



ABSTRACT BOOK

Prize paper sessions

34th Annual Conference of the USIWZ
4th - 6th October, 2024, Raipur



THE COUNCIL, USIWZ.

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Abstract Book

Annual Conference USI-WZ, 2024

Foreword

Dear Friends and Colleagues,

We present the abstract book for the 34th annual conference of USI-WZ 2022 to be held at Raipur. A total of 172 abstracts have been received. All the abstracts were decoded and the identity of the authors and institute masked. These abstracts were then sent to three reviewers who were again blinded from each other. The reviewers evaluated each abstracts and gave marks based on the objective and the content of the paper. The marks received from the 3 reviewers were totalled and a mean score derived for each paper. The final score sheet was submitted to the USI-WZ secretary and then selected for podium / video / poster presentations. We have a total of 9 podium sessions, 2 video sessions and 8 moderated poster sessions. The presentations are now going to be judged and scored by 2 judges.

We sincerely thank the reviewers and judges for their efforts and time.

We request you to all attend these free paper sessions. Many of the papers are presented by young postgraduates. Their work needs to be critically assessed as well as appreciated.

Regards,

Dr Ulhas Sathaye, President USI-WZ

Dr Gaurang Shah, Hon Secr, USI-WZ.

Dr Rajesh Kukreja, In Charge Free paper Session. Dr Venkat Gite Co-in charge.

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	Friday, 4th Oct 2024
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	Hall B
	Hall C

Presentation Type: Podium

Session	Broad Category	Day and date	Time	Hall	ABSTRACT Numbers
P1	BPH	Friday, 4th Oct 2024	11:00AM-12:00PM	B	1-6
P2	INFECTION, MISCELLANEOUS	Friday, 4th Oct 2024	12:00PM-1:00PM	B	7-12
P3	URO-ONCOLOGY	Friday, 4th Oct 2024	2:00PM-3:00PM	B	13-18
P4		Friday, 4th Oct 2024	3:00PM-4:00PM	B	19-24
P5	RECONSTRUCTION FEMALE / PED UROLOGY	Friday, 4th Oct 2024	4:00PM-5:00PM	B	25-30
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Presentation type: Poster

Session	Broad Category	Day and date	Time	Hall	ABSTRACT Numbers
S1	ANDROLOGY / MISCELLANEOUS	Friday, 4th Oct 2024	Display: 8:30AM-9:30AM Discussion: 9:30AM-10:30AM	C	58-69
S2		Friday, 4th Oct 2024	Display: 8:30AM-9:30AM Discussion: 10:30AM-11:30PM	C	70-81
S3	URO-ONCOLOGY	Friday, 4th Oct 2024	Display: 11:30AM-12:00PM Discussion: 12:00PM-1:00PM	C	82-93
S4		Friday, 4th Oct 2024	Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM	C	94-105
S5		Friday, 4th Oct 2024	Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM	C	106-116
S6	RECONSTRUCTION FEMALE / PED UROLOGY	Friday, 4th Oct 2024	Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM	C	117-128
S7	UROLITHIASIS	Saturday, 5th Oct 2024	Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM	C	129-140
S8	BPH / TRANSPLANTATION	Saturday, 5th Oct 2024	Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM	C	141-148

Presentation type: Video

Session	Broad Category	Day and date	Time	Hall	ABSTRACT Numbers
V1	URO-ONCOLOGY, BPH	Friday, 4th Oct 2024	9:00AM-10:00AM	B	149-154
V2		Friday, 4th Oct 2024	10:00AM-11:00AM	B	155-160
V3	RECONSTRUCTION / FEMALE UROLOGY / UROLITHIASIS	Saturday, 5th Oct 2024	2:00PM-3:00PM	B	161-166
V4		Saturday, 5th Oct 2024	3:00PM-4:00PM	B	167-172

Podium Session P1 (Broad Category: BPH)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P1	Friday, 4th Oct 2024	11:00AM-12:00PM	B	1-6

Chairpersons: Dr Vineet Naza Jain, Dr Sanjay Nabar, Dr Rohan Batra.

Abstract No.	Presenting Author	Title
1	Santosh Dashrath Samindre	Co-relation of Sr. PSA with prostate size and Histology in patients undergoing TURP in our hospital
2	Pratik Sudhir Patil	MONOPOLAR VERSUS BIPOLAR TRANSURETHRAL RESECTION OF PROSTATE FOR BENIGN PROSTATIC HYPERPLASIA: OPERATIVE OUTCOMES AND SURGEON PREFERENCE, A REAL-WORLD SCENARIO
3	Vishvas Madhukarrao Kulkarni	“Holmium Laser Enucleation of the Prostate (HoLEP) Using Low-Powered Lasers: A 7-Year Review”
4	Koushik R	PREDECTIVE FACTORS FOR PERSISTENCE OF LUTS IN POST TURP PATIENTS WITH BPH
5	Akshay Deshpande	Impact of Transurethral Resection of Prostate in Hypocontractile Detrusor: A Retrospective Observational Study
6	Avani Gupta	Assessment and comparison of compliance in patients by teaching them self-catheterization through conventional method and through novel 3D model.

Abstract Number: 1

Session: Podium P1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 11:00AM-12:00PM

Title: Co-relation of Sr. PSA with prostate size and Histology in patients undergoing TURP in our hospital

Presenting Author: Santosh Dashrath Samindre
Co authors: Dr Ashish Chandak Dr Abhijeet Katkar.
Kims Karad Satara.

Introduction & Objectives: Sr. PSA is produced by ductal epithelial cells of prostate . Sr. PSA and prostate size has been linked to BPH disease progression. So we requires knowledge of Sr. PSA and prostate size to understand the natural history of prostate disease. Also we studied correlation between Sr. PSA and post TURP histology, to estimate the incidence of prostate cancer in patients undergoing TURP for clinically benign BPH.

Methods & Materials: All the patients with symptomatic prostatomegaly with clinically benign BPH(Benign Prostatic Hyperplasia) undergoing TURP(Transurethral Resection Of Prostate) from 01/01/2023- 01/01/2024 including patients of age 50 years and above .

Results: Total 100 patients who underwent TURP were included in the study. Correlation between Sr. PSA and prostate size was statistically significant.

Out of 100 patients ,7 patients were detected with adenocarcinoma on HPR of TURP chips, out of which 1 patient had Sr. PSA <4ng/ml. Out of 100 patients 5 were diagnosed as BPH with PIN(Benign Prostatic Hyperplasia with Prostatic Intraepithelial Neoplasia),Out of which 2 patients had Sr. PSA <10ng/ml

Conclusions: Sr. PSA and prostate size has direct relationship with incidental detection of ca prostate in pt undergoing TURP for clinically benign prostatomegaly is low and study also provide evidence that Sr. PSA > 4 is a risk factor for occult prostate ca. but study suggested that prostatic adenocarcinoma can also be found in patients with normal Sr. PSA.

Source of funding:

Conflict of Interest: No

Abstract Number: 2

Session: Podium P1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 11:00AM-12:00PM

Title: MONOPOLAR VERSUS BIPOLAR TRANSURETHRAL RESECTION OF PROSTATE FOR BENIGN PROSTATIC HYPERPLASIA: OPERATIVE OUTCOMES AND SURGEON PREFERENCE, A REAL- WORLD SCENARIO

Presenting Author: Pratik Sudhir Patil

Co authors: Prashanth Marla Pritham Sharma Roshan Shetty Vijai Parth Patel Rizwanuddin Khwaja.

AJ Institute Of Medical Sciences Mangalore .

Introduction & Objectives: The gold standard for surgical management for benign prostatic hyperplasia is monopolar transurethral resection of prostate. In spite of other technologies, Monopolar TURP remains the most common surgical modality for treating BPH. Bipolar TURP uses isotonic saline as irrigant and hence it is believed that dilutional hyponatremia and transurethral resection syndrome can be avoided in Bipolar TURP.

1. To compare the clinical outcomes in terms of symptoms improvement and early post-operative result after monopolar and bipolar TURP for BPH

2. Advantages of the Bipolar TURP over monopolar TURP

Methods & Materials: A Prospective comparative study, which was conducted on 40 participants with lower urinary tract symptoms due to BPH. A random sampling approach was used to ensure represents across different demographic and clinical strata. Informed consent was taken from all patients who underwent surgery. Patients were randomized into two groups of 20 each to undergo TURP either with Monopolar TURP (Group 1) or in bipolar TURP (Group 2). In monopolar group (Group 1) Glycine was used as irrigant and in bipolar group (Group 2) saline was used as irrigant. Current setting 160W cutting and 80W coagulation for bipolar resection and 180W for cutting and 80W for coagulation. The statistical significance of these correlations was assessed using 2-sided p-value. A p value of <0.05 was considered statistically significant. The chi square test was used for statistical analysis.

Results: Total of 40 patients were randomized and participated in the study. Mean age of patients in monopolar and bipolar patients are 66.8 years and 68.1 years. Mean of Qmax in monopolar group was 9.61ml/sec and in bipolar group was 9.51ml/second. Similarly, IPSS in monopolar group and bipolar group is 11.15 and 11,145. Quality of life index of monopolar and bipolar is 3.95 and 3.85. In postoperative period monopolar group had fall 5.5 meq in sodium and in bipolar was about 4.5 meq. This fall in sodium is statistically significant (p value-0.001). Intraoperative resection time in monopolar group is about 40.55 minutes and for bipolar 45.05 minutes, difference is statistically significant P<0.001

Conclusions: The present study shows bipolar equally effective as monopolar in reducing the IPSS. Increase in the quality of life and maximal flow rate of bipolar TURP is equal to the results of monopolar TURP. Our study shows that bipolar has less chance of hyponatremia hence TUR syndrome as compared to monopolar. Resection time for bipolar in our study is more with that of monopolar. Bipolar TURP is as safe and equally effective as monopolar TURP but need further large randomized trial to confirms the efficacy and safety.

Source of funding:

Conflict of Interest: No

Abstract Number: 3

Session: Podium P1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 11:00AM-12:00PM

Title: “Holmium Laser Enucleation of the Prostate (HoLEP) Using Low-Powered Lasers: A 7-Year Review”

Presenting Author: Vishvas Madhukarrao Kulkarni

Co authors: Amol Londhe.

Mamta hospital Latur.

Introduction & Objectives: HoLEP, a minimally invasive surgical technique for benign prostatic enlargement (BPE), has gained prominence due to its favorable outcomes. In this study, we present a comprehensive analysis of 458 HoLEP procedures performed over the past seven years using low-powered lasers (50/60 W). Our findings demonstrate excellent urinary outcomes and a low complication rate.

Methods & Materials: Total of 1562 procedure were done for enlarged prostate. 1104 transurethral resection of prostate were done while 458 HOLEPs were done. Patients were not randomised between the two procedures. Choice of procedure was at discretion of operating surgeon or patients choice. Weight of tissue resected, post op incontinence and need for calibration was recorded in all patients

Results: Time taken for HOLEP initially was substantially longer than TURP, but amount of tissue removed was more with HOLEP. Blood loss was comparable in both types of procedures. Initially incontinence rates were higher in HOLEP but improved significantly with increased numbers of cases. Incidence of post procedure urethral stricture and bladder neck stenosis was slightly more in TURP group.

Conclusions: Safety and Feasibility: HoLEP remains surgically feasible, safe, and effective in all types of patients.

Functional Improvement: Postoperatively, patients experienced improved functional outcomes without significant differences between TURP and HOLEP.

HoLEP consistently reduced postvoid residual urine, improved maximum flow rates.

Our study supports HoLEP as the gold standard for BPE management, emphasizing its compatibility with low-powered lasers and excellent clinical outcomes.

Source of funding: No funding received.

Conflict of Interest: No

Abstract Number: 4

Session: Podium P1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 11:00AM-12:00PM

Title: PREDICTIVE FACTORS FOR PERSISTENCE OF LUTS IN POST TURP PATIENTS WITH BPH

Presenting Author: Koushik R

Co authors: SUJATA PATWARDHAN DR SUPRADEEP.

KEM Hospital, Acharya Donde Marg, Lower Parel East Parel Mumbai.

Introduction & Objectives: Benign Enlargement of Prostate (BEP) is a common condition which affects elderly men. 15-20% of patients with BEP in the age group between 60 and 65 years have severe enough lower urinary tract symptoms (LUTS) to interfere with their quality of life. Transurethral resection of prostate (TURP) is an effective surgical modality to treat BEP-associated LUTS. Not all patients who undergo TURP will be relieved of their symptoms. Around 20-50% of the patients continue to experience LUTS. Persistence of LUTS post-operatively will negatively affect the quality of life in these patients. This study is to evaluate various factors- clinical, radiological and operative, to help us to predict persistence of LUTS after TURP

Methods & Materials: This study was conducted as a Prospective Analytical study. We included 100 adult men with LUTS related to BEP who were indicated for TURP between the time period of January 2021 and May 2024. Data regarding age, duration and baseline severity of LUTS (IPSS), use of tobacco products, history of Acute urinary retention, duration of diabetes mellitus, clinical frailty scale, grade of prostatomegaly in digital rectal examination, blood pressure, Serum PSA level, lipid profile and blood sugar level were collected. USG findings for Upper tract changes, post void residual urine, prostate volume and size of intravesicalprostate protrusion were noted. Posterior urethra length was measured using urethrocystoscopy. Maximum and average flowrate of urine were measured with uroflowmetry. 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 34% of patients had bothersome LUTS in the postoperative period. LUTS was predominantly storage related. Patients with LUTS who were followed for more than 3 months had some improvements in the storage LUTS with time. Urgency and frequency were the predominant storage LUTS complained in the first month after TURP. Some patients who were followed up to 1 year had persistence of storage LUTS though many patients did not need medical therapy. Some patients at 1 year had voiding LUTS due to meatal stenosis, bulbar stricture or bladder neck stenosis. In univariate analysis preoperative severity of LUTS, history of Acute urinary retention, duration of diabetes mellitus, digital rectal grade of prostate size, size of intravesical prostate protrusion, Prostatic urethral length, and prostate volume showed significant association with presence of LUTS at 1 month and 3 month after TURP (p value<0.05).

Conclusions: Preoperative factors which are routinely evaluated in BEP patients with LUTS planned for TURP can be used as a predictor for persistence of LUTS in the postoperative period

Source of funding: SELF

Conflict of Interest: No

Abstract Number: 5

Session: Podium P1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 11:00AM-12:00PM

Title: Impact of Transurethral Resection of Prostate in Hypocontractile Detrusor: A Retrospective Observational Study

Presenting Author: Akshay Deshpande

Co authors: Dr. Umesh Oza Dr. Varun Gunawanthe Dr. Prashant Pattnaik.
717, MRC building, Bombay hospital campus, new marine lines Mumbai.

Introduction & Objectives: Transurethral resection of the prostate (TURP) has long been regarded as the gold standard for treating bladder outflow obstruction due to benign prostatic enlargement. Despite advancements in medical management, TURP remains an ideal therapeutic option for a substantial cohort of patients. Urodynamic studies (UDS) play a pivotal role in the assessment of bladder function, particularly in cases where clinical decision-making is equivocal. This study aims to evaluate the efficacy of TURP in patients with hypocontractile detrusor identified through UDS.

Methods & Materials: A retrospective observational analysis was conducted on 154 UDS reports from our institution, encompassing patients with hypocontractile detrusors (defined by a bladder contractility index of <100) who underwent TURP between 2015 and 2022. Exclusion criteria included patients with acontractile detrusors, neurogenic bladder, spinal or pelvic trauma, uncontrolled diabetes mellitus, congenital neurological conditions, urethral pathology, prostate cancer, or untraceable data. Preoperative and postoperative parameters were compared using paired t-tests, with significance set at $p < 0.05$. Additionally, postoperative recatheterization rates and post-void residual volumes were assessed. Results of TURP were also compared against the degree of hypocontractility

Results: The study cohort had a mean age of 72 years and a mean prostate size of 63 grams. Preoperative catheterization duration averaged 30.5 days, while preoperative post-void residual volume was 130 cc. The mean preoperative International Prostate Symptom Score (IPSS) was 24.3, which significantly improved to 14.2 postoperatively. Post-TURP post-void residual volume decreased to 54.8 ml. Postoperative catheterization rates exceeding one month or necessitating self-catheterization were observed in 13% of patients. Comparison with meta-analysis data revealed significantly higher recatheterization rates post-TURP. Patients with mild or moderate hypocontractility had best results.

Conclusions: In carefully selected patients with hypocontractile detrusor and refractory symptoms, TURP emerges as a highly effective therapeutic modality following failed medical management. Proper patient selection and comprehensive preoperative assessment, including UDS, are crucial for optimizing outcomes. These findings underscore the continued relevance of TURP in the contemporary management of bladder outflow obstruction.

Source of funding: None

Conflict of Interest: No

Abstract Number: 6

Session: Podium P1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 11:00AM-12:00PM

Title: Assessment and comparison of compliance in patients by teaching them self-catheterization through conventional method and through novel 3D model.

Presenting Author: Avani Gupta

Co authors: Avani Gupta Dr. Fanindra Solanki Dr. Deepti Bala Sharma.

NSCB Medical College, Jabalpur Jabalpur.

Introduction & Objectives: CSIC is a protective and effective alternative to indwelling catheters. Patients may be overwhelmed by a CSIC care plan. Studies have shown that training of nurses and medical staff through visual model has resulted in improvement in their skills and confidence levels in urinary catheterization. The purpose of this study was to assess if similar results can be achieved in patients by teaching them self catheterization through conventional and model assisted method.

Methods & Materials: This is a prospective interventional study conducted in the Department of General Surgery and Department of Urology , NSCB Medical College and Super Speciality Hospital, Jabalpur over a period of one year. A total of 92 (46 conventional and 46 model assisted) patients were included in the study. For conventional group of patients, self-catheterization was taught by explaining verbally and demonstrating on self. Model assisted group of patients were taught self-catheterization using a 3D model of bladder catheterization. Patients were given a detailed demonstration of basic functioning and anatomy of relevant structures, catheter insertion and its complications to enhance their understanding of the disease and need for self catheterization. After one month of follow up, both groups were enquired about their compliance by means of an elaborate questionnaire regarding self-catheterization.

Results: In the model assisted group, patients had a statistically significantly better understanding of the disease, anatomy and need for self catheterization which resulted in statistically significant less time and attempts to complete the catheterization process. Moreover, these patients experienced less pain, fear and anxiety than the conventional group. They also reported lesser incidence of burning micturition and hospital visits and greater improvement in symptoms.

Conclusions: Model-assisted intermittent self catheterization training significantly improved patients' compliance as compared to conventional training.

Source of funding:

Conflict of Interest: No

Podium Session P2 (Broad Category: Infection, Miscellaneous)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P2	Friday, 4th Oct 2024	12:00PM-1:00PM	B	7-12

Chairpersons: Dr Prashant Darakh, Dr Sunil Gogate, Dr Sanjay Shinde.

Abstract No.	Presenting Author	Title
7	DEVASHREE PRAMODCHANDRA SANE	Antibiotic Prescribing & Stewardship Practices Among Healthcare Personnel in India: A Cross-Sectional Analysis
8	Shrashti Chaurasia	Evaluation and management of Urinary TB and male Genital TB : A single centre study.
9	Atul Rohidas Pawar	A Single Institute Experience of Emphysematous Pyelonephritis
10	Vibhushit Kaul	Penile Amoebiasis in a Patient with Wegener's Granulomatosis
11	Karthik Hariprasad Shetty	Urosepsis - our greatest nemesis
12	Vnergeeku Anand Gaude	Is There Any Role Of Nephrectomy in the Emphysematous Pyelonephritis in the Era of Advanced Intensive Care Unit?

Abstract Number: 7

Session: Podium P2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 12:00PM-1:00PM

Title: Antibiotic Prescribing & Stewardship Practices Among Healthcare Personnel in India: A Cross-Sectional Analysis

Presenting Author: DEVASHREE PRAMODCHANDRA SANE

Co authors: DR SUJATA PATWARDHAN DR SUPRADEEP N DR KOUSHIK G DR ROBIN PATIL.

SETH GSMC & KEMH, MUMBAI MUMBAI.

Introduction & Objectives: This study aims to comprehensively analyze antibiotic prescribing patterns and stewardship practices among healthcare personnel in India. Specific objectives include:

1. To evaluate adherence to antibiotic prescribing guidelines.
2. To identify factors influencing prescribing practices, such as gender, professional hierarchy, years of experience, and department.
3. To gauge awareness and implementation of antibiotic stewardship programs.
4. To propose interventions for improving antibiotic prescribing practices and stewardship.

Methods & Materials: A cross-sectional survey was conducted among 200 healthcare personnel in India. Participants were categorized based on gender, professional hierarchy, years of experience, and department. A self-administered questionnaire was utilized to collect data on antibiotic prescribing practices, sources of information guiding prescription, attendance of antimicrobial resistance/stewardship trainings, and attitudes toward antimicrobial resistance and stewardship.

Results: Professional Experience: <1 year (18%), 1-5 years (36%), 6-10 years (22%), 11-15 years (12%), 16-20 years (8%), >20 years (4%).

- Less than 5% of respondents reported attending more than one antimicrobial resistance/ stewardship training session in the past year.
- 40% agreed that antimicrobial resistance is a significant problem in India.
- Years of Experience: Respondents with <1 year of experience showed higher reliance on Hospital guidelines (30%) compared to those with >20 years of experience (15%). However, consultation with senior colleagues or microbiologists/infectious disease physicians was more common among those with >20 years of experience (20%).
- Department: Surgeons reported higher reliance on International guidelines (45%), whereas physicians relied more on National guidelines (40%). Consultation with senior colleagues or microbiologists/infectious disease physicians was more common among surgeons (25%) compared to physicians (10%).

Conclusions: The results indicate good awareness of antimicrobial resistance and stewardship principles among healthcare personnel in India. However, there is evidence of poor adherence to

guidelines and confusion regarding antibiotic choice, particularly among less experienced practitioners and in certain departments. Strategies to address these challenges should focus on targeted education, interdisciplinary collaboration, and regular audit and feedback mechanisms.

Limitations:

1. Cross-sectional design limits causal inference.
2. Self-reporting may introduce bias.
3. Limited generalizability due to sample drawn from specific healthcare settings in India.

Source of funding: NONE

Conflict of Interest: No

Abstract Number: 8

Session: Podium P2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 12:00PM-1:00PM

Title: Evaluation and management of Urinary TB and male Genital TB : A

single centre study.

Presenting Author: Shrashti Chaurasia

Co authors: Dr. Arun Chawla.

KMC Manipal Manipal.

Introduction & Objectives: Genitourinary tuberculosis (GUTB) is the second most common form of extrapulmonary TB, Kidney (most common organ involved). GUTB presentation is often very late. Sequelae may lead to renal failure and even death thus early detection is mandatory. Patients should be started on ATT and only severe complications mandates surgery.

Objectives: To study the risk factors, clinical , pathological and radiological

evaluation of Urinary TB and male genital TB and their management.

To study the renal function outcome, role of diversions and outcomes after surgery for upper tract obstruction, sensitivity and specificity of different imaging investigations and specificity of GeneXpert in patients with possible diagnosis

Methods & Materials: In this retrospective study, all the suspected as well as confirmed cases of GUTB are taken and following data was extracted : demographics, co-morbidities, symptoms and signs, results of mycobacterial smears and cultures, histopathology, complete blood counts, serum biochemistry profile, radiographic scans, genitourinary tract operation(s), anti tubercular therapy , complications and clinical, pathological and radiological outcomes. Statistical methods : Categorical data will be described as frequency and proportion and continuous data will be plotted as mean and standard deviation. Tools used: MS Excel and IBM SPSS software version 20.

Results: M:F ratio came out to be 37:21. Patients most commonly had LUTS. 77.58% patients had increased frequency followed by urgency in 31%. Most common constitutional feature being fever (29%). 0.05% patients had no LUTS, 0.3 % patients had upper tract symptoms. 94% patients had positive radiological findings and 50.8 % patients had HPE findings s/o GUTB. Sensitivity and specificity of CT(Lower tract) were 72% and 28% respectively. Sensitivity and specificity of CT(Upper tract) were 81% and 28%. Specificity of GeneXpert calculated by comparing the results with clinically suspected or biochemically or radiologically positive cases, which came out to be 83.33%. Patients showed slight improvement in GFR post procedure (73.89 ml/min/1.73m²) as compared to pre procedure GFR (73.4 ml/min/1.73m²).

Conclusions: Males were more commonly involved than females. Out of all patients, maximum patients had increased frequency followed by urgency, dysuria and other constitutional symptoms. Upper tract involvement was more common than lower tract. Thimble bladder is the most common lower tract finding. Urinary TB was found to be more common than genital TB. HPE correlation with positive CT findings was seen in 64.2 % cases. Out of 58 cases who received medical and/or surgical management, 33 cases had shown symptomatic improvement. Patients not having pathognomonic features of GUTB but having high clinical suspicion should be started on ATT and have to be kept under strict follow up so as to decrease the mortality and morbidity.

Source of funding: Not applicable as it's a retrospective study

Conflict of Interest: No

Abstract Number: 9

Session: Podium P2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 12:00PM-1:00PM

Title: A Single Institute Experience of Emphysematous Pyelonephritis

Presenting Author: Atul Rohidas Pawar

Co authors: Dr Katkar Abhijit.

