical complication rates, satisfactory disease-specific survival rates, and acceptable preservation of renal function.

UMP 59

Isolated Unilateral Adrenal Gland Hemorrhage Following Blunt Abdominal Trauma : Case Series and Review of Literature

Abhinav Singh, Prakash JVS, Thiruvarul PV, Vetrichandar S, Arasi KV, Arun Kumar Paranjothi, Natarajan. V
Govt. Stanley Medical College, Chennai, Tamil Nadu

Introduction: Adrenal gland injury following blunt trauma abdomen usually presents in combination with other visceral injuries. Isolated adrenal injury is very rare. It can be life threatening if hemorrhage continues and can present as adrenal crisis if bilateral. Adrenal incidentaloma should be differentiated from adrenal hematoma.

Objective: To report presentation and outcome with conservative management of rare isolated adrenal trauma cases.

Methods: Patients brought to emergency department of our Medical College are being reported. A 39 year old male patient who was brought after fall from bike and a 31 year old male patient who was hit by scooter. Both complained of pain in the right flank and abdominal CECT scan revealed the injury. Non enhancing space occupying lesion adjacent to liver, superomedial to right kidney, was defined as right adrenal hematoma.

Results: Trauma management principles were followed while treating patients conservatively. Serial Hb, Vitals, urine output monitoring with bed rest for 72 hours. Both patients recovered well without deterioration.

Conclusion: There are no separate adrenal trauma management guidelines, so patient's clinical status is the mainstay for decision making. Patients were treated conservatively and followed up to identify any underlying causes. Since each adrenal gland has several sources of arterial blood supply, devascularisation from trauma is rare.

UMP 60

A Silent (Beware) Complication of Percutaneous Nephrolithotomy

Tharaka Mourya N, Sivasankar G, SivaBalan J, Bhargavi R, Muthurathinam K

Government Kilpauk Medical College, Chennai

Introduction & Objectives: Colonic Injury during Percutaneous Nephrolithotomy (PCNL) persists despite advances in technical equipment. Colonic Injury is regarded as class IVa complication according to the Clavein-Dindo classification of surgical complications. Currently, incidence ranges between 0.3 to 0.5% with an unremarkable difference between Supine and Prone PCNL. We report a case of colonic injury detected during post-operative period after Supine PCNL and managed conservatively.

Methods: 48/M with history of multiple surgeries for bilateral renal and ureteric calculi, now presented with left flank pain and per abdomen examination was normal, with raised serum creatinine: 1.7 mg/dL. CT KUB plain revealed bilateral renal calculi with bilateral DJ stent in situ with left renal lower pole calculi, 2 in number largest measuring 13x10x10 mm (HU+1250). Planned for left Supine PCNL. nephrostomy placed under C-Arm guidance. Postoperative vitals stable, per abdomen examination normal. Check X-Ray taken on Postoperative day 2 revealed Left Dj stent in situ with irregular radio-opacity noted outlining the descending colon and colonic injury suspected and confirmed with CT scan. Conservative management was planned. Under CT guidance nephrostomy tube was pulled out from the kidney and repositioned with distal tip in the colonic lumen and the patient was monitored and discharged with nephrostomy tube in situ in colon in good condition.

Results: Patient was successfully managed with conservative approach. Patient on follow-up after 2 weeks left nephrostomy tube removed and discharged in good condition.

Conclusions: Early detection and timely management of colonic injury during PCNL can be managed with a conservative approach.

UMP 61

A Case of Bilateral Pheochromocytoma

Shaheem.N, Farsana T.C, Manikandan.M, Shanmughadas K.V, K.M. Dineshan, A.V. Venugopalan

Government Medical college kozhikode, Calicut, Kerala

Introduction and Objective: Bilateral pheochromocytomas usually occur as part of multiple endocrine neoplasia types 2a and 2b, von Hippel-Lindau disease and neurofibromatosis. But not all bilateral pheochromocytomas are components of the established syndromes. They can occur sporadically in patients without syndromes also.

Materials and Methods: We are highlighting the case of a 39 year old, who presented with headache and palpitations and paroxysmal sweating. clinical examination showed high blood pressure. He was evaluated by a physician and his 24 hour urine metanephrine level and plasma renin activity was found to be elevated. Cross sectional imaging showed bilateral supra renal masses of size 5.6 x 5.9 cm on left and 1.6 x 2.2 cm on right.- possibility of bilateral pheochromocytoma was considered.

Results: The patient underwent open bilateral adrenalectomy. The histopathology confirmed our diagnosis of bilateral pheochromocytoma.

Conclusion:Incidence of isolated biolateral adrenal pheochromocytomas are rare. Bilateral pheochromocytomas, if discovered, should compel for a thorough search, unless already completed, for a familial pattern of the tumors and for characteristics that would identify associated syndromes. It has been described that isolated bilateral pheochromocytomas are more aggressive in nature.

UMP 62

Role of Serum Level of Vitamin D in Premenopausal Women with Recurrent Uti

Gajendra, SS Yadav

SMS Hospital Jaipur

Background: Vitamin D deficiency is a worldwide problem, more than 80 % of peoples of Africa and Asia are prone to deficiency of vitamin D. Vitamin D deficiency is having association with so many infectious disease like tuberculosis, inflammatory bowel disease and autoimmune disease.

Aims & Objectives of study: To examine the association between recurrent UTI and serum level of vitamin D.

Material and Method : total 200 participants, 100 premenopausal women with recurrent UTIs (cases) & 100 healthy matched premenopausal with no recurrent UTIs (control) ,who had came to department of urology SMS medical college and hospital Jaipur, (India),were taken in study. Blood sample were withdrawn from both cases and controls and sent to measure serum level of Vitamin D in same laboratory of our institute. Serum vitamin D level were compared between 2 groups

Results : In patients group (premenopausal with recurrent UTI) mean age was 36.7 +/-6.1 years and in control ,it was 35.2 +/-6.4 years and no significant difference was noted in terms of age .In cases mean serum level of vitamin D was 11.5 +/- 5.3 ng/ml and in control it was 24.5+/- 6.2 ng/ml. There was a significant difference between cases and control (p value <0.05).

Conclusion : On basis of serum level of vitamin D, it was concluded that deficiency of vitamin D is associated with recurrent UTI in premenopausal women .so we concluded that assessment of vitamin D assessment is required in these patients

UMP 63

Management of Bilateral Seminal Vesicle Abscess

Sonu Kumar Plash, Abhineeth K P,Devashish kaushal, Manoj Biswas, Kumar madhavan, M R Viswas

AIIMS Bhopal

Background: Seminal vesicle abscesses present an extremely rare pathology in daily practice. Therefore, many of them may remain undiagnosed because of their unspecific clinical manifestations. We report a case of bilateral seminal abscess managed with transrectal ultrasound-guided drainage of the abscess and parenteral antibiotics

Case Report: A 72- year- old diabetic man presented with complaints of lower abdominal pain, burning micturition and difficulty in voiding for the last 20 days. He also had multiple episodes of fever with chills. Physical examination revealed an enlarged, tender prostate. Laboratory studies revealed a white cell count of 20,500. His serum creatinine level was 2.74 mg/dl. Urine culture revealed the growth of Klebsiella pneumonia. The bacteria showed sensitivity to the carbapenem group of antibiotics. MRI pelvis demonstrated a large 70x47x38 mm size collection in bilateral seminal vesicles.

Outcome: The patient was managed with intravenous antibiotics and transrectal ultrasound-guided aspiration of bilateral seminal vesicle abscess. Around 30 ml of thick pus was aspirated. The patient was stable after the procedure. The patient also improved during the next 2 days with a decrease in the temperature and white blood counts. The patient was given 1 week of iv antibiotics.

Conclusion: Bilateral seminal vesicle abscess was treated quickly, safely, and effectively by transrectal ultrasound-guided aspiration and parenteral antibiotics

UMP 64

Continuous versus Intermittent alpha blocker in men with Benign Prostatic Hyperplasia: A prospective randomised single centre experience

Yalavarthi pavan ganesh, Manasa T, Prasad Mylarappa, Ramesh D
M S Ramaiah Medical College

Introduction & Objectives :Alpha-blockers have been demonstrated to be safe and effective in the treatment of men with LUTS. However, to this date, the role of varying dosing regimens in responding patients has not been well established. Therefore we prospectively compared the safety and efficacy of intermittent alpha-blocker(tamsulosin) therapy in men with lower urinary tract symptoms (LUTS) due to BPH.

Patients and Methods: All patients presenting to OPD with symptoms of LUTS due to BPH who satisfied the inclusion criteria were included in the study. Patients were randomised by 1:1 sealed envelope method into two groups: Group-A received alpha blocker daily and Group-B received alpha blocker every alternate day at bedtime. Follow up assessment was performed at the end of 1st, 3rd and 6th months with IPSS, Q-max and post-void residual(PVR) urine. Any adverse events were recorded.

Results: A total of 100 patients were included in the study with 50 each in both the groups. Demographic criteria were comparable across both the groups. The mean IPSS , Q-max and PVR were similar at 1, 3 and 6 months respectively. Mean IPSS decreased from 16.5 to 5.6 and mean Q max increased from 8.3ml/sec to 16.1ml/sec respectively at the end of 6 months(n=100) which was comparable across both the treatment groups. There were no differences in adverse events noted.

Conclusion: Intermittent alpha-blocker therapy may be a reasonable therapeutic option in men with LUTS with similar efficacy and safety profiles as the conventional daily dose

UMP 65

A Rare Case of Adrenal Dermoid CYST

Bommireddy V Reddy, Padmaraj Hegde, Arun Chawla .

Kmc , Manipal

Introduction: cysts of the adrenal gland are rare, especially those of sufficient size to be detected clinically. The few reported cases of large cysts have invariably presented difficult problems in diagnosis and surgical management.

Case Presentation: case of a 46 year old male with Right sided flank pain and fullness for a duration of 2 months. On examination, a palpable mass was noted in the right hypochondrium, measuring approximately 10 x 12 cms. CECT abdomen showed a Large well defined lesion measuring 15cms x 20cms in right hepato-renal angle, ? Hydatid cyst from right adrenal gland. Blood and urine screening for adrenal tumors was negative. Intraoperative revealed a large thick walled , tense cystic lesion of size 20x17cm arising from the right suprarenal region (Adrenal gland) occupying retroperitoneum. Thick, purulent material close to 2 liters with tufts of hair and hard bony material was noted within the cyst. Right adrenalectomy with cyst excision was done. Histopathology revealed dermoid cyst with focal rupture and xanthogranulomatous tissue response.

Conclusion: The designation 'teratoma' indicates that some masses involve internal constituents of all primitive germ cell layers, while the term 'dermoid cyst' characterized the presence of skin and dermal appendages in the lining of the cystic mass. We are convinced that our case presented with primary adrenal disease, since there was no evidence of any other primary region and the tumor was confined to the right adrenal gland. The true pathogenesis of dermoid cysts of the adrenal gland has not been definitely clarified

UMP 66

Right Cross Fused Ectopia with Common Pelvis and Ureter and Calculus in Pelvis

Abhishek Barala, Gaurav Faujdar

Sawai Man Singh Medical College, Jaipur.

Introduction: Crossed fused ectopia is a rare congenital anomaly where both the kidneys are fused and located on one side and drain bilaterally into bladder. Rarely crossed fused ectopia can present with a single ureter draining into the bladder, here we are presenting a rare case of right crossed fused ectopia, where a solitary ureter having ~ 5 cm renal stone in the renal pelvis.

Discussion: In crossed fused renal ectopia, both the kidneys are fused and situated on one side of the body. It is a rare congenital anomaly with an incidence of approximately 1:1300 to 1:7500 [1]. Although the exact incidence is difficult to be estimated, as it does not cause symptoms in most of the patients. Males are more commonly affected, and mostly ectopic left kidney crosses to the right side of the abdomen. Renal stone disease of such a large size is very rarely seen along with this condition.

Conclusion: Complete crossed fused ectopia solitary ureter is rare case. association of this condition with approx. 5 cm renal calculus is very rare. It can be associated with other anomalies such as renal cyst and

stone disease Reporting of such cases will guide in future the understanding and management of these anomalies.

UMP 67

Solitary Renal Hydatid Cyst - Diagnostic Dilemma

Pratik Taur, Rajesh Paul, Deepak Raghavan, Jatin Soni, Deerush Kannan

Apollo Main Hospital, Chennai

Introduction: Renal Hydatid cyst is a rare disease caused by larval stage Echinococcus granulosus which may have no symptoms for years. We came across one such case, which caused dilemma in diagnosis.

Materials and Methods: 34year old gentleman without any addictions presented with intermittent left flank pain, fullness of left side of abdomen and history of passing whitish clots in urine since 6 months. On physical examination, there was 15 cm x 11 cm hard left abdominal palpable mass extending from Left hypochondrium to the left lumbar region.

Results: USG KUB revealed 15 cm solid cystic mass arising from left kidney. Further CECT KUB confirmed Left Hydro-uretero-nephrosis secondary to Pelvi-ureteric junction obstruction with thinned out parenchyma caused by 15 cm BOSNIAC type III complex cystic lesion. He underwent lap converted to open left nephrectomy. Histopathology confirmed renal hydatid cyst.

Conclusion: Diagnosis of renal hydatid cysts is difficult. Imaging features can mimic renal complex cyst, multicystic nephroma, and cystic renal cell carcinoma. Radiologic studies are suggestive, but usually inconclusive. It causes difficulty in diagnosis of such cases of solitary renal complex cysts. Hence renal hydatid cyst should be included in differential diagnosis of solitary complex renal cyst and care should be taken during surgery to prevent fatal complications like anaphylaxis, dissemination which can be prevented by meticulous dissection to remove the cyst as a whole.

UMP 68

Primary Bladder Amyloidosis A Rare Condition Mimicking Bladder Malignancy

Saurabh Negi, Sandeep Desai, SS Yadav

SMS Medical College and Hospital, Jaipur

Introduction: Primary bladder amyloidosis is a rare clinical condition that can mimic bladder malignancy on clinical evaluation, radiological investigation and cystoscopic evaluation. It is commonly neglected as a possible diagnosis in patients presenting with haematuria. Very few cases reported in literature for bladder amyloidosis. Here we are presenting a case of bladder amyloidosis presented as bladder mass with gross painless hematuria.

Case Presentation: A 34-year-old man was presented with a history gross painless haematuria. This was not associated with any other urinary symptoms, and urine culture showed no growth.

He was a moderate smoker, and had no other significant medical history. He did not report any environmental risk factors for urothelial malignancy

Patient then underwent TUR for urinary bladder SOL. Histology was suggestive of bladder amyloidosis

Conclusion: bladder amyloidosis is rare condition but needs clinical awareness as it is a mimics bladder cancer. although benign properties, if left untreated, bladder amyloidosis has the potential to progress in size and cause renal failure. most cases, TUR of lesion is sufficient but appropriate surveillance for disease recurrence is important. Given the current paucity of data, research efforts should be directed towards prospective studies such as randomised control trials to better define optimal therapy for localised bladder amyloidosis.

UMP 69

Assessment of Prescribing Practices in Overactive Bladder Pharmacotherapy across Different Specialties of India: A Prescription Trend Analysis

Krunal Vishavadia, Sandip Solanki, Hiren Prajapati, Madhu Sharma, Sandesh Warudkar

GTU

Purpose: To assess the prescribing practices for OAB pharmacotherapy based on the prescription trend analysis across different specialties of India.

Methods: IQVIA secondary sales audit, as well as a prescription audit for antimuscarinics and mirabegron from 2014 to 2021, were analyzed. The data includes SSA data of antimuscarinics and mirabegron change in the prescription trend of antimuscarinics and mirabegron across different specialties; prescribers overlap analysis for solifenacin and mirabegron among urologists were also analyzed.

Results: Urologists' prescription rates of OAB drugs were 65% in 2016 and 54% in 2021. The rate of OAB medication prescription by non-urologist was highest among the surgeon (11%), followed by gynecologists (9%) and physicians (8%) in 2021. In addition, OAB medication prescription rates for antimuscarinics were 100% in 2016 and 58% in 2021 whereas for mirabegron, it was 0% in 2016 and 42% in 2021. The proportion of prescribers of OAB medication among urologists was 38% in 2016 and 33% in 2021. Exclusive prescribers of solifenacin were 748 in 2018 and 739 in 2021 at the urologist, whereas for mirabegron, it was 961 in 2018 and 934 in 2021.

Conclusions: Urology remained a top prescribing specialty for OAB drugs, although prescription share increased among surgeons and physicians. OAB medicines prescriptions by urologists are shifting from leading antimuscarinic solifenacin to mirabegron. Data from this study will ultimately lead to the OAB medication preference by the specialist which could lead to more advanced OAB management.

UMP 70

Recurrent Prolapse of Bladder Through Vesicostomy - A Rare Case

Santhosh.K, Sumanth.T, Suresh.V, Srinivas.G, Chari.K.S.N

Nri Academy of Sciences, Mangalagiri, Andhrapradesh

A)Introduction and Objective : Vesicostomy is a form of temporary diversion in children with PUV in certain circumstances. Prolapse of cutaneous vesicostomy is rare. recurrent prolapse is Even rarer complication.

B)Methods : a neonate presented with symptoms of PUV, cutaneous vesicostomy was done at 7days after birth. later at 2 months of age he presented with prolapse of vesicostomy. Treated by narrowing the stoma and narrowing the opening in anterior rectus sheath. but due to poor general condition of child,

definitive treatment was not done. At 3 months of age child presented recurrent prolapse of bladder dome through vesicostomy. treated by antegrade fulgration of PUV , vesicostomy closure and SPC placement. child recovered well

C) **Results / Discussion** : Prolapse of vesicostomy is a documented complication .poor general condition of child prevented the definitive management at the time of 1st prolapse. literature did not mention about recurrent prolapse of bladder through vesicostomy. poor general condition and excessive cry were possible contributing factors for recurrent prolapse . we feel in recurrent bladder prolapse, creation of SPC at the time of closure of vesicostomy and fulgration of PUV would prevent recurrence of prolapse by fixing the bladder dome to anterior abdominal wall .

D)**Conclusion** : Rare case of recurrence of bladder prolapse through vesicostomy is presented here. to our knowledge this is the 1st case reported in the literature.

UMP 71

Abdominal leak point pressure - A simple way to predict persistent urinary incontinence following surgical treatment of unilateral ectopic ureter in girls

Bihari Kunj, Mittal Amit, Ansari M.S, Yadav Priyank,Raj Himanshu
S.G.P.G.I.M.S, Lucknow

Introduction: Conventional treatment of ectopic ureter is reimplantation. However, in some case like unilateral ectopic ureter (UEU), malformation of bladder neck may result in persistent postoperative incontinence and ureteric reimplantation alone may not relieve symptoms. Aim of the study was to identify the predictive factors leading to persistent incontinence in postoperative period, which might help in preoperative prognostication. Our hypothesis was that patients with UEU and low preoperative ALPP will have postoperative persistent incontinence.

Methods: All girls operated for unilateral ectopic ureter UEU between January 2012 to May 2021 were prospectively evaluated. Postoperative persistent incontinence was noted, and the patients were divided into two groups A and B based on their status of continence. Preoperative findings were analysed and compared.

Results: 23 girls were operated for UEU with their ureteric orifice at or distal to bladder neck with mean age of 10.9 \pm 3.15 yrs. 6 underwent nephroureterectomy and 17 had reimplantation/ureteroureterostomy. 9 (39.1 %, Group A) girls had incontinence postoperatively and 14(60.9%, Group B) were dry. In group A, CMG had demonstrated ALPP < 60 cm of water in 7 patients, while only 1 patient in Group B demonstrated leak. Preoperative ALPP predicted leak with 90% PPV. Those who failed conservative management in Group A underwent bladder neck reconstruction or bulking agents.

Conclusion: Preoperative ALPP in girls with UEU was able to predict this condition and can be used to counsel the parents for prognostication and probable need of secondary procedures.

UMP 72

Challenges in Wilm's Tumor: Impact of Subject, Source and Support System: 15 Years Experience From A Tertiary Care Centre In Northern India

Hussain Aamir, Mittal Amit, Kumar Puneet, Mandal Sumit, Yadav Priyank, Ansari M.S.
S.G.P.G.I.M.S, Lucknow

Objective: To study the clinical, pathological and demographical characteristics, outcome of multimodality treatment and challenges faced in treatment of Wilms tumor in Indian patients.

Material And Methods: Retrospectively data of patients who presented from 2007-2021 to our center with Wilms tumor was studied. Patients underwent routine workup, biopsy and/or 4-6 cycles of neoadjuvant chemotherapy. Surgery was followed by chemotherapy and/or radiotherapy.

Results: Total 60 patients presented with Wilms tumor from 2007 till 2021. 64%(34/53) of the patients with age <10yrs were underweight. Average size of tumor was 10cms in each stage (5-20cms). 52%,23%,10%,8% and 7% patients presented with stage I, II, III, IV and V respectively.

Mean follow up period was 50 months(1-111months). Mean survival time was 94,77,36,49 and 31 months for stage I, II, III, IV and V respectively.

Overall 5-year survival was 72% and event free survival was 67%. Total 9 events occurred including metastasis and recurrences.

Conclusion : Although multimodality treatment has significantly increased survival in Wilms tumor but in low income population there are many other challenges which restricts full utilization of these new approach.

UMP 73

Long standing large Hematocele : Does it lead to malignancy?

Kammela Sreedhar, Kammela Sridevi, K Rajini, G Hidayatullah, Faizullah Khan, Aleemullah Khan, B Rajeswari

Director, Sreedhar Kidney and IVF centres, Mehdipatnam and Gachibowli, Hyderabad

Introduction & Objective: A 55 year old man presented with a large scrotal swelling which was hanging upto his knees and was present for more than 25 years.

Methods: Heremembers injury to scrotum about 25 years back while playing cricket. His usg showed normal testis and a lot of fluid in tunica vaginalis. But unusual feature was mobile soft material with variegated appearance in the fluid. After opening the tunica vaginalis, approximately 3.5 litres of brownish fluid came out and free floating chocolate colored putty material (600gm approx.) was emptied. Jaboulay's eversion of sac was performed after excising the excess sac.

