What kind of imaging studies and imaging based therapies are done by the urologist?

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Published in:
European Urology Supplements

DOI:
10.1016/S1569-9056(11)60837-3

Published: 01/01/2011

Document Version
Publisher’s PDF, also known as Version of Record (includes final page, issue and volume numbers)

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Results: In 27 (77%) of I Gr the urethra was restored simultaneously at 2 foci, whereas the proximal focus of the shorter US was localized in the membranous/bulbar urethra. After resection the proximal focus and the end-to-end anastomosis, in cases where the second focus was localized 24-5 cm distal of the anastomosis, we performed simultaneous UP (UP): island skin flap in 23 cases and testicular vaginal sheath in 4 cases without complications. The hospital stay was 19-23 days. In 8 (23%) patients of the I Gr, the US was controlled in two stages. Stage I: in cases of long obliterations of the bulbar department (≥ 3 cm) we performed resection with urethroprostaticoanastomosis of both ends and simultaneous Orandi UP of the US distal focus. At 4-6 months we performed substitution UP of the bulbar urethra by island skin flap. Complications after Stage I: stenosis of the urethrocutaneostomy-2, diastasis of the skin edges of the urethrocutaneostomy-4 and diastasis of the skin edges of the penile wound in 1 case. There were no complications at Stage II. The total duration of healing of the US was restoration of the voiding function in these patients was 5-6 months. In Gr II patients the penile urethra was obliterated in all cases, which excluded its visualization, therefore Stage I of surgery started from revision of the penile urethra, urethroprostomoanastomosis and resection of the obliterated focus. After that, other US foci were identified. Out of the 16 II Gr, 75% we performed 3-stage UP, in 25% - 4-stage surgery: vascularised skin flap-22, testicular vaginal sheath-4 and buccal mucosa-6. Complications: recurrence of the stricture-1, stenosis of the neourethra-1, stenosis of the urethrocutaneostomies-4 and diastasis of the skin edges of the wound-3. The duration of healing: 10-17 months. In all patients normal voiding was restored at 1-6 years of control.

Conclusions: In cases of 2-focal US without obliteration of the distal focus we are able to perform simultaneous resection of the urethra with urethra-urothraanastomosis and UP with excellent results in 77% of patients. In cases of obliteration of the penile urethra and its restoration ‘from periphery to center’ - 3-4 stages of UP were needed.