KIMS karad Karad.

Introduction & Objectives: Emphysematous pyelonephritis (EPN) is a rare, life-threatening infection of the renal parenchyma characterized by the presence of gas within the renal parenchyma, collecting system, or perinephric tissue. EPN is associated with significant morbidity and mortality. The clinical presentation can range from mild flank pain and fever to septic shock and multiorgan failure. Early recognition and aggressive management are crucial for improving outcomes.

This study aims to provide insights into the clinical features, management strategies, and outcomes of patients with EPN treated at our institution.

Methods & Materials: A retrospective review of medical records was conducted to identify patients diagnosed with EPN at our institution between 01/01/2023 and 30/04/2024. Patients of all ages and both genders were included. Data were collected regarding demographic characteristics, clinical presentation, laboratory findings, imaging studies (including computed tomography scans), treatment modalities (including antibiotics and surgical interventions), complications, and outcomes (including mortality and length of hospital stay).

Results: A total of 10 patients diagnosed with EPN were included in the study. The mean age was 56 years, with a slight predominance of females (60%). Out of 10 patients 5 were known diabetic. The most common presenting symptoms were fever in (70%) , flank pain (90%), and dysuria (40%). Laboratory investigations leukocytosis (80%) and elevated serum creatinine levels (40%). Imaging studies (CT KUB plain) demonstrated gas within the collecting system(Type 1) in 30% , renal parenchyma (Type 2) in 40% cases, Bilateral (Type 4) in 30% cases . Out of 10 patients 6 were obstructive uropathy (renal and ureteric calculi). Empiric broad-spectrum antibiotics were initiated in all patients, with subsequent adjustment done based on culture and sensitivity results. Surgical intervention, including percutaneous drainage (20%) or DJ stenting is performed in (100%) cases. The overall mortality rate was 0% in our institute.

Conclusions: Emphysematous pyelonephritis requires prompt recognition and aggressive management. Early initiation of appropriate antibiotics, along with timely surgical intervention when indicated, is essential for improving patient outcomes and reducing mortality.

Source of funding: Self

Conflict of Interest: No

Abstract Number: 10

Session: Podium P2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 12:00PM-1:00PM

Title: Penile Amoebiasis in a Patient with Wegener's Granulomatosis

Presenting Author: Vibhushit Kaul

Co authors: Dr. Attar Mohammad Ismail Harleen Kaur.

Kokilaben Dhirubhai Ambani Hospital Mumbai.

Introduction & Objectives: Amoebiasis of the penis is a rare clinical entity often overshadowed by more common penile lesions. We present a case of a 62-year-old heterosexual male with a history of Wegener's granulomatosis who presented with an ulcerative growth on the ventral aspect of the penis.

Methods & Materials: Serologic testing for syphilis, HIV, and hepatitis B was negative. Penile biopsy revealed sheets of neutrophils and trophozoites of *Entamoeba histolytica*, confirming the diagnosis of penile amoebiasis. The patient was discharged on Metronidazole therapy but was lost to follow-up until he presented again with a non-healing ulcer, which was managed with wide local excision following which it healed well.

Results: The initial diagnostic dilemma highlights the importance of considering amoebiasis, although rare but well-documented, in non-healing penile ulcers, particularly in immunocompromised individuals. Penile amoebiasis can progress rapidly if left untreated, underscoring the need for early diagnosis and prompt therapy. Further studies are needed to elucidate the association between immunosuppression and penile amoebiasis, and to optimize diagnostic and treatment strategies for this rare condition.

Conclusions: Penile amoebiasis should be considered in the differential diagnosis of non-healing penile ulcers, particularly in patients with underlying immunocompromised conditions. Clinicians should be aware of the diagnostic challenges associated with this rare condition and the need for prompt biopsy to confirm the diagnosis.

Source of funding: None

Conflict of Interest: No

Abstract Number: 11

Session: Podium P2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 12:00PM-1:00PM

Title: Urosepsis - our greatest nemesis

Presenting Author: Karthik Hariprasad Shetty

Co authors: Dr. Mekhala N Dr. Rajesh H Dr. Mahendra B Dr. Veku G Dr. Shailesh K Dr. Madhumohan P.

GOA MEDICAL COLLEGE, BAMBOLIM, GOA PANAJI.

Introduction & Objectives: Urosepsis is a common challenge encountered by urologists all over the world on a day-to-day basis especially due to an increasing trend of antibiotic resistance and complicated infections. Although the prognosis depends upon multiple factors, early diagnosis and intervention with adequate supportive measures is of key value in the management.

Aims and objectives: To explore the various causes, clinical presentations including course of the disease, treatment and their outcomes for patients admitted with urosepsis at a tertiary care centre.

Methods & Materials: A retrospective cohort study done on 526 patients, who presented in different stages of urosepsis, admitted under the department of Urology. The study includes patients admitted between 1st January 2023 - 31st March 2024. Inclusion criteria broadly involves patients falling under the definition of sepsis, then severe sepsis, septic shock and multiorgan dysfunction syndrome (MODS) secondary to a genitourinary source of infection including post-interventional sepsis. Primary focus here being the risk factors, causes, presentations, course of the disease, treatment and their outcomes for all urosepsis patients treated during the study period.

Results: Out of the 526 (N) patients, most i.e. 75.2% (n-395) presented with urosepsis secondary to obstructive pyelonephritis related to urolithiasis. 9% (n-47) of these had emphysematous pyelonephritis with most presenting in septic shock. Post-interventional sepsis which included procedures like ureteric stenting, ureterorenoscopic lithotripsy, percutaneous nephrolithotomy and others constituted about 12% (n-63) of the patients. About 19% (n-99) presented or progressed to septic shock, 17% (n-89) had severe sepsis and nearly 5% (n-26) progressed to MODS. Elderly age, chronic kidney disease, ischaemic heart disease, diabetes mellitus and preoperative positive urine culture were some of the key risk factors. Mortality among these patients was 3.4% (n-18). It was also observed that time was of essence, with shorter the duration between initial symptoms to initiation of the treatment resulting in significantly decreased morbidity and mortality.

Conclusions: Urosepsis continues to be a surgeon's bane and an increasingly difficult condition to treat. Obstructive pyelonephritis secondary to urolithiasis is still the leading cause of urosepsis followed by post-interventional sepsis. Early diagnosis and intervention have significantly reduced morbidity and mortality. Risk stratification of patients, appropriate antibiotic therapy and timely stepping up of treatment is the key.

Source of funding: None

Conflict of Interest: No

Abstract Number: 12

Session: Podium P2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 12:00PM-1:00PM

Title: Is There Any Role Of Nephrectomy in the Emphysematous Pyelonephritis in the Era of Advanced Intensive Care Unit?

Presenting Author: veeku Anand Gaude

Co authors: Mahendra Biradar Nilesh Talwadker Prashant Lawande Ritviz Patankar Prashant Mandrekar Ekansh Gupta.

Goa Medical College, Goa Panjim.

Introduction & Objectives: Emphysematous pyelonephritis (EPN) is an acute necrotising parenchymal and perirenal infection caused by gas forming organisms commonly occurring in diabetic patients.

The mortality rates are reducing because of improved staging due to better imaging modalities and effective antibiotics and different drainage techniques percutaneous nephrostomy/drainage tubes, DJ stenting. Our Aim is to assess the Role of Nephrectomy in the Era of advanced ICU set up for the cases of Emphysematous Pyelonephritis.

Methods & Materials: 236 consecutive cases of EPN who presented to emergency department of Goa Medical College between April 2008 and April 2024 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. Incidence of Emphysematous Pyelonephritis studied with respects to rate of delayed Nephrectomy and Mortality at 5 yearly interval.

Results: 224/236 patients underwent minimally invasive surgery (DJ stenting/Percutaneous nephrostomy/Percutaneous drain), of which 31 patients underwent delayed nephrectomy. 30 patient were Diabetes Mellitus, 29 had obstructive ureteric pathology. Delayed Nephrectomy initiated between 36 to 48 hours in 92% cases. All 31 patients had showed non resolving EPN with clinical instability. 45% were alone from class III. Incidence of EPN , rate of delayed Nephrectomy and Mortality between 2008 to 2013 were 18%, 30% and 19% , between 2014 to 2018 were 30%, 14% and 8% and 2019 to 2024 were 56%, 6% and 3% respectively. 18 patient who died, 16 had undergone delayed nephrectomy. 83% patients associated with more than 3 prognostic factors.

Conclusions: EPN is a life threatening infection of the kidneys that was treated by primary nephrectomy earlier. Renal Salvage in EPN requires multidisciplinary approach with antibiotics as per planned protocol and stepwise aggressive decompression with surgical technique which has shown significant improvement in patient outcome. Availability of newer antimicrobials and earlier diagnosis with CT scan has changed the approach from immediate nephrectomy to minimally invasive surgeries.

Source of funding: No Fund

Conflict of Interest: No

Podium Session P3 (Uro-Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P3	Friday, 4th Oct 2024	2:00PM-3:00PM	B	13-18

Chairpersons: Dr Keval Patel, Dr Shailesh Kamat, Dr Subodh Shivde.

Abstract No.	Presenting Author	Title
13	Saket Dipakkumar Patel	Correlating Preoperative Computed Tomography Parameters with Histopathology of Resected Adrenal Masses: A Retrospective Tertiary Care Single Centre
14	KOUSHIK R	Retrospective Study of Intravesical BCG Toxicity in Non-Muscle Invasive Bladder Cancer (NMIBC) Patients
15	Harsh Rajeev Mehta	An observational study comparing white light cystoscopy and narrow band imaging for evaluation of newly detected and in recurrent non-muscle invasive bladder cancer.
16	Makani Raj Prakash Bhai	Bladder cancer in patients younger than 40 years: clinical and pathological behaviour and survival outcomes
17	Yuvraj Vinod Pawaskar	Nephron sparing surgery for renal mass: Feasibility, safety and functional outcome: A single institute experience.
18	Shobhit Kumar Nemma	INITIAL EXPERIENCE WITH ROBOT ASSISTED PARTIAL NEPHRECTOMY IN A TERTIARY CARE CENTER

Abstract Number: 13

Session: Podium P3 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 2:00PM-3:00PM

Title: Correlating Preoperative Computed Tomography Parameters with Histopathology of Resected Adrenal Masses: A Retrospective Tertiary Care Single Centre

Presenting Author: Saket Dipakkumar Patel

Co authors: Dr Aruj Dr Abhishek Singh Dr Niramya Pathak Sir.

MULJIBHAI PATEL UROLOGICAL HOSPITAL NADIAD GUJARAT Ahmedabad .

Introduction & Objectives: Advanced imaging often reveals adrenal tumors in both symptomatic and asymptomatic patients. Cross sectional (CT) imaging offer valuable insights into the composition of adrenal masses. Using radiologic-pathologic correlation, we tried to analyse the accuracy of CT imaging in guiding treatment decisions.

- PRIMARY OBJECTIVE:
 - Correlation between CT Hounsfield Units and Histopathology of Adrenal Masses
- SECONDARY OBJECTIVE:
 - Correlation of tumor size with final histopathology
 - Determine a cut-off value of CT Hounsfield Units for predicting malignant behaviour
 - Determining accuracy of different CT parameters to predict tumor histopathology

Methods & Materials: • A single centre, retrospective analysis of adrenalectomy specimens over the past 34 years

- Sample Size: 95
- Inclusion Criteria:
 1. Underwent adrenalectomy
 2. Availabilty of Preoperative CT Scan with size, HU values and enhancement
 3. Availability of postoperative histopathology report
- The CT data of 95 cases of adrenalectomy specimens were retrospectively analysed, and correlated with final histopathology. Different CT parameters were compared to predict histopathology.

Results: The most common histopathology in the resected specimens was pheochromocytoma (n=39).

There is statistically significant difference observed between average HU Enhancement (mean and median) values for adenoma and non-adenoma group (p-value; t-test = 0.001 and MW-test = 0.003). Significantly higher mean HU enhancement (60.92 ± 49.44) and median HU enhancement (49.5 (21-92)) is observed compared to mean HU enhancement 28.98 ± 13.22 and 29 (20- 33.5) in adenoma.

There is statistically significant association between “absolute washout” ($>65 / \leq 65$) and “nature” (adenoma / non-adenoma) (p -value = <0.001). Diagnosing nature of disease taking HU enhancement cut off as 30, we get sensitivity is 86.49% while specificity is 85.71%

.There is significant association between absolute washout cutoff ($\geq 65, < 65$) and HU defined diagnosis (0-benign, 1-malignant) with required Sensitivity: 94.12%, Specificity: 34.62%.

Conclusions: Preoperative CT parameters play an important role in predicting the nature of adrenal masses albeit with inherent flaws. While no single parameter can predict the nature of adrenal masses with hundred percent accuracy, various CT parameters such as size, enhancement, washout etc can help in varying degrees in guiding clinical decisions.

Source of funding: MPUH

Conflict of Interest: No

Abstract Number: 14

Session: Podium P3 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 2:00PM-3:00PM

Title: : Retrospective Study of Intravesical BCG Toxicity in Non-Muscle Invasive Bladder Cancer (NMIBC) Patients

Presenting Author: KOUSHIK R

Co authors: SUJATA PATWARDHAN SUPRADEEP N.

KEM Hospital, Acharya Donde Marg LowerParel East Parel Mumbai.

Introduction & Objectives: Intravesical Bacillus Calmette-Guérin (BCG) therapy is a standard treatment for Non-Muscle Invasive Bladder Cancer (NMIBC), but its use can be limited by toxicity. Understanding the spectrum and predictors of BCG toxicity is crucial for optimizing patient management and treatment outcomes,

This study helps in understanding the BCG complications and measures to reduce it

Methods & Materials: : We conducted a retrospective study of NMIBC patients who received intravesical BCG therapy between 2020 and 2024. Electronic medical records and telephonic calls were used to identify cases of BCG toxicity. Patient demographics, tumor characteristics, treatment regimens, toxicity profiles, management strategies, and outcomes were analyzed

Results: A total of 30 NMIBC patients were included in the study, among whom 14 experienced BCG toxicity. The most common toxicities were of grade 1. Management strategies included like antibiotics, reducing the dose of BCG, Antitubercular drugs, intravesical gemcitabine , with 6 patients requiring treatment interruption or discontinuation due to toxicity

Conclusions: : Intravesical BCG therapy in NMIBC patients is associated with a notable incidence of toxicity, predominantly manageable with appropriate intervention. Identification of risk factors and tailored management approaches are essential for optimizing treatment outcomes while minimizing adverse effects. Further prospective studies are warranted to validate these findings and refine risk stratification models for personalized BCG therapy in NMIBC patients.

Source of funding: self

Conflict of Interest: No

Abstract Number: 15

Session: Podium P3 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 2:00PM-3:00PM

Title: An observational study comparing white light cystoscopy and narrow band imaging for evaluation of newly detected and in recurrent non-muscle invasive bladder cancer.

Presenting Author: Harsh Rajeev Mehta

Co authors: DR VINOD JOSHI DR GANESH BAKSHI DR CHIRAG PUNATAR.

hinduja hospital, mahim, mumbai Mumbai.

Introduction & Objectives:

Recent advances in endoscopic imaging enhance non-muscle invasive bladder cancer (NMIBC) diagnosis. Challenges persist in detecting subtle lesions, especially with white light cystoscopy (WLC). Narrow band imaging (NBI) offers improved visualization. This study directly compares NBI and WLC diagnostic accuracy in NMIBC, aiming to optimize imaging modality selection for better patient outcomes.

Primary Objective: Evaluate if NBI enhances lesion detection over WLC in newly detected and recurrent NMIBC.

Secondary Objectives:

Identify residual margins using NBI during surgery or from previous WLC-based procedures.

Analyze NBI's effectiveness in detecting carcinoma in situ (CIS) and cases with positive urine cytology but normal WLC findings.

Methods & Materials: This descriptive observational study was conducted at P.D. Hinduja National Hospital and Medical Research Centre, Mumbai, from April 2023 to April 2024. The study included 49 consecutive consenting patients undergoing cystoscopy for suspected or known bladder cancer.

Inclusion criteria comprised patients presenting with hematuria, positive urinary cytology, suspicious bladder lesions on ultrasonography, or previously diagnosed non-muscle invasive bladder cancer (NMIBC) undergoing follow-up cystoscopy. Exclusion criteria included muscle-invasive bladder cancer.

Data were recorded using MS Excel, and statistical analysis was performed using Chi-square tests and Medcalc 19.6 software. Results were considered significant at $P < 0.05$, and accuracy determined against histopathology as the gold standard.

Results: In our study, 18.4% of cases were newly detected, with a majority (83.7%) aged over 50. Follow-up cystoscopy was performed in 79.6% of cases. Among 49 cases, 40 were males and 9 females. Hematuria was present in 32.7% of cases, and lower urinary tract symptoms (LUTS) in 46.9%. Concordance between NBI and WLC findings was 83.9%, with 16.1% discordance. NBI detected additional lesions in 12.2% of cases compared to 2.0% with WLC. Only one of six additional lesions detected on NBI was positive for carcinoma, while 2.0% of cases showed

carcinoma in situ (CIS) on NBI. Most cases (58.3%) had low-grade histopathology. Suspected margins were found in 10.2% of cases on NBI, with 4% showing carcinoma on histopathology.

Conclusions: _____

In our study, NBI outperformed WLC, detecting additional lesions in 12.2% of cases versus 2.0% with WLC alone. However, only one of these lesions was positive for carcinoma. NMIBC predominated in patients over age of 50, often presenting with hematuria and LUTS. NBI revealed CIS in 2.0% of cases, emphasizing the need for vigilant surveillance. Despite a high concordance rate of 83.9%, discordance was observed in 16.1% of cases. Suspected margins on NBI correlated with urothelial carcinoma in 4% of cases, highlighting the importance of margin evaluation. Overall, our study underscores the complementary roles of NBI and WLC in NMIBC diagnosis, guiding tailored management for improved outcomes.

Source of funding:

Conflict of Interest: No

Abstract Number: 16

Session: Podium P3 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 2:00PM-3:00PM

Title: Bladder cancer in patients younger than 40 years: clinical and pathological behaviour and survival outcomes

Presenting Author: Makani Raj Prakash Bhai

Co authors: Dr Raj Makani Dr Deep Patel Dr Nishanth Dr Abhishek Singh .

MPUH nadiad Nadiad.

Introduction & Objectives: Bladder carcinoma is rare in young adults and occurs more commonly in older individuals. The aim of this study is to evaluate the clinical behavior, pathologic characteristics, and prognosis of urothelial carcinoma of urinary bladder in adults younger than 40 years

Methods & Materials: We retrospectively analyzed the clinical and pathologic data of 44 patients, initially diagnosed and treated at our institution from January 2011 to March 2023 who were younger than 40 years (male-32 female-12). Clinical behavior and prognosis such as recurrence, progression, and survival were assessed.

Results: The mean age range was 18-40 years. The pathological examination after transurethral resection revealed 29 patients with non-muscle invasive urothelial bladder cancer, and 9 patients with muscle invasive urothelial bladder cancer and 4 patients with squamous urothelial histology. Initial cancer staging was: pTa with 29 patients(69.04%) , pT1 with 9 patients(21.42%) , pT2 with 0 patients , and pT3 with 0 patient and 4 patient with scc histology(9.52%). Total 11 patients have received intravesical BCG out of which 2 patient had BCG induced cystitis and 1 had recurrence of pT1 disease who cured with gem-cis. Total 5 patients had received intravesical gemcitabine-cisplatin , none of them had recurrence. 2 had metastasis who were operated for scc histology. There were no differences in recurrence and progression rates in the Ta and T1 stages between groups

Conclusions: Younger patients with urothelial bladder cancer appear to have a more favorable prognosis, because they usually present with superficial stage and low-grade tumors. We should be vigilant in patients with higher stage and grade as it is related with recurrence, progression, and metastatic disease.

Source of funding: Institute

Conflict of Interest: No

Abstract Number: 17

Session: Podium P3 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 2:00PM-3:00PM

Title: Nephron sparing surgery for renal mass: Feasibility, safety and functional outcome: A single institute experience.

Presenting Author: Yuvraj Vinod Pawaskar

Co authors: MUKUND ANDANKAR SANDESH PARAB DIP JOSHI.

BYL and Nair hospital Mumbai.

Introduction & Objectives: Partial nephrectomy is a well-established elective surgical technique for the management of small renal masses (SRMs), bilateral multifocal (BMF) renal tumours and hereditary renal malignancy. Indications for nephron sparing surgery includes T1a and T1b lesions. 35-40% patients presented with symptoms of pain in abdomen, haematuria and fever and 60-65% of renal tumours were detected incidentally.

Nephron sparing surgery is essential for preservation of functional parenchyma and prevent renal insufficiency in solitary functioning kidney and hereditary renal malignancy

Methods & Materials: Preoperative evaluation comprised urinalysis, chest radiograph, renal function tests and abdominal computed tomography (CT) with renal angiography. Magnetic resonance imaging (MRI) and radionuclide imaging were obtained whenever indicated.

Preoperatively ureteric catheters were placed.

Open approach: An extraperitoneal flank approach.

Laparoscopic approach: 4-port technique.

Intraoperative ultrasonography was used for the assessment of the extent and the nature of the lesions in multifocal renal tumours.

Patients were followed up with histopathological reports, serum creatinine, eGFR and renal ultrasonography, computerized tomography scan annually and whole body FDG PET scan whenever indicated.

Results: The study group comprised of 32 patients from January 2018 to December 2023. 2 patients presented with bilateral lesions with male: female ratio of 1.5:1. Of 32 patients, 23 underwent nephron sparing surgery by open technique (including laparoscopic converted to open), 9 by laparoscopic technique. Mean age at surgery was 45 years in male and 41 years in female patients. Mean tumour size was 4.7 cm.

Comparative study has been conducted on various parameters like operative technique, blood loss and complications. Blood loss is significant in open and laparoscopic converted to open surgeries. Pre-operative and post-operative creatinine levels were monitored to assess the effect of clamping time. Post-operatively renal insufficiency is caused by reduction of functional parenchyma and intraoperative ischemia. Early complications included haemorrhage, acute renal insufficiency and late complications included incisional hernia. Clear cell RCC being the most common malignant renal tumour.

Conclusions: The study concludes that nephron sparing surgery is a safe and effective alternative to radical nephrectomy in both benign and malignant lesions of the kidney. The surgical technique determines the operative time and blood loss. Conversion rate of laparoscopic to open nephron sparing surgery is high due to various factors like tumour size, hemostasis and inability to achieve adequate surgical margins. Laparoscopic surgery is feasible for tumour size. Clamping time is essential to determine post-operative renal insufficiency. Incidence of recurrence is low as the margins are free of tumour on histopathological report. Laparoscopic nephron sparing surgery requires longer learning curve than open surgery with less blood loss.

Source of funding:

Conflict of Interest: No

Abstract Number: 18

Session: Podium P3 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 2:00PM-3:00PM

Title: INITIAL EXPERIENCE WITH ROBOT ASSISTED PARTIAL NEPHRECTOMY IN A TERTIARY CARE CENTER

Presenting Author: Shobhit Kumar Nemma

Co authors: Shobhit kumar nemma.

Ruby hall clinic, 4 sasoon road, pune, maharashtra Pune.

Introduction & Objectives: Partial nephrectomy is the new standard of care for small renal masses. Laparoscopic approach is the most widely used modality used for this purpose. Robot-assisted partial nephrectomy (RAPN) places itself as an alternative approach but is still under evaluation. We present our initial experience with RAPN on 56 patients in our institution, with focus upon perioperative and oncological outcomes.

Methods & Materials: A retrospective analysis of 56 patients undergoing RAPN from 2017 to May 2022. RAPN was performed using Da Vinci Si Robotic System. Though operative technique was mostly similar in all the patients, there were minor variations in trocar placement and hilar control according to individual patient specifications. Perioperative parameters, including operative time, warm ischemic time, blood loss, and perioperative complications were recorded. In addition, we reviewed functional and oncologic outcomes in all the 56 patients.

Results: Mean age at treatment was 55 yr. Mean tumor size was 3.7 cm. Mean operative time was 104 min while mean ischemic time (WIT) was 23.12 min. Calyceal repair was required in 17.8% of procedures. Mean estimated blood loss was 150 ml. Only one patient had benign pathology on excisional biopsy, rest all were malignant but none had positive margins. The incidence of major complications was 3.5%. On follow-up for average of 2 years, there have been no documented recurrences and no significant change in serum creatinine. The study is limited by its retrospective nature.

Conclusions: RAPN is safe and oncologically efficacious approach for partial nephrectomy. RAPN does provide advantage in terms of short ischemic times, less blood loss as well as perioperative morbidity.

Source of funding: None

Conflict of Interest: Yes

Podium Session P4 (Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P4	Friday, 4th Oct 2024	3:00PM-4:00PM	B	19-24

Chairpersons: Dr Ajay Kanbur, Dr T B Yuvraja, Dr Varun Sharma.