Results: But the decrease in scrotal size was only 50% much to the disappointment of patient. The histological examination of tunica vaginalis showed only non-specific inflammation. The putty material was old hematoma and mixture of dead cells and cholesterol crystals and ruled out malignancy. The swelling did not reach normal size even after 3 years.

Conclusions: This case highlights the facts that a hematocele can remain silent for several years and co-exist with hydrocele without causing significant symptoms. Repeated USG examinations are necessary to monitor hematocele particularly if a conservative approach is adopted. Malignancy has to be ruled by exploration if any suspicious features are noted. This patient has been lucky that despite a significant

hematocele, Page phenomenon of constricting the blood supply of testis, did not take place and testis was normal.

UMP 74

A rare case of Penile Fracture

Prabhu E, Srikala Prasad T, Sudhakaran S, Senthil Kumar S, Ramesh G, Anandha Kumar I, Mohamed Javid R

Chengalpattu Medical College, Chengalpattu

Penile fracture is an underreported urological emergency. It usually occurs as a single rupture of the tunica albuginea in one of the two corpora cavernosa or both. We report a case of a 45-year-old male who presented to the emergency department within two hours after sustaining penile trauma following sexual intercourse and after meticulous history and careful examination, a clinical diagnosis of penile fracture was made. A prompt surgical exploration was performed four hours post-injury and repair of the injured corpora cavernosa was done. He was found to have a fracture on the right corpora cavernosa, without any urethral injury. The patient had a good recovery and was discharged on the fourth postoperative day without significant complications. The aim of this report is to highlight the importance of prompt clinical diagnosis and early intervention to avoid any long-term complications. This will ensure that the patient has a successful outcome and thereby avoiding physical and psychological disabilities.

UMP 75

An unusual case of left Pelvic Ectopic Kidney with Pelvi-Uretric Junction Obstruction Compressing opposite Ureter causing Obstructive Uropathy

Shashi prakash, K Rajesh, Ahmad A, Upadhyay A, Mahmood K, Ranjan N, Kumar M

Indira Gandhi Institute of Medical Sciences, Patna

Introduction – Apelvic location below the aortic bifurcation is the most common site of ectopic kidney. A pelvic kidney is generally unilateral with a slight predilection for left side.

Methods – A 11 year boy, first visited our hospital with generalized pain abdomen, nausea, high grade fever and oliguria for 15 days. On Per abdomen examination it was soft, non tender, no palpable lump was felt. Laboratory evaluation revealed Hb-15 gm/dl, Serum creatinine 10.78 mg/dl, Blood urea 42.2 mg/dl with normal electrolytes. USG showed empty left renal fossa, left kidney pelvic in location gross hydronephrosis with malrotated pelvis and normal ureter likely pelvi-uretric junction obstruction (PUJO). Right kidney bulky moderate hydronephrosis with dilated ureter above the position of left kidney. Non contrast computed tomography (NCCT) Whole abdomen confirmed above findings. With this diagnosis patient was subjected to right percutaneous nephrostomy and left DJ stenting. Serum creatinine gradually decreased to 0.70 mg/dl within two weeks. DTPA scan showed left grossly hydronephrotic ectopic pelvic kidney contributing 9.77% of total function, Right kidney had normal parenchyma and clearance. On RGP right ureter was externally compressed by left hydronephrotic kidney. Right DJ stenting and left open extraperitoneal Anderson-Hynes pyeloplasty was done.

Results – Postoperative period was uneventful with smooth recovery. Bilateral DJ stent removed after 6 weeks. Follow up USG after 3 month showed minimum hydronephrosis in left ectopic kidney and right kidney was normal.

Conclusion – Most ectopic kidneys are asymptomatic. The present case appears to have been an acute presentation of congenital abnormality.

UMP 76

Bladder Extrophy repair in adult patient

Sandip Desai, S S Yadav

SMS Medical College and Hospital, Jaipur

Classical bladder extrophy (CBE) in females is very rare. incidence is one in two lacs live births. Most of cases presents in infancy or childhood period. There are few case reports of adult extrophy. There are no standard guidelines for management. Herein we present an adult female CBE who underwent continent cutaneous urinary diversion.

Case presentation: A 18 years old female patient presented to us with total urinary incontinence since birth. Examination of genitalia revealed classical female extrophy.

She had regular menstruation from last 5 years. Routine blood and biochemical investigations were normal. USG showed normal both kidneys and normal female internal genitalia.

Patient then underwent cystectomy and urinary diversion due to small bladder plate. Bladder excised and continent reservoir made from 20 cm portion of distal ileum. Reservoir was exteriorised by monty yang ileal tube.

Patient was well in post operative period and was discharged at post operative day 10.

Adult female extrophy is rare and our case had unique presentation since she was raised as a male. There are very few reported adult series. Earlier most of such adults underwent cystectomy for the fear of malignancy. Limited available literature suggests no role of osteotomy in such cases. Most adults need bladder augmentation. Abdominal wall closure is difficult and needs flap for successful reconstruction. Perfect continence is the ultimate goal. This report shows bladder preservation and successful reconstruction is possible in adult extrophy. They need lifelong CIC and yearly check cystoscopy.

UMP 77

Outcome of Non Everted Lower Leg Saphnous Vein Graft Urethroplasty in Male Patients with Anterior Urethral Stricture: A Non Randomized Prospective Study

Roshan Rakesh, Das Suren Kumar, Pattnaik Pranab

IMS and SUM Hospital, Bhubhaneshwar

Introduction And Objectives: Oral mucosal graft (OMG) is considered as a gold standard graft for urethroplasty. Literature shows poor outcomes of OMG in population with tobacco-exposed oral mucosa. Patients with long oral mucosal graft also has problems like difficulty in mouth opening. Lower leg SV is superficial and easy to take and less donor site morbidity but lumen width is narrow compare to thigh SV graft. Objective of study is to see outcomes of urethroplasty in terms of Qmax, residual volume, IPSS score, donor and recipient site complications.

Method: Study was conducted in between jan 2021 to april 2022. Total 20 patients were admitted based on clinical history, examination, uroflowmetry and RGU findings. All patients underwent lower leg

saphenous vein urethroplasty using KULKARNI technique. Patients were called for catheter removal after 3 weeks and were followed at interval of 3 months upto 1 year. Qmax above 15 with no need of further intervention was considered successful .

Result: 18 out of 20 patients had successful outcome with a minimum follow up of 3 months and with mean Qmax as 26. 18 out of 20 had insignificant PVRU(<50ml) and had significant improvement in IPSS score with mean IPSS score as 8.0 .Two patient could not void properly after removal of catheter and needed further intervention.1 patient had recipient site infection.

Conclusion: Outcomes of saphenous vein graft from leg are comparable to oral mucosal graft and it is good option specially in patients with chronic tobacco chewers . Patient compliance post procedure is much better .

UMP 78

Diversity of Treatment for Male Urethral Diverticulum Secondary to Urethral Stricture.

Nirmit Agrawal, Sujata Patwardhan, Bhushan Patil, Aadhar jain, Mayank Agrawal
Seth G S Medical College and KEM Hospital Mumbai

Introduction

Case reports or case series related to Male Urethral Diverticulum are few in the literature. We report 6 cases of acquired male Urethral Diverticulum[UD]. Though diverticulectomy with urethral reconstruction is the ideal treatment, urethroscopy determines the final management.

Aims and Objective:

1. We present a case series of the acquired urethral diverticulum with different clinical profiles that underwent different operative management
2. To study the factors which influence surgical management

Materials And Methods: All patients presented with different clinical presentations. Retro Grade [RGU] and Micturating Cystourethrogram [MCU] were done to characterize the diverticulum. Cystourethroscopy was done before surgery.

Results : Out of 6 cases, one patient had distal bulbar stricture with prestricture diverticulum with remaining urethra healthy, we did excision of the UD and primary reconstruction. Another patient had cicatrization of the entire anterior urethra with penobulbar diverticulum prevented primary reconstruction and underwent excision of UD with perineal urethrostomy. One more patient had a pus-filled bulbar diverticulum and underwent staged urethroplasty.

Conclusion: The urethral calibre on urethroscopy proximal and distal to the UD dictates the management of UD. Primary repair is possible if the length of the gap after diverticular excision and stricture excision is less than 2 cms. The presence of an unhealthy urethral plate, infection, and associated stones need to be managed by staged procedure depending upon the stricture length and density. A perineal urethrostomy is an option when the anterior urethra is cicatrized and the patient unwilling to the staged procedure.

UMP 79

Can Clean Intermittent Self Dilatation (Cisd) Reduce Post Turp Strictures?

Bafna Sandeep, Sankaran Sindhu, kannan Deerush, Paul Rajesh, Narsimhan Ragavan

Apollo Hospitals Chennai

Introduction: Urethral stricture is a known complication after transurethral surgeries. The incidence of urethral stricture after transurethral resection of the prostate (TURP) varies between 2.2 - 9.8%. Most of the cases present within 6 months of TURP. We proposed that CISD for 4-6 weeks might reduce post-TURP stricture.

Methods: A prospective study was undertaken from January 2018-2022 in patients who underwent TURP, 20 fr 3-way Catheter inserted in patients, removed on POD 5, and self-dilatation was continued with 14 fr nelaton catheter once daily for 1 month. 3 months of uroflow and residuals done to exclude strictures.

Results: A total of 87 patients underwent TURP, 48.2 % underwent TURP with bilateral orchidectomy for metastatic prostate, 32.1 % underwent TURP, and 19.5 % BNI. Patient age ranged from 44 - 86 (mean = 64). 48.2 % patients were followed up for 18 months and 51.7% patients were followed up for 3 months only after that lost to follow-up. 70 patients did self-dilatation and 17 patients needed assistance with catheter. Post TURP on self-dilatation 7 (8%) patients had haematuria managed conservatively. 4.5 % developed UTI managed with IV antibiotics and asked to stop self-dilatation till UTI is settled, and 1 (1.1 %) patient developed stricture after 1-month post TURP needing urethral dilatation. No grade IV or above complication was seen.

Conclusion: Post-TURP strictures are common and simple maneuvers like doing self-dilatation can reduce significantly stricture incidence. Long-term data and randomized control studies will throw more light on this question

UMP 80

A Rare Case of Adult Epispadiasis in Our Institution

Kishore Kumar Behera, S Swain

Scb Medical College & Hospital, Cuttack, Odisha

Introduction: Epispadias defines a defect in dorsal aspect of urethra. depending on the position of meatus it is grouped into distal (glanular), midpenile & proximal (penopubic) variety. Isolated male epispadias is a rare condition with incidence rate of 1/1,17,000 live births.

Case report: A 26 yr male patient c/o short penis with urethral opening on dorsum of penis since birth. upward bending of penis on erection after puberty. no h/o urine leaks. no comorbidity

o/e: general condition : fare, distal penile epispadias with minimal dorsal chordee. scrotum: well developed with b/l normal testis.

Inv: xray pelvis: no bony anomaly seen.

Modified cantwell-ransley's Procedure : Release of dorsal chordee with division of suspensory ligament of penis.

Division of both corporal bodies from their attachments to inferior pubic rami. mobilization with tubularization of urethral plate. lengthening of corporal bodies done.

Ventralization of urethra with glanuloplasty done with 16 fr foleys catheter.

Follow up: Pt doing well.

Post op Wound is healthy with removal of foley on POD 21.

Having normal voiding.

Having desired penile erection

UMP 81

Single Stage Substitution Urethroplasty for Treatment of Stricture Urethral Disease in Non Hypospadias Children: A Single Center Study

Dhruva G Prakash, Tarun Dilip Javali

M S Ramaiah Medical College

Objective : To review our experience in the management of single stage urethroplasty with the use of buccal mucosal graft in paediatric stricture urethral disease and its long term outcomes.

Methods : This study was a retrospective analysis. circumcised children with long segment stricture >1.5cm were included. They were characterized as peno-bulbar or isolated bulbar stricture based on standardized protocol. All children underwent single stage substitution onlay urethroplasty with buccal mucosal graft by Kulkarni technique (peno-bulbar) or Barbagli technique (isolated bulbar stricture). All children were followed up at 3 months and annually thereafter with uroflow rate at each visit. Success was defined as flow rate >10ml/sec with bell shaped curve and absence for need for any second procedure.

Results: 28 children underwent buccal mucosal graft urethroplasty. 16 were diagnosed with peno-bulbar and 12 with isolated bulbar stricture. The median age was 7.5 (2-17 years) in peno-bulbar and 5.5 (3-10 years) in isolated bulbar stricture. Iatrogenic injury was commonest aetiology ie 71% (20/28). Mean length of stricture was 4cm (3-3.5 cm) in penobulbar and 2.5 cm (2-3.5 cm) in isolated bulbar stricture. Median follow up was 96 months (24-120 months) in peno-bulbar and 90 months (36-120 months) in isolated bulbar stricture. The success rate was 87.5% (14/16) in penobulbar and 83.3% (10/12) in isolated bulbar stricture.

Conclusion: Single stage onlay buccal mucosal substitution urethroplasty, ie Kulkarni and Barbagli technique are safe and feasible in children with long segment urethral stricture with good long term outcome.

UMP 82

Sexual Dysfunction in Patients with Pevic Fracture Alone and With Pfu - A Prospective Study

Naveen vaishnav, Shivam priyadarshi

SMS Medical College and Hospital, Jaipur

Introduction And Objective: Sexual dysfunction is common after PFUI more than pelvic fracture patients without urethral injury. It further increases with urethroplasty. Etiology can be arteriogenic, venogenic or even neurogenic. Some degree of sexual dysfunction can be there previous to trauma. Finding out cause is necessary for sexual rehabilitation.

Methods: We performed a prospective study between September 2019 to May 2021 to compare sexual dysfunction in patients with pelvic fracture only and with PFUI followed by urethroplasty. In both groups 25 cases were taken. Patients would be asked about their sexual history prior to trauma and would be followed up serially upto urethroplasty for any sexual dysfunction with IIEF & colour doppler penis and also after urethroplasty upto 6 months sequentially starting from one and half months. Unpaired student's t test was used for comparison.

Results: In all patients with PFUI completed with IIEF, Erectile function was compromised in 54%, including with severe Erectile dysfunction in 31% as compared to patients without PFUI where results were 41% and 23% respectively. Among severe Erectile dysfunction PFUI patients, 20% underwent urethroplasty. Orgasmic function and ejaculation was maintained.

Conclusion: Men with PFUI are at higher risk for erectile dysfunction than in without urethral injury. Urethroplasty further increase chance. Early sexual rehabilitation needs finding out the etio-pathology behind.

UMP 83

Does Perfusion Fluid have an Impact on Outcomes of Live Renal Transplantation??

Shadan Quadri, K. Subrahmanyam

Apollo Hospitals, Jubilee hills, Hyderabad, Telangana

Background: Various organ preservation solutions (Citrata, Collins, and buffered sucrose, University of Wisconsin and HTK) have evolved over the last 50 years.

There are no randomized controlled trials to support the evidence that one solution is better than the other in living donor transplantation

Introduction: Histidine tryptophan ketoglutarate (HTK) solution is reported to have an advantage of lower viscosity and improved clearance of microvasculature. However, in many developing countries, Ringer's lactate (RL) solution has been used as a perfusion fluid as its electrolyte content is similar to plasma.

Aims and Objectives: The aim of this study is to compare the impact of perfusion fluids (Histidine-Tryptophan-Ketoglutarate (HTK) versus Ringer Lactate (RL)) on outcomes of renal transplantation.

The objective of this study is to assess the rate of fall of serum creatinine between the two study groups over a time period of 1 week and at 1 month.

Methods: Study population is divided into two groups, namely A and B. Group A is the retrospective component of the study where in RL was used as a perfusion fluid. Group B constitutes the prospective component of the study where in HTK will be used.

Data will be analysed using SPSS version 21.

Conclusions and Results: Shall be discussed at the time of paper presentation.

UMP 84

Rare Successful Renal Salvage in A Transplant Kidney Following Post Renal Biopsy Haemorrhage.

Mohamadali S, Prakash JVS, Thiruvarul PV, Vetrichandar S, Arasi KV, Paranjothi Arunkumar, Natarajan V
Govt Stanley Medical College Chennai.

Introduction: The kidney biopsy is a invasive diagnostic procedure. We report a case of successful salvage of post renal biopsy haemorrhage in graft kidney with renorrhaphy.

Case Report- A case of 40/F ESRD underwent cadaveric renal transplant. Post transplant in view of consistent decrease in urine output and rising serum creatinine USG guided renal biopsy done on POD8. Post biopsy after 3days, blood pressure was in higher range fluctuating from 190-230mmhg systolic BP. Post biopsy after 5 days drain output increased suddenly to 750ml frank blood. CT angiogram showed active bleeding from capsule of transplant kidney. Angio embolisation not done due to technical difficulties to target the bleeding vessels located peripherally. Pt shifted to OT for exploration and found to have tear of 2*1cm size in capsule of kidney with minimal diffuse bleeding from the tear. Renorrhaphy done with surgicel applied over the oozing sites. Haemostasis achieved. Post op function of transplanted kidney improved with serum creatinine 1.4mg/dl and urine output 3.2L/day.

Discussion- The overall reported incidence of bleeding in allograft biopsies ranging from 3-16.5%. Post biopsy renal haemorrhage leads to graft loss when the haemorrhage warrants exploration in most occurrences. This case highlights that successful renal salvage is possible in a post renal biopsy haemorrhage in graft kidney.

Conclusion- Exploratory surgery can effectively and promptly control bleeding and correct underlying anatomical problems. Early intervention may prove to be fruitful in salvaging the graft kidney. All efforts must be made to salvage a viable allograft.

UMP 85

Renal Transplantation in A Patient with Turner Syndrome - A Case Report

Pranav Jasuja, R.B.Nerli

KLES Dr Prabhakar Kore Hospital & Mrc , Belagavi

Turner syndrome (TS) is a rare genetic disorder. Turner syndrome, affects only females, results when one of the X chromosomes is missing or partially missing. However, the prevalence of end-stage renal disease (ESRD) in TS appears to be less common. We report a case of young adult with TS and ESRD who underwent a successful renal transplantation.

UMP 86

Renal Transplant In A Case Of Small Capacity Neurogenic Bladder Post Meningomyelocele

Ameya Sangale, Manasa T, Prasad Mylarappa, Ramesh D

Ms Ramaiah Medical College, Bangalore

Introduction & Objectives: Neurovesical dysfunction is one of the important causes of ESRD accounting for 20%-30% of ESRD. The primary use of augmentation cystoplasty is to protect renal function, to achieve urinary continence, and often to facilitate urinary tract reconstruction. We present a case of neurogenic bladder with CKD in a patient treated for meningomyelocele who underwent bladder augmentation followed by renal transplantation

Materials and Methods: 29 year old Gentleman a k/c/o CKD on MHD since 2 years. Patient was previously diagnosed to have meningomyelocele at the age of 7. On pretransplant evaluation, patient was diagnosed to have a small capacity bladder with sphincter dyssynergia. Patient underwent bladder augmentation followed by renal transplant after 6 months.

Results & Observations: Patient was followed up for 6 months post transplant and did not have any graft related complications or breakthrough infections. Serum creatinine at last follow up was 1.44. Pt is performing 4 hourly CIC. Repeat UDS revealed a good capacity bladder (350ml) with poor detrusor.

Conclusions: Bladder Augmentation is a safe option in patients with small capacity bladder who are awaiting renal transplantation.

UMP 87

Coronavirus Infection in Immediate Post-Renal Transplant Period: A Case Report

Keyur Patel, R. B. Nerli

Kles Dr Prabhakar Kore Hospital and Medical Research Centre, Belagavi

The novel coronavirus (severe acute respiratory syndrome coronavirus; SARS-CoV-2) has spread out to most of the world with the World Health Organization (WHO) classifying it as a global pandemic. There exists very little information on the infectious course of COVID- 19 in immunocompromised individuals, including transplant recipients. We report a case of a young adult who tested positive for SARS-CoV-2 in the immediate post-operative period following renal transplantation.

UMP 88

Case of Aspergilloma Causing Bladder Outlet Obstruction in Post Renal Transplant Recipient

Harikrishna Ravindran, Farzana T M, Manikandan M, Shanmughadas K V, K M Dineshan, A V Venugopal
Govt Medical College Kozhikode, Kerala

Introduction: Spores of aspergilloma are dangerous opportunistic pathogens in renal transplant recipient. We describe case of aspergilloma urinary bladder causing bladder outlet obstruction.

Case Report: A 35 year old male underwent live related renal transplant in may 2022. Renal transplantation was uneventful. On postop day 3, his urethral catheter was blocked and relieved by bladder wash. Catheter and drain was removed. He was discharged on POD 9 with antibiotics, immunosuppressants and steroids. He was presented in emergency with AUR on POD 19. He was catheterised and was blocked again in subsequent days. Cystoscopic evaluation was done, found cotton ball like lesions in bladder. Complete evacuation was done, specimen sent for histopathologic and microbiological evaluation. Results came as aspergilloma. He was put on antifungals (IV Amphotericin) for 3 weeks. Immunosuppressants dosages were adjusted. On subsequent days he was discharged with

oral Voriconazole . He was reviewed for DJS removal and no lesions was found on cystoscopic evaluation. On follow up, USG KUB was taken and found no residual lesions. At present he is doing well with out any recurrences and graft function deterioration

Discussion: The development of an aspergilloma causing bladder outlet obstruction is a rare and dangerous condition in renal transplant recipients. These patients are at particular risk for worsening graft function, sepsis, and graft loss.

Conclusion: An approach which include cystoscopic evacuation and systemic antifungals with dose adjustments in immunosuppresants seems to be most appropriate strategy.

UMP 89

Rare Carcinoma Inside A Vesical Diverticulum

Sardana Kuldeep, Choubey Suryakanth, Vn Chethan

St. Johns Medical College Bengaluru Karnataka

Introduction and objective :The term Bladder diverticulum denotes a subjectively large herniation of the bladder urothelium through the muscularis propria of the bladder wall. Historically, the risk of malignancy in bladder diverticula is reported to be elevated by 25%. This mainly has been attributed to urinary stasis and chronic inflammation that is often found on pathologicalexamination of bladder diverticulum tissue. The most common histological type seen is urothelial cellcarcinoma in nearly 80% cases, followed by squamous cell carcinoma. The finding of neoplasm withinhas also been significant in aspects of prognosis as the diverticulum which lacks well-developedmuscularis propria layer are at a higher risk of being high grade and invasive than the non-diverticularbladder cancers. They have a rapid intra-mural spread with extra-vesical extension which further makethe pathological staging difficult. Thus, early diagnosis and initial stages of presentation alone carriesgood prognosis.

