

examined the records of 269 women (74%) after anti-incontinence procedures. Clinical evaluation included complete history, physical examination, three days voiding diary and urinary questionnaire (DAN-PSS). A urodynamic investigation was performed in 27% of patients and consisted of free-uroflowmetry, pressure-flow study, cystometry, EMG and UPP. The machines used include Duet MultiP (Medtronic) and Bonito (Laborie). Either an 8Fr filling catheter to measure vesical pressure (pves), or 8Fr double-lumen catheter was used. All urodynamic investigations were done according to the ICS good urodynamics practices protocol.

Results. Mixed incontinence was symptomatically revealed in 99 patients (27%). Overactive bladder was urodynamically confirmed in 42 patients (42,4%) and conservative management was provided for this group.

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In other cases various anti-incontinence procedures were performed. The total number of patients was 57. Twelve patients (21%) still had persisting symptoms after the operation. Eight patients (14%) showed poor function results.

Concluding message. The prevalence of mixed incontinence in our practice was 27%. Detrusor overactivity was confirmed urodynamically in 42 patients (42,4%) with mixed incontinence. Our experience showed that patients with symptomatic mixed incontinence deserved specific attention in order to prevent recurrence of urge symptoms after surgical procedures. Urodynamic investigation is the only objective test for diagnosing of urinary incontinence. Given the danger of exacerbating urge symptoms with surgery, these results suggest that while managing mixed incontinence, the physician should treat detrusor overactivity first.

OUR EXPERIENCE OF TREATMENT OF FEMALE PATIENTS WITH COMBINED URETERO-VESICO-VAGINAL FISTULAS

Aims & Objectives: combined uretero-vesico-vaginal fistulas is rare pathology with difficult diagnosis and treatment. We summarize the experience of treatment of such category of patients.

Material & Methods. During the period from 1998 to 2005, 171 female patients (mean age 41,9 years) suffering from combined uretero-vesico-vaginal fistulas were undergone transvesical fistuloplastics with simultaneous Boari procedure. All the fistulas were gynecological. Before the operation all the patients were

undergone cystoscopy with damaged urether catheterization. Catheter Foley was indwelled on 8 days and J-J stent – on 3 weeks.

Results. All the patients were cured. In 6% of operated patients detrusor instability were detected. All of them were treated successfully by holinolytics.

Conclusions. Combined transabdominal intervention in patients suffering from combined uretero-vesico-vaginal fistulas is the best approach in surgical treatment of such group of patients.

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SURGICAL TREATMENT OF STRESS URINARY INCONTINENCE IN WOMEN

Objective. Comparison of the surgical treatment results in patients with SUI with the use of loop operations with prolen nets.

Material and methods. At the period from 2000 to 2003, 59 patients with SUI were examined and operated on. Depending on performed antistress operation all the patients were divided into two groups with comparable estimators. The 1st group included 31 patients after the loop operation TVT. The second group (28 patients) were operated by developed method of pubovaginal loop operation with the net "Prolen". The 2nd type of SE was the most common in both groups: 57,1% in the 1st group and 51,6% in the 2nd one. Most patients had the average severity of the disease: 18 (58,1%) and 21 (72,4%), respectively. Serious disease was diagnosed

in 13 (41,9%) patients in the 1st group and in 8 (27,6%) in the 2nd group. The average age of the women in the 1st group was $47,1 \pm 1,64$ and $52,7 \pm 1,84$ years old in the 2nd group. Other surgeries were performed simultaneously with the surgical correction of SUI. 29 operations were carried out in 25 patients (80,6%) from the 1st group and 37 surgeries were carried out in 27 patients (93,1%) from the 2nd group.