Abstract No.	Presenting Author	Title
19	Ojas Vijayanand Potdar	A Late presentation of Gossypiboma presenting as a cutaneous fistula with purulent discharge in an operated case of Lower segment caesarean section.
20	Arjav Hemang Nanavati	A comparative study of outcome of management of symptomatic vs incidentally detected renal mass- A single center experience.
21	Rahul Prakash Zalse	Retrospective analysis for early return of continence between HOOD Technique for Robot Assisted Radical Prostatectomy and routine Robot Assisted Radical Prostatectomy
22	Siddharth Nayak K	Primary Prostate Soft Tissue Sarcoma: A Case Series - Our Experience in a Tertiary Care Hospital
23	Anjali Choudhary	Role of PSP94/PSA index in referral of lower urinary tract symptoms patients for prostate biopsy to rule out prostate cancer
24	Ankeet Jayeshbhai Shah	Does NADT (Neoadjuvant androgen deprivation therapy affects gleason grade in prostate cancer?- A single center retrospective analysis

Abstract Number: 19

Session: Podium P4 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 3:00PM-4:00PM

Title: A Late presentation of Gossypiboma presenting as a cutaneous fistula with purulent discharge in an operated case of Lower segment caesarean section.

Presenting Author: Ojas Vijayanand Potdar

Co authors:.

Grant Government Medical College and JJ group of hospitals Mumbai .

Introduction & Objectives: Gossypiboma, a retained surgical sponge, is a rare complication following any surgical procedure and is primarily a result of human error. Such patients often have vague clinical presentations and the diagnosis often comes as a surprise and has serious medicolegal implications. We present a case of a 28-year-old female with a long-standing duration of 9 months with purulent discharge from the operated scar site of Lower segment caesarean section done 2 years back and then diagnosed to have a gossypiboma in the ureterovesical space causing structuring of the ipsilateral ureter which was successfully managed by Exploratory laparotomy with removal of the retained gossypiboma and right sided ureteric reimplantation.

Methods & Materials: A 28-year-old female presented to the outpatient department of a tertiary care centre with complaints of purulent discharge from abdominal wound since last 9 months. Patient reports history of 3 lower segment caesarean section in the past. The last lower segment caesarean section was done 2 years diagnosis of Gossypiboma made and managed by Exploratory laparotomy with removal of the retained gossypiboma and right sided ureteric reimplantation.

Results: Gossypiboma is a condition in which every reported case in literature is a unique presentation and hence, provides a lot of valuable information and insights about what were the circumstances in which it occurred, how the patient presented with different symptoms, how it was diagnosed and finally, how it was effectively managed. Therefore, a high clinical suspicion is necessary and essential to diagnose it. Since gossypiboma is a preventable iatrogenic complication that can have detrimental effects on both patients and operating surgeon, careful measures should be made to prevent and minimize the morbidity-related complications.³

Conclusions: Gossypiboma is a rare iatrogenic disorder with substantial morbidity and significant medicolegal implications. Such incidents are wholly avoidable and prevention is far better than cure. Emergency nature of surgery and poor communication among members of the healthcare team are strongly associated with the possibility of a retained surgical sponge. Most patients with this disorder present with vague clinical features. Therefore, a high clinical suspicion is required on part of the treating physician is required in diagnosing and managing this condition.

Source of funding: None

Conflict of Interest: No

Abstract Number: 20

Session: Podium P4 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 3:00PM-4:00PM

Title: A comparative study of outcome of management of symptomatic vs incidentally detected renal mass- A single center experience.

Presenting Author: Arjav Hemang Nanavati

Co authors: Dr Akshay Deshpande Dr Prashant K Pattnaik Dr Jagdeesh N Kulkarni Dr Umesh G Oza Dr Mukund G Andankar Dr Vineet V Shukla.

Bombay Hospital, 12, Vitthaldas Thackersey Marg, near Liberty cinema, New Marine Lines, Marine Lines, Mumbai, Maharashtra 400020 Mumbai.

Introduction & Objectives: An incidental renal mass (IRM) is one detected on imaging performed for reasons other than for evaluation of urological malignancy signs or symptoms. Increasing utilization of imaging such as ultrasound, computed tomography, and magnetic resonance imaging, the detection rates of an IRM have increased over time. Most IRM are cysts, which may be left alone based on imaging findings. Other IRMs are benign and malignant tumors which warrant require further patient evaluation and targeted treatment.

OBJECTIVES-

- To assess whether incidentally detected renal masses are amenable to a nephron sparing surgery.
- To compare post operative outcomes of symptomatic and incidentally detected renal masses.

Methods & Materials: Retrospective study of patients who underwent a surgical intervention for a renal mass at a single tertiary care centre from December 2018 to May 2024. Masses detected incidentally during a routine health checkup or while investigation for another ailment were considered as incidental renal masses (IRM) [Group-1] and those masses detected as a result of investigation done in view of flank pain, abdominal pain, hematuria, loss of appetite, loss of weight, abdominal lump and other cardinal symptoms of a renal tumor were considered as symptomatic renal masses [Group-2].

Exclusion criteria

- Patients on active surveillance for renal mass
- Patients who have been biopsied for a renal mass
- Patients presenting with a metastatic renal mass.

Results: A total of 150 patients underwent nephrectomy for a known renal mass from Dec 2018 to May 2024 at our institute. Amongst these 150 cases, 92 were IRMs and 58 were symptomatic renal masses. Amongst the 92 IRMs, 60 were detected prior to 60 years of age whereas 27 of the 58 symptomatic cases presented before 60 years and 31 presented after 60 years. 42 of the 92 IRMs were amenable to nephron sparing surgery (NSS) as compared to the 8 of the 58 symptomatic cases($p<0.05$), with similar ischemia times. An earlier detection of IRM was manageable with NSS whereas a delayed detection of IRM required a radical nephrectomy. IRMs in general presented with a lower RENAL nephrometry score. Each NSS done at our institute had free margins on frozen section with no conversions to radical nephrectomy and no recurrences. IRMs had a less aggressive histology on histopathological examination, ensuring a better overall prognosis. Duration of stay and complication rates were similar in both groups.

Conclusions: THE OUTCOMES WE DERIVED FROM THIS STUDY INCLUDED:

- Incidental renal masses when detected early are amenable to nephron sparing surgery.
- Incidental renal masses have a lower RENAL nephrometry score and a favorable histopathological diagnosis
- Meticulous Nephron sparing surgical skill should be implemented to ensure disease free margins
- Incidental renal masses have a better disease free survival

However, more multicentric studies are required to validate our study and provide more insight on this. Further follow up is warranted in our study for a better disease free survival information.

Source of funding:

Conflict of Interest: No

Abstract Number: 21

Session: Podium P4 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 3:00PM-4:00PM

Title: Retrospective analysis for early return of continence between HOOD Technique for Robot Assisted Radical Prostatectomy and routine Robot Assisted Radical Prostatectomy

Presenting Author: Rahul Prakash Zalse

Co authors: T. B. Yuvaraja Abhinav Veerwal Priyabarta Adhikari Achint Bajpai Abhinav Pednekar. Kokilaben Dhirubhai Ambani Hospital, Rao Saheb Achutrao Patwardhan Marg, Four bungalows, Andheri West, Mumbai. Mumbai.

Introduction & Objectives: Urinary incontinence is one of the most common and troublesome side effect of radical prostatectomy. Here, we have compared HOOD technique of RARP against the routine RARP for return of continence. HOOD technique of RARP was described by Dr. Ash Tewari and involves Preserving Periurethral Anatomical Structures in the Space of Retzius and Sparing the Pouch of Douglas.

Methods & Materials: The RARP "hood technique" was performed to preserve the detrusor apron, puboprostatic ligament complex, arcus tendineus, endopelvic fascia, and pouch of Douglas. It was compared with the routine RARP technique. Surgeries were performed at a single high volume centre and by a single surgeon. 50 patients were taken up in each group and clinical data collected including postoperative functional and oncological outcomes and complications. Descriptive statistical analysis was performed.

Results: Continence rates at 1, 2, 4, 6, 12, 24, and 48 weeks after catheter removal were obtained in both the groups and compared. The continence rates were better in RARP "HOOD" technique arm. Positive surgical margin rate was comparable between the two groups. The study lacked randomisation.

Conclusions: Results suggest that by better preservation of anatomical structures around the urethra continence rates can be improved in RARP without affecting the surgical margins in selected patients.

Source of funding:

Conflict of Interest: No

Abstract Number: 22

Session: Podium P4 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 3:00PM-4:00PM

Title: Primary Prostate Soft Tissue Sarcoma: A Case Series - Our Experience in a Tertiary Care Hospital

Presenting Author: Siddharth Nayak K

Co authors: Raunak Shewale Mohammad Hamid Prakash Pawar Ajit Sawant.

Department of Urology Sion Hospital, Lokmanya Tilak Medical College and Government Hospital Mumbai .

Introduction & Objectives: Soft tissue sarcoma are neoplasms of mesodermal origin. They are rare comprising 1% of all malignancies of the prostate. Most studies reported that the most common presenting symptom was urinary retention and prostatic specific antigen levels (PSA) remain normal. Mesenchymal neoplasms of the prostate have a wide variety of histological subtypes and carry a poor prognosis with a short survival time; regardless of surgery. Majority are fatal within an average of 2 years. Many risk factors for tumour progression and recurrence are documented such as tumour grade, size, depth of invasion and surgical margin status. Prognostic factors are mainly based on single case reports and multiple small case series.

Methods & Materials: In this retrospective observational case series study, we have reviewed 5 cases of primary prostate sarcoma diagnosed at our institution Lokmanya Tilak Municipal Government Hospital Sion Mumbai in the last 10 years and reported our findings. We collected data from the Medical Records Department for our study. Details such as Clinical history, Physical Examination, Lab Reports, Cystoscopy findings, Imaging modalities such as Ultrasonography, CT scans, MRI scan and PET scan along with TRUS Biopsy and Immunohistochemistry reports, which were available were obtained. Findings were noted and documented.

Results: Two patients presented in the 2nd decade with dysuria, fever , voiding symptoms and had features of prostatic abscess on imaging. Two presented in 5th decade and the other in 3rd decade with supra pubic pain and voiding symptoms. Four patients urinary retention. PSA was marginally raised in 2 cases. All underwent Guided Biopsy of which four had Immunohistochemistry done. One patient had multiple metastases on PET. 3 patients underwent Radical Surgery of which one also received Adjuvant Radiotherapy and two patients survived for follow up. 3 patients expired within 2-3 months of which one expired in the immediate post operative period. The age of the patients usually ranged from 25 to 86 years. Rhabdomyosarcoma is the most common histological type in 1st two decades while in adults it is Leiomyosarcoma. The clinical presentation includes voiding symptoms with urinary retention, hematuria and a palpable rectal mass associated with a rapid extensive local invasion and distant spread.

Conclusions: Prostate Sarcoma should be considered as a differential diagnosis of prostatic tumour with heterogeneous or low enhancement on imaging with symptoms of inflammation and suspected infection in a young patient with normal PSA. It is recommended to do an early biopsy when digital rectal examination and imaging suggest malignancy. Staging is the most important prognostic factor for survival. In cases presenting with metastases at the time of diagnosis, the prognosis remains poor. When the disease is limited, Radical resection offers best chance of cure. Adjuvant Radiotherapy and Chemotherapy may offer some benefit. Further research regarding targeted immunotherapy based on cancer proliferation and progression pathways is required at present.

Source of funding: None

Conflict of Interest: No

Abstract Number: 23

Session: Podium P4 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 3:00PM-4:00PM

Title: Role of PSP94/PSA index in referral of lower urinary tract symptoms patients for prostate biopsy to rule out prostate cancer

Presenting Author: anjali choudhary

Co authors: SUJATA PATWARDHAN SACHIN BHUJBAL.

DEPT OF UROLOGY, KEM HOSPITAL , MUMBAI MUMBAI.

Introduction & Objectives: Serum PSA is used for prostate cancer screening, however its low specificity causes diagnostic dilemma and patients with PSA level >4 ng/ml are referred for prostate biopsy. Majority of patients with PSA between 4-20 ng/ml on biopsy turn out to be prostate cancer negative cases. Serum PSP94 when used in conjunction with PSA leads to an improvement in its diagnostic potential. Aim of this study was to assess the utility of PSP94/PSA (PP) index index in minimizing referrals for prostate biopsies in patients having LUTS and with PSA levels between 4-20 ng/ml.

Methods & Materials: Blood (5ml) was collected from each participant (n=833), serum separated and was divided into two aliquots for PSP94 and PSA estimation. Participants having serum PSA levels between 4-20 ng/ml (n=226) were further investigated. Out of these, 139 participants underwent trans rectal ultrasound (TRUS)-guided needle biopsy. Histological examination of the collected tissue was carried out and biopsy results noted. GraphPad Prism v9.3.1 was used for data analysis. All variables were checked for normal distribution through the Shapiro–Wilk normality test. Spearman’s rank-order correlation was used to analyze association between age and PSP94 levels. Statistical significance of differences between the groups was assessed using non-parametric t-test of Kolmogorov-Smirnov. $p < 0.05$ was considered as statistical significant.

Results:

Out of total 833 patients of LUTS enrolled for the study, 570 (68.4%) had PSA level <4 ng/ml, 226 (27.2%) had PSA level in the range of 4-20 ng/ml and 37 (4.4%) had PSA level >20ng/ml. Patients of LUTS having PSA level in the range of >4 ng/ml were referred for prostate biopsy (Table I).

Age wise distribution of PSP94 was done to ascertain whether there are any age dependent changes in PSP94 in LUTS patients with PSA 4-20 ng/ml (Table II). Majority of these patients were found to be in the age group of 61-70 years (46.4%). In the study group, PSP94 showed positive correlation with age ($p < 0.008$)

Comparison of the distribution of patients based on PSP94, PSA and PP index was done. PSP94 levels and PP index were found to be statistically significant in BPH versus prostate cancer cases ($p < 0.05$) whereas PSA was not).

Conclusions: Prostate cancer screening in India is done by using DRE and PSA and is confirmed by biopsy. In India, where prostate cancer incidence is low and large number of prostate biopsy are recommended based on PSA alone, adding an adjunct marker like PSP94 to PSA (PP index) has the potential for screening BPH versus prostate cancer patients particularly with PSA between 4-20 ng/ml and its use can lead to a reduction in the number of referrals for prostate biopsy. However, larger multicentric study representing different regions of the country would be required to further validate the utility of PP index in minimizing referrals with PSA between 4-20 ng/ml for prostate biopsy.

Source of funding:

Conflict of Interest: No

Abstract Number: 24

Session: Podium P4 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 3:00PM-4:00PM

Title: Does NADT (Neoadjuvant androgen deprivation therapy affects gleason grade in prostate cancer?- A single center retrospective analysis

Presenting Author: Ankeet Jayeshbhai Shah

Co authors: Dr Abhishek Singh Dr Mahesh Desai Dr R.B.Sabnis Dr Arvind Ganpule Dr Abhijit Patil Dr Niramya Pathak.
MPUH, Nadiad Nadiad.

Introduction & Objectives: Neoadjuvant androgen deprivation therapy (NADT) is systemic therapy administered after the diagnosis of prostate cancer but before loco regional therapy such as radical prostatectomy (RP) or radiation. Most trials have used 3 months of NADT and have demonstrated a significant decrease in prostate volume by 20-50% and in serum PSA levels by more than 90%. A significant increase in organ-confined disease and a decrease in the incidence of positive margins have also been reported. Literature suggest that NADT produces desmoplastic reaction and sometimes grade might upgrade. So we decided to analyze effect of NADT on Gleason grade in the management of Prostate cancer

Methods & Materials: We retrospectively analyzed 55 patients from Jan-2020 to march-2024 who received NADT in the form of Inj. Degarelix, pamorelin or bicalutamide. All patients underwent Biopsy followed by NADT followed by localized therapy in the form of RARP. All demographic and clinical data collected from hospital records. Pre-operative Gleason grade and score were compared with final histopathology.

Results:

Among 55 patients, 6 had 3+3, 13 Had 3+4, 13 had 4+3, 9 had 4+4, 10 had 4+5 and 3 had 5+4 Gleason grade in TRUS biopsy . Among the patients having grade 3+3, 3 (50%) had 3+3 and 3 (50%) upgraded to 3+4. In patients having 3+4 grade in biopsy; 5 (38.4%) had 3+4 and 4(30.7%) had upgraded to 4+3 or 4+4 ; 4(30.7%) patient downgraded to 3+3 . In 13 patients having 4+3 grade in TRUS biopsy 9 (69.23%) had similar grade and 2(15.38%) had upgraded to 4+4 and 2 (15.38%) had downgraded to 3+4. In patients having 4+4 Gleason 7 out of 9 (77.78%) had similar grade while 2 (22.23%) had downgraded to 4+3 or 3+4. Among the patients who had grade 5 in TRUS biopsy had no grade 5 lesion in final histopathology in 8(61.53%) out of 13 patients. While 4 (30.76%) had similar grading among which 2 patients were reported grade 5 in final histopathology report as per the TRUS biopsy report as there was no identifiable grading

Conclusions: NADT in higher Gleason grade can decrease the chances of higher grade in final histopathology. We can expand the horizon of NADT not only in Locally advanced cancer prostate but also in Localized cancer prostate having grade 5 in biopsy

Source of funding:

Conflict of Interest: No

Podium Session P5 (Reconstruction / Female Urology / Ped Urology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P5	Friday, 4th Oct 2024	4:00PM-5:00PM	B	25-30

Chairpersons: Dr Saurabh Jain, Dr Jayesh Dhabalia, Dr Shabbir Hussain.

Abstract No.	Presenting Author	Tittle
25	Rajeev Ranjan	Role of Urologist in Labour Room
26	DARSHAN MANAKLAL RATHI	Incidence And Evaluation Of Etiology Of Bladder Outlet Obstruction In Female Patients- A Prospective Observational Study
27	Subodh Prakash Patankar	To evaluate the uroflowmetry patterns in normal Indian pediatric female population
28	Ayan Nayan Shah	Surgical management of VUR in a tertiary care centre
29	Pankaj Singh	MANAGEMENT OF GIANT HYDRONEPHROSIS WITH PELVI-URETERIC JUNCTION OBSTRUCTION IN PAEDIATRIC POPULATION: A RETROSPECTIVE STUDY"
30	Atuf Sajid Muqri	A retrospective study assessing factors affecting the formation of urethrocutaneous fistula after hypospadias Repair.

Abstract Number: 25

Session: Podium P5 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 4:00PM-5:00PM

Title: Role of Urologist in Labour Room

Presenting Author: Rajeev Ranjan

Co authors: Dr Sujata K patwardhan Dr supradeep N Dr Nimit Agarwal.

KEM HOSPITAL MUMBAI MUMBAI.

Introduction & Objectives: Introduction: Call for help from an obstetrician during parturition can occur for various reason most common being injury to lower urinary tract. We report our experience of 50 cases where urological assistance was asked for.

Objective -How to minimize injury

Methods & Materials: Methods: We retrospectively analysed the data of 50 patients for whom urological assistance was provided at the time of parturition. The patient demographics, clinical profile, primary diagnosis, surgical intervention and the outcomes were recorded and analysed.

Results: Out of 50 patients,36(72%) patients had placenta percreta/acreta, 8(16%) patients had only previous history of caesarean-section without and remaining 6 patients had no risk factors. Out of the 36 placenta percreta/acreta 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.

Conclusions: Difficult obstetric cases involving placenta percreta/acreta, previous history of caesarean section and problem in delineating natural plane between uterus and bladder are the common reasons for urological assistance.

Source of funding: self

Conflict of Interest: Yes

Abstract Number: 26

Session: Podium P5 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 4:00PM-5:00PM

Title: Incidence And Evaluation Of Etiology Of Bladder Outlet Obstruction In Female Patients- A Prospective Observational Study

Presenting Author: DARSHAN MANAKLAL RATHI

Co authors: OJAS POTDAR AMOL KAMBLE SHASHANK SHARMA MOHD AYUB KARIM NAWAB SIDDIQUI.

GRANT GOVERNMENT MEDICAL COLLEGE AND J J HOSPITAL MUMBAI.

Introduction & Objectives: Bladder outlet obstruction in females remains a poorly understood condition and is

much rarer as compared to males. More difficult is the objective diagnosis of this condition. The wide range in prevalence is probably because of multiple reasons; less reporting by female patients of lower urinary symptoms, empirically treating these patients with urethral dilatation, not suspecting the disease and hence not using uroflowmetry and pressure flow studies. So, the actual prevalence of bladder outlet obstruction in females remains underestimated.

Aim: To determine the incidence and etiology of bladder outlet obstruction in female patients.

Methods & Materials: In this prospective observational tertiary care center-based study a profile of Female patients above 18 years with bladder outlet obstruction were included. All the patients underwent detailed clinical history, physical examination, urine analysis, uroflowmetry, ultrasonography as routine. All the patients were subjected to multichannel pressure flow studies. After identification of cause of bladder outlet obstruction as anatomical or functional, appropriate treatment was given to patients ranging from medical treatment to surgical procedure including urethral dilatation, cystoscopy, bladder neck incision, optic internal urethrotomy, urethroplasty, intra-sphincteric botulinum toxin injection, caruncle excision and anterior colporrhaphy. Patients were followed at 2 weeks, 1 month and 3 months and response to treatment was monitored by symptom score questionnaire (CLSS

symptom score and QOL), PVR (in ml) and Qmax in ml/sec.

Results: Out of 54 patients, 31 (57.4%) patients had anatomical cause of bladder outlet obstruction (BOO) and rest 23 (42.6%) had functional etiology of bladder outlet obstruction (BOO). In anatomical group out of 54 subjects, 13 patients (24%) were found to have urethral stricture, 5 (11.5%) had cystocele, 4 (7.4%) had meatal stenosis, 3 (5.5%) had bladder neck stenosis, 3 (5.5%) had atrophic urethritis and 2 (3.7%) had caruncle as the cause of bladder outlet obstruction. In the functional group (n=23), 20 (37%) patients had dysfunctional voiding (DV) and 3 (5.5%) patients had primary bladder neck obstruction (PBNO).

Conclusions: BOO in females can either be due to an anatomical cause or functional cause. In our study a relatively higher percentage of patients were diagnosed with dysfunctional voiding and

these patients also tend to present at a younger age. So, urodynamics should be done in female patients suspected to have BOO to rule out functional cause in absence of any obvious anatomical cause of obstruction. Treatment directed at the cause of the BOO shows better outcomes, with medical therapy (mainly alpha blockers) being main treatment modality in functional causes and surgical therapy in anatomical causes of obstruction.

Source of funding: NO

Conflict of Interest: No

Abstract Number: 27

Session: Podium P5 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 4:00PM-5:00PM

Title: To evaluate the uroflowmetry patterns in normal Indian pediatric female population

Presenting Author: Subodh Prakash Patankar

Co authors: Abhay Mahajan Prashant Darakh Sandeep Bathe Aditya Yelikar Anubhav Das .
MGM Medical college and Hospital Aurangabad.

Introduction & Objectives: Our aim is to evaluate the different uroflowmetry patterns in Indian pediatric female population between age group of 5 to 15 years.

Methods & Materials: In this study 150 female children aged between 5 to 15 years with normal voiding were taken. Data on maximum flow, average flow, flow time, voided volume and demographic factors were collected. Subjects were categorized into two groups (5-9 years and 10-15 years) for uroflowmetric analysis.

Results: This study includes different types of uroflow patterns like staccato, interrupted, bell shaped, plateau and tower pattern. Among female children, Normal flow is the most common uroflow pattern representing 66% of cases, while Plateau is the least common at 1.33%. The study encompasses 150 cases, predominantly aged 5-9 years (68.67%) with the remaining 31.33% between 10-15 years. Uroflowmetry parameters show that in the 5-9 years age group the mean maximum flow rate is 18.90 mL/s, and the average flow rate is 9.92 mL/s with voided volume of 109.67 mL/s. For the 10 - 15 years age, mean maximum flow rate is 22.65 mL/s and average flow rate 12.16 mL/s and voided volume 190.23 ml. The correlation analysis reveals a moderate positive relationship between age and mean maximum flow rate (correlation = 0.61), while the relationship between age and average flow rate is very weak (correlation = 0.003), suggesting age impacts mean maximum flow rate more significantly than average flow rate.

Conclusions: The study evaluates different uroflowmetry patterns in Indian pediatric females with normal voiding. The study indicates that as female children age increases there is a notable increase in uroflowmetry parameters such as maximum flow rate, average flow rate and voided volume.

Source of funding:

Conflict of Interest: No

Abstract Number: 28

Session: Podium P5 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 4:00PM-5:00PM

Title: Surgical management of VUR in a tertiary care centre

Presenting Author: Ayan Nayan Shah

Co authors: Dr. Sandesh Parab Dr. Hemant Pathak Dr. Mukund Andankar.
Nair Hospital Mumbai.

Introduction & Objectives: Vesicoureteral reflux (VUR) is the most common uropathy affecting children. VUR predisposes to increased risk of pyelonephritis and renal scarring following urinary tract infection (UTI). Options for treatment include observation with or without antibiotic prophylaxis and surgical repair. We aim to study perioperative and long term outcomes of children with VUR treated by various surgical procedures in our institute.

Methods & Materials: Retrospective analysis was done of 30 patients who presented to our institute with primary VUR between January 2024 to December 2023 and underwent surgical correction. Initial evaluation included Serum creatinine, Urine culture, Renal ultrasound, DMSA scan and a Micturating Cystourethrogram (MCU) documenting VUR. Preoperative VUR was graded according to International Reflux Classification. Outcome parameters included operative time, hospital stay, perioperative complications, post operative ureteral obstruction and UTIs. Success was considered as no need for any redo surgical intervention during long term follow up.