Methods:A 48 year old patient admitted with painless frank macroscopic hematuria with lower urinary tract symptoms and worked up using imaging modalities such as CT,MR Urogram was performed. Diagnostic Cystoscopy was done to confirm diagnosis and finally Open Near total diverticulectomy was done to confirm histopathology diagnosis .

Results: Histopathology reports showed poorly differentiated squamous cell carcinoma with polypoid tumor withno surrounding invasion. The patient was followed up every 3 months who remained free symptomatically but culture showed recurrent UTIs.

Conclusion:Carcinoma in bladder diverticula is a rare malignancy.Conservative approach is suitable for tumour confined to bladder diverticulum ,provided complete removal is feasible and close surveillance ensues .

UMP 90

Isolated Renal Hydatid Cyst Masquerading Renal Cell Carcinoma -Rare Case Report

Sardana Kuldeep, Choubey Suryakanth, Vn Chethan

St. Johns Medical College Bengaluru Karnataka

Introduction and objectives: Hydatid cyst/cystic echinococcosis is a parasitic infection caused by the larval stages of echinococcus granulosus. Definitive hosts are wild and domestic canine. Humans are aberrant intermediate hosts. 2-4 % of such cases have Renal involvement. Isolated Kidney involvement is extremely rare (1.9%) and can mimic cystic RCC clinically and radiologically. Herein we discuss how to differentiate between Hydatid cyst and RCC and the management thereafter.

Methods: Patient based in Tamil Nadu was admitted and worked up using various imaging tools such as USG, CT Scan and finally nephrectomy was done for histopathological analysis of the sample to confirm the diagnosis.

Results: Based on past evidences and in the present patient, nephrectomy has to be carried to confirm and differentiate between the differential diagnosis of Cystic RCC and Isolated Renal Hydatid Cyst. Histopathological analysis of the specimen confirmed the same

Conclusion: In spite of characteristic picture of cystic Echinococcosis on imaging isolated renal hydatid cyst is a very rare lesion and hence maybe misdiagnosed as a renal tumor. It should be considered a renal tumor until proven otherwise. Nephron sparing surgery is the primary treatment for isolated Renal Hydatid Cyst but Nephrectomy is warranted preoperatively misdiagnosed large cystic lesions and high grade lesions and for lesions involving collecting system.

UMP 91

Primary Amyloidosis Masquerading as Carcinoma Bladder with Painless Haematuria: A Case Report.

Sardana Kuldeep, Choubey Suryakanth, Vn Chethan

St. Johns Medical College Bengaluru Karnataka

Introduction and Objective: Primary bladder amyloidosis is not a commonly seen entity in urological practice. In cases of primary amyloidosis of the bladder, patients usually present with painless gross haematuria and irritative voiding symptoms. The only means to confirm diagnosis is by histology. Amyloidosis can masquerade as malignancy and it requires clinician to have high index of suspicion to clinch correct diagnosis, as all the lesion in the bladder reported on imaging may not necessarily be neoplastic in origin.

Methods: 65 years post-menopausal presented with chief complaints of increased frequency of micturition and haematuria and worked up using imaging modalities such as CT contrast KUB. However, Patient experienced second episode of hematuria and came to the Emergency medicine department (E. med). USG-KUB showed no calculi or growth in the bladder with 6.9 x 8.4 x 8.4 cm. Cystoscopy and biopsy done which confirmed rare diagnosis.

Results: Biopsy report came as Bladder Amyloidosis. Haematologist was consulted and after thorough evaluation the diagnosis of Primary Bladder Amyloidosis was made. She was explained about the long-term plan of check cystoscopic surveillance with regular and close follow-up.

Conclusion: Localised urinary bladder amyloidosis rarely encountered in clinical practice and presents similar conditions like interstitial cystitis, Carcinoma in situ or invasive urothelial carcinoma. Usual work-up of hematuria with biochemical or haematological parameters, imaging and cystoscopic findings are not specific for arriving at a diagnosis of bladder amyloidosis. Histopathology is gold standard. There is no defined protocol for the follow-up of such patient. Long-term regular cystoscopic surveillance is required.

UMP 92

Hub Genes Associated with Clear Cell Renal Cell Carcinoma(ccrcc)- Its Identification and Validation

Anshu Kumar, Dilip Kumar Pal, Madhusudhan Das

Institute of Post Graduate Medical Education and Research,Kolkata

Background: Clear cell renal cell carcinoma (ccRCC) is one of the most lethal urological malignancies, but the pathogenesis and prognosis of ccRCC remain obscure. This study is aimed at obtaining some novel biomarkers for potential therapeutic targets for ccRCC.

Methods: Differentially expressed genes were identified and function enrichment analyses were performed using three publicly available ccRCC gene expression. Gene Ontology (GO) analysis and Kyoto Encyclopedia of Genes and Genomes (KEGG) enrichment analysis were conducted by using the DAVID tool and a protein-protein interaction (PPI) network was constructed and visualized by Cytoscape. Then we identified 10 hub genes using cytohubba plugin of Cytoscape on the basis of degree score. The mRNA and protein expression of hub genes was analysed by GEPIA and Human Protein Atlas (HPA) database. Then, prognosis analysis of hub genes was conducted using GEPIA 3.0 which consist data from The Cancer Genome Atlas (TCGA).

Results: We identified 293 differentially expressed genes shared across the three datasets. which significantly enriched in multiple immune-regulatory related biological process and tumor-associated pathways, such as HIF-1, PI3K-AKT and metabolic pathways. Survival analysis and validation of the hub genes at the mRNA and protein expression levels suggested that these genes, particularly C1QA,C1QB,FCER1G and TYROBP associated with advanced clinical stage, high pathological grade, and poor survival in patients with ccRCC.

Conclusion: Our study illustrated the hub genes and pathways involved in the progress of ccRCC, and further molecular biological experiments are needed to confirm the function of the candidate biomarkers in human ccRCC.

UMP 93

Rare Presentations of Genitourinary Malignancies - A Case Series

Kunjan Kumar, A Ghosh, M A Islam, S Sengupta, S K Singh, S K Tewary, R K Dey

R. G. Kar Medical College & Hospital, Kolkata.

Introduction & Objectives: Genitourinary (GU) malignancies including bladder cancer (BC), renal cell cancer (RCC), prostate cancer (PC), transitional cell cancer (TCC), and penile cancer are common. However, rare presentations of these diseases pose dilemmas of diagnosis and management. In this study, we describe a few such patients.

Methods: Patients presenting to the Urology outpatient department or emergency, R. G. Kar Medical College, from January 2019 to June 2022 were analyzed.

Results: 1. 14-year old girl with haematuria, pain and lump in the left side of abdomen showed a left renal Ewing's Sarcoma.

2. 62-year old male with overflow incontinence and haematuria, with enlarged inguinal lymph nodes and warty skin lesions. Biopsies from lymph nodes and cutaneous lesions showed metastatic PC.
3. 52-year old male with a 3-cm left renal exophytic lesion, and small lesion in the urinary bladder. Histopathology showed synchronous RCC and TCC.
4. 45-year old male underwent excision of infected urachal cyst, with HPE suggestive of muscle-invasive TCC with trophoblastic differentiation.
5. 40-year old male with Klinefelter's syndrome with penile cancer.
6. 45-year old male with difficulty urinating showed prostatic mass with metastatic left supraclavicular lymph node.
7. 60-year old male, known case of bladder TCC showed metastasis in anterior urethra.
8. 60-year old male with left RCC and synchronous Prostate cancer.

Conclusion: Rare presentations of GU malignancies pose difficult clinical questions.

UMP 94

Clinical Significance of Pre and Post-Operative Thrombocytosis in Rcc - A Single Tertiary Centre Study

Singh R, Palaniyandy V, Chandru, Kumaresan N

Sri Ramachandra Institute of Higher Education and Research, Chennai

Introduction and objective : Thrombocytosis (platelet count >400,000/cumm) is a known adverse prognostic factor in several malignancies, including RCC. Our study aimed to determine the correlation between preoperative platelet count and the stage, grade, histology and outcomes of patients with RCC. We also studied the significance of rising platelet count and its impact on the incidence of progression and metastases.

Methods : We retrospectively analysed the data of all patients diagnosed with RCC between July 2017 and July 2022 at our institute. A total of 476 patients were evaluated of whom, 87 met the inclusion criteria and were selected for our study. Exclusion criteria included : Age <18 years and metastatic RCC

Results : A total of 476 patients were diagnosed with RCC. Of whom, 18.2% (n=87) patients had thrombocytosis on evaluation. When compared to patients with normal platelet counts, patients with thrombocytosis demonstrated advanced stage, grade and adverse histological features which was found to be statistically significant. At one year of follow up, 14 of the 87 patients (16%) had elevated platelet counts and were found to have progressive disease.

Conclusions : Preoperative thrombocytosis is an adverse prognostic factor in non-metastatic RCC. Patients with thrombocytosis are likely to have advanced tumours, adverse histological features, and more rapid disease progression. Patients who had progressive disease demonstrated a post-operative rise in platelet value. Prognosticating patients using platelet levels pre-operatively can aid in identifying individuals at risk for high-grade, advanced disease.

UMP 95

Investigate or Face its Consequences! Urinary Tract Stone Disease Complicated by Squamous Cell Carcinoma.

Vinod Kumar, Siddharth Yadav, Anup Kumar

VMMC and Safdarjung Hospital, New Delhi

Primary squamous cell carcinoma (SCC) of the urinary tract is rare. Long standing infection or renal calculi comprise the most important risk factors for these tumors.

We present a report of 3 cases of long standing stone disease of renal pelvis, ureter and bladder which were managed on the basis of non contrast studies for stone disease as the primary pathology and later on presented to us with disseminated SCC of the corresponding regions.

The case report emphasizes the need to keep a high index of suspicion for an underlying SCC in cases of long standing calculus disease of urinary tract and such cases must be evaluated with a contrast study before intervention to avoid the mistake of converting a localized disease into a metastatic one.

UMP 96

Functioning pheochromocytoma of the urinary bladder: An intraoperative challenge

H. S. Talwar, P. Wadhwa, S. Goel, P. Sharma, Dr R. Ahlawat

Medanta, The Medicity, Gurugram

Introduction: Vesical paragangliomas account for less than 0.1% of urinary bladder masses. Characteristic symptoms of catecholamine excess are present in almost half of the presentations. We present a case of a functional bladder pheochromocytoma in a young man who was managed with partial cystectomy and pelvic lymphadenectomy.

Materials and Methods: A 26-year-old man presented with paroxysms of headache, sweating and palpitations. On evaluation, he was found to have a urinary bladder mass. A CECT revealed a 6 x 6 cm mass on the left posterolateral wall with left hydroureteronephrosis. The adrenals were unremarkable. Biochemical work-up was positive. A Ga68-DOTANOC scan was positive for the bladder mass and no other lesion was found elsewhere. Adequate pre-operative optimization with alpha blockers was done.

Results: He underwent a partial cystectomy with left ureteric reimplantation and left iliac lymphadenectomy. Intraoperatively, hemodynamic changes were evident till the entirety of the tumor was excised despite adequate pre-operative blockade. Visually, no defining margins were discernible and palpable margins were excised. Postoperative period was uneventful and the patient was discharged on day 4. Histopathology revealed a vesical paraganglioma with negative margins and 1/20 lymph nodes were positive for the disease. Follow up 1-year DOTANOC scan was negative. At 26 months follow up, he remains asymptomatic.

Conclusion: This rare case demonstrates the importance of intraoperative hemodynamic changes in assisting the surgeon with complete excision of the paraganglioma. Also, positive lymph nodes on histopathology are rare in such cases which were missed by a pre-operative functional work-up.

UMP 97

Granular Cell Tumour of The Urinary Bladder in A Pregnant Woman: A Case Report

Shreyas Raj, R. B. Nerli, Shridhar C. Ghagane

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

Granular cell tumour (GCT) is a very rare lesion and, rarer still within the urinary bladder. Histologically, granular cell tumours consist of polygonal cells with highly granular cytoplasm with fine eosinophilic granules. Most of these lesions are benign, although a few malignant ones have been reported. A 23-year-old woman who was 26 weeks pregnant, was incidentally diagnosed to have a bladder tumour on abdominal ultrasonography examination. Transurethral resection of the bladder tumour was done and the specimen sent for histopathological examination which revealed an unremarkable urothelium with sheets of neoplastic cells within the sub-epithelial layer. The cells were large with centrally placed nuclei with mild pleomorphism and abundant eosinophilic granular cytoplasm. Transurethral resection is adequate treatment for most cases, in contrast to a more radical approach, if a malignant tumour is diagnosed. Immuno- histochemical staining has provided a helpful tool to distinguish granular cell tumours from other entities, but nevertheless the diagnosis still remains challenging.

UMP 98

Selective Renal Artery Embolization in A Case of Unresectable Renal Cell Carcinoma in A Solitary Kidney

Shreyas Raj, R. B. Nerli, Shridhar C. Ghagane

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

A renal cell carcinoma (RCC) occurring in a solitary functioning kidney presents as a challenge in the clinical management. Several options exist such as partial nephrectomy , percutaneous radiofrequency ablation (RFA), and percutaneous cryoablation in the management of operable/feasible RCC. However an unresectable lesion in a solitary kidney is a nightmare. Selective renal arterial embolization (RAE) offers a feasible option. A 64 year old woman presented with an unresectable multiple RCC in a solitary kidney. Selective RAE was performed . All tumors except one could be embolized. One lesion very near to the main renal artery could not be embolized. The patient was put on targeted therapy. RAE is a safe, feasible and an effective option in the management of unresectable RCC in a solitary functioning kidney.

UMP 99

Mixed Germ Cell Tumour of The Testis in an Adolescent: A Case Report

Keyur Patel, R. B. Nerli

Department of Urology, KLE Academy of Higher Education and Research, JNMC Campus, Belagavi-10, Karnataka.

Testicular tumors in the pediatric age group are rare. Testicular tumors in children have a bi-modal presentation, most prevalent within the first 2 years of life and in adolescence. Non-seminomatous germ cell tumours are either the pure cell type or the mixed variety. We report a case of malignant mixed germ testicular tumour in a 17-year-old adolescent.

UMP 100

Extravesical Mass in A 62 Year Female with Hematuria

Ajay Shahbaaz Singh Chahal, D.K. Jain, Yash Godbole
Bathinda

Research Objective: To successfully manage a case of extravesical mass.

Methods: A 62-year-old female presented with complaints of 4 episodes of hematuria in the last 3 months. The patient was a known diabetic and hypertensive. She had a history of CVA 10 years back for which she was on antiplatelet medications.

Clinical examination revealed no abnormality.

USG & CT abdomen and pelvis revealed a hypoechoic mass of about 2.1x3.1 cm over right anterolateral wall of the bladder.

In view of the bladder mass and hematuria, the patient was taken up for cystoscopy which revealed a normal urethra and urinary bladder. There was no evidence of a mass/bulge inside the bladder.

Therefore, the bladder was explored by a lower midline extraperitoneal incision and an extravesical mass was excised in toto and bladder was closed in two layers.

Results: The HPE examination of the mass revealed a low-grade leiomyoma.

Conclusion: A rare and unusual case of low-grade leiomyoma of the bladder which was managed successfully.

UMP 101

Neuroendocrine Prostate Carcinoma - A Rare Entity and A Diagnostic Dilemma

Banerjee A, Velmurugan P, Natarajan K.

Sri Ramachandra Institute of Higher Education and Research, Chennai, Tamilnadu, India

Introduction and Objective: Neuroendocrine prostate carcinoma (NEPC) is a rare disease entity with a poor prognosis and limited treatment options. Most of the time it develops from a poorly differentiated adenocarcinoma. We discuss a case of NEPC and how it was a diagnostic dilemma and finally, the disease was confirmed using immunohistochemistry (IHC).

Methods: A 76 years old gentleman came to the EMR with complaints of hematuria, suprapubic pain, low back pain and severe constipation. He was diagnosed with prostatic abscess from outside with grade-3 prostatomegaly. On per rectal examination, the prostate was found to be hard and enlarged in size such that it was occluding the rectal lumen. We did a Trans rectal ultrasound (TRUS) and serum Prostate specific antigen (PSA) with an MRI spine for his complaints.

Results: The serum PSA was 3.92ng/ml and TRUS suggested a prostate of size 75cc and biopsy revealed high-grade prostatic carcinoma. The department of pathology suggested IHC as the diagnosis was equivocal. Upon IHC, the tissue stained positive for chromogranin and synaptophysin with Ki-67 > 80%. MRI spine suggested compression fracture of L1 vertebrae. Thus a provisional diagnosis of metastatic NEPC was made

Conclusions:NEPC is a rare disease with poor outcomes. Most of them will have low serum PSA but one has to rely upon their clinical judgement whilst asking for a TRUS biopsy. Sometimes IHC remains the last straw to diagnose it and differentiate it from a poorly differentiated adenocarcinoma.

UMP 102

A Rare Case of Wunderlich Syndrome in Tuberous Sclerosis

Alam Tahzeeb, Sharma Pramod Kumar, Mandal Soumendhra Nath, Mollah Washim, Patawari Piyush, Dasgupta Gaurab

Calcutta National Medical College, Kolkata

Introduction And Objective: Wunderlich's syndrome, a urological emergency, refers to spontaneous nontraumatic renal bleeding confined to the subcapsular and/or perinephric space which may have various etiologies, commonest cause is renal angiomyolipoma (AML). AML is seen in more than 50% of patients with tuberous sclerosis syndrome (TS). Our objective is to report a rare case of Wunderlich syndrome in a case of tuberous sclerosis.

Methodology: 24 yr male presented with severe hematuria and right flank pain without any history of trauma. h/o convulsion since childhood on anti convulsant therapy

On examination, he was found to have adenoma sebaceum over face and palpable tender right abdominal lump.

CECT KUB revealed right gross perinephric hematoma, no renal mass could be delineated due to hematoma.

On suspicion of TS, MRI Brain done- multiple subependymal nodeules- diagnosis of TS confirmed.

Patient managed conservatively, hematuria resolved and mass decreased in size and became hemodynamically stable.

Repeat CECT KUB showed resolution of hematoma, 16cm*9.8cm*9cm fat rich mass in lower pole of right kidney.

Open Right Simple Nephrectomy done.

Results: Patient did well in post operative period. Histopathology confirmed Angiomyolipoma.

Conclusion: Renal AML may present in emergency as Wunderlich Syndrome in absence of trauma. Initial imaging may be obscure underlying AML. Syndromic presentation of AML must be kept in mind while evaluating, may aid in the diagnosis from the associated features. When diagnosed early and managed properly, the outcome is favourable.

UMP 103

A Rare Case Report of Primary Mucinous Adenocarcinoma of Prostatic Urethra

Vikram J, Natrajan K, Chandru T, Velmurugan

Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai

Introduction & Objective :Mucin producing urothelial type adenocarcinoma of prostatic urethra is extremely rare with few cases identified in the literature. The primary mucinous tumors of prostate are 1.mucinous adenocarcinoma of prostate 2. Prostatic adenocarcinoma with mucinous features 3.mucinous adenocarcinoma of prostatic urethra. This mucinous adenocarcinoma of prostatic urethra is a very aggressive tumor with poor prognosis. We describe such a case on post TURP specimen, with a discussion of its clinical-pathological correlation.

Methods :58 year old male presented with obstructive and voiding LUTS. He was diagnosed with BPH and underwent TURP in December 2021. In February 2022 he presented with hematuria. Cystoscopy was done and it revealed a papilliferous growth in prostatic bed with necrosis.Prostatic bed resection was done and sent for Histopathological evaluation

Results :A rare finding was observed in our case. The pathology was in favor of mucinous adenocarcinoma, probably arising from prostatic urethra. The current specimens and previous TURP tissue showed large areas of extracellular mucin infiltrating into the prostatic tissue. IHC CK7, CK20 , CDX-2 was positive favoring urethral mucinous adenocarcinoma. PET-CT did not show any evidence of metastases favoring urethral malignancy with prostatic involvement.

Conclusions :Our case is presented to emphasize the importance of correctly identifying this extremely rare tumor. The distinction from prostatic adenocarcinoma with mucin production is critical, as the disease described here is more aggressive and deadly. Continuous data gathering will be crucial to determine the clinical behavior and to identify the optimal treatment for this rare and aggressive disease

UMP 104

Wunderlich Syndrome

Karthik M Chavannavar, Natarajan, Velmurugan

Sri Ramachandra Medical College, Porur, Chennai

Objective : To present our experience of treating a rare presentation of Wunderlich syndrome.

We report a case of a 55-year-old gentleman who had a presentation of intestinal obstruction secondary to bleeding left angiomyolipoma (AML) with retroperitoneal hematoma. His condition improved upon conservative management, but he had recurrence of intestinal obstruction in less than a week after discharge. A computed tomography guided renal artery pseudo aneurysm embolisation was done for the acute bleeding following which the bleeding stopped. Then he was operated for exploratory laparotomy and left nephrectomy as a definitive treatment for the intestinal obstruction. We present this case of a bleeding angiomyolipoma with retroperitoneal hematoma causing intestinal obstruction and discuss on the management of such condition.

UMP 105

A Rare Presentation of Metastatic Prostate Cancer as Skin Nodules

Singh Vikram, Bhirud Deepak, Navriya Shivcharan, Sandhu Arjun, Choudhary Gautam, Sarangi Shakti

AIIMS, Jodhpur

Introduction-The carcinoma prostate is the second most common malignancy in males. Usual presentation of Prostate cancer is lower urinary tract symptoms or bone pain in case of advanced disease.

The sites of metastases include, bone, lung, liver, pleura, and adrenals with cutaneous metastasis being one of the rarest.

Methods - 64 year male with no known comorbidities presented with complaints of burning micturition and skin nodules over right groin region for 20 days. On examination few round, violaceous nodules were present over right inguinal region. The nodules were firm, non-tender and non-compressible. On DRE, prostate was hard, nodular and enlarged. His serum PSA was 15.31, and then he underwent TRUS guided prostate Biopsy s/o adenocarcinoma prostate, gleason-4+5. Bone scan was s/o extensive skeletal metastasis. Biopsy of skin lesion was s/o metastatic deposits and on immunohistochemistry testing, the lesions were positive for PSA.