Results. 23 month later positive result was recorded in 29 (93,5%) patients after the loop operation TVT and in 25 (89,2%) patients after the suggested pubovaginal loop operation with prolen net. Imperative vesical tenesmi appeared in 2 (6,5%) patients from the 1st group and in 3 (10,8%) patients in the 2nd group 3 – 6 months after surgeries. Therefore therapy results were considered to be

negative. Postoperative complications were recorded after the TVT operations in 5 (16,1%) patients and in 5 (17,2%) after suggested loop operation. Intraoperative complications in the form of urinary bladder injuries were recorded one at a time in both groups. Both cases of urinary bladder injuries and one case of bleeding in the 2nd group were recorded in 3 women with 2 and more operations on the pelvic organs. Early postoperative complications (retrosymphysis haematoma, acute urinary retention) were found in 2 patients from the 1st group and in 1 patient from the 2nd group. Detrusor instability was revealed by combined urodynamic investigation in 2 patients from the 1st group and in 3 patients from the 2nd group with imperative vesical tenesmi 6 months later.

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Objective: Optimization of diagnosis and treatment of bladder leukoplakia in women.

Material and methods: 63 women with true bladder leukoplakia revealed in cystoscopy were studied. The morphologic basis of bladder leukoplakia is squamous metaplasia of the transitional epithelium. Three consecutive stages are defined in the development of bladder leukoplasia. Stage 1 is squamous modulation, stage 2 is squamous metaplasia, stage 3 is squamous metaplasia associated with keratonization. Stages 2 and 3 combined form the notion of true leukoplakia the morphologic criteria of which include squamous metaplasia with hyperkeratosis and noninvasive growth (acanthosis). It is those morphological changes that are revealed in cystoscopy as distinctly outlined greyish white or yellowish plaques emerging above the level of the bladder mucous membrane (most commonly in Lieutaud's trigone). The age of the patients ranged from 25 to 58 years. The commonest complaints included feeling of discomfort in the suprapubic region (76,1), pains and prolonged spasms after urination (65%), pollakiuria (95,2%), urgent incontinence (52,4%), terminal hematuria (7,9%). The duration of the symptoms was from 1 to 6 years. All the patients received from 3 to 6 courses of conservative therapy in the outpatient

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Aims & Objectives: sexual function can significantly affect human's quality of life. It definitely decreases in female patients suffering from stress urinary incontinence. The aims of this study were to evaluate

Conclusion. 1. Loop operations with prolen net result in high rate of positive results. SUI was eliminated by TVT operations in 93,5% and by pubovaginal operations with prolen net in 89,2% of patients. 2. Both loop operations can be combined with simultaneous surgical correction of genitals prolapse. They can be carried out independently or as a stage of simultaneous surgical treatment. 3. Most common postoperative complication under both operations was detrusor instability: 6,5% after TVT operations and 10.8% after pubovaginal operations with prolen net. Increase in the complications and decrease in the efficiency of suggested pubovaginal operation with prolen net may be caused by greater quantity of performed simultaneous operations.

UP-TO-DATE APPROACH TO DIAGNOSIS AND TREATMENT OF BLADDER LEUKOPLAKIA

department, which gave no positive dynamics. When urine microflora was determined, uropathogens of intestinal bacteria group were cultured in a slight concentration in 38.0% of the patients who were given antibacterial therapy. When blood serum was tested for hormones level, the disturbance of the hormonal status – hyperestrogenicity – was detected in 63,5% of cases who were given replacement hormonal therapy. Endovesical multifocal biopsy of the changed sites in the bladder mucous membrane was performed in 37 women, which confirmed the presence of true leukoplakia in all of them. Transurethral resection (TUR) of the changed sites in the bladder mucous membrane was performed in all the patients.

Results: The patients were followed up for 18 months. The feeling of discomfort in the suprapubic region disappeared in 85,0% of the patients, significant decrease of urination frequency was noted in 77,7%, urgent incontinence disappeared in 87,3% and the disappearance of terminal hematuria was observed in 93,6%. No recurrence of leukoplakia was detected in cystoscopy.

Conclusion: Thus, TUR of the bladder wall, accompanied by replacement hormonal therapy when it is indicated, is an effective method of treatment of true bladder leukoplakia.

SEXUAL FUNCTION ASSESSMENT IN FEMALE WITH STRESS URINARY INCONTINENCE BEFORE AND AFTER SURGICAL TREATMENT

the female sexual function before and after surgical treatment of stress urinary incontinence (SUI), comparing long follow-up results of two different procedures.

Material & Methods. The study included 130 pa-