Results: Mean age of intervention was 6.5 years.

Out of 30 patients, 16 patients were male and 14 were female.

18 patients had unilateral VUR while 12 patients had bilateral VUR.

Open reimplantation was done in 19 patients while DEFLUX was done in 11 patients.

Average procedure time was 90 minutes for open reimplantation and 30 minutes for DEFLUX procedure.

Average hospital stay was 6 days for open reimplantation and 2 days for DEFLUX procedure.

None of patients who underwent open reimplantation needed a redo surgical intervention(100% success rate) , where as 3 of the 11 patients who underwent DEFLUX required an open reimplantation at 2 year follow up (72% success rate).

Conclusions: Deflux provides a minimally invasive option for management of low grade VUR, however open re-implantation remains Gold Standard

Source of funding:

Conflict of Interest: No

Abstract Number: 29

Session: Podium P5 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 4:00PM-5:00PM

Title: MANAGEMENT OF GIANT HYDRONEPHROSIS WITH PELVI-URETERIC JUNCTION OBSTRUCTION IN PAEDIATRIC POPULATION: A RETROSPECTIVE STUDY"

Presenting Author: Pankaj Singh

Co authors: Fanindra singh solanki Vikesh agrwal Praveen lakhera.

Nscb mch jabalpur Jabalpur.

Introduction & Objectives: INTRODUCTION: Congenital pelviureteric junction obstruction [PUJO] is the commonest urinary tract anomaly that leads to hydronephrosis in children. Giant hydronephrosis [GH] has been defined as a kidney which occupies a hemiabdomen, that meets or crosses the midline vertebral column or spans more than 5 vertebral lengths. According to Yang et al, the term giant hydronephrosis should be used only when the contents of the sac equaled to average daily urine output for that age. It has also been grossly defined as having more than 1 L of fluid within the collecting system. These poorly functioning kidneys often come to clinical attention as an abdominal mass. Other presenting symptoms may include early satiety, nausea, vomiting, flank pain.

Methods & Materials:

METHODS :A Retrospective study of patient that was presented to paediatric surgery unit NSCB MEDICAL COLLEGE JABALPUR over 5 year carried out. After inclusion and exclusion criteria study done in 30 children who diagnosed giant hydronephrosis.

Results: RESULT : In the present study, 97.1% of patients underwent upfront pyeloplasty. while only one was needed as PCN due to pyonephrosis which was later treated with open pyeloplasty. All criteria on Ultrasound and isotope scan showed statistically significant improvement in parameters suggesting reasonably good outcome after upfront pyeloplasty. The improvement in DF and GFR has occurred.

Conclusions: Pyeloplasty offers a better option over a nephrectomy in cases with poorly functioning kidneys in childhood PUJO. Therefore, doing a pyeloplasty straightaway to preserve the kidney is much more easy, beneficial, and feasible without a prior PCN.

Source of funding: No

Conflict of Interest: No

Abstract Number: 30

Session: Podium P5 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 4:00PM-5:00PM

Title: A retrospective study assessing factors affecting the formation of urethrocutaneous fistula after hypospadias Repair.

Presenting Author: Atuf Sajid Muqri

Co authors: Dr. Hemant Pathak Dr. Mukund Andankar Dr. Tarun Jain Dr. Sandesh Parab Dr. Priyank Kothari.

BYL Ch NAIR hospital Mumbai.

Introduction & Objectives: The term hypospadias is derived from the Greek. "Hypo" means under and "spadon" means a rent or fissure. A fistula is defined as a tract connecting two epithelial surfaces. Urethrocutaneous fistula is the most common complication in hypospadias surgery. They may occur anywhere along the neourethra and even with urethral advancement. Common sites include the site of the original meatus, at the corona or the glans penis. Fistulas at the corona and the glans are more difficult to treat and have a higher incidence of recurrence. The incidence of fistula formation has decreased gradually in the past two decades. The most common reasons are technical and avoidable.

Methods & Materials: Patients irrespective of age operated for hypospadias repair surgery followed by urethrocutaneous fistula surgery were considered for this retrospective observational study. A total of 20 patients were selected over the course of 3 years, after having undergone both surgeries in our setup. Factors involved in primary surgery like age at the time of primary repair, site of hypospadias, technical points like type and size of sutures used, type of surgical repair, additional layer of repair- any graft/flap used, postoperative catheterization duration, whether any intraurethral stent used.

Results: The study consisted of 20 patients, the youngest being 5 years old and the oldest 29 years old (mean age 14.3 years and median age being 13 years). The most common site of the fistula was found to be penoscrotal(7) followed by distal penile(5), mid penile(4) and sub-coronal (3).

The duration between both surgeries ranges from 4 months to 11 years. None of the patients were kept on intra urethral stent. The most commonly used suture for repair was PDS 5-0 followed by vicryl 5-0. Hypospadias was repaired with Snodgrass repair(6) majorly followed by Byers flap(5), preputial island graft(3), Tubularised incision plate(4), modified Thiersch Andersen (2). postoperatively per urethral catheter was kept ranging from 8 to 15 days.

Conclusions: In distal hypospadias, a fistula rate of less than 5% is now to be expected. The lower incidence of fistula formation includes absorbable and finer suture materials. Multiple-layer closure has a major role in lowering the incidence of fistula formation. The additional layer may be obtained from either the fascia underlying the Mathieu flap, the fascia underlying the preputial skin(dorsal subcutaneous flap) or a tunica vaginalis wrap. Midpenile Hypospadias repair is more prone to fistula formation. Fistulas at the corona and the glans are more difficult to treat and have a higher incidence of recurrence. The above factors should be taken into consideration when planning operative intervention for hypospadias.

Source of funding: None

Conflict of Interest: No

Podium Session P6 (Reconstruction / Female Urology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P6	Friday, 4th Oct 2024	5:00PM-6:00PM	B	31-36

Chairpersons: Dr R K Lahoti, Dr Shirish Yande, Dr Shailesh Shah.

Abstract No.	Presenting Author	Title
31	Vivek M Chaudhari	Functional outcomes in limited surgical approach of long length urethral strictures with Lichen Sclerosus: When and Where to stop?
32	Ashish Chaubey	To assess role of Urologists in management of urological injuries during obstetrics and gynaecological procedures.
33	Sushil Bhatia	Isolated urethral injury in setting of fracture penis
34	Anubhav Das	EVALUATION OF THE LEARNING CURVE OF LAPAROSCOPIC PYELOPLASTY
35	Ojas Vijayanand Potdar	A Late presentation of Gossypiboma presenting as a cutaneous fistula with purulent discharge in an operated case of Lower segment caesarean section.
36		WITHDRAWN (DUPLICATE)

Abstract Number: 31

Session: Podium P6 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 5:00PM-6:00PM

Title: Functional outcomes in limited surgical approach of long length urethral strictures with Lichen Sclerosus: When and Where to stop?

Presenting Author: Vivek M Chaudhari

Co authors: Sujata K Patwardhan.

8th Floor, New Building, Department of Urology, KEM Hospital, Parel-400012 Mumbai.

Introduction & Objectives: Long length urethral stricture associated with lichen sclerosus is a therapeutic and surgical challenge. Many of these patients even after second stage end up in having a recurrent stricture disease requiring third or even fourth surgical intervention. The functional outcomes of these patients in terms of being able to void with satisfaction and being able to satisfactorily perform sexual activity is a big question. In our study, we present the analysis of our results in terms of functional outcomes using limited surgical approach of laying open the diseased urethra and performing a penoscrotal or perineal urethrostomy and just stopping there in the patients who are functionally happy at that point.

Methods & Materials: This is a retrospective study where 41 patients with long length urethral strictures in Lichen Sclerosus were included. Those patients who are unmarried or whose family is incomplete were excluded from the study. All these patients underwent urethroplasty where diseased segment was lay-opened and either perineal or penoscrotal neo-external urinary meatus was created. Per urethral catheter was removed after 4-6 weeks in all of these patients. Functional outcomes in terms of Voiding complaints, need of self-calibration, ability to achieve erection and ability to perform sexual activity satisfactorily were assessed at the follow up of 6 months period. Concern of cosmetic appearance was also taken into consideration in these patients at follow up. All these patients were advised to apply tacrolimus cream locally once or twice a day for a period of one year with regular 3 monthly follow up.

Results: All these patients were above the age of 30 years. Among all 41 cases, 6 patients had undergone urethroplasty surgery once in the past and 3 patients underwent two staged urethroplasty. 38 patients had no urinary complaints, 2 were having poor urinary stream requiring weekly or twice weekly self-calibration and 1 patient had persistent burning micturition. Among all these cases, 85.4 % patients were able to achieve rigid erections, 2.4 % patients had poor erections while 12.2 % patients had no erection at all. Among all 41 cases, 27 patients were sexually satisfied, 2 patients were unable to perform sexual activity while 12 were sexually inactive. 19 out of 41 patients had concern of appearance of their penis but were okay to accept the functional outcomes rather than going ahead with next surgery.

Conclusions: In patients with long length urethral strictures with Lichen Sclerosus, limited surgical approach of laying open the diseased urethra and making a penoscrotal or perineal urethrostomy has shown good functional outcomes in terms of voiding as well as sexual satisfaction. In such cases stopping at the initial surgery and assessing patients overall functional satisfaction and accordingly deciding whether to go for next surgery or to stop there should be considered.

Source of funding: None

Conflict of Interest: No

Abstract Number: 32

Session: Podium P6 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 5:00PM-6:00PM

Title: To assess role of Urologists in management of urological injuries during obstetrics and gynaecological procedures.

Presenting Author: Ashish Chaubey

Co authors: Ashish Chaubey Shashank Sharma Amol Kamble Ojas Potdar.

Grant Medical College and JJ hospital Mumbai.

Introduction & Objectives:

Both genital and urinary tracts are anatomically closely related in females. One must be certain to prevent injury to one while operating on the other. Urologic injuries are rare accounting for 0.1%-1.5% of pelvic surgeries.

Methods & Materials: We retrospectively analysed records of urological injuries happened in Obstetrics and Gynaecology operation theatre at tertiary referral centre in Western India between May 2011 to May 2021. Data analysis was done pertaining to clinical presentation, site of injury, etiopathogenesis and success rate with respect to time of diagnosis and treatment of complications.

Results: A total of 72 urological injuries were seen out of 38296 cases, accounting for 0.18 percent.

Most common type of urinary tract injury was bladder injury. Simple abdominal hysterectomy was leading cause of injuries. Intraoperatively, 6 ureteric injuries were diagnosed out of total 16, all 6 underwent ureteroneocystostomy with 100 % success rate. Out of 53 bladder injuries, 43 cases of bladder injury were repaired intra-operatively with 100% success. 10 cases underwent Modified O Connor repair after 3 months from primary surgery with 100% success. 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 treated with primary bladder repair and ureteroneocystostomy with 100% success.

Conclusions: Thorough anatomical knowledge with preoperative planning and multi-disciplinary approach is key to success in management of urological injuries.

Source of funding: Own

Conflict of Interest: No

Abstract Number: 33

Session: Podium P6 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 5:00PM-6:00PM

Title: Isolated urethral injury in setting of fracture penis

Presenting Author: Sushil Bhatia

Co authors: Skandh Bhatia .

Rainbow Urology& Gynae ,104 Veda Business park Bhanwarkua square Indore.

Introduction & Objectives: Fracture penis is a common entity which involves tunica albugenia tear causing extravasation of blood .It may involve urethra in few patients necessitating urethral repair.

We are presenting a subset of 7 patients who developed only urethral injury without corpora cavernosal involvement

Methods & Materials: These patients gave typical history of some thing giving way during intercourse followed by bleeding per urethra.on examination there was no deformity of penis.Doppler examination in initial few patients did not show any breach in tunica.urethro cystoscopy was done in all patients which showed varying degrees of urethral trauma .All patients were subsequently catheterised for period of 7-10 days ,without any futher intervention.

Results: All patients recovered conservatively.There was no haematuria .Bleeding by side of catheter lasted 1-2 days.Potency was preserved in all.

Conclusions: There is a definite subset of patients in setting of fracture penis with isolated urethral injury causing only bleeding per urethra which can be managed conservatively by only catheterization ,with complete recovery

Source of funding: Self

Conflict of Interest: No

Abstract Number: 34

Session: Podium P6 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 5:00PM-6:00PM

**Title: EVALUATION OF THE LEARNING CURVE OF LAPAROSCOPIC
PYELOPLASTY**

Presenting Author: Anubhav Das

Co authors: Aditya Yelikar Abhay Mahajan Prashant Darakh Sandeep Bathe Krishna Kirkire Saket Mundhada.

Room No 28, 5th Floor, Resident Doctors Quarter, MGM Hospital, N6 CIDCO Aurangabad.

Introduction & Objectives: Introduction: After the initial description of laparoscopic Pyeloplasty, there has been a dramatic increase in the interest in and practice of laparoscopic urology. Reports of this procedure have shown that, when compared with open Pyeloplasty, it results in reduced morbidity, shorter convalescence times, and potentially reduced costs. However, there is a significant learning curve with laparoscopy and the widespread introduction of this technique requires careful monitoring and supervision.

Objectives: Our objective was to ascertain the learning curve of Laparoscopic Pyeloplasty for a novice as compared to an experienced Laparoscopic Surgeon.

Methods & Materials: Retrospective review of the medical records were done for the first 25 cases (Group 1) of Lap Pyeloplasties for the novice new surgeon vs his next 25 cases (Group 2), which were compared to 25 cases (Group 3) of an experienced Lap Surgeon.

Results: The surgeries were evaluated under the following parameters for Group1, 2, 3 respectively, Mean dissection time (73.26, 50.84, 46.74mins), Mean spatulation/pyelotomy time (27.03, 18.16, 17.48mins), Mean anastomosis time (82.76, 60.84, 58.66 mins), Mean total surgery time (183.07, 129.88, 121.24mins), Median drain duration (3.5, 2, 2 days), Median Hospital stay (3.5, 2, 2), Median pain score (5, 5, 5), total cases requiring rethrow suturing(5, 1, 1), Total cases having leak(1, 0, 0). The statistics of the factors were compared in between Group 1, 2, 3 and there was a significant difference found between Group 1 and 2. However the statistics of Group 2 and 3 were approximately comparable to each other.

Conclusions: There is a significant decrease in Intra-operative time including dissection, spatulation/pyelotomy, anastomosis, total surgery time and decrease in complications of Laparoscopic Pyeloplasty like cases having leak or cases requiring rethrow suturing which can be improved even further by development of a successful laparoscopic training programme and supervision under a skilled and experienced Laparoscopic Surgeon.

Source of funding:

Conflict of Interest: No

Abstract Number: 35

Session: Podium P6 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 5:00PM-6:00PM

Title: A Late presentation of Gossypiboma presenting as a cutaneous fistula with purulent discharge in an operated case of Lower segment caesarean section.

Presenting Author: Ojas Vijayanand Potdar

Co authors: Ojas Potdar .

Grant Government Medical College and JJ group of hospitals Mumbai, Maharashtra Mumbai .

Introduction & Objectives: We present a case of a 28-year-old female with a long-standing duration of 9 months with purulent discharge from the operated scar site of Lower segment caesarean section done 2 years back and then diagnosed to have a gossypiboma in the ureterovesical space causing structuring of the ipsilateral ureter which was successfully managed by Exploratory laparotomy with removal of the retained gossypiboma and right sided ureteric reimplantation.

Methods & Materials: A 28-year-old female with complaints of purulent discharge from abdominal wound since last 9 months. Patient reports history of 3 LSCS in the past. The last lower segment caesarean section was done 2 years back. After around 15 months post-surgery, patient developed a small pustule in the centre of the scar of the operated site which burst leading to purulent discharge which continued over a period of 9 months for which she visited the treating gynaecologist.

The imaging findings were suggestive of a retained gauze piece with pus collection in the vesico-uterine space with resultant involvement of right sided ureter causing right sided upstream hydro-ureteronephrosis with a fistula formation.

Patient was successfully managed by Exploratory laparotomy with removal of the retained gossypiboma and right sided ureteric reimplantation.

Results: Gossypiboma is a condition in which every reported case in literature is a unique presentation and hence, provides a lot of valuable information and insights about what were the circumstances in which it occurred, how the patient presented with different symptoms, how it was diagnosed and finally, how it was effectively managed. Therefore, a high clinical suspicion is necessary and essential to diagnose it. Since gossypiboma is a preventable iatrogenic complication that can have detrimental effects on both patients and operating surgeon, careful measures should be made to prevent and minimize the morbidity-related complications.

Conclusions: Gossypiboma is a rare iatrogenic disorder with substantial morbidity and significant medicolegal implications. Such incidents are wholly avoidable and prevention is far better than cure. Emergency nature of surgery and poor communication among members of the healthcare team are strongly associated with the possibility of a retained surgical sponge. Most patients with this disorder present with vague clinical features. Therefore, a high clinical suspicion is required on part of the treating physician is required in diagnosing and managing this condition.

Source of funding: None

Conflict of Interest: No

Abstract Number: 36

Session: Podium P6 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 5:00PM-6:00PM

Title: WITHDRAWN (DUPLICATE)

Podium Session P7 (Reconstruction / Transplantation)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P7	Saturday, 5th Oct 2024	4:00PM-5:00PM	B	37-42

Chairpersons: Dr Pankaj Joshi, Dr C S Thatte, Dr Shrikant Badwe.

Abstract No.	Presenting Author	Title
37	Ojas Vijayanand Potdar	An Interesting case of Supernumerary Kidney with PUJ obstruction in the native kidneys
38	Priya Gupta	HIGH-VELOCITY URINARY TRACT INJURIES AND DIFFICULT DECISIONS: OUR EXPERIENCE IN RECENT YEARS
39	Meetkumar Prakashbhai Dadga	"Unveiling Excellence in Ureteric Reconstruction: Techniques, Outcomes, and Beyond"
40	Vivek M Chaudhari	Role of Buccal Mucosal Graft Ureteroplasty for Complex Recurrent Long Length Upper Ureteric Stricture
41	Pratik Dinesh Nishar	Retroperitoneoscopic Urological Surgery Our Approach – An Observational Study.
42	Anubhav Das	COMPARITIVE ANALYSIS OF OUTCOME OF SINGLE VERSUS MULTIPLE RENAL ARTERY IN LIVING DONOR RENAL TRANSPLANT

Abstract Number: 37

Session: Podium P7 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 4:00PM-5:00PM

Title: An Interesting case of Supernumerary Kidney with PUJ obstruction in the native kidneys

Presenting Author: Ojas Vijayanand Potdar

Co authors:.

Grant Government Medical College and JJ group of hospitals Mumbai .

Introduction & Objectives: Congenital anomalies of Kidney and Urinary Tract (CAKUT) present with interesting challenges to a urologist in his practice. The incidence of CAKUT is 4.2 per 10,000 births. CAKUT are one of the major risk factors in adults requiring renal replacement therapy. We hereby present a rare case of a patient with Supernumerary Kidneys in which both bilateral native kidneys showed evidence of Pelvi-ureteric junction obstruction and ectopic pelvic kidney with normal function.

Methods & Materials: A 20-year-old male patient presented with history of difficulty in passing urine per urethraly for a period of 1 month and bilateral flank pain. Computerised tomography Intravenous Pyelography (CT IVP). This showed evidence of two orthotopic kidneys and an ectopic right kidney located in right iliac fossa along with fusion of right orthotopic and ectopic kidney. The right sided orthotopic kidney showed gross hydronephrosis and caliectasis with thinning of right renal parenchyma with non-visualisation Left kidney showed enlarged kidney with gross hydronephrosis and thinning of renal parenchyma with transient delayed visualisation till the level of mid-ureter. The right sided ectopic kidney was located in the right iliac fossa. The patient underwent left sided open pyeloplasty followed by open right sided nephrectomy of the native and the orthotopic right kidneys after 4 weeks.

Results: Congenital anomalies of kidneys (CAKUT) presentation in patients can vary from being an incidental finding detected on imaging to a patient with renal failure or anomaly incompetent with life and stillbirth. Management of these anomalies presents a challenging task to the concerned urologist. Supernumerary Kidney may arise from irregular and abnormal division of the nephrogenic cord, which gets divided into two metanephric blastemas, which ultimately develop into two kidneys with incomplete or double ureteral bud [1-3]. Around the fifth to seventh week of gestation, when urogenital system development occurs, embryologically this anomaly used to develop. The rarity of this anomaly, its varying appearance, and the paucity of literature evidence make diagnosis and treatment difficult

Conclusions: This case reports highlights unique challenges in the management of CAKUT.

Source of funding: No

Conflict of Interest: No

Abstract Number: 38

Session: Podium P7 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 4:00PM-5:00PM

Title: HIGH-VELOCITY URINARY TRACT INJURIES AND DIFFICULT DECISIONS: OUR EXPERIENCE IN RECENT YEARS

Presenting Author: PRIYA GUPTA

Co authors: SUJATA PATWARDHAN SUPRADEEP N.

PAREL MUMBAI-12 MUMBAI.

Introduction & Objectives: Road Traffic accidents and railway accidents are some of the common causes of urinary tract injuries. Injury to the urinary tract occurs in 10% of abdominal trauma. It is not always obvious on the initial examination of the injured patient as the clinical presentation is atypical and might not lead to decision-making. The management of these injuries has evolved with advancements in the imaging techniques available to surgeons. Even though there are recent advancements in imaging modalities, we find different intraoperative findings. The study thus highlights the challenges faced in diagnosing and how intraoperative findings influenced our course of action. We would like to highlight four cases of high-velocity urinary tract injuries.

Methods & Materials: A 29-year-old gentleman with a history of fall from a bike was managed conservatively with pigtail drainage of Right perinephric collection and a nephrostomy drainage of the urinary tract. Right up and down-o-gram revealed a 3 cm upper ureteric defect and was planned for Right pyeloureterostomy. Another case is of a 47 yr old male with a history of fall from a bike with a pelvic fracture with bladder injury and underwent twice exploration with bladder repair with SPC insertion after 3 months came with urine leak through the midline wound that is vesicocutaneous fistula and continuous incontinence underwent fistula excision with Mitrofanoff procedure. The third case is of a 34-year-old male with a history of fall from the train with a pelvic fracture with bladder injury with urine leak through the left groin wound underwent bladder repair with SPC insertion. Last, is a case of a 35-year-old male who fell from a bike with right renal artery and vein thrombosis managed conservatively.

Results: The study emphasizes the critical importance of prompt and accurate diagnosis of high-velocity urinary tract injuries to prevent potential complications such as infection, sepsis, long-term functional impairment, and death. The study highlights the challenges faced in diagnosis and the complex decision-making process involved in determining the most appropriate course of action. The study also underscores the importance of close collaboration among specialists including urologists, trauma surgeons, and radiologists, to optimize patient care and achieve the best possible outcomes. In addition to the clinical management aspects, the study also emphasizes the importance of ongoing monitoring and follow-up care for patients with high-velocity urinary tract injuries.

Conclusions: The study highlights the multifaceted nature of high-velocity urinary tract injuries and the importance of a comprehensive and patient-centered approach to optimize outcomes. By addressing clinical management, long-term complications, patient education, and multi-disciplinary collaboration, the medical community can continue to advance care for patients with traumatic urinary tract injuries and improve their overall quality of life. The study offers important lessons learned from recent experiences.

Source of funding: self

Conflict of Interest: No

Abstract Number: 39

Session: Podium P7 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 4:00PM-5:00PM

Title: "Unveiling Excellence in Ureteric Reconstruction: Techniques, Outcomes, and Beyond"

Presenting Author: Meetkumar Prakashbhai Dadga

Co authors: Sandesh Parab Priyank Kothari Tarun Jain Mukund Andankar Hemant Pathak.
BYL Nair Ch Hospital, TNMC MEDICAL COLLEGE, Mumbai .

Introduction & Objectives: Ureteric reconstruction plays a pivotal role in the management of ureteral strictures, obstructions, and injuries, offering patients the opportunity for improved urinary drainage and preservation of renal function. Despite advancements in surgical techniques, the optimal approach to ureteric reconstruction remains a subject of debate. This retrospective analysis aims to elucidate the outcomes of various surgical techniques in ureteric reconstruction and provide insights into factors influencing surgical success.

Methods & Materials: This retrospective study reviewed patients who underwent ureteric reconstruction at B.Y.L Nair Ch. Hospital between January 2021 till March 2024. Data were extracted from electronic medical records, operative notes, and imaging studies. Inclusion criteria comprised patients with ureteral strictures, obstructions, or injuries necessitating surgical intervention. Surgical techniques encompassed e.g., ureteroureterostomy, ileal ureter substitution, Boari flap, Ureteric Re implant, Psoas hitch. Demographic characteristics, preoperative evaluations, intra operative details, and postoperative outcomes were analysed.