Results- In view of metastatic carcinoma prostate, the patient was managed with bilateral orchidectomy. Later on he was started on tablet abiraterone. He is now under regular follow up.

Conclusion - Urological malignancy presenting as cutaneous metastasis is an extremely rare incident. Prognostic significance and management strategies in such scenarios are not clearly defined.

UMP 106

Large Cell Neuroendocrine Carcinoma of The Bladder. A Case Report of Rare Malignancy in Young Female.

Gurpremjit Singh, Mittal Ankur, Panwar Vikas K., Mandal Arup K., Upadhyay Akshaya
AIIMS Rishikesh

Introduction and Objective: Neuroendocrine bladder carcinoma is an infrequent malignancy accounting for less than 1% of bladder carcinomas. LCNEC has only been described in case reports and briefcase series. We describe a rare case of LCNEC in a young adult female.

Methods: A 27-year lady presented with a history of gross intermittent painless hematuria associated with clots for the past 2 months. CECT whole abdomen was suggestive of plaque-like thickening at the dome of the bladder of 4.9 x 2.9 x 5 cm for which she underwent TUR biopsy outside which was suggestive of muscle-invasive poorly differentiated carcinoma. The histopathology review at our center was suggestive of LCNEC. 18 FDG PET CT was suggestive of FDG avid soft tissue thickening (1.8cm, SUV max 39.7) involving the dome and the anterior wall of the bladder.

Results: The patient was given three cycles of cisplatin and etoposide chemotherapy resulting in partial response, The patient underwent partial cystectomy with bilateral extended pelvic lymph node dissection. The histopathology was LCNEC, no response to chemotherapy was identified, the urachal margin was free and all 20 LN identified were free of tumor. The patient received concurrent 5 cycles of cisplatin-based chemo along with 54Gy/27# conformal RT. On 1-year follow-up FDG PET CT there is no FDG avid lesion in the body and the patient is asymptomatic and doing well.

Conclusions: Considering the poor prognosis and differential diagnostic factors, recognition of this rare entity could be crucial as multimodal management is needed.

UMP 107

Metastatic Follicular Carcinoma of Thyroid Presenting as A Renal Mass

Sukumar K, Narayanasamy K,

Kovai Medical Center and Hospital, Coimbatore

The unpredictable behavior of follicular thyroid cancer is due to its propensity for hematogenous spread. The lungs and bones are the most favored sites and kidneys are the least.

38 year old female was evaluated for infertility and found to have a large right renal mass with metastasis. She had previous hemithyroidectomy done which had a benign histopathology. Since it was metastatic and in view of neoadjuvant chemotherapy she underwent renal biopsy which came out as metastatic follicular thyroid carcinoma. She underwent laparoscopic right radical nephrectomy and completion total thyroidectomy followed by radioactive I131 ablation. She is under follow up.

UMP 108

Adenocarcinoma of Ureter : A case report

Mandrekar P. T. N., Chari P. D., Halarnakar R.G., Biradar M., Munavalli J., Lawande P. R., Thatte S. W.
Goa Medical College, Bambolim-Goa

Introduction: Primary adenocarcinoma of the ureters is rarest (<1% of all urothelial tumours). However no characteristic symptoms, radiological features or treatment for this tumour is described.

Methods: This is a case report of a 45-year-old patient with adenocarcinoma ureter.

Results: A 45-year-old female presented with complaints of mild right flank pain. She had no history of haematuria and no other significant history. She was evaluated for the same and ultrasound revealed right side enlarged kidney with severe hydronephrosis with mass in upper ureter. Subsequent CECT showed right kidney enlarged in size with severe hydronephrosis with enhancing mass in right proximal ureter over a length of 2.8cm with maximum thickness of 1.2cms causing luminal narrowing. Homogeneously enhancing Lymph node adjacent to right renal hilum were also present. A tentative diagnosis of ureteric TCC was made and patient underwent right nephroureterectomy. HPE showed moderately differentiated adenocarcinoma of the ureter. There were no post operative complications. Patient received four cycles of chemotherapy with Inj. Gemcitabine and cisplatin. Her follow up CECT shows no evidence of recurrence and patient is recurrence free for a period of one year.

Conclusion: Adenocarcinoma of ureter though rare should be considered a differential diagnosis for upper ureteric mass.

UMP 109

Hereditary Leiomyomatosis and Renal Cell Carcinoma(HLRCC) with Somatic Mutation Masquerading as Dual Malignancy: A Case Report

Garg Mayank, R Govindarajan, K Saravanan, Sundaram Ezhil
Institute of Urology, Madras Medical College, Chennai

Introduction and Objectives: Hereditary leiomyomatosis and renal cell carcinoma (HLRCC) syndrome result from autosomal dominant mutation in fumarate hydratase (FH) gene on chromosome 1. It is characterized by leiomyomas, mainly uterine or cutaneous, and renal cell carcinoma (RCC). Most common

RCC associated is type II papillary RCC . We report a case of HLRCC with clear cell variant masquerading as dual malignancy.

Methods: A 53 year old Nulliparous, diabetic female presented at our Medical college with right loin pain and painful hematuria of 2 weeks. Usg suggested right kidney lower pole mass. MRI abdomen and pelvis showed a mass of 11 x8 x8 cm in right lower pole of kidney with no invasion and another T1,T2 heterointense 4 x4 x4 cm lesion left endometrial cavity. PET CT confirmed dual malignancy in right kidney and endometrium. Right Radical nephrectomy and TAH + BSO done and HPE suggestive of grade 3 clear cell RCC and leiomyoma respectively. Genetic sequencing confirmed somatic FH mutations .

Results: Our case deviates significantly from previously described cases as patient had no family history to raise suspicion of HLRCC and that her RCC was clear cell.

Conclusions: While the vast majority of cases are hereditary, our case demonstrating FH deficiency with no family history suggests a somatic mutation. Screening RCCs for the FH mutation and testing subsequent generations of family members to prevent deleterious outcomes is valuable .

UMP 110

A Case of Primary Malignancy of Seminal Vesicle

Adil Abdulla, T.C.Farzana, M. Manikandan, K.V. Shanmughadas, K.M. Dineshan, A.V. Venugopalan
Government Medical College Kozhikode, Kozhikode

Introduction And Objective: A primary seminal vesicle malignancy is extremely rare and is often detected on an imaging while evaluating for lower urinary tract symptoms. Further evaluation using cross sectional imaging, cytology/histology and immunohistochemistry can guide the clinician to differentiate it from more common benign masses of seminal vesicle or a secondary infiltrative neoplasm from local organs to reach a diagnosis

Materials And Methods: We are highlighting a case of a 60 year old, who presented with lower abdominal dull aching pain and storage LUTS. Clinical examination revealed a firm mass in anterior rectum palpable separately from prostate and rectum, however the upper margin could not be ascertained. Cross sectional imaging revealed a solid lesion originating likely from right seminal vesicle, displacing adjacent rectum, prostate, and base of bladder without any local infiltration. The FNAB from the lesion suggestive of a poorly differentiated malignancy.

Results : The patient underwent radical surgery and- cysto-prosto-seminalvesiculectomy with continent diversion. The intra op and histological findings confirmed our diagnosis of primary seminal vesicle malignancy.

Conclusion: Primary seminal vesicle malignancy is rare entity . Adenocarcinoma is the most common primary malignancy of seminal vesicles followed by sarcomas.Currently there is no established guidelines for management owing to its rarity. The mainstay treatment is radical surgical resection. Multimodality approach is used for advanced cases.

UMP 111

A Case of A Primary Seminal Vesicle Malignancy

Adil Abdulla, T.C.Farzana, M. Manikandan, K.V. Shanmughadas, K.M. Dineshan, A.V. Venugopalan

Government Medical College Kozhikode, Kozhikode

Introduction and Objective: A primary seminal vesicle malignancy is extremely rare and is often detected on an imaging while evaluating for lower urinary tract symptoms. Further evaluation using cross sectional imaging, cytology/histology and immunohistochemistry can guide the clinician to differentiate it from more common benign masses of seminal vesicle or a secondary infiltrative neoplasm from local organs to reach a diagnosis.

Materials and Methods: We are highlighting a case of a 60 year old, who presented with lower abdominal dull aching pain and storage LUTS. Clinical examination revealed a firm mass in anterior rectum palpable separately from prostate and rectum, however the upper margin could not be ascertained. Cross sectional imaging revealed a solid lesion originating likely from right seminal vesicle, displacing adjacent rectum, prostate, and base of bladder without any local infiltration. The FNAB from the lesion suggestive of a poorly differentiated malignancy.

Results : The patient underwent radical surgery and- cysto-prosto-seminalvesiculectomy with continent diversion. The intra op and histological findings confirmed our diagnosis of primary seminal vesicle malignancy.

Conclusion: Primary seminal vesicle malignancy is rare entity and less than 50 cases are reported in literature. Adenocarcinoma is the most common primary malignancy of seminal vesicles followed by sarcomas. Currently there is no established guidelines for management owing to its rarity. The mainstay treatment is radical surgical resection. Multimodality approach is used for advanced cases.

UMP 112

A Rare Case of Small Cell Carcinoma of Prostate

Gollamandala Kireeti, J.V.S.Prakash, P.V.Thiruvurul, S.Vetrichandhar, K.V.Arasi, Paranjothi Arun Kumar, V.Natarajan

Government Stanley Medical College, Chennai

Introduction: Small cell prostate carcinoma accounts for <0.5 to 1% of all prostate cancers with an aggressive clinical course and poor prognosis. At the time of diagnosis, nearly 75% of patients have advanced stage with metastasis in lung, liver, bladder and bone. It can occur concomitantly with adenocarcinoma or as isolated disease. Serum PSA level does not correlate with burden of disease. Positive staining for neuroendocrine markers were noted like Synaptophysin, chromogranin, CD56 and/or NSE.

Clinical Details: 58 year male incidentally diagnosed to have multiple liver lesions, largest measuring 2.5x2cm in segment 5, during evaluation for pain abdomen. USG guided biopsy from liver lesion revealed metastatic carcinomatous deposits which were positive for Synaptophysin and negative for AMACR & PSA. PSA was 0.75, AFP – 3.51 and CEA 3.31 ng/ml, CA19-9 – 7.86 U/mL. 12 cores Prostate biopsy for histopathological examination showed features of small cell carcinoma of prostate. Immuno histochemical study revealed strong Synaptophysin positivity in tumor cells and PSA negativity.

Conclusion: This case is presented for its rarity and the importance in recognizing small cell prostate cancer resides in its histological overlap with high Gleason-grade tumors and its biological behavior which implies in a different clinical presentation and treatment approach.

UMP 113

Achieving R0 Resection in A Giant Locally Advanced Adrenocortical Carcinoma

Barkesiya BL, vasudeva P, kumar N, mandal A

Vardhman Mahavir Medical College and SJH, new delhi

Introduction: Adrenocortical carcinoma (ACC) is a rare malignancy that arises from the adrenal cortex and can be classified as either non-functioning or functioning. They are often large invasive masses that are stuck to surrounding tissues and organs, which raises the risk of complications. Surgical resection with negative margins is the single most important prognostic factor for survival in patients with ACC. The gold standard surgical method for confirmed or highly suspected ACC to obtain the highest rate of R0 resection is an open adrenalectomy.

Case Report: We are reporting a very rare case of huge adrenocortical carcinoma in a 16-year-old male patient who presented with a progressively increasing left abdominal mass and flank pain for 1 year. A contrast enhanced CT scan revealed a large, enhancing, solid mass of 27 x 16 cm, arising from left suprarenal location abutting the aorta and its branches. Laboratory tests, including the hormonal workup, were unremarkable. The patient underwent left open adrenalectomy with left nephrectomy and splenectomy. Intraoperatively, the mass was seen encasing the splenic artery and celiac trunk, hence reconstruction of the common hepatic artery and celiac trunk was done. The patient tolerated the procedure well and was discharged in satisfactory condition. HPE revealed a low grade adrenocortical carcinoma with margins free of tumour.

UMP 114

Renal anastomosing hemangioma masquerading as renal cell carcinoma : A report of two cases

P. Sharma, H. S. Talwar, Sachin A.N.

Medanta Institute of Kidney and Urology, Medanta The Medicity, Gurugram

Introduction: Renal anastomosing hemangioma (RAH) is an extremely rare benign vascular tumour of the kidney, named as such due to their histological architecture being similar to splenic sinusoids. Enhancement on arterial phase make them radiologically indistinguishable from malignancy. We herein present two cases of this rare tumour posing a diagnostic dilemma.

Methods: Case 1 was a 48-year-old male, incidentally diagnosed to have left parahilar heterogenous mass of 4.3x4cm with moderate pelvicalyceal system dilatation. He was diagnosed as left RCC and underwent left open radical nephrectomy Case 2 was 70-year-old male, hypertensive and diabetic with chronic kidney disease. He underwent left partial nephrectomy and right partial nephrectomy three years back . Histology was consistent with clear cell RCC. He was incidentally diagnosed to have a right renal mass of <2cm on surveillance with MRI revealing focal hyper intense right upper pole lesion with post contrast enhancement. Patient underwent right robotic partial nephrectomy

Results: Both the patients had an uneventful perioperative period. Histopathology revealed capillary sized vessels with anastomotic arrangement and hobnailing of endothelial cells with no evidence of atypia. Immunohistochemistry was positive for CD31 and SMA , HMB 45 negative, CK negative consistent with a diagnosis of RAH.

Conclusion:RAH is asymptomatic in majority of cases and a definitive diagnosis is made on histopathology with immunohistochemical studies post nephrectomy. Very few cases present with polycythemia or hemorrhage. Although rare, it needs to be differentiated from RCC and other vascular tumours due to its benign course and rare recurrence on follow-up.

UMP 115

Primary Renal Ewing's Sarcoma: A report of 2 cases

K Sricharan Raj, Arun Chawla

KMC, Manipal

Primary Renal Ewing Sarcoma (ES) or Primitive Neuroectodermal Tumour (PNET) is an extremely rare tumor in adults. Radiological imaging is not helpful in differentiating between large renal masses in this age group. The diagnosis of ES/PNET is made by HPE and IHC studies. Currently, upfront radical nephrectomy followed by adjuvant chemotherapy is the standard of care. Hereby, we report two cases of primary renal ES/PNET and histological/immunohistochemical features.

Case Presentation: Two young male adults presented with constitutional symptoms such as weight loss, vomiting, haematuria and left flank pain. CECT showed a large mass involving the left kidney with cT3aN1M1 in the first case and cT3aN0M0 in the second case. In view of young age and large renal mass differential diagnosis of Renal Cell Carcinoma, adult Wilms Tumor, retroperitoneal sarcoma small cell neuroendocrine carcinoma, malignant lymphoma, synovial sarcoma and renal neuroblastoma. Open left radical nephrectomy was performed upfront in both the cases. Histology revealed features of ES which was confirmed by immuno-histochemistry markers. Subsequently, both patients underwent adjuvant chemotherapy. CECT or PET/ CT were performed as a part of follow up and re-staging protocol in both cases to decide on further adjuvant chemotherapy protocol and check for early recurrence.

Conclusion: Primary renal ES/PNET is a rare neoplasm, affecting young adults with aggressive behaviour. Diagnosis of ES/PNET is confirmed only after histopathological examination and immunohistochemical studies. Upfront surgery followed by chemotherapy can be the adopted strategy for management of such cases. PET/CT or CECT either can be used as a follow up imaging modality.

UMP 116

Primary Synovial Sarcoma of Kidney: A Rare Case Report with Review of Literature

Nitish Dev, SN Sankhwar, Apul Goel, V Singh, BP Singh, Manoj Kumar

King George Medical University / Lucknow (U.P.)

Background- Synovial sarcoma, a rare type of sarcoma and accounts for approximately 6-10 % of soft tissue sarcomas with a predilection for extremities in young adults. Very rarely this tumor can originate from kidney, pleura, lung, mediastinum and ovary

Case Presentation- A 22-year-old female presented to us with right renal mass. A provisional diagnosis of renal cell carcinoma was made and right radical nephrectomy was done. However, histology and immunohistochemistry proved it to be a synovial sarcoma of kidney.

Conclusion- Renal synovial sarcomas though rare should be considered as a differential in young adults who present with extremely large renal mass. Surgical extirpation is the treatment of choice. Ifosfamide and doxorubicin based chemotherapy can be given in non resectable and metastatic cases.

UMP 117

Is There any Role for DRE in Modern Prostate Cancer Diagnostics: Results from A Multi-Tertiary Centre Collaboration

Shameer Deen, Martina Smekal, Francesca Kum, Rick Popert, Marios Hadjipavlou, Jack Fanshawe, Nkwam Nkwam

Princess Royal University Hospital, Kings College NHS Foundation Trust

Introduction: Prostate cancer (PCA) diagnostics involve multiparametric MRI and digital rectal examination (DRE). While the decision whether to proceed to biopsy is based primarily on MRI findings, PSA density (PSAD) and abnormal DREs also influence the decision-making process. South East London Cancer Alliance Guidelines utilize Prostate Imaging-Reporting And Data System (PI-RADS): PI-RADS 3-5 are routinely offered biopsies; PI-RADS 2 may also be offered biopsies if PSAD >0.12, DRE is abnormal or other risk factors are present. Our objective is to assess the value of DREs in PCA diagnostics when MRI is normal.

Patients & Methods: Patients with normal MRI findings (PI-RADS 1-2) were selected from a multicentre database of prostate 2ww pathway patients (01/09/2019-30/06/2020). PCA detection in patients with abnormal DREs (abDRE) was compared to those with normal DREs (norDRE) using Fisher's exact test.

Results: 569/1466 patients had normal MRI findings (median PSAD 0.11, 0.07-0.16). 66 patients proceeded to biopsy (median PSAD 0.18, 0.13-0.27).

Conclusions: Our data demonstrates that despite a normal MRI, PCA detection rate was 42%, with a 23% detection rate of csPCA. PCA detection rate in non DRE patients was equivalent to abDRE patients (40% vs 50%, p 0.338), as was csPCA detection rate (22% vs 25%, p 0.524). We recommend that prostate diagnostics can be undertaken safely in the remote setting, without requiring face-to-face consultations for DRE, if biopsies are routinely offered in PI-RADS 2 with PSAD >0.12.

UMP 118

A Rare Case Adrenal Leiomyosarcoma

Vamshi Krishna Vennamaneni, R M Meyyappan, Senthil Kumar T, J Saravanan.

SRM Medical College Hospital and Research Centre

40 year old male Complaints of right loin pain, intermittent since 1 year No other complaints No other comorbidities No significant family history

Examination

Moderately build and nourished

PR – 72/min, BP– 120/80 mmHg CVS - S1 and S2 heard RS – BAE P/A – soft, non tender E/G – meatus adequate, b/l cord and testis normal DRE – Flat prostate Investigations HB – 12.8 PCV – 40 TLC – 6460 Platelets – 224000 Creatinine – 0.9 Urea – 18 Sr Electrolytes - WNL Thyroid profile – WNL Sr. calcium – 9.5 mg/dL Sr. Cortisol – 4.58 micrograms/dL Plasma Metanephrines – 25.30 pg/mL CECT Abdomen 11 x 9.0 x 8.5 cm well defined iso to hypodense lesion is seen in the retroperitoneum superior to right kidney. Fat planes between the lesion and kidney is mostly spared, kidney is displaced inferiorly. IVC is pushed anteriorly. Post contrast study shows feeding artery arising directly from the aorta with neoangiogenesis

and heterogenous enhancement. MRI Abdomen with Pelvis Well defined heterogenously hyperintense mass lesion measuring 10.1 x 8.9 x 9.6 cm mass noted in right supra renal region causing mass effect over the right kidney which appears displaced inferio-medially. Intrahepatic IVC is displaced anteriorly and infra hepatic to left side. Procedure Open Right Adrenalectomy was done HPE High grade malignant spindle cell tumour with fascicular pattern and interlacing fascicles and tumour cells with the eosinophilic cytoplasm.

Differential diagnosis:

1. Leiomyosarcoma

2. Malignant peripheral nerve sheath tumour IHC Pan CK – negative Vimentin – diffuse moderate to strongly positivity (>90%). SMA (smooth muscle actin) – diffuse strongly cytoplasmic positivity (>90%). S-100 – Negative.

Final impression – leiomyosarcoma – high grade, no lymphovascular emboli and no capsular invasion noted.

UMP 119

Extraadrenal Paraganglioma - A Cause of Ureteral Obstruction

Manne Tejaswini, Palaniyandy V, Chandru T, Kumaresan N

Sri Ramachandra Institute of Higher Education and Research, Chennai

a) Introduction & objective: Extra-adrenal pheochromocytomas or paragangliomas constitute 15% of adult and 30% of pediatric pheochromocytomas. It commonly occurs in the second or third decade of life and has a slight male preponderance. Extra adrenal chromaffin cells of the paraganglionic system are present from the skull base to the bladder, more than 85% are found in the retroperitoneum. Our case is rare due to its uncommon presentation.

b) Materials and Methods : We present the case of an 18-year-old girl evaluated for complaints of episodic headaches, palpitation, paroxysmal hypertension and left flank pain. Her blood pressure was 180/104 mmHg on presentation. The abdominal examination was unremarkable. A sonogram of the abdomen delineated left hydronephrosis. Contrast-enhanced computed tomography revealed a 5x4.3x3.5cm lesion extending upwards from the left common iliac region. In view of suspicion of a NET, an FDG PET was done for confirmation. Functional workup of the patient revealed it to be Non Functional. On exploratory laparotomy, the tumour was found to encase the left ureter and required excision along with the entrapped segment of the ureter. Ureteral reconstruction was performed over a 6Fr DJ stent.

c) Results and Observations : Histopathological examination of the tumour confirmed the diagnosis of pheochromocytoma. The patient was kept on stringent follow-up and was found to be normotensive, urine catecholamine levels were also within normal limits.

d) Conclusion : Extra adrenal pheochromocytomas may rarely grow to a very large size and encase surrounding structures. Careful preoperative and intraoperative management is paramount for the successful management of extra adrenal pheochromocytomas.