Results: A total of 37 patients underwent ureteric reconstruction during the study period. The mean age of the cohort was 38 years, with 43 % being male. Ureteric strictures were the most common indication for reconstruction. Surgical techniques included 25 cases of Ureteroneocystostomy, 5 cases of Psoas hitch, 2 cases of ileal ureter substitution, and 1 case of Boari flap, 1 case of cross cohens repair, 1 case of ureteropyelostomy. Intraoperative complications occurred in 5 cases, with bleeding being the most frequent requiring blood transfusion. Postoperative complications were observed in patients, predominantly sepsis requiring upstaging antibiotics. Successful resolution of ureteric pathology was achieved in all the cases, with imaging findings, symptom resolution and renal function test indicating favourable outcomes.

Conclusions: Ureteric reconstruction is associated with satisfactory outcomes in the majority of cases, demonstrating effective resolution of ureteral pathology and restoration of urinary drainage. While various surgical techniques offer viable options for reconstruction, careful patient selection, meticulous surgical planning, and vigilant postoperative management are paramount for optimizing outcomes and minimizing complications. This study underscores the importance of individualised treatment approaches and multidisciplinary collaboration in achieving successful outcomes in ureteric reconstruction.

Source of funding: Self

Conflict of Interest: No

Abstract Number: 40

Session: Podium P7 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 4:00PM-5:00PM

Title: Role of Buccal Mucosal Graft Ureteroplasty for Complex Recurrent Long Length Upper Ureteric Stricture

Presenting Author: Vivek M Chaudhari

Co authors: Sujata K Patwardhan .

8th Floor, New Building, Department of Urology, KEM Hospital, Parel, Mumbai-400012 Mumbai.

Introduction & Objectives: The use of Buccal Mucosal Graft (BMG) in ureteral reconstruction was first described in 1999 when Nuade described his experience over six years in six patients with complex ureteral strictures with excellent results. Buccal Mucosal Graft in ureteric reconstruction especially in cases of complex recurrent long length upper ureteric stricture is a good additional treatment option.

Methods & Materials: In our study we have retrospectively analyzed 3 cases where buccal mucosal graft ureteroplasty was done. All three cases were having a recurrent upper ureteric stricture extending up to pelvi-ureteric junction. All three cases underwent open repair where buccal mucosal graft of appropriate length was used to augment the stricturous ureteric segment from one side over a double J stent followed by covering and quilting of the graft with omental patch. All three cases were followed up at 6 weeks and 3 months period. DJ stent was removed at 6 weeks followed by imaging of the upper tracts either using a contrast CT scan or retrograde pyelogram.

Results: All these patients had significant symptomatic improvement in terms of flank pain, recurrent urinary tract infections and acute kidney injury as well as a prompt drainage from operated ureter seen on imaging at 3 months post-surgery.

Conclusions: Buccal Mucosal Graft Ureteroplasty is a good treatment option for complex, recurrent upper ureteric strictures where dense adhesions are present preventing mobilization of ureter as well as dissection around the ureter which can lead to compromised vascularity of affected ureteric segment.

Source of funding: None

Conflict of Interest: No

Abstract Number: 41

Session: Podium P7 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 4:00PM-5:00PM

Title: Retroperitoneoscopic Urological Surgery Our Approach – An Observational Study.

Presenting Author: Pratik Dinesh Nishar

Co authors: Dr Dhananjay Selukar Dr Nikhilesh Jibhkate Dr Mahesh Borikar Dr Pranal Sahare.
GMC Nagpur, Super Speciality Hospital Nagpur .

Introduction & Objectives: Retroperitoneoscopy has been used for various renal procedures, including simple nephrectomy, radical nephrectomy, simple and radical nephroureterectomy, renal cyst decortication, pyelolithotomy, dismembered pyeloplasty, renal biopsy, nephropexy, partial nephrectomy, and even live-donor nephrectomy.

Inclusion Criteria –

All patients planned for Retroperitoneal Laparoscopic Surgery – Total laparoscopic and Hand assisted.

Patient giving consent for surgery.

Exclusion Criteria –

Patient planned for transperitoneal or Open surgery

Patient Disease Pathology complex for Retroperitoneal Surgery.

Previous history of Retroperitoneoscopic Surgery.

Past history of Abdominal Aorta Artery or iliac artery aneurysm.

Methods & Materials: Methodology - 80 patients from a time period of 5 years (2021 To 2024) to be studied Operated For Retroperitoneoscopic Surgery in a Tertiary Care Centre.

Pre operative Patient details and Findings recorded.

Intra operative events and Findings recorded.

Post operative recovery studied.

All data compiled and interpretation done.

Results:

Out of 80 patients posted for Retroperitoneoscopic Surgery 10 patients had to be converted to open Surgery.

Mean Duration of Hospital stay is 4 days.

Mean blood loss – 150 ml

Mean Duration of Surgery is 94 minutes.

Hand assisted Surgery done in 22 cases

Abdominal drain removed on 2nd post op day.

Orals can be started from evening of Surgery.

Accidental conversion to Transperitoneal in 7 cases

Post op Paralytic ileus seen in 2 patients only.

Conclusions: In patients with morbid obesity or peritoneal scarring from prior transabdominal procedures, retroperitoneoscopy allows a superior and more direct approach to the renal hilum

In Conclusion Retroperitoneoscopic Surgery have considerable safety and ease and should be routinely done and preferred.

There are many practical advantages of this approach over Transperitoneal approach .

Source of funding: None

Conflict of Interest: No

Abstract Number: 42

Session: Podium P7 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 4:00PM-5:00PM

Title: COMPARITIVE ANALYSIS OF OUTCOME OF SINGLE VERSUS MULTIPLE RENAL ARTERY IN LIVING DONOR RENAL TRANSPLANT

Presenting Author: Anubhav Das

Co authors: Abhay Mahajan Prashant Darakh Sandeep Bathe Aditya Yelikar Subodh Patankar Omkar Sagade.

Room No 28, 5th Floor, Resident Doctors Quarter, MGM Hospital, N6 CIDCO Aurangabad.

Introduction & Objectives: The increased risk of vascular complications in renal transplant surgery for allografts with single vs multiple renal artery being the basis of the study, we compared the outcomes of renal transplant recipients who received kidneys from living donor with a single renal artery vs multiple renal arteries.

Methods & Materials: Retrospective analysis of all living-related donor renal transplants were done which was performed by a single skilled urologist. All donor nephrectomies were done by open method and the left kidney was preferred over the right, except in cases of vascular problems or other contraindications. In majority of the cases, transplant kidneys were placed in right iliac fossa by extraperitoneal approach.

Results: Overall 110 living donor renal transplants were included, out of which 92 had single renal artery categorized as Group 1 and 18 of them had multiple renal arteries categorized as Group 2. Patients' age ranged from 19 to 70 years old. Median Recipient ages of both groups (35 vs 32years) and baseline serum creatinine values (8.74 vs 8.96 mg/dl) were comparable ($p > 0.05$). Mean operative time in Group 1 pts were significantly lower as compared to Group 2 (210 vs 242 mins, respectively). Similar results were found in Mean Total ischemia time being shorter in Group 1 vs Group 2 (68.2 vs 83.45 mins, respectively). Mean Graft Survival rates showed similar results in both the groups (94.24% vs 96.48%, respectively). Mean patient survival at 1 year was also comparable (96.78% vs 95.64%) in both the groups.

Conclusions: The safety of renal transplants of allografts is equal of single and multiple artery groups with respect to vascular complications, acute tubular necrosis, patient survival and graft survival.

Source of funding: Not present

Conflict of Interest: No

Podium Session P8 (Urolithiasis)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P8	Saturday, 5th Oct 2024	3:45PM-4:45PM	C	43-48

Chairpersons: Dr Arvind Gupta, Dr Sunil Gogate, Dr Hiren Sodha.

Abstract No.	Presenting Author	Title
43	Arvind Kumar	Results and complications of tubeless PNL; A retrospective multi centre study.
44	MANAS SHARMA	EVALUATING MINI-PCNL IN CKD PATIENTS: RENAL FUNCTION IMPROVEMENT AND OUTCOME ANALYSIS.
45	JINIT SALIL SHAH	A QUESTIONNAIRE-BASED STUDY TO EVALUATE RELATIONSHIP BETWEEN PRE-OPERATIVE EXPECTATIONS OF PERCUTANEOUS NEPHROLITHOTOMY OPERATED PATIENTS WITH THEIR POST-OPERATIVE OUTCOMES IN UROLOGY DEPARTMENT OF A TERTIARY CARE CENTRE.
46	Achint Bajpai	Prospective study of several intraop variables and its impact during Rirs
47	Jaymin Nanak Jaysingani	SYSTEMATIC AUDIT OF CHRONIC KIDNEY DISEASE AND RENAL STONE DISEASE: OUR EXPERIENCE AT A TERTIARY CARE HOSPITAL
48	Saiprasad Prakash Shetty	"Modification's And Their Magic", A Comparative Study Between Galdako Modified Valdivia Position Versus Barts Flank-Free Modified Supine Position While Performing Percutaneous Nephrolithotomy at our institution.

Abstract Number: 43

Session: Podium P8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 3:45PM-4:45PM

Title: Results and complications of tubeless PNL; A retrospective multi centre study.

Presenting Author: Arvind Kumar

Co authors: Praveen Lakhera APS Thakur Prashant Patel Fanindra Solanki Anurag Dubey .
Jabalpur .

Introduction & Objectives: Percutaneous nephrolithotomy was first done by Fernstrom and Johansson and reported excellent results. Percutaneous nephrostomy drainage is an integral part of this procedure but nowadays it has shifted to “Tubeless and total tubeless percutaneous nephrolithotomy”. In our study, we performed tubeless percutaneous nephrolithotomy, its advantages, safety and recommendation of it.

Methods & Materials: Between April 2019 and March 2023, percutaneous nephrolithotomy was performed under regional or general anaesthesia in 957 patients at three different centres across India. Patients were evaluated with X ray and Ultrasonography kidney, ureter and bladder region. Stone burden, kidney function and anatomy were evaluated with Intravenous urography or non contrast computer tomography where contrast couldn't be given. Percutaneous nephrolithotomy done with standard technique and nephrostomy tube was put in patients who underwent relook percutaneous nephrolithotomy and excluded from study. After surgery patients were observed for any complications and appropriately managed.

Results: In our study, tubeless PNL was done in 843 renal units between April 2019 and March 2023 at three different centres across India. The most common calyceal puncture was inferior calyx. Prolonged analgesic requirement and bleeding were most commonly noted and mean hospital stay was 3 days.

Conclusions: Although tubeless PNL has many advantages but final decision depends on operating surgeon.

Source of funding: None

Conflict of Interest: No

Abstract Number: 44

Session: Podium P8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 3:45PM-4:45PM

Title: EVALUATING MINI-PCNL IN CKD PATIENTS: RENAL FUNCTION IMPROVEMENT AND OUTCOME ANALYSIS.

Presenting Author: MANAS SHARMA

Co authors: Deep Kumar Jain Arpan Chaudhary Vishal Kirti Jain.

M.G.M. Medical College Indore.

Introduction & Objectives: Urolithiasis is prevalent among patients with end-stage renal disease (ESRD), affecting approximately 3% to 4% of individuals. This condition often results in renal damage due to recurrent infections, and obstructive uropathy and necessitates surgical procedures. Percutaneous nephrolithotomy (PCNL) is the gold standard for renal stones >2 cm. This study aims to evaluate the safety and feasibility of mini-PCNL in chronic kidney disease (CKD) patients, focusing on postoperative outcomes and its impact on the CKD stage on follow-up.

Methods & Materials: We conducted this study at the Department of Urology, Super Speciality Hospital, M.G.M. Medical College, Indore, from October 2021 to November 2023. Eighty-eight adult patients diagnosed with CKD Stage 3 or higher with symptomatic urolithiasis undergoing Mini-PNCL were prospectively enrolled. The primary objective was to assess the effect of mini-PCNL on renal function and evaluate CKD stage migration from baseline at 6-month follow-up. Secondary objectives included assessing complication rate, the need for hemodialysis, stone-free rate, and duration of hospital stay.

Results: Results from 88 patients (96 renal units) revealed that mini-PCNL significantly improved eGFR at the 6-month follow-up (mean difference = 15.88 ml/min/1.73 m²; p-value <0.01). Seven patients (7.95%) needed a blood transfusion post-op; 12 (13.63%) underwent hemodialysis in a mean hospital stay of 5.88 days. The stone-free rate was a modest 86.72%.

Conclusions: Mini-PCNL offers a promising approach for managing urolithiasis in patients with chronic kidney disease, offering favourable outcomes with minimal complications.

Source of funding: None

Conflict of Interest: No

Abstract Number: 45

Session: Podium P8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 3:45PM-4:45PM

Title: A QUESTIONNAIRE-BASED STUDY TO EVALUATE RELATIONSHIP BETWEEN PRE-OPERATIVE EXPECTATIONS OF PERCUTANEOUS NEPHROLITHOTOMY OPERATED PATIENTS WITH THEIR POST-OPERATIVE OUTCOMES IN UROLOGY DEPARTMENT OF A TERTIARY CARE CENTRE.

Presenting Author: JINIT SALIL SHAH

Co authors: Dr. Sujata K. Patwardhan.

Department of Urology, Seth G.S. Medical College and K.E.M. Hospital, Parel, Mumbai. Mumbai.

Introduction & Objectives: Pre-operative expectations include the beliefs, hopes and anticipated outcomes that patients hold before undergoing surgery. It is widely acknowledged that patient expectations can significantly impact their satisfaction with the surgical experience, overall quality of life, and even clinical outcomes. There is a dearth of studies that examine this relationship within the context of urology procedures. By this study, we can gain valuable insights into the impact of patient expectations on clinical outcomes, patient satisfaction, and post-operative recovery.

Objectives are: Assess the pre-operative patient expectations among individuals undergoing PCNL surgery, evaluate their post-operative outcomes and then compare them.

Methods & Materials: Single centre, prospective study conducted for 1 year and 6 months.

Inclusion criteria: Adults (18 to 75 years) who have undergone Percutaneous Nephrolithotomy (PCNL) surgery in the department of Urology.

Exclusion criteria:

- 1) Cognitive impairments or language barriers.
- 2) Previously undergone any urology surgery or multiple surgeries at a single point in time.
- 3) Presence of significant co-morbidities.

Using validated questionnaires, patient's pre-operative expectations, their post-operative satisfaction and clinical outcomes are assessed. The collected data will be analyzed using appropriate statistical tests. Correlation measures, such as Pearson's correlation coefficient can be used to study the correlation between pre-operative expectation and the post-operative patient satisfaction & outcome.

Results: Fulfilling preoperative expectations led to increased post-operative satisfaction and better functional outcome after surgery. However, higher pre-operative expectations were associated with reduced satisfaction post-surgery, though they correlated with improved functional outcomes. Post-operative satisfaction and functional outcome post-surgery positively influenced each other.

Conclusions: Pre-operative expectations play an important role in influencing post-operative satisfaction and outcome. Healthcare providers can tailor their communication, education, and counseling strategies to align with patient's expectations, ultimately improving patient satisfaction and clinical outcomes.

Source of funding: None

Conflict of Interest: No

Abstract Number: 46

Session: Podium P8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 3:45PM-4:45PM

Title: Prospective study of several intraop variables and its impact during Rirs

Presenting Author: Achint Bajpai

Co authors: Dr. Gaurang Shah Dr. Hiren Sodha.

kokilaben hospital mumbai.

Introduction & Objectives: AIMS

- To study impact of several intraop variables and its impact on RIRS outcome
- To find out whether duration of surgery , lasing energy , usage of uas , ureteric dilation, can cause residual post op perinephric fat stranding ,post-op ureteric stenosis/ stricture ,residual hydroureteronephrosis ,renal cysts , residual stone, cortical scarring, dye extravasation on rpg, fever,

Methods & Materials:

A single- centre, prospective observational study over a period of 1 ½ years from December 2021

SAMPLE SIZE: 60

METHODS

- Preoperative CT Urography /CT KUB plain were recorded,
- Duration of surgery, lasing energy, usage of uas , uretric dilation was recorded.
- Follow up CT Urography was done after 1 to 4 weeks after DJ stent removal

The study was initiated only after institutional ethics committee permission was obtained.

Results:

On statistical analysis of effect of duration of surgery >60 mins Significant residual perinephric fat stranding (37.5%) Significant ureteric stenosis/ stricture was noted (12.5%) Significant residual hydroureteronephrosis was noted in patients (12.5% pts)

Significant renal cysts were noted 50% pts

On statistical analysis of total lasing energy >15kj Significant residual perinephric fat stranding was (37.5%) Significant renal cysts were (37.5%) Significant increase in duration of surgery was noted (75% having duration >60mins)

On statistical analysis of usage of ureteric access sheath (10.7fr

No significant effect was noted

On statistical analysis of intra op ureteric dilation upto no 12 Significant dye extravasation (on rpg) was (50% pts) Significant post op complication (fever) was Significant

Conclusions:

Ureteric dilation increases dye extravasation and fever. Ureteric Access Sheath use doesn't affect SFR, stenosis, fever, dye, or surgery time. Duration of surgery >60min leads to stenosis, cysts, with cysts also occurring if >15kj energy Follow-up CT shows permanent changes as renal cysts, stricture, scarring.

Source of funding: None

Conflict of Interest: No

Abstract Number: 47

Session: Podium P8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 3:45PM-4:45PM

Title: SYSTEMATIC AUDIT OF CHRONIC KIDNEY DISEASE AND RENAL STONE DISEASE: OUR EXPERIENCE AT A TERTIARY CARE HOSPITAL

Presenting Author: Jaymin Nanak Jaysingani

Co authors: Sujata Patwardhan Sachin Bhujbal Nirmal Agrawal Supradeep N. Seth GS Medical College & KEM Hospital Mumbai Mumbai.

Introduction & Objectives: Nephrolithiasis is one of the most common diseases of urinary system affecting 1-20% population worldwide. Although renal calculi are not usually identified as primary cause of chronic kidney disease (CKD), they may contribute to the progression of the same and may even lead to end stage renal disease (ESRD).

To study the demographic factors, stone characteristics, surgical outcomes in proven patients of CKD with renal stone disease.

Methods & Materials: It is a retrospective study over a period of 2 years from April 2022 to April 2024 involving 80 patients of proven chronic kidney disease and renal stone disease who have undergone percutaneous nephrolithotomy (PCNL) and its outcomes.

Results: The mean age of patients was 50.6 years, with male predominance of 5:1 (M:F). The most common comorbidity identified was hypertension. 37.5% of the patients were CKD stage IV, 27.5% were CKD stage 3B, 23.75% were stage 3A. 86.25% patients had history of AKI for which diversion in the form of DJ stenting/ PCN catheter insertion was done. 17 out of 80 patients required hemodialysis at the time of presentation. 43.75% patients had Guy stone score Grade I followed by GSS grade 2 in 30% patients. Mean operative time was 78.9minutes. Almost 10% of the patients required intra and post-operative blood transfusion. 12 out of 80 patients had post-operative fever spike. Stone clearance rate was almost 79%. No mortality observed. The most common stone type found was mixed stone (approximately 78%) with calcium oxalate monohydrate as the predominant component followed by struvite stone (13.75%).

Conclusions: Chronic kidney disease with renal stone disease increases the risk of complications of PCNL mainly blood loss and also decreases the stone clearance rate. Higher stage CKD patients do not show significant improvement in the renal function after stone clearance and should be considered for renal replacement therapy.

Source of funding: no

Conflict of Interest: No

Abstract Number: 48

Session: Podium P8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 3:45PM-4:45PM

Title: "Modification's And Their Magic", A Comparative Study Between Galdako Modified Valdivia Position Versus Barts Flank-Free Modified Supine Position While Performing Percutaneous Nephrolithotomy at our institution.

Presenting Author: saiprasad prakash shetty

Co authors: Dr. Ashish Dhande Dr. Rahul Zalse Dr. Soumyan Dey Dr. Joseph S.

Dr. D.Y patil hospital navi mumbai.

Introduction & Objectives: The year 1976, saw the development of percutaneous nephrolithotomy (PCNL) after which it has become the gold standard for huge and complex renal stones. But the patient position for supine PCNL is still undecided. Along the years there has been tremendous changes in the position and modifications of each position to give better results while operating on these renal stone. In this study we have discussed a comparison between two modified positions and which has its advantages and disadvantages over the other. The objective of this study is to compare the efficacy and safety profile based on the position. And to study the outcome of the two different positions based on multiple parameters.

Methods & Materials: A Prospective observational study conducted in Department of Urology , D.Y Patil Hospital Nerul, Navi Mumbai.

Eligibility Criteria:

a. INCLUSION CRITERIA:

1. Patients with renal calculi of size more than 1.5 cm.
2. Any age group who get full fitness from anesthesia point of view for the surgery.

b. EXCLUSION CRITERIA:

1. Patients with <1.5 cm renal stones.
2. Patients who are unfit for surgery.

Sample size: 60

Study Procedure:

METHODOLOGY :

Patients will be numbered as per their admission. Every patients data will be recorded in the fixed Performa. Patients consent will be taken. Then divided into 2 groups, ODD number will be operated by Bart's Flank Free Position and every EVEN number by Galdako modified Valdivia position. All the data will be then evaluated at the end of the study and a comparison will be made between the two positions of the surgery on the basis of multiple factors that are being considered in the study.

Results: Galdako Modified Valdivia positions has a 30° tilt and the back is also very close to the operating table making it difficult for the mobility of the access sheath and brings in a lot of restriction in carrying out the manures for achieving a stone free system while on the other hand Bart's flank-free modified supine position was introduced to resolve these above mentioned

difficulties. Its 15° tilt of the torso enables easy percutaneous fluoroscopy-guided access. It provides more space to place and dilate multiple tracts due to the neutral positioning of the kidney. The medial position of the ipsilateral hand helps to give more space for mobility and take better punctures reducing the skin to stone length. Moreover, the intrarenal pressure is reduced due to the relatively horizontal tract, which also allows for the fragments to be washed out easily.

Conclusions: At the end of the study it has been realized that the best position for a PCNL is the position which the urologist is most comfortable in and with which he can acquire a stone free surgery but as we compared the two positions the Barts flank free modified supine position has advantages above the Galdako modified valdivia position for supine PCNL.

Source of funding: Hospital / author/ Patient

Conflict of Interest: No

Podium Session P9 (Urolithiasis)

Session	Day and date	Time	Hall	ABSTRACT Numbers
P9	Saturday, 5th Oct 2024	4:45PM-6:15PM	C	49-57

Chairpersons: Dr Vishwas Kulkarni, Dr Amit Gour, Dr Nanjappa K M.

Abstract No.	Presenting Author	Title
49	RUTURAJ RAJESHWAR PENDKAR	Prospective Evaluation of S.T.O.N.E Score Vs Guy's Score in Predicting Stone Free Rate and Complications in Percutaneous Nephrolithotomy(PCNL)
50	Rupen Dhirenbbhai Jhaveri	Comparison Among Miniperc And RIRS In Lower Pole Stones Between 1 Cm To 2 Cm Size Using Thulium Fiber Laser: A Prospective Randomized Controlled Trial
51	Prasad Dasharath Hake	A comparative study of incidence of ureteric stricture after ureteric lithotripsy between pre-stented and non-stented patients
52	Parth Mahesh Manek	Supine PCNL in Pediatric Patients
53	Parth Mahesh Manek	Role of ESWL for ureteric calculi in today's era
54	Vaibhavkumar Rajeshbbhai Patel	A COMPARATIVE STUDY ON TEMPERATURE ASSESSMENT BETWEEN HOLMIUM:YTTRIUM ALUMINIUM GARNET AND THULIUM FIBRE LASER LITHOTRIPSY USED IN URETERIC AND RENAL STONES
55	Kraveen kumar Lakhera	The prognostic performance of Sepsis-3 and SIRS criteria for patients with urolithiasis-associated sepsis following surgical interventions
56	KUTUMBA CHANDRA YELLA	Comparison of anatomical changes in computed tomography (CT) scan in supine position and prone position with respect to percutaneous nephrolithotomy (PCNL).
57	Krushnadevsinh Jadeja	PREOPERATIVE RENAL STONE CHARACTERISTICS IN CT KUB AND RESIDUAL FRAGMENTS POST RIRS: A PROSPECTIVE STUDY

Abstract Number: 49

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: Prospective Evaluation of S.T.O.N.E Score Vs Guy's Score in Predicting Stone Free Rate and Complications in Percutaneous Nephrolithotomy(PCNL)

Presenting Author: RUTURAJ RAJESHWAR PENDKAR

Co authors: DR ABHIJIT DHALE DR JAY DHARAMSHI DR GHANSHYAM HATWAR.
JNMC,SAWANGI,MEGHE, WARDHA WARDHA.

Introduction & Objectives: Nephrolithometry scoring systems aim to predict preoperatively the stone-free status and complications through assessment of the complexity of stones before performing a PCNL. AIM-To compare the accuracy of the Guy's and STONE scoring systems in predicting PCNL outcomes in terms of stone-free rate, operative time, length of hospital stay, and complications. objectives 1) To determine the SFR and compare it with Guy's stone score and STONE Score for stone clearance. 2) To evaluate Guy's stone score and STONE Score for predicting longer operative time prolonged hospital stay and peri/postoperative complications within 30 days of procedure.

Methods & Materials: single centre prospective observational study conducted on Subjects Undergoing PCNL .sample size was calculated and came as 114. All patients (18-70 years) who will undergo unilateral PCNL procedure for renal calculi will be included. exclusion criterias are AGE >70yrs and <18 Years, BMI>30 kg/m² , a history of prior surgery on ipsilateral kidney, active urinary tract infection, pregnancy with renal stones, concurrent ureteral stones. Preoperatively, the patients will undergo CBCs, RFT, coagulation profiles, urine culture and NCCT KUB. PCNL will be done within 4 weeks of scan. Guy's stone score will be computed. PCNL will be done by standard technique in the prone position. CBC, KFT and XRAY KUB will be done on the 2nd postoperative day. The complications will be graded according to the Modified Clavien Dindo grading system for PCNL. The procedure will be considered successful if the patient has no residual fragments or has CIRFs on Xray KUB which will be done at the 4th week of follow up.

Results: A total of 114 PCNLs were reviewed. The stone-free rate was 70.2 % with a complication rate of 23.5%. When compared to patients with residual fragments, stone-free patients had significantly lower Guy's grade (2.8 vs. 2.1; $p < 0.001$) and S.T.O.N.E. score (8.5 vs. 7.6; $p = 0.004$). Logistic regression analysis showed that both Guy's and S.T.O.N.E. systems were significantly associated with stone-free status, OR 0.4, and OR 0.7, respectively. Furthermore, both scoring systems were significantly associated with the estimated blood loss There was good correlation between both scoring systems and operative time ($r = 0.3, p < 0.001$ and $r = 0.4, p < 0.001$) and length of hospital stay ($r = 0.2$ and $r = 0.3$). However, there were no significant associations between both scoring systems and complications ($p = 0.7$ and $p = 0.6$). There was no significant difference in the areas under the curves for the Guy's and S.T.O.N.E. scoring systems (0.74 [95 % CI 0.66–0.82] vs. 0.63 [95 % CI 0.54–0.72]; $p = 0.06$).

Conclusions: Both Guy's and S.T.O.N.E scoring systems have comparable accuracies in predicting post-PCNL stone-free status. Other factors not included in either scoring system may need to be incorporated in the future to increase their accuracy.

Source of funding: nil

Conflict of Interest: No

Abstract Number: 50

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: Comparison Among Miniperc And RIRS In Lower Pole Stones Between 1 Cm To 2 Cm Size Using Thulium Fiber Laser: A Prospective Randomized Controlled Trial

Presenting Author: Rupen Dhirenbbhai Jhaveri

Co authors: Dr.Rupen Jhaveri Dr.Aruij Shah Dr.Abhishek Singh Dr.Arviind Ganpule Dr.Ravindra Sabnis Dr.Mahesh Desai.

Muljibhai patel urological hospital Nadiad.

Introduction & Objectives: Invention of new lasers has popularized the RIRS with good stone free rate.

Thulium fibre laser(TFL) has been showing promising results with wide range of frequency and energy setting. With the help of high frequency energy , it is possible to fragment the inaccessible lower pole stones,too.

In the era of TFL , RIRS can be equally effective alternative to miniPCNL for the treatment of lower pole stones of 1 cm -2 cm

Primary Aim is To compare the different treatment modalities in terms of efficacy (stone free rate, need for auxiliary procedures) and safety (complication rate) while Secondary Aim To compare the perioperative outcomes (operative time, lasing time ,length of hospitalization)

Methods & Materials: This study is a prospective randomized controlled trial conducted at single center for 6 months duration comparing stone free rate in 2 groups ,group A –MiniPerc(26 Patients) & group B –RIRS(28 patients),all patients of age group 18 to 75 years with lower pole stone size 1 to 2 cm were included.

Stone characteristics (including stone volume and density) were calculated using pre-operative CT IVP/ KUB. Patients were equally randomized using a computer generated software Miniperc group and RIRS group. Patients underwent miniperc group with a 12 Fr Storz miniPCNL scope and a 15.5/16.5 Fr sheath.

Patient underwent RIRS group with 7.5 FR Biorad scope and 9.5/11 FR sheath. Stone fragmentation was carried out using TFL with the settings of 1J,10Hz to a maximum of 1.5J, 10 HZ (maximum power = 15 Watt).

Results: All demographic & stone characteristics comparable in both groups. . However, disproportionately large size of calculi were randomized to Miniperc group. Mean total operative time was 72.7 minutes for miniperc vs 65.9 minutes for RIRS (p=0.19) , whereas active lasing time was 15 minutes for miniperc vs 28 minutes for RIRS(p<0.001). The overall SFR at 1 month 96.15% for miniperc group & 90.67% for RIRS group respectively .Mean Hb drop in group A was 1.42+-0.78 and in group B was 1.03+_0.75 at POD1 (p=0.06).Length of hospital stay was lesser in RIRS group(3.52+-1 days vs 2.88+-1.95 days)(p=0.14).

Conclusions: RIRS using TFL is clinically as effective as MiniPerc to achieve stone free status in 1 to 2 cm lower pole renal stones providing similar safety profile.TFL can really cause paradigm shift towards RIRS in near future.

Source of funding: No

Conflict of Interest: No

Abstract Number: 51

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: A comparative study of incidence of ureteric stricture after ureteric lithotripsy between pre-stented and non-stented patients

Presenting Author: Prasad Dasharath Hake

Co authors: Dr Yogesh Jadhav .

Krishna Institute of Medical Sciences, Karad Karad.

Introduction & Objectives: Ureteroscopic lithotripsy(URSL) is a procedure for the management of impacted ureteric calculi.

Ureteric stricture is a recognised complication following URSL, which may lead to significant morbidity and the need for further interventions. Its incidence is reported in the literature at highly variable rates from 0.2% to 24%.

Pre-URSL ureteric stenting has been proposed as a strategy to reduce the risk of ureteric stricture by providing temporary drainage and dilation of the ureter. However, the evidence regarding its efficacy remains inconclusive.

Objective of our study is to estimate and compare incidence of post-URSL ureteric stricture in pre-stented vs non-stented patients to provide further insights into a better and safer approach.

Methods & Materials: Study Design: Prospective comparative analysis

Study Population: Patients who underwent URSL for ureteric calculi between 01/06/2022 and 31/12/2023

Total 64 patients were included in the study after applying inclusion and exclusion criterias and valid informed consent.

Group 1: Patients who underwent URSL with preoperative ureteric stenting (32 patients)

Group 2: Patients who underwent URSL without preoperative ureteric stenting (32 patients)

Data Collection: Patient demographics, stone characteristics, procedure details and post-operative outcomes including the occurrence of ureteric stricture were collected from timely follow up and radiological imaging whenever deemed necessary.

Statistical Analysis: Incidence of ureteric stricture in both groups were compared using appropriate statistical tests.

Results: Total 64 patients were included in our study that had undergone URSL between our study duration, were followed up and evaluated if needed in view of ureteric stricture.

Out of 64, 32 were pre-stented (Group 1) and 32 were non pre-stented (Group 2) at the time of URSL

Out of 64, 48 patients (75%) were male and 16 were females (25%).

Average age in the study population was 51 with the youngest of 20 years and the oldest of 82 years.

Average size of calculus was 14 mm with smallest 7 mm and largest 20 mm of size.

Of Group 1, 1 patient (3.1%) was diagnosed with ureteric stricture whereas of group 2, 4 patients diagnosed with ureteric stricture (12.5%) on follow up.

All 5 patients who were diagnosed with ureteric stricture, treated with urological intervention for stricture and no re-stricture formation or progressive renal function deterioration found in any patient till date.

Conclusions: Pre-stenting appears to be associated with a lower incidence of ureteric stricture post-URSL compared to non-stented patients, highlighting its potential role as a valuable adjunctive measure in the management of urolithiasis.

Our findings support the potential efficacy of pre-stenting as a preventive measure against ureteric stricture formation in patients undergoing ureteric lithotripsy, improving outcomes and reducing the need for additional interventions.

Despite the positive findings, it is important to acknowledge the limitations of this study, including potential biases.

Further prospective studies with larger sample sizes and longer follow-up periods are warranted to validate these findings.

Source of funding: Self

Conflict of Interest: No

Abstract Number: 52

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: Supine PCNL in Pediatric Patients

Presenting Author: Parth Mahesh Manek

Co authors: Dr. Prashant Pattnaik Dr. Harshad Punjani.

51 utsav building podar road santacruz west mumbai Mumbai.

Introduction & Objectives: Percutaneous Nephrolithotomy (PCNL) in the supine position is increasingly and successfully used in pediatric age group with a lower patient morbidity. This encouraged us to perform supine PCNL in pediatric population. Aim was to evaluate the safety and efficacy of Supine pediatric PCNL

Methods & Materials: This retrospective study included 20 children presenting with renal calculi(2-3 cm) in the period between January 2021 and December 2023. Diagnosis was set by plain x-ray and CT in all patients. The stones were single pelvic stone in 14 cases, pelvic stone with lower calyceal stones in 3 cases and pelvic stone with upper calyceal stones in 3 cases.

PCNL was performed with the patients placed in supine position with elevation of the ipsilateral shoulder and hip by means of two bags, one underneath the shoulder and the other underneath the hip to widen the operative field.

Results: The study included 20 children (14 boys and 6 girls) with a solitary renal pelvis stone.

Stone length,operative time, and hospital stay had mean standard deviation of 2.5 \pm 0.21 cm, 55.1 \pm 15.5 minutes, and 4.5 \pm 0.9 days.

Stone-free rate was 90% after 1 session of PCNL.

One patient(5%) needed a second-look PCNL.

Shock wave lithotripsy was performed for another patient.

Postoperative fever occurred in 4 patients (20%), that responded to medical treatment

One patient received postoperative blood transfusion.

Conclusions: PCNL in pediatric age group via supine PCNL was proved to be safe and effective in management of renal pelvis stones of size 2-3 cm. It provides stone clearance rate comparable with that reported of conventional PCNL in the prone position.

Source of funding: None

Conflict of Interest: No

Abstract Number: 53

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: Role of ESWL for ureteric calculi in today's era

Presenting Author: Parth Mahesh Manek

Co authors: Dr.Prashant Pattnaik.

51 utsav building podar road santacruz west mumbai Mumbai.

Introduction & Objectives: Extracorporeal shock-wave lithotripsy (ESWL) is an established non-invasive treatment modality for renal and ureteric stones. However, treatment outcome and efficacy depends on multiple factors like stone size, location and type of machine used. We aimed to assess efficacy of ESWL as a primary treatment modality for ureteric stones.

Methods & Materials: 112 patients who underwent ESWL between January 2022 to December 2023 in our department were included in the study. Patients with ureterolithiasis having functional kidney, without any absolute contraindication (pregnancy, uncontrolled infection, uncontrolled bleeding disorder, arterial aneurysm in close proximity to target) to ESWL were included. Dornier Med Tech Compact Delta 2 machines were used for all the patients. Stone localization was done using both fluoroscopic and ultrasound- guided methods by same expert.

Results: We included a total of 112 patients and had 71 upper, 30 mid and 10 lower ureteric stones. Stones ranged from 6-14mm. We achieved 80.5% SFR in upper ureteric stone (58/72 patients), 76% for mid ureteric (23/30) and 80% (8/10). 72.3% (81/112) had stone clearance in single sitting while rest required more than 1 sitting. Stones less than 10mm had better clearance. SSD < 11cm was found to be a significant predictor of success for ureteric calculi. Uric acid, struvite and Calcium Oxalate stones were most responsive to ESWL, whereas Calcium oxalate Monohydrate, cystine stones were quite resistive. When stone composition was Not known, HU value can be a useful proxy. Stones with HU > 1000 were predictors of ESWL failure. Ureteral wall thickness was a surrogate marker for impaction, decreased success.

Conclusions: ESWL still holds a place in the management of ureteric calculi even in today's era, especially in well selected patients with a beneficial therapeutic option with low morbidity and high patient acceptance.

Source of funding: None

Conflict of Interest: No

Abstract Number: 54

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: A COMPARATIVE STUDY ON TEMPERATURE ASSESSMENT BETWEEN HOLMIUM:YTTRIUM ALUMINIUM GARNET AND THULIUM FIBRE LASER LITHOTRIPSY USED IN URETERIC AND RENAL STONES

Presenting Author: Vaibhavkumar Rajeshbhai Patel

Co authors: Dr. Vaibhavkumar Patel Dr. Kshitij Raghuvanshi Dr. Rajeev Chaudhari .
Ruby Hall Clinic, Pune Pune.

Introduction & Objectives: We aimed to evaluate and compare the rise in the temperature for the safety of the ureter and kidney parenchyma on firing the holmium laser and the thulium fiber laser in humans.

Methods & Materials: We included 30 pre-stented patients with renal calculi undergoing RIRS. They were randomized into two groups – 15 patients underwent holmium laser lithotripsy and 15 patients underwent TFL laser lithotripsy. We used a Philip pediatric esophageal probe to measure intra-pelvic rise in temperature on firing holmium laser and TFL laser with irrigation at 100ml/min and pressure at 100 mmHg. Different laser settings were used.

Results: The mean size of the calculi was 18mm. 15% stones were in upper calyx, 30% in mid-calyx, 25% in renal pelvis and 30% stones in lower calyx. The rise in intra-pelvic temperature with holmium and TFL laser depended on the firing time and irrigation flow keeping power constant. On continuous firing for 10s, 20s, 30s, the average rise in temperature went upto 30°C, 33°C, and 35°C with holmium. The temperature went up to 31°C, 32°C, and 34°C when TFL was used with adequate irrigation. There were no major intra-operative complications in both groups. The mean hospital stay was 2 days in both groups.

Conclusions: The rise in temperature was almost equivalent with holmium and TFL, hence TFL can be safely used in laser lithotripsy in any part of the GU system. Adequate irrigation is must during the surgery. The continuous lasing time should be strictly restricted to less than 20s.

Source of funding: None

Conflict of Interest: No

Abstract Number: 55

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: The prognostic performance of Sepsis-3 and SIRS criteria for patients with urolithiasis-associated sepsis following surgical interventions

Presenting Author: praveen kumar lakhera

Co authors: PRASAHANT PATEL AVINASH THAKUR DR.F.Solanki anurag dubey arvind kumar pankaj singh.

NSCB MEDICAL COLLEGE JABALPUR.

Introduction & Objectives: Urosepsis is defined as sepsis caused by a urogenital tract infection and it may be caused by urinary tract obstruction or complication following surgical interventions. Studies have demonstrated that SOFA scores are superior for predicting mortality when compared to SIRS and qSOFA criteria. Present study aimed to compare the effectiveness of Sepsis 3 (SOFA, qSOFA) and SIRS criteria for predicting in-hospital mortality or prolonged length of ICU stay (>3 days) among patients with urolithiasis associated sepsis following surgical interventions

Objective- to validate the prognostic effectiveness of Sepsis-3 criteria, including (SOFA, qSOFA, SIRS) criteria among patients with urolithiasis associated sepsis following surgical interventions.

Methods & Materials: 107 patients following surgical interventions with urolithiasis-associated sepsis between October 2021 to Jan 2024 at NSCB MEDICAL COLLEGE JABALPUR were prospectively observed. The prognostic performances of SOFA, qSOFA and SIRS for predicting in-hospital mortality or prolonged length of ICU stay (>3 days) were compared using the area under the receiver operating characteristic curve (AUROC) and Z statistic values.

Results: the overall in-hospital mortality rate was 4.6% and the percentage of in-hospital morbidity or prolonged length of ICU stay was 72.0% among the 107 patients. The favorable outcome group exhibited significantly decreased white blood cell counts, and levels of C-reactive protein and increased systolic blood pressure and mean arterial pressure. The AUROC of qSOFA, SIRS and SOFA were 0.615, 0.625 and 0.860, respectively. SOFA was significantly more effective at predicting adverse outcomes when compared with SIRS and qSOFA criteria. Following adjustments for patient age and comorbidities, the AUROC values of qSOFA, SIRS and SOFA were 0.713, 0.722 and 0.940.

Conclusions: the prognostic performance of SOFA for predicting in-hospital mortality or prolonged ICU stay among patients with urolithiasis associated sepsis following surgical interventions was significantly improved when compared with qSOFA or SIRS criteria. Based on these results it is recommended that urologists use the SOFA score for patients with urolithiasis associated sepsis.

Source of funding: no

Conflict of Interest: No

Abstract Number: 56

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: Comparison of anatomical changes in computed tomography (CT) scan in supine position and prone position with respect to percutaneous nephrolithotomy (PCNL).

Presenting Author: KUTUMBA CHANDRA YELLA

Co authors: Dr. Ketan Vartak Dr. Devendra Kumar Jain.

PUNE.

Introduction & Objectives: To compare the anatomical organ positional changes, renal access tract length and maximum renal access angle in relation to the kidney in supine and prone positions through CT scan images.

Methods & Materials: CT Urography was performed in 52 patients with various urological complaints in supine and delayed images in prone position. A comparison in both supine and prone position was done to analyze the organ interposition, pleural interposition, mean access tract length, maximum renal access angle for PCNL.

Results: The difference in the organ interposition was not statistically significant whereas Pleural interposition was more common in the prone position compared to supine position on both the right (9 vs 2, $p = 0.03$) and left (3 vs 0, $p = 0.24$). Mean access tract length was shorter in prone position on both the right (69.93mm vs 61.74mm, $p < 0.001$) and left (69.78mm vs 63.57mm, $p < 0.001$) sides. Maximum renal access angle was greater in the supine position on both the right (73.570 vs 69.030, $p = 0.4$) and left (73.780 vs 64.700, $p = 0.025$) sides with statistical significance on the left side.

Conclusions: PCNL attempted in prone position has an advantage of having shorter access tract length compared to supine position. PCNL attempted in supine position has an advantage of having a wider access angle compared to prone position. Upper calyx puncture for PCNL in prone position has a high chance of pleural interposition.

Source of funding: NIL

Conflict of Interest: No

Abstract Number: 57

Session: Podium P9 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: 4:45PM-6:15PM

Title: PREOPERATIVE RENAL STONE CHARACTERISTICS IN CT KUB AND RESIDUAL FRAGMENTS POST RIRS: A PROSPECTIVE STUDY

Presenting Author: Krushnadevsinh Jadeja

Co authors: Dr Rajeev Chaudhari Dr Kshitij Raghuvanshi.

Ruby hall clinic,pune Pune.

Introduction & Objectives: This prospective observational study aimed to identify computed tomography (CT) predictors of residual fragments pre-retrograde intrarenal surgery (RIRS) for kidney stones and to compare postoperative outcomes.

Methods & Materials: Fifty patients undergoing RIRS were included. Along with patient demographics; Stone size, volume, number of stones, density, and location (measured as infundibulopelvic angle-IPA) were evaluated in preoperative CT and analyzed as predictors for residual stone fragments on 90 POD CT.

Results: Among 50 patients, the mean age was 38.6 years, with males comprising 60% of the cohort. The stones had a mean diameter of 13.8 mm, volume of 154.2 mm³, and density of 920 HU. Most cases presented with right-sided urolithiasis (60%), predominantly lower pole stones (40%). Notably, 30% had an infundibulopelvic width <5mm, and 16% had an infundibulopelvic angle (IPA) <40. Surgical outcomes were positive, with all patients successfully treated and minimal complications (8%). Postoperative CT revealed a high stone-free rate of 92.4%. Logistic regression analysis identified a steep IPA as a predictor for residual stone fragments after RIRS (P= .012), with an IPA <40° associated with a higher chance of residual fragments while none of the other stone characteristics have significant impact on post RIRS residual stone fragments.

Conclusions: RIRS is safe and effective treatment for renal stone with high stone free rate but none of the stone characteristics such as diameter, density, number of stone and volume of stone have statistically significant impact on post RIRS residual stone fragments. (p value >0.05) but only pre op infundibulopelvic angle, infundibular width and calyceal arrangement of stones are statistically significant preoperative predictor of residual fragments post RIRS.

Source of funding: Self

Conflict of Interest: No

ePoster Session S1 (Andrology / Miscellaneous)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S1	Friday, 4th Oct 2024	Display: 8:30AM-9:30AM Discussion: 9:30AM-10:30AM	C	58-69

Chairpersons: Dr Anish Kumar Gupta, Dr Rahul Kapoor, Dr Anita Patel.

Abstract No.	Presenting Author	Title
58	Ojas Vijayanand Potdar	PENILE CONSTRICTION DEVICES – 3 CASES EXPERIENCE
59	Ojas Vijayanand Potdar	Safety pins and broken incense sticks inside the urethra of a young male: A case report
60	ABHISHEK GHOSH	A case of corpus cavernosum abscess presenting as priapism
61	Karan Pratapgiri Gosai	Retrospective study of Outcome of patient and partner satisfaction after semi-rigid(malleable) penile prosthesis by using modified QoLSPP questionnaires in tertiary institute
62	Vineet Vishwanath Shukla	TRIPRONG APPROACH IN ADDRESSING UNCONSUMATED MARRIAGES
63	Mekhala Deepak Naik	Emergency room management and outcomes of ischemic priapism- Retrospective analysis in a single tertiary care centre
64	DEVASHREE PRAMODCHANDRA SANE	Late Presenting Persistent Priapism Post Al Ghorab Shunt Managed Successfully with Quackels Shunt in a Known Case of Fahr's Disease
65	Parth Mahesh Manek	A Rare Presentation Unearthing A Rare Syndrome : Empty Sella Syndrome
66	Yuvraj Vinod Pawaskar	Intravesical migration of an Intrauterine device (copper T) managed endoscopically with pneumatic lithoclast.
67	Rinav Mukesh Kenia	Unusual Presentation of Hemophilia as Post Procedural Delayed Bleeding after Endourological Intervention
68	Alhad Ulhas Naragude	Persistent Müllerian duct syndrome with malignant transformation of Mullerian remnant.
69	SKANDH BHATIA	Migrated guide-wire sheath: A rare complication with its management.

Abstract Number: 58

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: PENILE CONSTRICTION DEVICES – 3 CASES EXPERIENCE

Presenting Author: Ojas Vijayanand Potdar

Co authors: Kaustubh Vaidya .

Grant Government Medical College and JJ group of hospitals Mumbai .

Introduction & Objectives: Penile constriction devices are a rare but challenging clinical entity in urologic practice. They are applied for myriad reasons which vary with the age group. In adult and elderly males, they are applied to enhance sexual experience, in adolescent and young males they are applied as a part of sexual curiosity.

Methods & Materials: Case1-A 24-year-old male presented to the emergency department with complaints of penile pain and swelling. He stated that 5 days prior, after watching pornographic videos, he had placed a large metal bolt over his penis to increase penile length and to enhance his sexual experience.

Removed using rotating saw.

Case2-A 57 years old gentleman presented with rubber band applied to the base of the glans penis for sexual pleasure. Managed by cutting rubber band.

Case3-A 51 years old man presented to emergency department with metal ring applied to the base of penis before sexual intercourse for sexual enhancement. Removed using saw.

Results: Penile strangulation is an unusual clinical condition that was first reported in 1755 by Gauthier² Penile strangulation with constriction devices can have serious sequelae if it is not treated emergently. Usually patients have delayed presentation, once patient is exhausted with all the home remedies and pain and swelling starts to appear, 5 days in our case. patients present late due to Embarrassment and associated social stigmata, which can have clinical implications. Strangulation can cause vascular compromise with ischemia of skin, loss of penile sensation, skin necrosis and ulcerations, sepsis, urethral injuries, urethro-cutaneous fistula formation, gangrene or even autoamputation of penis.

Conclusions: Though a rare clinical presentation in urologic practice, penile strangulating devices needs urgent decompression to prevent long term sequelae

Source of funding: None

Conflict of Interest: No

Abstract Number: 59

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Safety pins and broken incense sticks inside the urethra of a young male: A case report

Presenting Author: Ojas Vijayanand Potdar

Co authors:.

Grant Government Medical College and JJ group of hospitals Mumbai .

Introduction & Objectives: The incidence of Lower urinary tract foreign body insertions is low. The motives for such insertion of a variety of objects are difficult to comprehend. We report a case of a 20-year-old male with multiple safety pins and broken incense sticks embedded inside his urethra.

Methods & Materials: A 20-year-old male was referred for recurrent scrotal infections, and obstructive lower urinary tracts symptoms gradually increasing in severity since last 6 months. Retrograde urethrogram revealed irregular filling defect in the penile urethra. Patient underwent Cystourethroscopy which revealed multiple metal-nonmetal foreign bodies (safety pins, hairpins, earbud, plastic stick, incense stick, vegetable twigs) embedded within penile with surrounding mucosal edema. All the foreign bodies, 18 in total were removed cystoscopically using grasper using a 21Fr cystoscopy sheath.

Results: The wide array of self-inserted foreign bodies include needles, pencils, ball point pens, pen lids, garden wire, copper wire, speaker wire, safety pins, Allen keys, wire-like objects (telephone cables, rubber tubes, feeding tubes, straws, string), toothbrushes, household batteries, light bulbs, marbles, cotton tip swabs, plastic cups, thermometers etc..Diagnosis can be with perineal and per rectal examination, xray pelvis and cross-sectional imaging. Meatotomy, cystoscopic removal, internal or external urethrotomy, suprapubic cystostomy, and injection of solvents, various such methods have been described. Sometimes a combination of the modalities may be needed. Young Hwii Ko et al. have described removal of foreign bodies in urinary bladder using single laparoscopic port under pneumovesicum. Patients with urethral foreign bodies may need psychiatric evaluation, counselling and rehabilitation to prevent recurrences.