UMP 120

Seminoma of Testis Masquerading as Palpable Abdominal Lump

A. Raghavendran, K.Natarajan, T. Chandru., P. Velmurugan

Sri Ramachandra Medical College

Introduction: Undescended testis is usually detected at the early stages of life and surgically managed by orchiopexy at a young age. However, when undiagnosed, an undescended testicle is at increased risk for cancerous degeneration which is revealed in adulthood at advanced stages. We report the case of an intra-abdominal seminoma in an adult with an unusual presentation.

Case Report: A 40 years old male presented to our OPD with complaints of isolated left flank pain evolving around for the past 2 months. Abdominal examination revealed a hard mass measuring about 10*8 cms in the left hypochondrium and epigastric region. Genito-urinary examination revealed an empty left scrotum. Ultrasound of the scrotum showed features in favour of left cryptorchidism. MRI pelvis showed a large mass lesion arising from the left kidney which is suggestive of Renal malignancy. PET CT was done which showed left iliac fossa GCT (in view of undescended testis) with para-aortic lymph nodes. The patient was started on neoadjuvant chemo for 2 cycles. MRI was done which showed a significant reduction in the size of the lesion. The patient underwent High inguinal orchidectomy, in view of acute abdominal pain. The patient is currently on Adjuvant chemotherapy which shows a significant response to the tumour.

Conclusion: Intra-abdominal testicular malignancies can pose a diagnostic challenge. When presented with a pelvic mass the practitioner should not omit to examine the scrotum which could provide crucial etiological information at no cost.

UMP 121

An Unusual Case of Inflammatory Pseudotumor of Paratesticular Region

Mohamed Javid R, Srikala Prasad T, Sudhakaran S, Senthil Kumar S, Ramesh G, Anandha Kumar I, Prabhu

E

Chengalpattu Medical College, Chengalpattu

Inflammatory pseudotumors (IPT) are rare benign tumors that can develop in various regions of the body. IPTs have been uncommonly described in the Genitourinary system including occasional reports from the paratesticular region. The origin from this area is significant because of the ambiguity in differentiating this pathology from malignant lesions arising from the testis. We would like to report a case of a 32-year-old male who presented with a painless left scrotal mass for 2 years. Clinical examination revealed a hard painless mass in the left scrotum. Routine serum tumor markers for testicular malignancy were done and they were within the normal limits. Ultrasonography of the scrotum was done and this was followed by a radical orchidectomy. The histopathological examination of the excised lesion showed features suggestive of an inflammatory pseudotumor arising from the paratesticular region. The patient was followed up at 3 months, and 6 months after surgery and it was unremarkable. We feel this case merits presenting owing to the rarity of IPT occurring in this region.

UMP 122

Rare Presentation of Upper Urinary Tract Urothelial Carcinoma as Melena

O Agrawal, A Mittal, Vk Panwar, Ak Mandal, A Upadhyaya

AIIMS Rishikesh

Introduction: Upper urinary tract urothelial carcinoma is a relatively rare disease and comprises only 10% of all urothelial tumours. This case is presented due to its diagnostic challenge, unusual presentation and rarity.

Material And Methods: 74-year-old man presented with melena associated with right flank pain. Physical examination was unremarkable. He underwent UGI endoscopy that showed ulceroproliferative growth in duodenum which was biopsied. CECT done in view of suspicion of malignancy revealed asymmetric ureteric wall thickening extending upto the mid ureter with gross hydronephrosis and loss of fat planes with the second part of duodenum. Right RGP was done in which guidewire was not negotiable beyond 5 cm and dye instilled was not undergoing beyond the S1 vertebral level in right ureter. Subsequently he underwent CT guided biopsy to exclude any extrinsic mass compressing ureter.

Results: Histology from duodenal growth as well as from mass revealed urothelial carcinoma with glandular differentiation. In view of the locally advanced nature of the disease, suspicious omental metastasis, poor performance status he was started on cisplatin based palliative chemotherapy.

Discussion & Conclusion: This case presented multiple challenges, primarily in obtaining histology for confirmation of diagnosis on imaging. Palliative chemotherapy to a metastatic locally advanced ureteric tumour causing duodenal infiltration can reduce tumour size and prevent the imminent duodenal obstruction, allowing patient to eat normally and thus improving his quality of life

UMP 123

Leiomyosarcoma Presenting as Unilateral Painless Testicular Mass in A Septuagenarian. A Case Report with Review of Literature

Joshi Brij Mohan, Goel Ritesh, Kaushal Rohit, Desai Pragnesh, Chaturvedi Samit, Maheshwari Ruchir, Kumar Anant

Max Super Speciality Hospital Saket

Introduction: Primary testicular leiomyosarcoma is a rare occurrence and diagnosis is uncertain on pre-operative assessment. It is often seen in the background of chronic inflammation, radiotherapy, and the use of high-dose anabolic steroids. Diagnosis of sarcomas is entirely based on pathological assessment and immunohistochemistry. We report a case of a painless testicular lump in a septuagenarian without any pre-existing risk factors. The primary workup did not reveal any elevation of serum tumor markers or any signs of metastatic disease on contrast imaging. The patient underwent high inguinal orchiectomy for suspicion of germ cell tumor and the diagnosis of Leiomyosarcoma was confirmed with histopathology and immunohistochemistry.

Material and Methods: In order to review the epidemiology, diagnosis, and treatment of leiomyosarcoma. We searched publications on leiomyosarcoma in elderly patients in the PUBMED database from the year 2000 onwards.

Results: A total of 10 cases with primary testicular leiomyosarcoma in septuagenarians have been reported till now. As seen in leiomyosarcoma in the younger population, there is no side predilection, and

the size of the tumor also falls within a similar range. But 3 out of 119(27.27%) cases including ours had metastasis at presentation. Treatment had been high inguinal orchidectomy in the majority of cases and the presence of localized disease on histopathology translated into good long term.

Conclusion: Elderly leiomyosarcoma is a rare and aggressive malignancy that poses management challenges at an advanced age. Treatment is curative if detected early and long-term oncological outcomes are good.

UMP 124

Calculi in Continent Catheterisable Pouch

Bilal B P, Farsana, M Manikandan, Shanmugha Das, K M dineshan, A V Venugopal
Govt Medical College, Kozhikode, Kerala

Introduction and Objective: Bladder cancer is one of the world's most prevalent cancers, typically arises from chronic, constant insults to the urinary tract over time.. Bladder cancer is usually detected during the evaluation of hematuria by imaging studies & cystoscopy. Bladder cancer can be divided into NMIBC, MIBC & metastatic Ca. Radical cystectomy with urinary diversion forms the mainstay of treatment for MIBC & selected cases of NMIBCs.

Materials and Methods: We are highlighting a case of a 63 yrs old male , who had underwent radical cystoprostatectomy + continent diversion by I-C pouch & mitrofanoff's principle by catheterisable appendix stoma on 1996 for TCC UB. He has been on CSIC for last 26 years, lost follow up for several years, now presented with lower abdominal discomfort. On evaluation diagnosed to have multiple pouch stones.

Results: Patient underwent laparotomy & pouch destining, retrieved multiple stone (35 in number), largest 8x6x4 cm.

Conclusion: Urothelial carcinoma is the most common primary malignancy of urinary bladder. Following radical cystectomy there are several options for urinary diversion, each has its own merits & demerits.

UMP 125

A Case of Dual Urological Malignancy in A Post Transplant Patient

Adil Abdulla, TCFarzana, M Manikandan, KV Shanmughadas, KM Dineshan, AV Venugopalan
Government Medical College Kozhikode, Kozhikode

Introduction: Renal transplantation improves quality of life and overall life expectancy compared with dialysis in a chronic kidney disease patient, but it is not without adverse effects. Malignancy is the second most common cause of morbidity and mortality in renal transplant recipients, only second to cardiovascular diseases. Improved long term outcome in renal transplant patients have led to an increase in detection of malignancy in post-transplant patients. Skin malignancy and lymphoproliferative diseases account for the most of them. The development of malignancy may be due to de novo occurrence in the recipient, recurrence of the disease in a recipient or transmitted from a donor due to the transplant. Urological malignancies in transplanted patients are relatively uncommon.

Materials And Methods: We are discussing a case of a 47-year-old male underwent renal transplant 11 years back, diagnosed to have a adenocarcinoma prostate (GS-4+4=8) and underwent androgen

deprivation, detected to have a Bosniak III renal cyst on follow-up cross sectional imaging. PSMA PET showed PSMA avid prostate and an hyperdense foci on native left kidney.

Results: After optimization patient underwent laparoscopic left native kidney radical nephrectomy. The histopathological examination revealed a papillary carcinoma of kidney .

Conclusion: Though malignancies are among the common cause of morbidity and mortality in renal transplant recipients, diagnosis of a urological malignancy is unusual. Regular surveillance of post transplant patients are necessary for early detection of de novo malignancies should be managed accordingly.

UMP 126

Our experience with Versius CMR Robotic System

Barath Chinnaswami R, Griffin, Sivasankar, Dev, Mohammed Farooq, Muthulatha, Kamaraj
Saveetha Medical College, Chennai

Introduction : As robotic technology is being rapidly implemented in different surgical specialties, with Urology in the forefront of this phenomenon, evidence supporting its use continues to build up while ongoing debate related to increases costs and need for structured training remain

Methods : In this prospective study we share our experience with Robotic surgeries done using the Versius-CMR surgical system and compare the outcomes with that of laparoscopic surgeries. All robotic operations performed at our institution from May 2022 to July 2022 were reviewed. Institutional ethical approval was obtained, and patients were counselled preoperatively with informed consent. Data were collected from the robotic system and hospital databases.

Results : A total of 5 robotic operations were performed. There are 2 robotic-trained surgeons in our department. Only 1 patient suffered from Clavien-Dindo classification grade 2 complication; requiring post-op blood transfusion. Average case time for Radical nephrectomy was 293 minutes and for Pyeloplasty it was 326 minutes . Average length of stay (LOS) for robotic cases was 3.3 days, compared to 4.2 days for laparoscopic. There were no re-admissions following robotic surgeries compared to 12% with laparoscopic surgeries.

Conclusion : The use of Robotic surgery in our institution has initiated well with good clinical outcomes. Length of stay is shorter and readmission rates are lower.

UMP 127

Persistent Müllerian duct syndrome : A rare case report

Sandeep Kumar, Mukesh Patel, Kaustubh Patel, Prarthana Joshi, Vipul patel
Zydus hospital , Ahmedabad

Persistent Müllerian duct syndrome is a rare form of male pseudo hermaphroditism caused by defect in synthesis or action of Müllerian inhibiting factor due to which Müllerian duct derivatives such as uterus, Fallopian tube and upper vagina present in phenotype of male. We report a case of 29 year male came with primary infertility with erectile dysfunction along with poorly developed secondary sexual character, right inguinal hernia, penoscrotal hypospadias and B/L Undescended testis . MRI abdomen and pelvis was

done which shows absent prostate and seminal vesicles along , large right inguinal hernia ,B/L undescended testis , atropic uterus , cervical canal and proximal vagina. Cystoscopy with Hysterectomy with B/L gonadectomy and open right inguinal hernia repair . Biopsy of gonads shows ovotestis in phenotypic male.

It's very rare disorder and only 15 cases reported in India as literature says .

UMP 128

Priapism Following Risperidone Abuse- Recovery of Potency Even after Late Presentation.

Thota Siddhartha, Kalyanaram Kone

Mahatma Gandhi Medical College and Research Institute , Pondicherry.

Introduction: Risperidone is an antipsychotic used to treat mood disorders which is also an α -adrenergic receptor antagonist. Here we report a case of Risperidone induced Priapism which resolved in spite of patient presenting 4 days after initiation of symptoms.

Case report: 28 years old male presented with priapism of 4 days duration. Patient was on irregular psychiatric medications for 6 months. He ingested 12 tablets of Risperidone, all at once, 6 days back, which led to persistent erection with difficulty in urination. On examination, both corpora cavernosa were rigid and corpus spongiosum and glans were soft. Color Doppler showed minimal blood flow in the cavernosa. Patient underwent Emergency Aspiration and injection therapy with Phenylephrine. Aspirated blood was dark and blood gas analysis was similar to that of venous blood. As total detumescence was not achieved, patient underwent Burnett 'snake' manoeuvre shunt. Post procedure significant reduction in pain and tumescence noted. Patient on follow-up after 2 months had normal erections and had IIEF score of 22. At that time, he revealed that he had allergic sinusitis for which he used ephedrine containing nasal decongestant spray at the time of priapism episode.

Discussion: The patient might have been protected by taking ephedrine along with risperidone, which blunted the effect of risperidone and led to late presentation. However, ultimately patient required distal shunt to reduce priapism. Conclusion: Priapism, even if presented after 72 hours, complete resolution may occur following proper medical and surgical treatment. Sometimes, coeval intake of other medicines can be blessing in disguise.

UMP 129

Sebaceous Horn on The Penis - A Rare Case Report

Abhilash P, Rami Reddy, Srinath N, Prathiv, L.N Raju, Sreedhar Reddy, Deepak Bolbandi

Rajarajeswari Medical College

Cutaneous horn (cornu cutaneum) is a projectile, hyperkeratotic nodule which resembles the horn of an animal. Cutaneous horns most frequently occur in sun-exposed parts and are typically found in the face and the scalp, but may also occur on the hands, eyelids, nose, chest, neck, shoulder and penis. Penile cutaneous horns are relatively uncommon. We report a 42-year-old man presenting with penile cutaneous horn. The association with penile malignancy makes proper identification of these lesions essential. Standard treatment involves local excision, but the presence of malignancy requires partial penectomy.

UMP 130

Comparison of Effects of Tamsulosin, Solefenacin and Mirabegron Therapy on Ureteral Double-J-Stent Related Symptoms: a Randomized Controlled Clinical Trial

Shashank Agrawal, Payal Gaggar, Shashikant Mishra, Aditya Sengar

Precision Urology Hospital

Introduction & Objectives: Several pharmaceutical agents have been already used for better compatibility of stents. However, the existing evidence for pharmacological treatment is still controversial. The study aims to evaluate the efficacy of Mirabegron for mitigating stent related symptoms (SRRs) as compared to tamsulosin and solefenacin.

Material & Methods: Between April 2021 to February 2022, 165 patients undergoing double J stent placement following percutaneous nephrolithotomy (PCNL), flexible or semi rigid ureteroscopic stone removal (RIRS/URSL) were prospectively randomised in a 1:1:1 manner into 3 groups.

Patients in group A, B and C received tamsulosin 0.4 mg, Solefenacin 5 mg and Mirabegron 50mg once a day respectively. Stent was removed after 4 weeks.

Vernacular version of ureteral stent symptom questionnaire (USSQ) was asked at each visit.

Results: 157 patients (A; n=52, B; n=53, C; n=52) completed the study. Poor compliance was the most common reason for exclusion. The groups were compared in all domains of USSQ, that is, Urinary index score, pain index score, general health score index score, sexual score and work performance score at 1st and 2nd visits. Age and surgical procedure undertaken didn't significantly impact scores in various USSQ domains. Dry mouth was noticed in 13.2% patient in group B and headache was the most common adverse effect in group C.

Conclusion: Daily use of 50mg of Mirabegron demonstrated comparable results in mitigating stent related symptoms to tamsulosin and solefenacin and may be useful in cases where latter drugs are poorly tolerated or contraindicated.

UMP 131

Comparison of Antegrade Percutaneous Versus Retrograde Ureteroscopic Lithotripsy for Management of Upper Ureteric Calculus

Ojas Potdar, Bejoy Abraham, Attar Ismail, Sanjay Pandey, Yasir Lone, Amrita Patkar

Kokilaben Dhirubhai Ambani Hospital, Andheri West, Mumbai

As compared to retrograde ureteroscopic lithotripsy, PCNL appears to have higher stone clearance rates and lower re-treatment rates. Our study shows that PCNL is a safe and effective procedure with higher stone-free rates and acceptable complication rates to treat patients with large (size>8 mm and HU >800), impacted upper ureteral stones as compared to retrograde ureteroscopic lithotripsy.

Keywords: Percutaneous Cutaneous Nephrolithotripsy (PCNL), Extra Corporeal Shock Wave Lithotripsy (ESWL), Ureteroscopy (URS), Upper ureteric calculi.

UMP 132

Bilateral Giant Spontaneous Perinephric Urinomas: A Case Report

Sahoo Suman, Pandey Abhishek, Singh Abhay Gaur, Mandal Swarnendu, Tripathy Sambit, Nayak Prasant
All India Institute of Medical Sciences, Bhubaneswar

Introduction and objective: Urinoma is defined as an encapsulated collection of extravasated urine in the perirenal or periureteral space; either secondary to obstructive uropathies or due to trauma to the collecting system and/or ureter. We report the case of a 19-year-old male with bilateral giant spontaneous perinephric urinomas without any identifiable cause.

Methods: A 19-year-old boy presented with a history of intermittent pain in the right lower abdomen along with fullness of abdomen for 2 months. On evaluation, he had a palpable, nontender lump in the right lumbar region. Ultrasound abdomen revealed a septate, cystic collection of size 21x15 x12 cm on the posterolateral aspect of the right kidney, and 7.7x5.1x1.6 cm on the lateral aspect of the left kidney. There was no hydroureteronephrosis in both the kidneys. Magnetic Resonance Urography confirmed similar findings with normal excretion from bilateral kidneys. Uroflowmetry revealed normal flow rate and insignificant residual volume. Micturating cystourethrography revealed no vesicoureteral reflux. Cystoscopy revealed no abnormalities. Retrograde pyelogram revealed contrast extravasation from bilateral kidneys. The bladder was catheterized. Ultrasound-guided percutaneous pigtail drainage of the right perirenal collection and aspiration of the left perirenal collection was done. Bilateral double J stents were placed.

Results: He is under regular follow-up and is currently asymptomatic.

Conclusion: In patients with perinephric collection, assessment of the kidney on the affected side should be monitored. Percutaneous pigtail drainage is suggested as the initial treatment. Following stabilization, percutaneous nephrostomy along with double J stenting is then recommended.

UMP 133

Complete Stone Clearance in a Solitary Functioning Kidney with Renal Artery Aneurysm with Renal Calculi

Keshav Agarwal, Kumar Sanjay, Seth Amlesh, Sharma Sanjay
All India Institute of Medical Sciences, New Delhi

Introduction: Renal artery aneurysm is a rare entity, with an incidence of 0.01-0.09% in autopsy studies. Association with renal calculi is even more rare posing challenges for stone clearance. Herein, we describe the case of a young lady with solitary functioning kidney with renal artery aneurysm and renal calculi who underwent complete stone clearance.

Materials and methods : A 33 year old lady with no comorbidities and completed family presented with complaints of moderate to severe colicky pain in left flank for 4 months. She had history of right open pyelolithotomy for right staghorn calculus in 2016 elsewhere. On evaluation, she was found to have 25x15 mm calculus in lower pole of left kidney with a 28x18 mm renal artery aneurysm arising from lower branch of main renal artery just distal to its bifurcation. Her right kidney was atrophic. In view of her significant symptoms and considerable risk of loss of function of solitary kidney with endovascular intervention, she underwent mini PCNL with complete clearance through an infra costal, inferior calyceal puncture

Results: The operative time was 4 hrs and the blood loss was 100 ml. No complications occurred during the procedure. She was discharged on post-operative day 3. At follow up visits at 2 and 6 weeks, her symptoms improved significantly.

Conclusions: Coexistence of renal artery aneurysm with renal calculi in a solitary kidney is a rare complex scenario, which poses challenges for stone clearance. With appropriate surgical expertise and meticulous handling, complete stone clearance is safe and feasible endoscopically.

UMP 134

Cavernous Hemangioma of The Female Urethra : A Case Report

Sharma AK, P. B. Barani Kumar

Kovai Medical Center and Hospital, Coimbatore

Introduction: Cavernous hemangiomas are benign vascular tumors rarely occurring in the genitourinary system. Urethral hemangiomas are more common in the male, with a few cases being reported in females. The presentation is usually that of visible or non-visible hematuria, or urethral bleeding. Thrombosis in hemangiomas may present similar to urethral mucosal prolapse.

Case: We present the case of a 68 year old lady with history of chronic constipation. After an episode of straining at stools she noted a painless swelling in the perineum but ignored it as there was no accompanying symptom. The swelling gradually increased in size and caused obstructed flow. She also noted spotting of the undergarments which made her seek medical attention. On perineal examination the probable diagnosis of thrombosed urethral mucosal prolapse was evident with a doughnut shaped swelling noted at the site of urethral meatus which could be catheterized. Due to thrombosis the patient underwent excision and suturing using modified Kelly Burnham technique under anesthesia, with indwelling catheter kept in situ for 2 weeks. The histopathology of the specimen showed a urethral cavernous hemangioma with thrombosis. At review the patient was subjected to a urinalysis to rule out NVH. The patient is now symptom free with no recurrence at 1 year.

Discussion: Management of the disease without thrombosis entails laser ablation or transurethral excision. Thrombosis requires surgical excision. Techniques similar to those used for urethral mucosal prolapse have been adopted for the same, and are associated with minimal complications and recurrences.

UMP 135

Congenital Colo-Vesical and Colo-Colic Fistula in an Adult Female

Kevin Arulraj, Rishi Nayyar

AIIMS, New Delhi

Colo-vesical fistulae are predominantly acquired conditions secondary to infection, inflammation, surgery or radiation. We present a case of a complex colo-vesical and colo-colic fistula along with a transverse vaginal septum in an adult female, likely of congenital nature. She was a 27-year-old female who presented with primary infertility for 4 years. On gynecologic evaluation, she was diagnosed to have a transverse vaginal septum with a patent opening and fecaluria. The patient gives history of fecaluria since childhood which was not bothersome. She developed amenorrhea associated with cyclical pain abdomen

over the past 5 months. No history suggestive of acquired fistula. On examination, she had a blind-ending vaginal cavity. Micturating cystourethrogram was suggestive of a colo-vesical fistula. Magnetic resonance imaging of the pelvis revealed hematocolpos. On cystoscopy, a 3cm fistula in the dome of the bladder was seen. Vaginoscopy showed a blind-ending vagina. Sigmoidoscopy revealed the presence of a colo-colic fistula. A final diagnosis of colo-vesical and colo-colic fistula with transverse vaginal septum was made. She underwent transvaginal septum resection and drainage of hematocolpos. Laparotomy showed a complex fistula tract between the bladder dome, distal sigmoid, and distal descending colon. Fistula tract excision and repair was done. Her postoperative course was uneventful. She was discharged on day 7 and is on follow-up with no post-operative morbidity. To our best knowledge, a congenital colo-vesical fistula has not been reported in the literature yet.

UMP 136

Retrocaval Ureter with Right Renal Calculus - Entire Minimal Invasive Management

Nipun Bansal, BM Zeeshan Hameed, Nandakishore B., Suyog Shetty

Father Muller Medical College Mangaluru

Retrocaval ureter is a rare entity with a 2.8-fold male predominance. Obstruction of the ureter has been described in association with an anomalous course in relation to IVC.

Typically presentation is in third or fourth decade of life and usual management is ureteroureterostomy.

The management of patient with renal calculi with a retrocaval ureter is laden with a dilemma of treating for renal calculus alone or repairing the ureteral anomaly also. No case report describing minimal invasive/endoscopic management of renal calculi in presence of retrocaval ureter could be found in existing literature.

Here, we are presenting to you a case of young 15 years old female patient who came with Retrocaval Ureter with Right Mid-Calyx Calculus 13mm, managed successfully by Laparoscopic Ureterostomy and stone was successfully basketed out by inserting flexible ureteroscope through the Laparoscopy Port and under vision with help of Laparoscopic Camera.

Patient presented with complaints of dull right flank pain since 6 years. Clinical examination and laboratory evaluation was within normal limits. USG KUB showed mild hydronephrosis with dilated proximal ureter with right inferior calyx calculus. CECT was obtained to confirm the diagnosis which showed dilated right proximal ureter hooking around IVC with right mid-calyx calculus 13mm.

Patient was taken up for Laparoscopic Ureteroureterotomy and Stone was retrieved out using flexible ureteroscope, guided with laparoscopic camera and grasper.

So far, this is the first such case in our knowledge being reported across globe which was managed successfully by Entire Minimal Invasive/Endoscopic Management in single sitting.

UMP 137

Ruptured Giant Hydronephrosis Presenting as Acute Abdomen Requiring Emergency Nephrectomy

T Siva Kumar, G Ravi Chander

Gandhi Medical College and Hospital, Hyderabad

Introduction: Giant hydronephrosis stands for presence of more than 1 litre of fluid within the hydronephrotic kidney. Acute presentation is usually in the form of intractable pain, sepsis secondary to infections, dyspnoea. Here we present our experience with 2 cases of giant hydronephrosis presenting as acute abdomen secondary to trauma.

Methods: Between Jan 2022 and April 2022, 2 patients presented to casualty with pain abdomen and hypotension with h/o trivial trauma over a long-standing abdominal swelling. Both underwent imaging and 1 patient had active bleed into left gross hydronephrotic kidney with extension into retroperitoneum and peritoneal cavity. Another patient had left sided pyonephrosis with gross ascites with suspected breach in mesocolon and cortex of kidney. Both were taken up for emergency exploratory laparotomy and left nephrectomies were done.

Results: Patient with active bleed into left pcs with hemoretroperitoneum and hemoperitoneum was found to have left giant hydronephrosis with left renal artery injury and underwent left nephrectomy. In the postoperative period, patient had severe metabolic acidosis and renal failure and expired on pod 7. Other case with left pyonephrosis had 10 litres of turbid fluid in peritoneal cavity with egress of infected fluid from left giant hydronephrotic kidney sac through a rent in mesocolon of descending colon lateral to DJ flexure. Left nephrectomy done, mesocolon rent closed and peritoneal wash given. Patient doing well and currently on follow up.

Conclusion: Whenever a case of giant hydronephrosis is made, definitive management should be initiated at the earliest before devastating complications occur.

UMP 138

Vhl Syndrome-Multiorgan Involvement : A Rare Case Report

Amar C Holambe, Sivasankar, Griffin, Muthulatha, Kamaraj, Dev, Farooq
Saveetha Medical College And Hospital, Chennai

In this report, we present an unusual case of VHL syndrome presenting with multisystem engagement. This case of a 21-year-old male exhibiting multiple manifestations, which included right adrenal pheochromocytoma, right renal cell carcinoma with left renal cysts, pancreatic cyst, paragangliomas and retinal hemangioblastoma who underwent retinal detachment surgery in 2018 in outside hospital and right adrenalectomy with wedge resection of right renal clear cell tumor at our hospital SMCH.

This case emphasizes the value of radiologic imaging when the presentation of the disease is in its preliminary stage. When an individual presents with a condition characterized by unexplained multifarious organ involvement of retina, adrenal glands, and kidneys in the span of a few years, a differential diagnosis of VHL syndrome should be considered.

UMP 139

A Rare Case of Vacterl Syndrome Associated Uretero-Seminal Vesicle Fistula with Unilateral Renal Agenesis

Barath Chinnaswami R, Sivasankar, Griffin, Dev, Mohammed Farooq, Muthulatha, Kamaraj

Saveetha Medical College, Chennai

Introduction: VACTERL is a well-known acronym for V (vertebral anomalies), A (anal malformations), C (cardiac anomalies), TE (tracheo-esophageal fistula or esophageal atresia), R (renal/urinary anomalies) and L (limb defect). VACTERL association is a complex and rare entity with reported incidence between 1/10000 -1/40000. It is diagnosed by the simultaneous presence of at least three out of the six anomalies without clinical or laboratory evidence suggesting other differential diagnosis

Case Report: 27year old male presented with complaints of right loin to groin pain since 1 week associated with vomiting, fever and dysuria. Patient was evaluated outside with USG, told to have right renal calculus and left renal agenesis and referred here. Patient was also undergoing treatment for infertility since last 1 year. TESA done 1 year ago. On examination, abdomen and external genitalia were unremarkable. Syndactyly of bilateral upper limbs present. Scoliosis was present. CECT UROGRAM done here revealed left renal agenesis with right obstructive tandem calculi (x2) in distal ureter largest measuring 6x6x5.5 mm causing moderate HUN. There is a focal outpouching measuring 2x2.5cm in distal ureter, calculus of size 5x6x5mm noted within this contrast-filled outpouching ? Communication between seminal vesicle cyst and distal ureter. Visualized spine showed features of scoliosis to left noted at level of T12 and L1. Patient underwent Right URSL + DJS(silicone) and withstood the procedure well. On follow-up patient is doing well.

Conclusion: This is a case of successfully managed VACTERL syndrome associated uretero-seminal vesicle fistula with unilateral renal agenesis complicated by obstructive ureteric calculus.

UMP 140

Isolated Penile Gangrene Due to Mucormycosis

Channabasavaraj Hosangadi, Baranikumar

Kovai Medical Centre & Hospital , Coimbatore

Introduction: Isolated penile gangrene is rare entity as penis has extensive collateral blood supply. There are very few case reports in literature.

Methods: 30 Yr/M presented with blackish discoloration of distal penis & pain for 3 days. No H/O of local trauma, comorbidity, or immunosuppressed state. O/E:Black necrotic patch over ventral aspect of glans, Meatus not seen. Investigations:RBS – 260 mg/dl, U/A–sugar 4+, no albumin/ bacteria. HBA1C - > 20%, S.Cr –0.8. Penile doppler- Avascular hypoechoic Area measuring 2.3 x 1.5 cm in the distal end of penis. Excision Biopsy of the gangrenous patch was done. HPE-Invasive Zygomycotic infection, suggestive of Mucor with Angio and neural invasion. Patient was then put on IV Liposomal Amphotericin B.

Discussion: Cutaneous infections involving penis are very rare and mucormycosis is often not considered as a possible diagnosis leading to delays in recognition of the condition. In our patient we believe hyperglycemia of presumably long duration due to undiagnosed diabetes may be the risk factor of acquiring infection and angioinvasive nature of mucor leading to thrombosis of invading vessels could have led to localised gangrene. Aggressive treatment in the form of timely surgical debridement apart from IV antifungal drugs is crucial to prevent further spread and to provide cure.

Conclusion: Cutaneous infections of penis are rare & high index of suspicion is necessary. Mucormycosis is an extremely rare but potentially life-threatening fungal infection with rapid spread & high mortality rates. Early Diagnosis & Aggressive treatment will be life saving as well as organ saving.

UMP 141

Complete Urethral Transection in Penile Fracture: A Rare Case Report

Patel Azharuddin,

Karnataka Institute of Medical Sciences Hubli ,Karnataka

Introduction: Penile fracture is defined as rupture of tunica albuginea of the corpus cavernosum caused by blunt trauma to erect penis. The major reason of penile fractures is direct trauma during sexual intercourse. The disruption is usually at a single site in tunica albuginea over either corpora cavernosa. Involvement of urethra in fracture penis is very uncommon, especially, along its whole circumference, which is still rarer. Though diagnosis is usually on clinical examination, ultrasound helps in confirmation and identifying site of injury. We present a rare case of penile fracture with complete disruption of urethra.

Case Report: A 45-year-old male presented to emergency room with complaints of penile swelling and inability to pass urine following violent sexual intercourse within 6 hours. Blood at urethral meatus suggested possible associated urethral injury. Diagnosis of Fracture penis confirmed with penile ultrasound examination. Catheterization was not possible. Patient was posted for exploration. There was disruption of bilateral corporal bodies extending to urethra with complete transection of proximal penile urethra. After evacuating the clot, urethral anastomosis was performed with spatulated ends over Foleys catheter number 14. The defect in corpora sutured. The patient recovered smoothly and discharged on fifth day after surgery. Catheter removed after 3 weeks. At one month follow-up, patient was passing urine with good stream and was getting satisfactory erections.

In Conclusion, penile fracture is a relatively rare urological emergency, particularly with complete urethral injury. Immediate surgical repair is proper treatment.

UMP 142

Spontaneous Nephrocutaneous Fistula Due to a Renal Abscess: A Rare Case Report

Praveen, Sivasankar G, Sivabalan J, Raju S, Bhargavi R, Senthilkumar K, Tamil Selvam D

Government Kilpauk Medical College, Chennai, TamilNadu.

Introduction & Objectives: Spontaneous Nephrocutaneous fistula is a rare manifestation of renal disease that can occur due to various etiologies, such as renal calculus, chronic pyelonephritis, renal surgeries, trauma, tumors, stricture of the ureteropelvic junction, and renal tuberculosis(TB). Renal calculus and chronic pyelonephritis are the most common causes. We report a case of spontaneous Nephrocutaneous fistula in a patient with Renal Abscess.

Methods: 34 years old male presented with purulent discharge from left flank since 15months. History of left flank pain 18months back. Recently diagnosed Diabetes Mellitus on oral hypoglycemics. History of Right cataract surgery 8 years ago and diagnosed as Bilateral Pseudo proptosis. The physical examination

revealed a fistulous orifice in the skin of the left lumbar region with induration. Contrast enhanced computed tomography(CECT) with fistulogram revealed a thick-walled abscess in left kidney in upper and inter pole with Fistulae tract traversing through left perinephric space, posterior intercoastal space and paraspinal muscles in to skin. Further investigations revealed no evidence of TB. Open exploration and drainage of renal abscess with fistulectomy done through left flank incision extending to involve tract and drain placed. Abscess wall and Fistulae tract sent for Histopathology.

Results: Post operative period uneventful. Histopathology revealed acute on chronic inflammatory changes and consistent with fistulae tract.Pus culture revealed Klebsiella species.No evidence of TB or Malignancy.

Conclusion: Spontaneous Nephrocutaneous fistula is still rare. In Indian scenario, Though Tuberculosis considered a differential, other infective causes cannot be neglected.Early detection of underlying pathology and treatment avoids morbidity to patients.

UMP 143

Ectopic Migration of Copper T Causing Vesical Calculus Formation.

Manish Kumar Singh,

Narayan Medical College and Hospital Jamuhar,Sasaram,Rohtas.

Introduction-A 45 year old female came with the complain of pain lower abdomen,burning micturition and occasional hematuria since last 10 years.She was under treatment of a local doctor but her symptoms never resolved completely.Copper T was inserted 18 years ago by a female staff at PHC but she concieved even after that besides,she was unable to feels it's thread per vaginum.We sent the urine for culture sensivity which later came to be sterile,Microscopic examination of urine suggested presence of pus cell.We went for digital xray KUB which suggested the presence of radioopaque object in the bladder.Ultrasonography revealed vesical calculi.We planned for suprapubic cystolithotomy in which bladder stone of size 5*3*2 cm encircling the vertical of Copper t was taken out.

Result-Migration of Copper T from uterus to bladder is rare but reported.In this case patient had a symptom of painful micturition and hematuria besides she continued concieving even after Copper T insertion.Thus failure to acknowledge copper T thread per vaginum with it's contraceptive failure and presence of urinary symptoms should make one susceptible of ectopic migration of Copper T in bladder.

Conclusion-This is a rare incidence of ectopic migration of Copper T in urinary bladder.Those willing to use IUCD as contraceptive should be given basic knowledge as how to check for thread per vaginum and they should be called for regular follow up visit besides, Insertion of copper should always be done under the guidance of trained doctors by qualified paramedics.

UMP 144

A Rare Cause of Hematuria-Renal Av Malformation-Challenges in Diagnosis and Management

Mahadev.V, Govindarajan.R, Saravanan.K, Subramaniyan.K, Saraswathi.S, Hemalatha.K,

Madras Medical College Chennai

Introduction: AV malformations are abnormal communications between arteries and veins outside the capillary level within the renal vasculature. Congenital renal AVM are significantly more rare, with

reported incidence of 0.04%. They represent spontaneous failures of vascular development in the embryonic life leading to dysplastic subepithelial vessel formation, located in the calyceal or pelvicsubmucosa. The M/C clinical presentation is hematuria.

Case Report: A 34 year old male presented to our hospital with hematuria A/W clots and right flank pain on and off for past 2 weeks. No previous H/O Trauma/Surgery/Bleeding Disorders/Significant Family History. Clinical examination is not significant with evidence of macroscopic hematuria with clots. USG showed multiple clots within bladder. The patient was severely anaemic.

Imaging: CECT abdomen showed lobulated soft tissue density lesion noted in the right renal sinus with dilated and tortuous right renal vein. The vein showed enhancement in arterial phase S/O AV malformation.

Digital subtraction angiogram was performed which showed large avm involving right kidney with major blood supply from right renal, right lumbar and right common iliac arteries.

Management: Blood transfusion done and patient was stabilised. With the help of interventional radiologist, under LA fluoroscopic guidance, using right femoral access sheath using 5fr cobra catheter multiple feeding vessels from right main renal and suprarenal arteries into AVM embolized using poly vinyl alcohol and gelfoam. Post procedure the patient was stable and hematuria settled.

Conclusion: Renal AVMS are rare lesions leading to severe hematuria. Diagnosis is based on cross sectional imaging and treatment is with percutaneous transcatheter embolisation with the use of coils or liquid embolic agents.

UMP 145

Spontaneous Bladder Perforation - Rare Case Report

Bhushan Prabhakar Dangre,

Karnataka Institute of Medical Sciences Hubli Karnataka

While bladder rupture commonly occurs in association with blunt or penetrating lower abdominal injuries, spontaneous bladder perforation (SBP) is relatively rare. Spontaneous rupture of bladder has been known to occur in a cancer bearing bladder, neurogenic bladder or in post irradiation bladder or conditions of bladder involving infection and inflammation. Prompt diagnosis of SBP is important in reducing the high morbidity and mortality associated with it. Here we present a rare case of SBP who presented with Peritonitis.

49 year old diabetic male with features of perforation peritonitis was posted for emergency laparotomy. Intra operative finding suggestive of sloughed anterior bladder wall. Excision of necrotic bladder wall done. Both the Ureteric orifice cannulated with infant feeding tube and taken out through bladder and abdominal wall as diversion procedure. Also suprapubic catheter, per urethral catheter and peri-vesical drain were kept. Evidence of urinary leak noted on POD 5 which was confirmed with CT Cystogram. Patient operated for re- exploratory laparotomy with excision of necrotic bladder wall with two layer closure. Post operative hospital stay was uneventful and patient was discharged with both SPC & PUC on POD 8. SPC removed on POD 14 on follow up and PUC on POD 21.

SBP is rare event which mimics intestinal perforation and should be suspected in patients with features of peritonitis with decreased urine output and deranged renal function test. And in view of high mortality and morbidity prompt surgical intervention is required.

UMP 146

Penile Ring Strangulation: A Unique Desperate Attempt for Penile Salvage

Karmungikar S, Vasudeva P, Yadav S

Varddhaman Mahavir Medical College & Safdarjung Hospital, New Delhi

Introduction: Penile strangulation following placement of constricting objects to enhance sexual stimulation or due to psychiatric disturbances is a rare entity. It requires urgent treatment as delay may lead to irreversible penile ischemia and gangrene. We hereby present 3 cases of penile strangulation by heavy thick metal objects which required use of motorised cutting tool for their removal & penile salvage.

Case Presentations: 3 patients presented to ER with penile swelling, pain & voiding difficulty following insertion of thick metal ring on the penis. Examination revealed an edematous swollen penis with tightly constricting metal ring at the root of penis.

Recognised management measures such as penile decompression with multiple aspirations, modified squeeze pull technique and modified string technique were attempted but failed in all the above 3 cases leading us to adopt a unique technique using a motorised cutting tool device for ring cutting and removal as a desperate measure for penile salvage.

Conclusion: removal of penile constriction devices can be challenging & prompt removal is usually necessary for timely penile salvage. Our case series depicts a unique intervention attempted by our urology team for removal of the constricting rings leading to optimal outcomes in all the 3 cases. This report also reiterates the fact that surgeons at times also require out of the box thinking for rare unique presentations such as the above and skilled implementation of the same which can be game changers in patient outcomes.

UMP 147

An Unusual Presentation of Parasitic Granuloma as Penile Nodule : A Case Report

S.B.Viswaroop, Ganesh Gopalakrishna

Vedanayagam Hospital & PG Institute

Introduction: Zoonotic helminthic infection of genitalia is rare. We report a case of *Dirofilaria* infection presenting as a penile nodule in a young male.

Case Report: A 18 year old male was referred by a urology colleague for evaluation of a penile nodule. From a coastal town in south Tamilnadu having a pet dog presented with a painless nodule over the penis. He noticed a small swelling 4 months ago during bath and it was gradually increasing in size. He had no itching. Clinically he had a 2x1.5cm ovoid, non tender firm nodule with distinct margins, mobile transversely in the subcutaneous plane over dorsum of penis about 3cm from coronal sulcus. He had no other lesions, no eosinophilia and a normal chest x-ray. Possibility of a benign tumour of neural origin was considered. MRI showed an ill defined soft tissue lesion in the dorsal aspect of penis over lying tunica albuginea and reported as non specific inflammatory lesion.

The nodule was excised under IV sedation and the biopsy was reported as helminthic infection morphologically ? *Dirofilaria*.

Discussion: Dilofilarial subcutaneous nodules on scrotum, epididymis and cord are reported. This is the first case of *Dilofilaria* causing a penile nodule.

Conclusion: Zoonotic infections in humans are common. Genital involvement is extremely rare and usually managed by dermatologists. This is a unique case of helminthic infection presenting as a nodule over shaft of the penis.

UMP 148

Penetrating Scrotal Injury Case Report

Bhushan Prabhakar Dangre,

Karnataka Institute of Medical Sciences Hubli Karnataka

Traumatic injury to the external genitalia is seen in 27 to 68 % cases of all trauma patients with injury to the GU tract. Blunt trauma accounts for up to 85% and the majority of which are sustained during sport activities. Penetrating scrotal trauma though less common is generally more severe and usually requires surgical exploration.

25year old male, a known case of intellectual disability with seizure disorder presented to casualty with penetrating injury to scrotal region with iron rod in situ. Iron rod 5 feet in length with diameter of 3 cm with sharp end was seen piercing through the base of penis on left side exiting through left hemi scrotum. No history of haematuria. 14 Fr foleys catheterisation drained clear urine. Ultrasound examination was performed which ruled out testicular injury and scrotal hematoma. Patient was immediately shifted to emergency operation theatre. Midline scrotal incision was taken and incision deepened till the iron rod and rod taken out. Both the testis were found normal with no injuries to spermatic cord structures. Postoperative patient hospital stay was uneventful. Consistent with previous studies ultrasound is investigation of choice in case of blunt and penetrating scrotal injuries and early surgical exploration is helpful for hastened recovery of the patient.

UMP 149

Isolated Fournier - Gangrene Of The Penis - A Very Rare Entity

Kushwaha Swapnil Singh, Kalra Sidhartha, L N Dorairajan, KS Sreerag

Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry

Introduction & Objectives: Fournier's gangrene (FG) is a rapidly progressing necrotizing fasciitis usually affecting the external genitalia, perineum, or perianal regions. Isolated FG of the penis is a very rare entity due to the rich vascular supply of the organ. It is reported in only a few cases in the literature. In the light of this rare case, we share our experience and review the predisposing factors and management of this entity.

Methods: We report a case of a 55-year-old male with uncontrolled diabetes who presented with a discolored patch with purulent discharge over the penis along with fever for a week. Examination showed a necrotic patch with penile swelling and normal scrotum and testes.

Results:The patient was resuscitated and was treated with immediate surgical debridement with broad-spectrum antibiotics. The recovery phase was uneventful, and the patient had no urinary symptoms in the follow-up.

Conclusions:Only a few cases of isolated penile FG have been reported. The diagnosis is often made clinically, although radiologic studies can be helpful in defining the extent of the disease. Aggressive surgical debridement of necrotized tissue along with broad-spectrum antibiotics is the golden rule of management, as mortality is as high as 50%.

UMP 150

Role of Minimally Invasive Urological Interventions in Acute Pyelonephritis A Single Center Prospective Study.