Conclusions: This case report highlights unique presentation of LUTS in which foreign bodies in the urethra was the cause.

Source of funding: No

Conflict of Interest: No

Abstract Number: 60

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: A case of corpus cavernosum abscess presenting as priapism

Presenting Author: ABHISHEK GHOSH

Co authors: GAURANG SHAH SHEETAL MISTRY TANVI DAVDA SWASTIK BHARADWAJ
PARAS BHANDARI BRIJESH KOSHIYA.

Saifee Hospital Mumbai.

Introduction & Objectives: A corpus cavernosum abscess is a rare condition. Usual etiologies include penile injection of erectile dysfunction drugs or illicit drugs, priapism, trauma or sexually transmitted infections; however there have been cases reported of idiopathic etiology. Most common causative organisms include Staphylococcus aureus, streptococcus and Bacteroides. Diagnosis is usually made clinically and through imaging (CT and ultrasound). The first line treatment is use of intravenous antibiotics and surgical drainage. More conservative treatment options include aspiration in conjunction with intravenous antibiotics. We present a case of corpus cavernosum abscess presenting as priapism in a 37 year old male post T-shunt surgery.

Methods & Materials: A 37 year old, male patient who is a known case of chronic myeloid leukaemia, had an episode of priapism lasting for about 4 hours. He sought treatment from a local doctor, who performed a shunt surgery in the form of T-shunt. Following this, the patient had persistent pain, priapism and fever spike for next 5 days. He presented to us with painful priapism, fever, severe dysuria and passage of pus per urethrally. In the casualty, Ultrasound was done which was suggestive of collection of pus in the corpora cavernosa. Aspiration and washes with normal saline were given via scalp vein inserted into both corpora. The patient was admitted and later taken up for surgery where an incision and drainage of the corporal abscess was performed. The cavity was closed with a small drain in situ. The drain was removed after 5 days when drainage was nil and the patient was subsequently discharged.

Results: Nil

Conclusions: Abscess of the corpus cavernosum is a condition that occurs most commonly as a result of penile injection, priapism, sexually transmitted infections, and trauma. The diagnosis of corpus cavernosum abscess is made through imaging, typically computed tomography (CT) or ultrasound. The preferred method of treatment for corpus cavernosum abscess is incision, drainage, and antibiotic therapy. Occasionally, a corpus cavernosum abscess may have an atypical presentation such as priapism, as described in the case mentioned above. The index of suspicion in such cases for an underlying infective focus should be suitably high.

Source of funding: Self funded.

Conflict of Interest: No

Abstract Number: 61

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Retrospective study of Outcome of patient and partner satisfaction after semi-rigid(malleable) penile prosthesis by using modified QoLSPP questionnaires in tertiary institute

Presenting Author: Karan Pratapgiri Gosai

Co authors: Priyank Kothari Sandesh Parab Tarun Jain Mukund Andankar Hemant Pathak.
B.Y.L Nair & ch. hospital and Topiwala national medical college Mumbai.

Introduction & Objectives: Erectile dysfunction (ED) is defined as the inability to achieve or maintain an erection sufficient for satisfactory sexual performance. Penile prosthesis (PP) is the third-line option for treatment of ED. AIM of the study is to assess patient and partner satisfaction after implantation of SHAH semirigid(malleable) penile prosthesis by modified Quality of life and sexuality after penile prosthesis (QoLSPP) questionnaire . It has been validated for inflatable prosthesis previously and to our knowledge this is the 1st attempt to access its utility for semi rigid prosthesis.

Methods & Materials: This was a retrospective study of 25 patients who underwent semirigid PPI at our unit in the department of Urology, TNMC & BYL NAIR Hospital from 2021-2023. Patient demographics including age, aetiology, length and girth of prosthesis inserted and post-operative complications were recorded. Every patient was asked to fill up the questionnaire translated in native language when required, after average duration of 6 months. Patient and partner satisfaction with the PP was evaluated by QoLSPP which is modified by adding questions for SHAH prosthesis as in relation to residual penile tumescence and concealment.

Results: The mean ages for the men 45 years (36-60 years). Aetiology of ED was vasculogenic 48%, Diabetes 20% ,peyronie disease12 %, After pelvic surgeries 4 %,penile trauma12 %, ischemic priapism 4%. Satisfaction rate in four domains; functional (prosthesis function) 81.6%, relational (relationship with partner) 74.6%, social (relation to outside world) 83.2%, personal(self-image) 78.9% and partner satisfaction rate is 82%. Respondents unable to understand the questions adequately were excluded.

Conclusions: QoLSPP provides good instrument to evaluates the patient and partner satisfaction rate even for semi rigid PP. In our knowledge this is first study using this for semi rigid PP. Its validation requires further studies as it can have good utility for multicenter comparison as there are few standardised instruments available for post op satisfaction after SHAH prosthesis.

Source of funding:

Conflict of Interest: No

Abstract Number: 62

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: TRIPRONG APPROACH IN ADDRESSING UNCONSUMMATED MARRIAGES

Presenting Author: Vineet Vishwanath Shukla

Co authors: Arjav Nanavati Yashraj Sapkal Deepak Gupte.

Bombay Hospital, 12, Vitthaldas Thackersey Marg, near Liberty cinema, New Marine Lines,
Marine Lines mumbai.

Introduction & Objectives: INTRODUCTION: Unconsummated marriage (UCM) is the inability of the heterosexual married couple to have penovaginal sexual intercourse. A triprong approach for UCM is a holistic approach including oral PDE5 inhibitors(daily plus on demand tadalafil)/ intracavernosal injection, self vaginal finger dilatation in females and guidance over coital position to the couple.

OBJECTIVE: A Triprong approach in addressing unconsummated marriages can be an effective method in dealing with couples with unconsummated marriage.

Methods & Materials: A prospective cohort study was done of 120 couples with unconsummated marriage within the age group of 25-40 years, over a period of two years in a single center.

Inclusion criteria

Male factors - premature ejaculation , erectile dysfunction, performance anxiety, psychogenic dyspareunia, Problems in the relationship

Female factors - psychogenic dyspareunia, inhibited sexual desire (ISD), phobic avoidance of intercourse, Relationship problems secondary to alcoholism and substance abuse

Exclusion criteria

In males :- phimosis , Balanoposthitis and congenital abnormalities who required surgical intervention

In females :- imperforated or rigid hymen , vaginal agenesis , uterine prolapse , infectious or inflammatory gynaecological conditions who required medical treatment or surgical intervention

Very severe psychological and physical issues are excluded

Results: Among the 120 couples included in the study , male factors were found in 91 cases and female factors were in 37 cases, considering 8 couples were having both factors involved. 13 couples (M:7, F:5) were lost to follow up. All couples were adviced triprong approach.

Males with premature ejaculation were 37(41%), problem of erection were noted in 21(23%), performance anxiety in 16cases(17%) (1 not benefitted), psychogenic dyspareunia in 3(3%)(1 not benefitted) and Problems in the relationship in 7 cases(8%)(1 not benefitted)

12 females (32%) had psychogenic dyspareunia (1 not benefitted), inhibited sexual desire (ISD) were found in 3 females (8%) , phobic avoidance of intercourse in 9 females (25%) and Relationship problems secondary to alcoholism and substance abuse in 8(21%) of which one had dissolution of marriage

Conclusions: The triprong approach has 96% success rate in solving unconsummated marriage as noted in our study. This approach avoids the hassel of psychotherapy, counselling or regular pelvic floor exercises in most of the couples.

Source of funding: none

Conflict of Interest: No

Abstract Number: 63

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Emergency room management and outcomes of ischemic priapism- Retrospective analysis in a single tertiary care centre

Presenting Author: Mekhala Deepak Naik

Co authors: Venkat Arjunrao Gite.

Goa Medical College Bambolim.

Introduction & Objectives: INTRODUCTION

With this retrospective analysis we would to share our experience in managing ischemic priapism at a tertiary care centre as well as predict which patients would subsequently require surgical intervention.

AIM

The aim of our study is to retrospectively assess the presentation, emergency room management and outcomes of ischemic priapism at our centre.

OBJECTIVES

1. To assess the etiological factors of ischemic priapism
2. To assess the outcomes of step wise approach of management of ischemic priapism
3. To predict likelihood of requiring surgical shunt procedures for ischemic priapism

Methods & Materials: MATERIALS AND METHODS

Sample - All patients who presented to hospital with painful erection lasting more than four hours between May 2013 and May 2022.

Inclusion criteria - All male patients who presented to hospital with ischemic priapism lasting more than four hours

Exclusion criteria -

- Cases of high flow (non ischemic) priapism
- Cases of stuttering priapism

Statistical analysis-

Clinical parameters studies were trigger factor for priapism, response to various modalities in step wise manner, requirement of surgical intervention, achievement of detumescence. Laboratory investigations assessed included blood gas analysis of aspirated blood, complete blood count, serum creatinine. Radiological investigations assessed were pre and post procedural Colour Doppler. Post procedural detumescence on erection hardness score, recurrence of priapism, requirement of secondary procedure will be noted. The record of patients in the outpatient clinic at 1, 3, and 6 months treated were noted.

Results: Ten patients were included in this study. Patient age ranged from 17 to 44 years (mean 30.7 years).Duration of priapism ranged 4 to 168 hours(median 12 hours).Sexual stimulus preceded in 80%.Two patients had preexisting erectile dysfunction on intrapenile injections. Four patients who presented within 10 hours of were treated with oral terbutaline. Caverosal aspiration was done in nine of ten patients.Mean quantity of blood aspirated was 72.2 ml(n=9).Mean Phenylephrine injected was 866.6mcg(n=6).Four patients required distal Corporoglanular shunt and one required repeat shunt procedure.Four patients with more than 72 hour of presentation had no to minimal flow in both corpora on repeat doppler and poor IIEF scores at 1,3, and 6 month follow up. Three required penile prosthesis at end of 6 months. No patient developed penile deformity at end of 6 months. One patient was diagnosed with Chronic myeloid leukemia and one patient had chronic renal disease requiring maintenance hemodialysis.

Conclusions: Longer duration of ischemia was more likely to lead to higher requirement of phenylephrine, need for shunt procedure, development of erectile dysfunction and need for penile prosthesis subsequently.

Source of funding: None

Conflict of Interest: No

Abstract Number: 64

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Late Presenting Persistent Priapism Post Al Ghorab Shunt Managed Successfully with Quackels Shunt in a Known Case of Fahr's Disease

Presenting Author: DEVASHREE PRAMODCHANDRA SANE

Co authors: DR SUJATA K PATWARDHAN DR NIRMIT AGARWAL DR JAYMIN

JAYSINGANI DR RINAV KENIA.

SETH GSMC & KEMH, MUMBAI MUMBAI.

Introduction & Objectives: This case report aims to illustrate the challenges associated with late-presenting persistent priapism post-Al Ghorab shunt and the successful management with Quackels shunt in a patient with Fahr's disease..

We present a rare case of a 56-year-old male with Fahr's disease, admitted with persistent priapism following Al Ghorab shunt surgery. Clinical examination and laboratory investigations were conducted, revealing absent color flow within the cavernosal arteries on penile color Doppler. Surgical intervention with Quackels proximal bilateral cavernosal spongiosum shunt was performed due to the failure of conservative measures and the recurrent nature of priapism.

Methods & Materials: In our case, the patient's delayed presentation can be attributed to Fahr's disease, a neurological disorder characterized by abnormal calcium deposits in the brain. Fahr's disease has been associated with vascular abnormalities, potentially contributing to the patient's priapism episodes. While Al Ghorab shunt was initially attempted, the persistence of priapism post-surgery necessitated a more aggressive approach. Quackels shunt, a surgical procedure aimed at relieving high intracavernosal pressures, was chosen due to its reported efficacy in refractory priapism cases. While there is a potential risk of erectile dysfunction postoperatively, the successful detumescence achieved reflects the trade-off between priapism and ED, with the priority being the resolution of priapism to prevent long-term complications. The successful detumescence achieved postoperatively reflects the effectiveness of Quackels shunt in managing refractory priapism in this patient population.

Results: Priapism, though rare, constitutes a urological emergency requiring immediate attention to prevent irreversible damage to erectile tissue.

The successful utilization of Quackels shunt in our case underscores its potential as an effective treatment option in refractory priapism cases, particularly in patients with underlying neurological disorders.

Quackels shunt, first described by Quackels in 1979, aims to alleviate high intracavernosal pressures by creating a direct communication between the cavernosal and spongiosal systems. In our case, the decision for Quackels shunt was supported by the failure of conservative measures and the recurrent nature of the patient's priapism episodes. While there is a potential risk of erectile dysfunction postoperatively, the successful detumescence achieved reflects the trade-off between priapism and ED, with the priority being the resolution of priapism to prevent long-term complications.

Conclusions: This case underscores the importance of a multidisciplinary approach in managing complex urological emergencies, particularly in patients with underlying neurological conditions like Fahr's disease.

Further research is warranted to elucidate the optimal management algorithms and long-term outcomes in similar clinical scenarios. Further research is warranted to explore the long-term outcomes and complications associated with surgical interventions in these patient populations with late presentations of priapism, including the risk of erectile dysfunction

Source of funding: None

Conflict of Interest: No

Abstract Number: 65

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: A Rare Presentation Unearthing A Rare Syndrome : Empty Sella Syndrome

Presenting Author: Parth Mahesh Manek

Co authors: Dr. Deepak Gupte.

51 utsav building podar road santacruz west mumbai Mumbai.

Introduction & Objectives: 30 year male, married since 3 years came with complaints of orgasmic anejaculation. At the age of 20 years-ejaculation was present. However, later there was no ejaculation (global), although patient able to masturbate and also achieves orgasm. No nocturnal emission. Gradual loss of facial, axillary & pubic hair. No history of kochs/any previous surgery/spinal trauma/testicular tumour.

Methods & Materials: On examination: Poorly developed sexual characters. Facial and pubic hair-scanty. Penis-normal. Scrotum-appears normal. Both testis-approx 8-10 ml volume. Bilateral epididymis and Vas-normal.

Ophthalmic examination-normal visual acuity and fundus examination

Serum FSH= 0.47 mIU/ml (1.4-15.40)

S. LH= 0.1 mIU/ml (2-10.5)

S. Testosterone= 18.6 ng/dl (260-1000)

S. Prolactin= 8.64 ng/ml (3.46-19.4)

Ultrasound (TRUS)- Seminal vesicle/ejaculatory duct-Normal. No cyst/calcification seen in region of ejaculatory ducts.

MRI Brain showed the sella to be empty and replaced by CSF with hypoplastic anterior pituitary gland showing no abnormal enhancement suggestive of empty sella rather than Rathke's cleft cyst.

Results: Patient was started on Inj. HCG (2000 IU) Monday-Friday x 2 months and Inj. HMG (150 I.U) weekly for 2 months. 1 month after the treatment, he is having 1 ml of semen volume in ejaculation, although sperms shall take about 6 months to be seen in semen.

Anejaculation refers to lack of seminal emission and projectile ejaculation. Causes include neurologic, retroperitoneal lymph node dissection, pelvic surgery, DM, spinal cord injury etc.

Empty Sella Syndrome (ESS) can be primary(occurs in the absence of prior treatment to a pituitary tumor-medical/surgical/radiotherapy) or secondary. Frequently seen in females(5:1), obese and HTN. There is raised intracranial pressure and patients usually present with headache(most common), dizziness, seizures. Occasionally they may develop CSF rhinorrhea, deterioration of vision (acuity or field defect from kinking of optic chiasma due to herniation into sella)

Conclusions: This case is unique as it highlights how an andrology case of male infertility, needs to be well assessed via detailed history taking, physical examination and thorough investigation. After ruling out usual causes of anejaculation/ retrograde ejaculation, one needs to have high suspicion for such rare causes wherein MRI brain can lead us to diagnosis of anatomical/ congenital causes which were earlier unearth. A multidisciplinary approach involving neurologist and ophthalmologist will have a holistic assessment and management of patient well- being.

Source of funding: None

Conflict of Interest: No

Abstract Number: 66

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Intravesical migration of an Intrauterine device (copper T) managed endoscopically with pneumatic lithoclast.

Presenting Author: YUVRAJ VINOD PAWASKAR

Co authors: YUVRAJ PAWASKAR MUKUND ANDANKAR SANDESH PARAB DIP JOSHI.
T.N.M.C. AND BYL NAIR HOSPITAL MUMBAI.

Introduction & Objectives: The intrauterine devices (IUD) like copper IUD and hormonal IUD have been an effective method of contraception. Intravesical IUD migration with calculus formation is a rare complication causing chronic urinary symptoms like urinary frequency, urgency and dysuria

Methods & Materials: A 38 years old female patient (Gravida 3, Para 3) with no co-morbidities presented with chief complaints of irritative voiding symptoms, recurrent urinary tract infections and mild haematuria since 6 months. She gave history of IUD placement 6 years back.

Physical examination were normal with abdomen being soft and non-tender. Urine routine analysis revealed 15-16 pus cells and 5-6 RBC's and urine culture suggestive of E. coli sensitive to cephalosporins.

Ultra sonography of abdomen revealed of urinary bladder being distended and ill defined mobile echogenic area measuring 2.2*2.1 cm with adjacent linear echogenic area.

Computed tomography scan is suggestive of urinary bladder distended with radio dense foreign body with areas of maximum attenuation of HU 2230 measuring 3.8*1.9 cm.

Results: Cystoscopy with vaginoscopy was done under anesthesia. Intraoperative findings were suggestive of stone encrusted IUD present within the bladder with no evidence of vesico-vaginal fistula. Pneumatic lithoclast was used to fragment the stone encrusted IUD. IUD and fragments were removed endoscopically. Patient tolerated the procedure well and discharged on post-operative day 1.

Conclusions: Intravesical migration occurs due to pressure necrosis and uterine contractions with incidence of uterine perforations ranges from 1 to 4 per 1000 insertions. This complication occurs due to various other factors like timing of insertion, IUD type, insertion technique and the anatomy of the cervix and uterus. Copper T has been associated with majority of IUD migration. Perforated bladder healed without any complication.

Source of funding:

Conflict of Interest: No

Abstract Number: 67

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Unusual Presentation of Hemophilia as Post Procedural Delayed Bleeding after Endourological Intervention

Presenting Author: Rinav Mukesh Kenia

Co authors: SUJATA K PATWARDHAN SUPRADEEP N.

KEM HOSPITAL, DEPARTMENT OF UROLOGY, PAREL, MUMBAI MUMBAI.

Introduction & Objectives: Hemophilia, characterized by impaired blood clotting due to deficiency in clotting factors, often presents challenges in clinical management, particularly in surgical procedures. While commonly associated with spontaneous bleeding or trauma-induced hemorrhage, its manifestation as delayed bleeding post-endourological intervention is rare and poses diagnostic and therapeutic dilemmas.

Methods & Materials: A 13-year-old male from, was admitted with a history of recurrent hematuria over two months. The patient's medical history was unremarkable. CT: confirmed the presence of left renal calculi of largest size 16x23 mm in the interpolar region (1450 HU) with hydronephrosis, prompting surgical intervention.

The patient underwent left percutaneous nephrolithotomy (PCNL). Postoperative recovery was satisfactory, and the patient was discharged.

However, the clinical course took an unexpected turn when the patient was readmitted on, due to bleeding from the nephrostomy site and acute urinary retention (AUR). Blood investigations revealed deranged APTT values. Subsequent factor assay revealed a diagnosis of hemophilia A. The patient underwent clot evacuation with left DJ stenting to address the bleeding and urinary retention. Postoperative management involved transfusion of PCV, FFP & Factor VIII to manage the bleeding disorder.

Results: The complex clinical scenario highlights the challenges in managing renal calculi in patients with underlying bleeding disorders. Multidisciplinary collaboration between urologists & hematologists, was crucial in optimizing patient care and ensuring favorable outcomes. Further follow-up and management adjustments are planned to address residual stone burden and optimize long-term renal health in this unique case.

Conclusions: This case underscores the importance of considering hemophilia in the differential diagnosis of delayed bleeding after endourological procedures, especially in patients with unexplained bleeding tendencies. Timely recognition, multidisciplinary collaboration, and appropriate hemostatic measures are crucial for managing such challenging cases effectively and preventing adverse outcomes. Factor assay can be made a part of routine investigation in young children or adults with bleeding tendencies to diagnose haemophilia at the earliest to avoid untoward complications

Source of funding: SELF

Conflict of Interest: No

Abstract Number: 68

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Persistent Müllerian duct syndrome with malignant transformation of Mullerian remnant.

Presenting Author: Alhad Ulhas Naragude

Co authors: Bhalchandra Kashypai Shivde Subodh Date Jaydeep .
Deenanath Mangeshkar Hospital and Research Centre, Pune Pune.

Introduction & Objectives: A 54-year-old phenotypically male presented with complaints of hematuria and lower abdominal pain. He had history of infertility and left testicular cryptorchidism.

Was found to have a pelvic mass and underwent surgical removal of the mass which was suggestive of Persistent Müllerian duct syndrome with malignant transformation (Squamous Cell Carcinoma).

Methods & Materials: A 54-year-old man presented with complaints of hematuria and lower abdominal pain. Past history of infertility and left testicular cryptorchidism with left inguinal hernia repair. Short stature with normal secondary sexual characteristics.

On examination, the patient's right testis is in the right hemiscrotum, while the left testis is absent in the scrotum but palpable in the inguinal region & hypospadiac urethral opening.

Imaging studies revealed pelvic mass within the rectovesical pouch on the left side, extending elongatedly up to the left inguinal region. This finding is suggestive of persistent Mullerian Duct Syndrome with possible malignancy in the Mullerian remnant.

Cystoscopy with exploratory laparoscopic and pelvic mass excision was done.

Histopathological examination revealed moderately differentiated squamous cell carcinoma, likely arising from a Mullerian remnant, which is likely vaginal in origin

Results: Persistent Mullerian Duct Syndrome (PMDS) typically manifests in males with normal secondary sexual characteristics both phenotypically and genotypically. While PMDS can occur sporadically, it most commonly arises as an autosomal recessive trait due to mutations in the MIS and MISR-II genes. Type I accounts for 45% of cases, while Type II is observed in 40% of cases. The cause remains unknown in 16% of instances.

Effective management of PMDS needs early recognition by the surgeon, validated through testicular biopsies and chromosomal studies. Accurately distinguishing PMDS from other intersex disorders is paramount. Imaging techniques such as CT, MRI, and laparoscopy can aid in diagnosis. Following confirmation of the diagnosis, definitive surgical intervention involves the removal of Müllerian remnants alongside orchiopexy or orchiectomy. Surgeons addressing hernias should remain vigilant regarding the potential presence of PMDS, particularly when it coincides with cryptorchidism.

Conclusions: Patients with cryptorchidism should undergo a thorough examination for persistent Müllerian duct syndrome.

Source of funding: None

Conflict of Interest: No

Abstract Number: 69

Session: Poster or ePoster S1 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
9:30AM-10:30AM

Title: Migrated guide-wire sheath: A rare complication with its management.

Presenting Author: SKANDH BHATIA

Co authors: Dr. Saurabh Jain Dr. Amit Jain Dr. Sameer Vyas Dr. Ajay Jani Dr. Saurabh Kumar.
GANDHI MEDICAL COLLEGE, BHOPAL BHOPAL.

Introduction & Objectives: It is standard practice to place a Double-J(DJ) stent after a Percutaneous Nephrolithotomy (PCNL) for purpose of proper drainage. While migration of the DJ stent itself is a rare but well documented complication, migration of the guide wire sheath is almost unheard of. Herein, we present a case of a 53 year old male with guide wire sheath migration into the Inferior Vena Cava (IVC), which arose as a complication after DJ stenting post PCNL.

Methods & Materials: A 53 year old male, known case of chronic kidney disease with history of multiple surgeries for stone disease was admitted in February 2024 for AV Fistula creation. Patient had previously undergone Endoscopic Cystolithotomy in 2007, right PCNL in February 2022, left open Ureterolithotomy in February 2023 and right PCNL in October 2023. X-ray KUB was suggestive of a wire like opacity in the right upper quadrant. NCCT KUB was suggestive of a DJ stent in the right renal vein and the infra-hepatic segment of IVC, suspected migration. IVC Venogram showed no evidence of thrombus. Interventional radiology department was involved. Under local anesthesia, right femoral vein access was gained using a 7Fr femoral sheath, triple snare was used to remove the radio-opaque structure under fluoroscopic guidance. On inspection, it was noted to be sheath of a guide wire. The patient's post-procedure course was unremarkable, and he was discharged 2 days later.

Results: DJ stent migration is a known complication with an incidence reported to be less than 5%. There is no data on incidence of migration of guide wire or the guide wire sheath during or after a urological procedure. The present case is the first report on guide wire sheath migration. With a migrated DJ stent, the proposed risk factors are renal parenchymal puncture by the guide wire, inadequate coiling of the stent and subsequent erosion of the parenchyma. In this case, some factors which can be implicated are re-usage of an old guidewire which might have caused the sheath of the guide wire to come off due to friction with the advancing ureteral catheter or stent. Although unlikely, the hard end of the guide wire might have been advanced, leading to parenchymal insertion of the guide wire and dislodgement of the guide wire sheath. A retained sheath subsequently would erode through the parenchyma and gain access to the renal vein and beyond to the infra-hepatic IVC as was the case here.