Keerthana, Vamsi Krishna P

Care hospital, Banjara Hills, Hyderabad

Acute pyelonephritis is an acute suppurative infection of renal parenchyma and renal pelvis. Majority of these infections are acquired by ascending infections from lower urinary tract. It is also acquired by hematogenous route. Diabetes mellitus is a common predisposing factor. The clinical spectrum of acute pyelonephritis may range from very mild presentation to a florid and more severe infection in the form of emphysematous pyelonephritis where there is destruction of the renal parenchyma with gas formation. Based on the severity and clinical condition of the patient, the decision of medical management or Double J stenting or Percutaneous Nephrostomy or, in rare cases, nephrectomy as a treatment option is taken. This study aims at establishing the role of minimally invasive urological intervention in acute pyelonephritis and in creating an algorithm of decision making regarding intervention in cases of acute pyelonephritis and in cases of suspicious pyelonephritis in an otherwise sick patient

UMP 151

Emphysematous Pyelonephritis in an Ectopic Pelvic Kidney: Aggressive Approach is Necessary Sometimes

Kushwaha Swapnil Singh, KS Sreerag, L N Dorairajan, Kalra Sidhartha

Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry

Introduction & Objectives:Association of emphysematous pyelonephritis (EPN) with ectopic kidneys is rare. It is a life-threatening condition with variable mortality. The differential diagnosis of lower abdominal pain at the emergency department is quite perplexing. We report a patient who presents with characteristic clinical and laboratory features of ruptured appendicitis with severe sepsis but later showed emphysematous pyelonephritis of a left pelvic ectopic kidney on computer tomography.

Methods: A 60-year-old lady with controlled diabetes presented with lower abdominal pain, fever and vomiting for a week. Examination revealed generalized abdominal tenderness. The patient had leucocytosis with acute renal injury in addition to uncontrolled blood sugars. The diagnosis of emphysematous pyelonephritis in the left ectopic pelvic kidney was established by computed tomography.

Results: She was managed initially with broad-spectrum antibiotics and strict glycemic control. Percutaneous drainage could not be attempted because of the poor intervention window. With no improvement in the clinical and laboratory parameters of the patient, an emergency nephrectomy was done. The patient drastically improved thereafter and had a smooth postoperative recovery. Follow-up at six months showed stable renal function.

Conclusions: Even in the current era of conservative therapies and minimally invasive surgery, early open nephrectomy still has a role in the management of EPN.

UMP 152

Penile fracture (both corpora cavernosa tear - tunica albugenia) with complete urethral transection - A rare case

Vipin Sharma,

Bombay Hospital Indore Madhya pradesh

Introduction - Penile fracture is defined as a tear of tunica albuginea that covers the corpus cavernosum. mode of injury is usually blunt trauma during sexual intercourse. The presence of urethral injuries sustained during fracture is less than 10%, but very few cases involve complete circumferential urethral transection with bilateral corpora cavernosa tear.

Case - 42 years old presented with sudden onset pain, swelling, loss of erection, during the sexual intercourse (woman on jack-knife position), patients had snap sound during the act. Patient couldn't void after the incidence. On examination, S shape deformity, with scrotal and penile hematoma and blood at tip of meatus present. Urgent MRI was done, s/o bilateral corpora cavernosa tear with urethral disruption. Suprapubic aspiration of urine was done with needle, to relive retention and patient was taken for emergency exploration and repair.

Surgery and follow up - Penis degloved till base, complete transection of urethra with corpora spongiosa and bilateral corpora cavernosa tear (tunica albugenia) present, albugenia margin was refreshed, and repaired with 4-0 proline suture. Tension free mucosa to mucosa urethral anastomosis done with 4-0 vicryl over 14 fr catheter. Catheter removed after 3 weeks, patient voided well and had good erection.

Conclusion - Prompt surgical intervention, could result in a good outcome in preserving erectile function and voiding function. Suprapubic catheterization can be avoided with emergency surgery, and drainage of urine by needle aspiration if needed.

UMP 153

"The Bladder Ran Dry", A Rare Case of Bilateral Ureteric Injury following Abdominal Hysterectomy.

Lingesh Sairam C, Saju P.R, Manu

Government Medical College Thiruvananthapuram, Kerala, India

Introduction And Objective: Complete anuria following gynecologic surgery is rare and is associated with significant morbidity and mortality if not detected early. Management in such cases depends on the type and timing of presentation, the site of injury, and the patient's condition.

Objective - Is to provide Immediate treatment to relieve obstruction and stop leakage of urine. 48yr old female patient who underwent a total abdominal hysterectomy in a private hospital, presented with anuria, abdominal distension, dyspnea and azotemia postoperatively, based on clinical and imaging findings a bedside Peritoneal Drain was placed to drain urine from the peritoneal cavity

Methods - A preliminary investigation was done and a CT urogram (lowdose) was suggestive of intra-peritoneal bladder rupture and possible rupture in the upper pole of the right kidney due to distal rt ureteric obstruction.

Emergency laparotomy made: vaginal vault and bladder dome were sutured together, the bilateral ureters were caught in the infundibulopelvic ligament during uterine pedicle ligation, and the left ureter was torn proximal to it. Bilateral DJ stent placed, left ureteroureterostomy performed over the DJ stent, primary bladder closure completed in a two-layered closure, and suprapubic catheter and DT fastened.

Results - Patient postoperative period uneventful, Discharged on the 8th day.

Conclusions - Sound knowledge of ureteral anatomy is critical to the avoidance of injury. Intraoperative confirmation of ureteral integrity should be routine, to avoid devastating complications.

UMP 154

Penoscrotal Transposition in a Patient with Perineal Hypospadias and Micropenis: A Case Report

Sahoo Suman, Pandey Abhishek, Dheeroo Dheeraj, Mandal Swarnendu, Tripathy Sambit, Nayak Prasant
All India Institute of Medical Sciences, Bhubaneshwar

Introduction and Objective: Perineal hypospadias with penoscrotal transposition is often misdiagnosed as “Disorders of sexual differentiation” especially when associated with a micropenis. These children are often raised as females and advised for female gender reassignment due to poor outcomes associated with penile reconstruction and repositioning. We describe the management of penoscrotal transposition with micropenis in an adolescent male.

Methods: A 17 years female presented to us with nonconforming gender identity and examination revealed perineal hypospadias, buried micropenis with severe chordee, and penoscrotal transposition with bilateral descended testes. Karyotyping showed 46 XY, and patient refused female gender reassignment after counseling and opted for penile reconstruction.

Results: The patient underwent penoscrotal repositioning, chordee release, penile lengthening, and stage one urethroplasty with buccal mucosal graft (BMG). Postoperative recovery was uneventful and one month follow-up outcome was satisfactory with good uptake of BMG, retained penile length, and aesthetic satisfaction. Patient is motivated to undergo second stage repair and has legally changed the gender to male.

Conclusion: Penile reconstruction in patients with perineal hypospadias and micropenis with penoscrotal transposition is challenging and postoperative outcomes are often unsatisfactory. Often female gender reassignment is advised in such cases due to technical difficulties associated with male gender conforming reconstruction. But female gender may often be unacceptable to these patients due to testosterone imprinting during childhood. Proper counselling and surgery in motivated patients are critical to aesthetically satisfactory outcomes.

UMP 155

A Complex Case of Pelvic Fracture Urethral Distraction Defect - Repaired by Abdomino-Perineal Approach

Rahul Roy, TK Mondal, A Anand, S. Karmakar, Asim das
Nrs Medical College and Hospital, Kolkata

Introduction and Objective : Pelvic fracture urethral distraction defect (PFUDD) is a rare but potentially debilitating injury which affects the posterior urethra with varying lengths and degrees of complexity. In majority of cases tension free end to end urethral anastomosis is achieved by progressive perineal approach although in some complex cases abdominal approach may also be needed. I am presenting a case of PFUDD which was repaired by combined abdomino-perineal approach and the postoperative outcome was satisfactory without any complications like recurrence, urinary incontinence or erectile dysfunction on 1 year follow-up.

Methods : We operated a 1 year-old case of PFUDD in a 26 year old gentleman who developed long segment stricture from bulbar to prostatic urethra. We planned progressive perineal urethroplasty but after giving perineal incision, proximal end of the stricturous urethra could not be reached even after anterior urethral mobilisation, crural separation and inferior pubectomy. Abdomen was opened, proximal end was reached through bladder neck and end to end urethral anastomosis was done after excising the stricturous part.

Results : There was extravasation of small amount of contrast from anastomotic site on postoperative pericatheter RGU. SPC was kept for longer time and extravasation resolved. Urine flow was adequate with Qmax of 13 ml / sec. There was no urinary incontinence and the patient also has satisfactory penile erection.

Conclusion : In complex cases of PFUDD, where tension free urethral anastomosis is not amenable by perineal approach alone, combined abdomino-perineal approach can offer good surgical outcome.

UMP 156

Pelvic Fracture Urethral Injury in Middle-Aged Female- A Case Report

Khurana Chiranjeet Singh, Kalra Sidhartha, L N Dorairajan, K S Sreerag, Kushwaha Swapnil Singh, P Jithesh
Department of Urology and Renal Transplant, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry

Introduction and Objectives: Literature on management of pelvic fracture urethral injuries (PFUI) in females is scarce and mainly based on experience of surgeons in anecdotal case reports. We present a case of PFUI in a middle aged female.

Methods: A 55-year-old lady presented with lower abdominal pain, bleeding per-vaginum and inability to void following Road Traffic Accident. Local examination showed mid-urethral transection injury and tear over left anterolateral aspect of vagina. Foley's bulb and bony fragments of fractured pelvis were palpable anteriorly. Imaging revealed bilateral superior and inferior rami fracture with pubic bone diastasis. She underwent external fixation of pelvic bones with primary repair of urethral and vaginal mucosal injury.

Results: Intraoperatively external pelvic fixator was applied following which the bony fragments in the vagina were lifted up (due to realignment of pelvic bones).

Mid-urethral transection injury was repaired using end-to end anastomotic urethroplasty. Perurethral catheter (PUC) and suprapubic catheter (SPC) were placed. Periurethral tissue and vaginal layers were closed over the urethral repair.

Total operative time was 210min with intraoperative blood loss of 100-150 ml. Postoperative course was uneventful. She was discharged with pelvic fixator, PUC and SPC in situ on post-operative day 7.

External Pelvic fixator was removed after 6 weeks of surgery. MCU showed no evidence of contrast extravasation. Follow up at 3 months showed no urinary symptoms with bell shaped uroflowmetry curve.

Conclusion: We propose external pelvic fixator application followed by primary repair of urethral injury associated with pelvic fracture as a promising treatment option with good results and minimal chances of post operative complications .

UMP 157

Renal Transplant in Small Capacity Bladder

Vivek Sharma, Rajat Arora, Waheed Zaman , Anil Kumar Varshney

Max Superspeciality Hospital , Shalimar Bag

Introduction : Renal transplant is always a challenging surgery but it will become more difficult when recipient urinary bladder capacity is very small. In this condition additional procedure required to storage and drainage of urine.

Case Summary: Recently we operated two cases with small capacity bladder (<50 cc). Both have poorly functioning kidney with CKD V & on dialysis since long time. In first pt small bladder capacity detected on table during transplant surgery. We made cutaneous ureterostomy during transplant surgery and planned for ileal conduit in second sitting. In second pt bladder capacity detected pretransplant so pt underwent ileal conduit in first sitting and planned renal transplant after one month.

Conclusion: IN CKD patient with small capacity bladder, graft ureter implantation in ileal conduit is safe and alternative approach with minimal complications. Renal transplant can be done in small capacity bladder patients with additional procedure and minimal morbidity.

UMP 158

Rare Presentation of Cytomegalovirus Infection in Renal Allograft Recipients

Amar C Holambe, Griffin, Sivasankar, Kamaraj, Muthulatha , Dev, Farooq

Saveetha Medical College and Hospital, Chennai

Cytomegalovirus is the most common viral infection after kidney transplantation. Clinical presentations of cytomegalovirus infection range from asymptomatic infection to organ-specific involvement. Most symptomatic infections manifest as fever and cytopenia.

Renal-allograft ureteral stricture and skin involvement are other rare presentations of cytomegalovirus infection. Hemophagocytic syndrome, thrombotic microangiopathy, adrenal insufficiency, and renal allograft artery stenosis are other rare symptoms of cytomegalovirus infection.

In this report we represent a rare case of 45yr diabetic male with CKD stage 5 who underwent renal transplant in March 2017 and presented with post transplant CMV infection presenting as a distal ureteric stricture with grade-3 HUN was managed further at our institute with various procedures like URS stenting followed by PCN insertion followed by boari's flap repair.

UMP 159

Selective Arterial Embolization for Early Arteriovenous Fistula after Robotic Partial Nephrectomy

Kartik Patel, Himesh Gandhi, Tarun Singh, Abhijeet Jha, Suraj Bhondave, Shobhit Kumar, Vaibhav Patel
Ruby Hall Clinic, Pune

Arteriovenous fistulas (AVF) of the kidney are uncommon. They may be acquired, idiopathic or arise of congenital arteriovenous malformation. Acquired renal AVF are mostly iatrogenic due to the increasing number of mini-invasive nephron surgery. We report a case of early renal arteriovenous fistula in a 53-year-old male previously treated with left robotic partial nephrectomy (PN), which was successfully treated by endovascular coiling.

UMP 160

Chylous Ascitis Post Left Laparoscopic Donor Nephrectomy

Vipul Bakshi,

Aakash Healthcare, Dwarka

Pt came to our opd as a follow up case of left donor nephrectomy around 1 month back. Pt complaints of having abdominal heaviness and distension Started developing after around 15 days of transplant .No vomiting / no diarrhea / no constipation. USG whole abdomen : moderate free fluid in abdomen and pelvis. Abdominal tap was done and whitish yellow fluid was aspirated and it came out to be positive for chyle. Old records were s/o drain removal on post op day 2 when drain output was 20 ml (serous) . On work up serum creatinine was 1.4 so a NCCT KUB was done. Patient was initially managed with conservative management but it failed and patient had persistent increase in abdominal girth over the next 15 dyas So, After counselling the patient , he was taken up for Diagnostic Laparoscopy and proceed. OPERATIVE FINDING 1. Around 5 Liters of whitish yellow colour fluid was aspirated from the abdomen 2. Left renal fossa was healed and re-peritonealised. ADK WAS INSERTED. POST OP PT WAS PUT ON SOMATOSTATINS . PATIENT BECAME DRY AFTER 7 DAYS. DRAIN REMOVED .

UMP 161

Left Sided Inferior Vena Cava-A Rare Anomaly:

Shadan Quadri, K.Subrahmanyam

Apollo Hospitals, Jubilee hills, Hyderabad.

Introduction and Objectives: Inferior vena cava (IVC) is typically a right sided vessel formed from four pairs of veins in the embryo. Left sided IVC is a rare phenomenon with a prevalence of about 0.1 to 0.4% with male preponderance.

They are usually asymptomatic and are diagnosed on imaging.

A surgeon, specially the one performing the retroperitoneal surgeries must be well aware of the anomalies of the IVC. Surgeries like Nephrectomy, Adrenalectomy, and sympathectomy may be hazardous in a patient with unsuspected anomalies of the IVC.

Here we present a case of Left sided IVC encountered during left sided Lap Donor Nephrectomy.

Methods: A 56Y lady, a voluntary kidney donor to her son, was evaluated pre operatively with Angiogram of renal vessels. The Angiogram revealed single bilateral renal arteries and tortuous aorta.

Laparoscopy revealed a left sided IVC with left renal vein opening into it.

The anomaly was identified intra operatively and necessary precautions were taken to avoid any inadvertent complications. A safe left donor nephrectomy was performed without any damage to renal vein and IVC.

Discussion: Anomalies of the IVC are unusual manifestations of a complex process of embryogenesis.

The clinical significance of these anomalies mainly relates to the potential for misdiagnosis on imaging, and the possibility of operative complications during retroperitoneal surgery.

UMP 162

Mucormycosis in Graft Kidney, A Rare and Potentially Lethal Complication following Live Kidney Transplantation: A Case Report

Saurav N, Joshi BM, Garg P, Bansal A, Chaturvedi S, Maheshwari R, Kumar A

Max Super Speciality Hospital, Saket

Introduction and objectives: Mucormycosis is a less common but lethal invasive fungal infection following solid organ transplantation especially in Renal transplant recipients. Renal mucormycosis cases have a mortality rate of more than 50%. Here we present a patient of open live renal allograft recipient with cryptogenic pneumonia and rising creatinine 6 weeks after the transplant surgery. Initially patient presented with pyelonephritis and graft dysfunction turned into graft renal abscess in a short span of time for which immediate surgical management was sought.

Material and Methods: MR Urography of the patient showed DJ stent in situ with graft renal abscess. PCN tube insertion done and culture found aseptate fungal hyphae with right angle branching, suggestive of Mucormycosis. Patient was started with systemic antibiotics and antifungal agents and underwent open graft nephrectomy. In post op period patient developed hematoma in graft fossa which was evacuated surgically. Patient was optimised in the ICU and was discharged in stable condition. PUBMED database searched to review the epidemiology, diagnosis and treatment of Renal graft Mucormycosis.

Results: In Renal allograft recipients with graft dysfunction due to infection, fungal infection such as Mucormycosis should be included in the differentials. Hence prompt evaluation and microbiological

assessment for infection followed by aggressive treatment is necessary to prevent mortality in such patients.

Conclusions: The key to successful outcome is early recognition, prompt surgical treatment like debridement or graft nephrectomy combined with appropriate systemic antifungal therapy.

UMP 163

Pseudohyperplastic Penile Carcinoma -A Rare Variant of Scc.

L K Ganesh, K Natarajan, T Chandru, K Sriram, R Neelkandan.

Sri Ramachandra Medical College, Chennai.

Introduction and Objective: Pseudohyperplastic penile carcinoma is a rare variant of squamous cell carcinoma of the penis that afflicts older men; it is often multicentric, frequently affects the foreskin, and Histologically, they are nonverruciform, extremely well-differentiated tumors.

Methods: We report a 75 yr old male, presented to Emergency with acute retention of urine since 1 day. Patient was catheterised using 14 Fr foleys catheter. On examination, Circumcised penis with BXO changes noted. Meatal stenosis present. Hard nodular lesion of size 3 x2 cm present on dorsal aspect right side of penis. Induration of whole penis noted entire length.

Penile ultrasound:-Irregular hypoechoic area measuring about 2 cms, Metastasis to be considered. USG guided biopsy of penile nodule lesion, reported as no evidence of malignancy. CECT abdomen- normal.

PET-CT -FDG avid lesion (SUV max-5.74) involving the right, left corpus cavernosum and the glans penis. Patient underwent total penectomy with perineal urethrostomy. HPE - pT3, pN(not assigned) grade 1, well differentiated pseudohyperplastic cacinoma of penis. Patient is under follow up and doing well at present.

Results : Pseudohyperplastic penile carcinoma is a rare variant of squamous cell carcinoma of the penis. Grossly, the tumors are slightly elevated, white lesions, classically affecting the preputial mucosal surface. Due to low-grade and foreskin preferential location, it may be cured by surgery alone.

Conclusions: Pseudohyperplastic penile carcinomas are nonverruciform, non-HPV-related, well-differentiated SCC. Their association with lichen sclerosus and squamous hyperplasia suggests that these lesions may be precancerous. Good prognosis as its low potential for metastasis.

UMP 164

Late presentation of Bladder Exstrophy with Fungating Mass: A case report

N Mallikarjunarao Medam, Appu Thomas, Kannan R Nair

Amrita Institute of Medical Sciences, Kochi

Introduction and objectives: Exstrophy of the bladder is a rare congenital anomaly usually treated in neonatal or childhood period. Patient presents for the first time in the adulthood with Fungating mass is an extreme rarity.

Case Presentation: 65 years old male presented with unreconstructed Ectopia Vesicae with fungating mass and AKI. Patient underwent Incisional biopsy. Histopathology showed mucinous adenocarcinoma

with signet ring cells. Evaluation with PET CT showed organ confined primary bladder malignancy. He underwent Radical Cystectomy with Cutaneous Ureterostomy with primary closure of Abdominal wall defect. Final Histopathology showed mucinous adenocarcinoma with signet ring cells (T4aN0).

Discussion: Bladder Exstrophy is a rare congenital anomaly, with an estimated incidence of 1 in 50,000 live births. It is more common in males (male:female, 5:1 to 6:1) The malignant potential of the exstrophied bladder mucosa is well known.95% are adenocarcinomas, and 3% to 5% are squamous cell carcinomas. Most of the malignant tumors (60%) are associated with an exstrophy of bladder occurring during fourth and fifth decades of life.

Conclusion: Awareness about the malignant potential of Bladder Extrophy and timely correction of the deformity and monitoring perhaps improves the quality of life when a multidisciplinary approach to treatment is adopted.

UMP 165

Synovial Sarcoma at an Unusual Location -Scrotum

Gaur Ravi, Malik Pawan, M nazar, Darsan, Tonny, Vikram

Government TD Medical College Alapuzza, Kerala

A)Introduction and Objective-synovial sarcoma is very aggressive and uncommon soft tissue tumor usually occur at para-articular region of extremities . Two variant of synovial sarcoma monophasic and biphasic,monophasic synovial sarcoma in an unusual location can present as diagnostic dilemma.

B)Method-Clinical examination,USG abdomen and inguinoscrotal region,Tumor marker of testis cancer,MRI inguinoscrotal region and after biopsy of scrotum,scroctectomy and high inguinal orchidectomy

C)Results-HPE suggestive of synovial sarcoma of scrotum

D)Conclusion -synovial sarcoma is extremely rare malignancy of head and neck.monophasic synovial sarcoma can be presented at unusual location.

UMP 166

A Unique Case of Squamous Cell Carcinoma(SCC) of The Suprapubic Cystostomy(Spc) Tract with Bladder Involvement

Shreyas N.M., Umesh Sharma, Sumit Kabra

ABVIMS & Dr.RML Hospital, New Delhi, India

Introduction and Objective: Bladder cancer is the most common malignancy of the urinary tract with a variegated histological profile. Urothelial carcinomas being the majority, less common ones include SCC, adenocarcinoma, and small cell carcinoma. We came across a rather unique case of a 63-year-old male patient with SCC at the SPC site.

Methods : We came across a 63-year-old man, a case of anterior urethral stricture post stage 1 urethroplasty presenting with an ulcer at the previous SPC site with extension into the urinary bladder. Subsequently, he underwent open Radical Cystectomy with an ileal conduit with bilateral extended pelvic

lymph node dissection with SPC tract excision with pedicled anterolateral thigh flap coverage of abdominal wall defect.

Results : Patients with a chronic indwelling urinary catheter are known to have an increased risk of bladder malignancy which is attributed to chronic inflammation and mechanical stimuli from the catheter. Most of these cases have been described mainly in people with paraplegia or patients with spinal trauma with indwelling catheters. However here we report a very rare case of a patient who developed SCC involving a healed SPC site after almost 2 years of being SPC-free.

Conclusion:Most of these cases favored surgical excision for locally advanced disease, or radiotherapy if the patient is not fit for surgery and/or has metastatic disease. Self-inspection of the SPC site as well as a high index of suspicion in any lesion arising at the SPC site or any discharge is necessary for early detection and treatment of SCC.

UMP 167

Oncocytic Adrenocortical Carcinoma - An Unusual Case Report

Nipun Bansal, Prashanth Adiga, Manjunath Shetty, Kishan Raj

Father Muller Medical College Mangaluru

Oncocytic adrenocortical carcinomas of the adrenal gland are very rare. There are a very few instances (approximately 37 cases) described in the literature till date.

We report a case of a 65-years-old non-hypertensive male who came with left sided abdominal mass and history of fever.

There was no history of palpitations, headache etc.

CECT abdomen-pelvis showed large multilobulated heterodense lesion with central stellate shaped hypodense area measuring 16.9 x 11.5x 12 cm in left suprarenal space with few punctate calcific foci . Left adrenal gland not visualized separately. Lesion was seen to closely abut and displace the left kidney inferiorly with maintained fat planes.

Open radical left adrenalectomy was successfully done. The tumor specimen weighed about 1 Kg.

Histopathology confirmed oncocytic variant of adrenocortical carcinoma based on Lin-Weiss-Bisceglia scoring system.

Oncocytic ACC compared with conventional ACCs shows significant better overall survival thus representing more indolent variant of an aggressive and often fatal disease.

UMP 168

Cutaneous Radiation Associated Angiosarcoma Lower Abdomen After Carcinoma Penis Treatment: A Case Report

Pratihari S K, Rawal S K, Singh A, Khanna A, Vasudeo V, Chakraborty A

Rajiv Gandhi Cancer Institute and Research Centre, New Delhi

Introduction:Cutaneous angiosarcoma(cAS), which represent <2% of soft tissue sarcomas and 5% of malignant skin tumor, is rare and aggressive neoplasia of vascular or lymphatic differentiation with 5 year survival of 27-48%. Cutaneous angiosarcoma is of 3 types: primary angiosarcoma, chronic lymphedema

induced angiosarcoma and cutaneous radiation associated angiosarcoma(cRAA). Here we present never ever reported case of cutaneous radiation associated angiosarcoma of lower abdomen after treatment of carcinoma penis.

Case:Our patient, 68 years old gentleman, presented with violaceous lesion left lower abdomen. It was initially discrete macular and progressed rapidly in 2 months. On examination there was plaque like lesion left lower abdomen 12x8 cm. The lesion was partially compressible, indurated base and free from underlying rectus sheath. He had history of total penectomy with bilateral inguinopelvic lymph node dissection followed by adjuvant radiation therapy to bilateral groin, pelvis for carcinoma penis 6 years ago. We did wide local excision with local perforator flap coverage. Histopathology was suggestive of cutaneous angiosarcoma with cMYC positivity, suggestive of cRAA.

Discussion:cRAA is rare type of cutaneous angiosarcoma with latency period after radiation of 2-30 years. Breast cancer being most common antecedent cause, cRAA after treatment of carcinoma penis is rarest. Radiation induced overexpression of cMYC proto-oncogene causes vascular proliferation and leads to cRAA. cMYC overexpression in immunohistochemistry suggests cRAA. Radical resection with negative margin is preferred treatment. Evidence supports adjuvant chemotherapy for adverse prognostic factor or systemic disease

Conclusion:Early aggressive radical treatment achieve best outcome in cutaneous radiation associated angiosarcoma.

UMP 169

Mature Cystic Teratoma of The Penis in an Adult Patient with Epispadias

Shritosh Kumar, Manoj Kumar, Rajeev Kumar, Seema Kaushal
AIIMS, New Delhi

Introduction: Mature cystic teratomas are neoplasms that includes at least two well-differentiated germ layers. These tumors are exceedingly rare in the adult males and even more so in the penile region with only two case reports published in the literature so far describing penile teratomas in children. This is probably the first case of a mature cystic teratoma of the penis to be reported in an adult patient.

Methods: We present a rare case of an adult male with epispadias who presented with a gradually progressive soft tissue mass at the dorsal aspect of the penis since birth.

Results: A 24-year-old male presented with a gradually progressive, painless mass on the penis which was present since birth but neglected. Patient sought medical attention due to cosmetic and personal reasons. His continence was normal. Examination revealed a soft tissue lesion at the dorsal aspect of penis near its base measuring 10*5 cm along with an epispadias. MRI showed high signal intensity on T1-weighted images of the tumor. He underwent cystoscopy, excision of the soft tissue mass and modified Young's urethroplasty. There was no communication of the tumor with the urethra and cavernosa were free. Histology confirmed the presence of a mature cystic teratoma of the penis.

Conclusion: This report details a rare case of a penile mature cystic teratoma in an adult patient who also had epispadias. Teratomas in adult males are uncommon and may cause diagnostic confusion. Complete excision of the tumor is necessary for adequate histological diagnosis.

UMP 170

Undifferentiated Pleomorphic Sarcoma of Penis in A 59 Yr Old Male - A Case Report

Jawahar. B, Surya Prakash Vaddi, Mayurakshi Das, Sri Ram , Venkata Bharghav, Datta Prasad
Yashoda Superspeciality Hospitals, Somajiguda, Hyderabad, Telangana

59 yr old gentleman presented with c/o swelling over the shaft of penis since 2 years, gradual onset, slowly grown to present size. No h/o Dysuria, LUTS, Trauma, ED, PME, no h/o loss of weight or appetite. K/C/O DM on medication. O/E: P/A soft, Ext Genitalia : EUM normal, swelling of 8 x 6 cm over the left side of shaft of penis, hard in consistency, not mobile, no plaque, skin over the swelling is normal. No palpable lymphadenopathy, no pulsations, dre : g 1 prostate.

Investigations: s. Cr :0.8 mg/dl, core biopsy showed spindle cells arranged in fascicles with moderate nuclear morphism, inconspicuous nucleoli with necrosis, mitotic activity 10-12/10 hpf with atypical mitoses. Pet CT showed 7.8 x 5.7 cm metabolically active large irregular heterogenously enhancing soft tissue density infiltrating mass lesion seen in shaft of penis extending upto skin and infiltrating corpora cavernosa and spongiosa (suv 20.11) mets to lungs and soft tissue mass in right adrenal gland. Patient underwent total penectomy + perineal urethrostomy. HPE shows spindle cells in sheets with vesicular nuclei with necrosis. IHC is positive for vimentin, s 100 f/s/o undifferentiated spindle cell carcinoma. Patient is started on chemotherapy with doxorubicin and ifosfamide, mesna and is on follow up.

UMP 171

Pheochromocytoma Presenting As Severe Cardiomyopathy In A Young Male: The Great Masquerader

Aggarwal Amit, Choudhary Gautam Ram, Jena Rahul, Sandhu Arjun Singh, Singh Mahendra, Tripathi Shashank Shekhar
All India Institute of Medical Sciences, Jodhpur

Introduction: Pheochromocytoma is a catecholamine-producing tumor which arises from the adrenal medulla or rarely from an extra-adrenal site. It may present with a wide range of clinical symptoms and signs, ranging from headache, palpitations, and paroxysmal hypertension to rare events such as cardiomyopathy, cardiogenic shock, seizures, and intracranial bleeding.

Case History: We report a case of a 25-year-old male who presented to cardiology department with progressive shortness of breath and chest discomfort for last 1 month. Patient was admitted under Cardiology department The echocardiogram demonstrated global hypokinesia with a left ventricle ejection fraction of 15-20%. Later in the work up by cardiologist, Ultrasonography was done for ruling out secondary cause of hypertension which revealed left suprarenal mass. Contrast enhanced computed tomography revealed 6 x 4.5 x 3 cm left adrenal mass. Biochemical work up confirmed the mass to be functional. Open adrenalectomy with left nephrectomy (due to dense adhesions between kidney and adrenal) was done and patient improved symptomatically. Histopathology of the specimen confirmed the diagnosis of pheochromocytoma.

Results: Phaeochromocytoma induced cardiomyopathy can be reversed with medical therapy first followed by a subsequent tumor extirpation. The prognosis of catecholamine induced cardiomyopathy depends on early diagnosis and prompt medical and surgical treatment. In our patient, post adrenalectomy left ventricular ejection fraction increased from 15% to 35% over period of three months.

Conclusion: The diagnosis of pheochromocytoma requires high clinical alertness due to its variable clinical presentation and it may be considered one of the differential diagnosis of unexplained cardiomyopathy in a young patient.

UMP 172

Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC)-associated renal cell carcinoma : an unusual presentation.

Achuth Ajith Kumar, B Suguna, Ginil Kumar Pooleri, Bindu MR
Amrita Institute of Medical Sciences, Kochi

Introduction : HLRCC is a rare, newly recognised highly aggressive tumor in the WHO 2016 classification with limited literature on low grade morphology. It's recently come to light that HLRCC has a wide morphological spectrum of presentation and we are reporting the first case of low grade HLRCC from India.

Case Presentation: 17 year old female presented with an incidentally detected left renal mass with no family history of cancer. She underwent left partial nephrectomy and histopathological diagnosis was tubulocystic carcinoma, Fuhrman nuclear grade 2, AMACR, CD 10 positive and CD7 negative. Germline mutation testing panel was done in view of the young age of presentation which reported Fumarate hydratase gene mutation at exon 8 and a diagnosis of HLRCC was made.

Discussion : HLRCC associated RCC is a rare tumour afflicting the kidney whose overall prevalence is not known. The WHO 2016 classification describes HLRCC associated RCC to be aggressive and likely to metastasize early. The only other case reported from India was high grade and metastatic at presentation. This case highlights the variable presentation of HLRCC and the importance of Germline mutation testing for screening of renal tumours with atypical presentation.

Conclusion : With growing evidence of variable morphological presentation of HLRCC associated Renal cell carcinoma, WHO should consider acknowledging a low grade to high grade spectrum of HLRCC associated RCC.

UMP 173

Bilateral Angiomyolipoma with Acute Renal Shutdown: A Common Manifestation of a Rare Entity

Sathaye Shekhar Ulhas, Shanky Singh, Pushpendra Singh, Souvik Dey, Ravimohan SM, Santosh Kumar
PGIMER, Chandigarh

Introduction: Angiomyolipomas associated with the tuberous sclerosis complex are often larger, usually bilateral, and grow more rapidly than sporadic cases. Many patients with AML associated with haemorrhage need nephrectomy. We present a case of a 45 year old male of TSC with bilateral AML who presented with massive haemorrhage and anuria in the emergency services and his subsequent management with haemodialysis followed by angioembolization.

Methods: A 45 year old male presented with gross painless haematuria and decreased urine output over two days. Imaging with contrast CT scan showed bilateral renal lesions replacing renal parenchyma, 30*13

cm on right and 31*10 cm on left side . Blood work up showed haemoglobin of 4.8 g/dl, refractory hyperkalemia, creatinine of 6.27 mg/. After 2 sessions of haemodialysis and 3 units PRBC transfusion, the patient underwent right sided selective angioembolization after DSA showed no leak or pseudoaneurysm on left side and multiple small aneurysms on right side.

Results: The patient improved haemodynamically and biochemically, with haematuria settling after 2 days serum creatinine on declining trend. At 2 months follow up, serum creatinine in 0.90 mg/dl.

Conclusion: Selective angioembolization of AML lesions which apparently replace the entire renal parenchyma is a feasible option in carefully selected patients. This is a minimal invasive technique and is especially useful in TSC patients with bilateral lesions where renal unit preservation is of utmost importance.

UMP 174

Leiomyosarcoma of Urinary Bladder - A Rare and Aggressive Tumor

Kushwaha Swapnil Singh, Kalra Sidhartha, L N Dorairajan, KS Sreerag

Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry

Introduction & Objectives:Leiomyosarcomas of the bladder are exceedingly rare and have been regarded as aggressive tumours with poor prognosis. There is no clear-cut natural history of bladder leiomyosarcoma, and a set standard of care is lacking. Radical cystectomy is warranted as an effective treatment modality and has been associated with longer survival rates. Herein, we present the case of a high-grade leiomyosarcoma primarily treated with surgical therapy.

Methods: We present a case report of a 50-year-old man who presented with hematuria and dysuria. Computed tomography (CT) revealed a large globular mass in the urinary bladder. Transurethral resection of the bladder tumour was performed, and histopathology revealed a high-grade leiomyosarcoma of the bladder.

Results:The patient finally underwent a robot-assisted laparoscopic radical cystoprostatectomy for a high-grade bladder leiomyosarcoma with an ileal conduit diversion. The recovery was uneventful, and no surgical margins were verified in the final pathology. Follow-up at 3 and 6 months showed no signs of recurrence on CT.

Conclusions:The existing data is insufficient to suggest the optimum management strategy. Even though bladder sarcomas were once thought to have a dismal prognosis, adequate surgical treatment is able to achieve optimal cancer control outcomes.

UMP 175

Paraneoplastic Dermatomyositis Associated with Small Renal Mass Managed with Partial Nephrectomy : A Case Report

Ankit Sachan, Khattar Manish, Seth Amllesh

AIIMS New Delhi

Introduction:Dermatomyositis (DM) is an autoimmune disorder affecting skin and muscle tissues predominantly. 30% of idiopathic cases have been reported to be associated with malignancies including

gynaecological (ovarian), pulmonary, gastrointestinal (pancreatic, stomach and colorectal) and non-Hodgkin's lymphoma.

Methods: A 43 year old male presented with two months history of bilateral symmetrical proximal muscle weakness involving both upper and lower limbs along with maculopapular rash. On evaluation was found to have raised Creatine Kinase (CK) levels. Electromyography (EMG) study showed features suggestive of inflammatory myositis followed by muscle biopsy suggestive of dermatomyositis. The patient was initiated on pulse steroid therapy with high dose steroids along with methotrexate. During evaluation for secondary causes, an FDG PET scan was done which showed an FDG avid 2 cm solid nodule in the interpolar region of the right kidney. The patient had very little improvement in his muscle power even on a high dose of oral steroids.

Results: The patient underwent robot-assisted right partial nephrectomy and histopathology showed a 3x2x2 cm clear cell RCC. The patient had significant clinical improvement within a week of surgery with improved muscle power and pain control. After 6 months of the surgery, steroid dose has been tapered, CK levels have come down to normal and rashes over the back and lower limbs have disappeared with no complaints.

Conclusions: Paraneoplastic association of Dermatomyositis with RCC is quite rare but characteristic rash and myositis should be evaluated for malignancy with prompt management.

UMP 176

Dermoid Cyst of Adrenal Gland - A Rare Case

Ilamkar A, Pathak H, Merchant I, Panda M, Shrike A
Lilavati Hospital and Research Centre, Mumbai

Introduction and objective: Adrenal cysts are rare and their diagnosis may pose problems. The true pathogenesis of dermoid cysts in the adrenal gland has not been definitely clarified. Speculated to arise from germinal epithelial nests that have been isolated during the development of cortical primordia, which are of mesodermal origin. Gonadal are mostly germ cell originating and found in adults while extragonadal are embryonal in originating and found in children.

Methods: Retrospective review of medical records, operative details and review of literature done.

Results: A 43-year-old male presented with right suprarenal mass on routine health check-up. All blood investigations were unremarkable. USG and CT scan suggestive of right suprarenal mass query neoplastic aetiology. Bearing in mind a potential malignant tumour mass in the retroperitoneum patient underwent laparoscopic adrenal mass resection. Intraoperative mass ruptured and thick pultaceous fluid with hair shafts drained from the growth. Marsupialization of cyst done and wall send for histopathology. Histopathology report suggestive of fibro collagenous cyst wall without any lining epithelium and presence of few lamellated keratin flakes most likely dermoid cyst with features of chronicity. There was no any evidence of malignancy or immature cells in excised specimen.

Conclusion: No radio or chemotherapy was offered as it was benign lesion. The novelty of our case is that it is a rare case of dermoid cyst arising from adrenal. Although there is minimal risk of malignant transformation, we recommend surgical excision and close follow up. Other rare lipomatous tumours such as lipoma and liposarcoma should be precluded.

UMP 177

Rare Case of Large Adult Multicystic Nephroma Operated with Robot Assistance

Hanumegowda Ramesh, Apv Sunil, Harinatha Sreeharsha, Keshavmurthy Mohan

Fortis Hospitals , Bannerghatta Road, Bengaluru

Introduction and Objective: Multicystic nephroma is an unusual, cystic neoplasm of the kidney and is usually benign. There are two peaks in the incidence of the tumor, with a bimodal distribution presenting in children younger than two years old and in adults. These benign lesions usually presents as a unilateral multicystic renal mass without solid elements. According to the World Health Organization(WHO) classification of the renal neoplasms, it is grouped along with mixed epithelial-stromal tumor of the kidney.

We aim to report a case of 49yr old male patient who presented with long standing large left renal mass weighing approximately 30kilograms .Patient had this mass since childhood detected when he is 8yr old gradually increasing in size and he didn't undergo any treatment.

Methods : After initial assessment and evaluation with CT scan abdomen and pelvis, robot assisted left radical nephrectomy was planned under General anesthesia Usg guided aspiration of cysts done and 30litres of fluid drained and decompression of mass done and robot assisted left radical nephrectomy was performed

Results: Under Robot guidance procedure was uneventful and post operative recovery was quick. Patient was discharged early

Conclusion: Robot assisted removal of large renal mass is technically challenging but gives excellent results with very less morbidity and quick recovery of patients.

UMP 178

Bladder Leiomyoma Presenting as Recurrent Urinary Retention.

Shiva Prasad Sahoo, Pirzada Faisal Masood, Umesh sharma

ABVIMS and Dr. RML Hospital, New Delhi

Introduction: Bladder leiomyomas are rare and benign tumors of the bladder. They account for 0.43% of all bladder tumors. Based on the size and localization of the lesion, their symptoms vary considerably. Women seem to be more affected, and obstructive symptoms predominate. Surgical treatment is curative with low recurrence rate.

Case presentation: A 52 -year old woman with recurrent urinary retention. Multiple catheter free trials were given which failed. On evaluation she was found to be having a large bladder mass involving neck with protrusion into urethra. The patient underwent successful transurethral resection of the lesion, and pathology findings confirmed the diagnosis of leiomyoma. Patient became symptom free and could void without catheter.

Conclusions: This case report demonstrates that bladder leiomyomas can present with recurrent urinary retention. Transurethral resection is a good curative modality.

UMP 179

Primary Renal Carcinoid Tumor in Horse-Shoe Kidney: A Case report and Review of Literature

Pirzada Faisal Masood, Hemant Goel

New Delhi

Introduction: Carcinoid tumors arise from neuroendocrine cells. Primary renal carcinoid tumors are extremely uncommon. The presence of carcinoid syndrome and metastases indicates a more malignant disease. Treatment of renal carcinoid tumors is mainly surgical with good outcomes. Preoperative diagnosis without biopsy is rare and most cases are treated as renal cell carcinomas. Laparoscopic surgery in horseshoe kidney (HSK) is extremely challenging and preoperative CT angiography is very important for successful completion.

Objectives: To review the literature for case reports of primary renal carcinoids in horse-shoe kidney and report another case of this rare tumor.

Methods: Literature was extensively searched for case reports for primary renal carcinoids in Horseshoe kidney.

Results: A total of 26 cases of primary renal carcinoids in Horseshoe kidney were reviewed. The mean age of presentation was 48 years (range 29-75) with both right (48.3%) and left moiety (44.8%) being equally affected. 28.6% of the cases reviewed were diagnosed as an incidental finding. The mean follow-up time was 3 years, 73.1% of patients had no evidence of disease after surgical treatment (radical or partial nephrectomy).

Conclusion: Carcinoid tumours in HSK are well differentiated, indolent in nature and rarely associated with metastasis. CT angiography is must to delineate abnormal vessels before surgery. Surgery is the treatment of choice but is challenging in view of abnormal anatomy. The clinical course is indolent with metastasis rare

UMP 180

Renal Hydatid Disease Role of Nephron Sparing Surgery

Subhabrata Ganguly, Sasidharan

KIMS Health Trivandrum

Hydatid cysts spare no part of the human anatomy, but renal hydatids are uncommon and account for only 2 percent of cases. Many such involvement would warrant nephrectomy. Renal salvage is, however, feasible in selected cases with renal circulatory arrest and hypothermia. We herein report one such case of renal salvage. This paper also provides an overview of the disease.

UMP 181

Bladder Gangrene - A Rare Presentation

Praveen. B, K. Saravanan, Harry Santhaseelan, P.R. Saravanan, Ezhil Sundar

Madras Medical College, Chennai

Inguinoscrotal hernias containing the urinary bladder is a rare entity found in 1-4% of inguinal hernias. Gangrenous cystitis is an extremely rare condition with only 33 cases reported in the past 75 years.

Majority of these cases were reported in the preantibiotic era. After the advent of antibiotics, its incidence is very rare. We here present a rare case of strangulated inguinoscrotal hernia with bladder as content and with gangrene of the bladder. The etiology for gangrenous cystitis seems to be multifactorial. Direct factors, potentially by its toxic effect, can damage the bladder wall leading to cell death. The inciting factors include intravesical agents, pelvic irradiation, and overwhelming systemic infections. Indirect factors interfere with the blood supply causing vascular impairment and necrosis of the bladder. Pressure from inside such as bladder overdistension due to chronic urine retention or pressure from outside due to various causes such as malposition of the gravid uterus, prolonged labor, pelvic malignancies, and surgical interventions. Gangrenous cystitis due to postpartum etiology has also been reported. Our patient, 42 year old gentleman presented with intestinal obstruction and diagnosed with a strangulated inguinoscrotal hernia with bowel and bladder as contents. There was no hematuria. No prior h/o difficulty in voiding. Exploration revealed gangrenous segments of bowel as well as urinary bladder gangrene and it eventually ended up in bowel resection and partial cystectomy. We are presenting this case in this forum for its rarity.