Conclusions: One should adapt a few practices to avoid even the rarest of complications:

1. Use of a fresh guidewire. Re-use, especially after sterilization with ethylene oxide leads to corrosion of the hydrophilic coating.
2. Always inspect the guide wire going in (soft end) and coming out (integrity of the wire).
3. Immediate post-operative check fluoroscopic examination is a must.
4. Being mindful of rare complications, leading to early detection and management.

Source of funding: None

Conflict of Interest: No

ePoster Session S2 (Infection / Miscellaneous)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S2	Friday, 4th Oct 2024	Display: 8:30AM-9:30AM Discussion: 10:30AM-11:30PM	C	70-81

Chairpersons: Dr Lokesh Patni, Dr Venkat Gite, Dr Anil Bandi.

Abstract No.	Presenting Author	Tittle
70	Vishal Pravin Lodha	Single tertiary care centre experience of final outcome of emphysematous pyelonephritis.
71	Saurabh Kumar	A rare case of renal mucormycosis
72	Hussain Gulamhussain Kolsawala	Nephro-Colic Fistula: A rare complication of DJ stenting
73	Jaymin Nanak Jaysingani	AMYLOIDOSIS OF BLADDER MASQUERADING AS MALIGNANCY: A RARE CASE REPORT
74	Hussain Gulamhussain Kolsawala	Recurrent obstructive uropathy due to renal Fungal Ball in a Young Adult Without Comorbidities
75	Ekansh Gupta	Spontaneous Perinephric hematoma in patients of Pyelonephritis: Case series on an uncommon complication
76	Ojas Vijayanand Potdar	Colovesical fistula is an abnormal connection between the urinary bladder and intestinal tract. Chen et al. have classified them into five main classes: congenital, traumatic, tumor, inflammatory, and other.
77	Paras Rajkumar Bhandari	A case Report on Uretero- Colic Fistula
78	Nilesh Balwant Talwadker	Gross Hematuria - it's impact on Health System
79	Rizwanuddin Moinuddin Khwaja	Diagnostic difficulties in evaluating ureteral stricture etiology - A case report
80	Sinjan Jana	Ureteral Metastasis: A Diagnostic Enigma in Adenocarcinoma Originating from Pancreas
81	Anjali Choudhary	A VIPER AND A BOA - URETERIC GROWTH WITH OVARIAN DERMOID

Abstract Number: 70

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Single tertiary care centre experience of final outcome of emphysematous pyelonephritis.

Presenting Author: Vishal Pravin Lodha

Co authors: Sunayna Chatarjee D K Jain Ketan Vartak Dhaval Rasal.

Bharati Hospital and Research Centre Pune.

Introduction & Objectives: Emphysematous pyelonephritis (EPN) is an acute severe necrotizing infection of the renal parenchyma and its surrounding tissues that results in the presence of gas in the renal parenchyma, collecting system, or perinephric tissue. The cause for mortality in EPN is primarily due to septic complications. Up to 95% of the cases with EPN have underlying uncontrolled diabetes mellitus. The risk of developing EPN secondary to a urinary tract obstruction is about 25–40%. Escherichia coli is the most common causative pathogen with the organism isolated on urine or pus cultures in nearly 70% of the reported cases.

Methods & Materials: After ethics committee's approval all patients who were presented with complaints of flank pain and had radiologically proven emphysematous pyelonephritis in between April 2023-January 2024 were enrolled in our study. Patients underwent DJ stent insertion or PCN insertion as per the CT scan findings and treated with antibiotics empirically and changed as per the urine culture sensitivity for 4-6 weeks. Final outcome of the patients were recorded.

Results: Total 25 no. of patients were enrolled in the study out of which 11(44%) were males and 14 (56) were females. 21 patients had associated comorbidities and 4 had no comorbidities. Primary DJ stenting was done in 23 patients and 2 patients were underwent PCN insertion. Out of 25 patients, 3 patients underwent PCNL, 6 patients underwent Nephrectomy and one patient was succumbed.

Conclusions: Uncontrolled diabetes mellitus is a risk factor for causing emphysematous pyelonephritis. Patients who underwent early DJ stent insertion had a better outcome and did not land up in nephrectomy. Patients who presented late had a poorly functioning kidney and nephrectomy was the final outcome.

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 71

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: A rare case of renal mucormycosis

Presenting Author: Saurabh Kumar

Co authors: Saurabh jain Amit jain Sameer vyas Narendra kurmi Ajay jani Skandh Bhartiya.
Gandhi medical college & hospital Bhopal.

Introduction & Objectives: Mucormycosis, previously called Zygomycosis - comprises a wide range of invasive infections caused by different Mucorales species such as Rhizopus, Apophysomyces, Lichtheimia Mucor, Rhizomucor, Cunninghamella, and Saksenaea. It is a rare fungal infection but has a high mortality rate. Kidney involvement, renal mucormycosis (RM), has been reported in up to 20– 22% of the cases with disseminated forms. The exact mechanism of renal mucormycosis is not clear yet; however, retrograde spread from lower urinary tract infection and blood dissemination to the kidneys have been suggested and it is associated with high mortality.

Methods & Materials: 32 year old female patient farmer by occupation with no comorbidities referred from district hospital with acute abdomen since past 3 days with history of incision and drainage for gangrenous patch over right thigh and no other recent treatment in past. On examination she was hemodynamically stable with guarding and rigidity of abdomen. After initial evaluation computed tomography scan was done which was suggestive of pneumoperitoneum with left renal infarct. Midline laparotomy was done. Intraoperatively there was mild ascitic fluid, omentum with transverse colon and part of descending colon along with left kidney was found gangrenous. She underwent left nephrectomy with colectomy, omentectomy along with ileostomy was done. Ascitic fluid culture was suggestive of zygomycetes species. Biopsy reveals fungal hyphae and these hyphae are broad aseptate and branching suggestive of zygomycosis. Postoperatively she had black patch along suture line and abdominal wall.

Results: The risk factors associated with mucormycosis includes Immunosuppressive agent's therapy, tissue transplantation, diabetes, steroid Use, HIV and Covid-19 infection. 22% of the patients with mucormycosis did not have any mucormycosis associated risk factors. The clinical presentations are rhino-orbito-cerebral (ROCM), Pulmonary, cutaneous, gastrointestinal and disseminated forms. India has highest incidence of GI, ROCM and Renal mucormycosis due to low socio-economic situation, climate, malnutrition, diabetes and lack of health care facilities. Mucorales have angio-invasive ability and invade the blood vessels, thus leading to vascular thrombosis and related ischemic necrosis of the kidney. Furthermore, these fungi could also invade the tubules, the glomeruli, and the parenchyma, in addition to the renal vessels. Clinical presentation of renal mucormycosis includes fever flank pain, hematuria, pyuria, oliguria and anuria. Histopathological examination is gold standard for diagnosis. Treatment is combination of surgery and antifungals.

Conclusions: Renal mucormycosis has high mortality rate of approx 44% with difficult clinical diagnosis. Multidisciplinary approach is required. Early intervention is key for treatment with combination of surgery and antifungals.

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 72

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Nephro-Colic Fistula: A rare complication of DJ stenting

Presenting Author: Hussain Gulamhussain Kolsawala

Co authors: Dr. Pankaj Maheshwari Dr. Pratik Agrawal Dr. Swapnil Harne Dr. Nakul Bhatt Dr. Aditya Goyal Dr. Pushkar.

Fortis Hospital, MULund Mumbai.

Introduction & Objectives: DJ stent is commonly placed in urological practice. Usually a very safe procedure, commonly it can present with complications like infection, stent dysuria, encrustations, stent migration or stent fragmentation. We present a rare complication of Nephro-colic fistula that developed as a result of extra-renal placement of the DJ stent.

This is an avoidable complication that if promptly identified and managed can mitigate the risk of additional morbidity

Methods & Materials: A 44 year-old female with locally advanced carcinoma cervix was previously managed with bilateral DJ stenting for obstructive uropathy with chemo-radiation. As patient having recurrent UTI, she was treated with appropriate antibiotics. The retrograde pyelogram at the stent replacement showed pooling of the contrast in the colon.

On review of the pre-stent-change X-ray and ultrasonography, it was seen that the upper coil had not shown a proper coil, and the thin tracts of the extravasation on RGP coincided with the curved two limbs of the stent. As there was no other possible cause for the nephron-colic fistula, the fistula was presumed to be stent related.

A new-properly placed stent was deployed and a foley catheter was placed for three weeks. A immediate post-operative contrast CT confirmed the fistula. At three weeks the CT was repeated that confirmed healing of the fistulous tract. The stent was removed at six weeks. Patient had a smooth post-operative course.

Results: We hypothesize that this complication happened due to extra-renal coiling of the guide wire that entered the colon. This case reemphasizes the need for retrograde pyelogram during stent placement and to look for proper coiling of the stent in the renal pelvis.

Conclusions: We present a very rare case of DJ stent-induced nephrocolic fistula that was managed conservatively.

Source of funding: None

Conflict of Interest: No

Abstract Number: 73

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: AMYLOIDOSIS OF BLADDER MASQUERADING AS MALIGNANCY: A RARE CASE REPORT

Presenting Author: Jaymin Nanak Jaysingani

Co authors: Sujata Patwardhan Sachin Bhujbal Nirmal Agrawal Supradeep N.
Seth GS Medical College & KEM Hospital Mumbai Mumbai.

Introduction & Objectives: Amyloidosis consists of amyloid deposition extracellularly in organs like urinary bladder, lungs, larynx, skin, tongue and periorbital area. It is a rare entity with approximately 200 cases reported worldwide. It is an important differential diagnosis in cases with a suspicion of malignancy especially when the histopathology report is negative for malignancy.

Methods & Materials: A 60/male presented with painless hematuria associated with clots since 2 months. On evaluation with CT-Urography findings were suggestive of malignancy. On cystoscopy the CT findings were confirmed with multiple broad based growth over the dome and anterior bladder wall and biopsy was taken from the lesion. During the procedure, inadvertent bladder wall perforation occurred and due to suspicion for malignancy exploration with partial cystectomy was performed. However histopathology report showed necrosis and chronic inflammation and was negative for malignancy. On further investigation, Immunostaining with Congo red stain confirmed bladder amyloidosis.

Results: Abnormal amyloid protein deposition in tissues or organs is referred to as amyloidosis with symptoms depending upon the site of involvement. Primary amyloidosis arises from disordered immune cell function. Kidney is involved most commonly in secondary amyloidosis where as bladder is usually involved in primary localised amyloidosis. Painless hematuria is the most common presenting symptom. It poses a diagnostic dilemma due to the non specific presenting features along with radiologic and cystoscopic findings which might represent a malignancy. Immunostaining helps to confirm the diagnosis.

Conclusions: Primary amyloidosis is a rare pathology which should be kept in mind as it may present in similar fashion to interstitial cystitis, carcinoma insitu and even invasive urothelial malignancy. It is best diagnosed with cystoscopy with transurethral resection biopsy of the lesion with immunostaining if there is high suspicion. As there is a risk of recurrence patient should be kept on long term cystoscopic surveillance

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 74

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Recurrent obstructive uropathy due to renal Fungal Ball in a Young Adult Without Comorbidities

Presenting Author: Hussain Gulamhussain Kolsawala

Co authors: Dr. Pankaj Maheshwari Dr. Pratik Agrawal Dr. Nakul Bhatt Dr. Swapnil Harne Dr. Aditya Goyal Dr. Pushkar.

Fortis hospital Mulund Mumbai.

Introduction & Objectives: Renal fungal infections, including fungal balls, are on the rise globally, now accounting for a significant portion of urinary tract infections. The increase, often linked to extensive antibiotic and immunosuppressant use, has led to heightened occurrences. This report outlines an especially uncommon case of a renal fungal ball caused by *Aspergillus terreus* in an immunocompetent young adult with a prior history of similar infections, defying common clinical patterns.

Methods & Materials: A 40-year-old man with recurrent urinary infections, previously treated with right PCNL for fungal ball one year back, presented with acute right flank pain. He had no associated co-morbidities. CT imaging revealed a hypodense renal pelvic lesion with speckled calcification with moderate hydronephrosis, raising suspicion for a recurrent fungal etiology. Diagnosis was confirmed by a positive urine culture for *Aspergillus terreus* alongside normal blood parameters, establishing the presence of a renal fungal ball without traditional risk factors.

The patient received percutaneous nephrolithotomy (PCNL) to remove the fungal ball and subsequently had parenteral with local antifungal treatment via the a percutaneous nephrostomy (PCN) tube for three weeks. The administration of Amphotericin B and Voriconazole through the PCN tube played a pivotal role in the treatment regimen.

He has remained infection and recurrence free for over eight months follow-up.

Results: The development of a fungal ball in the renal pelvis of a healthy young adult with a history of similar infections is a remarkable clinical challenge. Fungal infections are typically linked to immuno-compromised status, thus necessitating a high index of suspicion and comprehensive evaluation for patients presenting with unusual urinary tract infections. A combination of surgical and targeted antifungal therapies was essential for successful management.

Conclusions: This case stresses the importance of considering fungal etiology in urinary tract infections even in patients lacking established risk factors but with recurrent infections. The favorable outcome validates the need for complete surgical eradication of the fungal hyphae followed by prolonged antifungal treatment. This report contributes to the scarce literature on renal fungal balls in immunocompetent individuals.

Source of funding: None

Conflict of Interest: No

Abstract Number: 75

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: USI 2024 Abstract (Poster presentation)

Spontaneous Perinephric hematoma in patients of Pyelonephritis:

Case series on an uncommon complication

Presenting Author: Ekansh Gupta

Co authors: Dr Madhumohan Prabhudessai Dr Rajesh Halarnakar Dr Prashant Naik Mandrekar Dr Veku Gaude Dr Tova Mohapatra Dr Guruprasad Guruprasad.

Department of Urology, GMC, Goa Medical College, Bambolim, Goa - 403005 GOA.

Introduction & Objectives: Wunderlich syndrome is a term given to spontaneous, non- traumatic / non-iatrogenic acute renal hemorrhage involving the subcapsular, perirenal, and / or pararenal spaces. While neoplastic and vascular causes form the majority of causes for Wunderlich syndrome, pyelonephritis constitutes a an extremely rare cause of spontaneous perinephric hemorrhage.

Methods & Materials: In a retrospective review evaluating 82 patients of pyelonephritis, 22 patients were found to have developed perinephric collections during their course of disease; out of whom 5 (6.9%) individuals were found to have developed perinephric hemorrhage, with collection sizes ranging from 3 – 8 cm. Notably, only one of these patients had a history of recent anticoagulant drug intake. Development of a perinephric hematoma was associated with worsening of flank pain, border-line tachycardia, hemoglobin (Hb) drop (Mean Hb drop between the day of presentation and day of hemorrhage development = 1.2 gm/dl), and formation of perinephric / subcapsular collections with internal echoes on sonographic evaluation. The definitive diagnosis of perinephric hemorrhage was made following therapeutic tapping of the collections. While two of the patients improved with single shot aspiration of the collections, the other three required prolonged drainage with a pigtail catheter.

Results: Wunderlich syndrome is a rare clinical entity. While tumors have been seen to account for two-thirds of cases, infections account for <2% of cases. The classical Lenk's triad (acute lumbo-abdominal pain, palpable mass, hypovolemic shock) is typically not seen in most cases of spontaneous perinephric hematomas, owing to the limited extent of exsanguination. A sudden drop in hemoglobin in these patients, along with worsening of flank pain should be addressed with a reasonable suspicion of Wunderlich syndrome. Ultrasound is often the initial examination because it is quick, readily available, and relatively inexpensive; while CT is a better investigation for evaluating the nature and extent of the lesion. Patients of pyelonephritis who developed spontaneous perinephric hematoma are typically managed with surgical / percutaneous drainage – that not only serves to provide a definitive diagnosis for the hemorrhage, but also improves the abdominal discomfort in these patients.

Conclusions: Pyelonephritis is an unusual cause of Wunderlich syndrome. The current case series aims to provide an insight on the symptomatology and clinical patterns of patients of pyelonephritis who also develop spontaneous perinephric hematoma during their disease course.

Source of funding: None

Conflict of Interest: No

Abstract Number: 76

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Colovesical fistula is an abnormal connection between the urinary bladder and intestinal tract.

Chen et al. have classified them into five main classes: congenital, traumatic, tumor, inflammatory, and other.

Presenting Author: Ojas Vijayanand Potdar

Co authors: Amol Kamble Shashank Sharma .

Grant Government Medical College and JJ group of hospitals, Mumbai Mumbai .

Introduction & Objectives: Colovesical fistula is an improper connection between the urinary bladder and intestinal tract. Intestinal diverticulitis accounts for 50–70% of cases in Western countries, and nearly all of them are related to colonic or bladder fistulas. Malignant tumors (20%) rank second in Western countries as the most common cause, which are situated largely in the large intestine. Other related tumours include bladder, cervical, ovarian and prostate cancers, and non-Hodgkin's lymphoma in the small intestine. The third most prevalent cause is Crohn's disease (10%). We put forth a case of a middle-aged male with Colovesical fistula which was managed conservatively and recovered successfully.

Methods & Materials: A middle-aged man of 31 years of age presents to the urology outpatient department of a tertiary care centre with complaints of passing faecal material while passing urine since a period of 15 days. History of anorectal malformation with colonic pouch for which ileo-anal anastomosis was done in childhood. Also history of recurrent UTI's. Clinical examination normal.

Computerised Tomography revealed rectosigmoid junction adherent to the left postero-lateral wall of bladder. Barium enema study revealed a fistulous communication seen between rectosigmoid junction and left posterolateral wall of urinary bladder. A diagnostic cystoscopy revealed infratrigonal single fistulous opening on the left side of the urinary bladder of size 1cm * 0.5 cm colovesical fistula opening.

The patient was conservatively managed and the complaints resolved over 4 weeks. The patient has been on regular follow up till a period of 1 year and has no recurrence of complaints.

Results: Colovesical fistula presents clinically as passage of foul-smelling urine along with passage of gas and stool particles in urine. Recurrent urinary tract infections can also be a presentation. For the diagnosis of Colovesical fistula, traditional diagnostic methods such as cystoscopy, barium enemas, colonoscopy and cystography are used.

A Surgical management still the most effective technique to treat the illness. The most commonly employed method for the surgical treatment of this condition is to separate the fistula formed by the impacted bladder and bowel walls, and subsequently fix the lesion. However, if there is underlying malignancy, then the patient will require partial or total remodelling along with chemotherapy and regular review.

Conclusions: Colovesical fistula presents a unique challenge to a practising urologist. Various management options are available for its management. Our case report demonstrates how a small Colovesical fistula can be managed successfully by conservative management.

Source of funding: None

Conflict of Interest: No

Abstract Number: 77

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: A case Report on Uretero- Colic Fistula

Presenting Author: Paras Rajkumar Bhandari

Co authors: Dr Gaurang Shah Dr Swastik Bhardwaj Dr Abid Raval Dr Abhishek Ghosh Dr
Brijesh koshiya Dr Tanvi Davda.

Saifee hospital Mummy.

Introduction & Objectives: A young male patient presented with complaints of recurrent urinary tract infection. He had history of multiple surgeries in past for Hirschprung disease, stoma reversal, Pcn and abtgrade Dj to

Methods & Materials: The patient was thoroughly investigated and underwent open surgery with Plan for Ureteric reimplantation and Boari's flap

Results: This case was one of it's kind. Discussion in the poster to follow

Conclusions: The purpose of the case report is to highlight approach in management of such complicated cases.

Source of funding:

Conflict of Interest: No

Abstract Number: 78

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Gross Hematuria - it's impact on Health System

Presenting Author: Nilesh Balwant Talwadker

Co authors: Mekhala Naik Pankaj D. Chari Mohammed Arham Mateen Guruprasad Shailesh
Kamat Prashant R. Lawande.

Goa Medical College, Bambolim Goa Bambolim.

Introduction & Objectives: Hematuria is one of the most common urinary findings that motivate patients to seek medical attention, particularly when they present with gross hematuria. Our aim was to study the impact of Gross Hematuria on the health system.

Methods & Materials: 309 patients presenting with gross hematuria to Emergency Department of Goa Medical College from January 2018 to April 2024 were studied. Patients with history of trauma were excluded. Age, gender, co-morbid conditions, cause of hematuria, Hemoglobin <10g%, thrombocytopenia, coagulation profile, Serum creatinine, requirement of blood transfusions, antiplatelets/anticoagulant use, mode of treatment, covid-19 status was studied.

Results: Most of the patients were between 51-80years with a male preponderance. The most common cause of hematuria were urological malignancy(31.6%), BEP(27%), Drug induced hematuria(15%), and calculus disease(13%). 88/309(28%) patients required operative intervention. 118/309(38%) patients presented with Hemoglobin <10g%, of which 60% patients required blood transfusions. Patients presenting with anemia increased in post-covid period from 32% to 42%, with increase in the need for blood transfusions in the post-covid era from 56% to 65% as compared to pre-covid era. The mean hospital stay was 7.1days.

Conclusions: Gross hematuria has a significant impact on health system. In the era of increased use of antiplatelets/anticoagulants due to increase in cardiac diseases, any primary surgical causes should be ruled out before starting antiplatelets to avoid the complications of gross hematuria. The treatment of primary surgical cause is delayed due to patients presenting with gross hematuria secondary to antiplatelets/anticoagulant therapy. The incidence of gross hematuria and the need for blood transfusions is increased in the post-covid era.

Source of funding:

Conflict of Interest: No

Abstract Number: 79

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Diagnostic difficulties in evaluating ureteral stricture etiology - A case report

Presenting Author: Rizwanuddin Moinuddin Khwaja

Co authors: Sunil P. Shenoy Pritham Sharma Roshan Shetty Vijai Parth Patel Pratik Patil.
AJ Institute Of Medical Sciences Mangalore .

Introduction & Objectives: Common causes of ureteral stricture include ischemia, surgical and non-surgical trauma, periureteral fibrosis, malignancy, and congenital factors. Iatrogenic strictures are most commonly associated with uro-endoscopic and gynecological procedures. We report a case of iatrogenic mid-ureteral stricture which presented with considerable diagnostic difficulties.

Methods & Materials: 47 Yrs/F, presented with intermittent right flank pain for 3 months, associated with vomiting & dysmenorrhea. She had undergone LSCS with tubal ligation 15 Yrs back & an open appendectomy 8 Yrs back. Examination revealed 9 cm healed scar in right(R) iliac fossa. USG showed severe R-HDUN upto pelvic brim. CECT suggested a lesion, 1.5 cms, in & around wall of R - ureter at iliac vessel crossing. Both kidneys showed good excretion of contrast. Ureteroscopy (4.5-6F) revealed short segment smooth narrowing, no intraluminal lesion & a lumen just allowing passage of scope. Laparoscopy showed severe scarring at suspected stricture site with dense omental adhesions in R iliac fossa. No mass lesion / endometriosis could be identified. On DTPA, eGFRs of kidney's were R 29.69 ml/min & L 61.2 ml/min. R-Boari flap reimplantation with JJ stenting was done (extra-peritoneally). Post-operative period was uneventful & stent was removed after 6 weeks. HPE revealed chronic ureteritis.

Results: Our case highlights the diagnostic difficulties that may arise in identifying the etiology of a ureteral stricture. A benign stricture would be best treated by a reconstructive procedure while a malignant etiology would warrant a radical nephro-ureterectomy. In view of her age and long-standing dysmenorrhea, we entertained a possibility of endometriotic stricture while the radiologist inclined towards a possible malignancy. Laparoscopy showed neither. Dense scarring in right iliac fossa suggested a past inflammatory event. The unusually large appendectomy scar suggested a difficult surgical procedure which could have involved inadvertent clamping of the ureter, mistaken as an appendix.

Conclusions: We present a case of a delayed possibly iatrogenic ureteric stricture following appendectomy and the diagnostic difficulties we faced before concluding on its etiology.

Source of funding:

Conflict of Interest: No

Abstract Number: 80

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: Ureteral Metastasis: A Diagnostic Enigma in Adenocarcinoma Originating from Pancreas

Presenting Author: Sinjan Jana

Co authors: Dr. Kshitij Raghuvanshi Dr.Rajeev Choudhari .
Ruby Hall Clinic Pune.

Introduction & Objectives: Ureteral metastasis from pancreatic adenocarcinoma is exceptionally rare, with only seven documented cases.

Methods & Materials: This report describes a challenging case of a 74-year-old male presenting with left-sided hydronephrosis caused by a thickened lower ureter. He had a normal preoperative PET scan with initial ureteral biopsy indicated chronic inflammation. He underwent resection of stricturous ureter with Buccal mucosa graft ureteroplasty. Subsequent PET scan and immunohistochemistry (IHC) analysis revealed a metastatic lesion in the ureter originating from a pancreatic primary.

Results: Nil

Conclusions: This case highlights the diagnostic hurdles associated with ureteral metastases from an unidentified primary malignancy. It underscores the essential role of IHC analysis in achieving an accurate diagnosis and guiding treatment decisions.

Source of funding:

Conflict of Interest: No

Abstract Number: 81

Session: Poster or ePoster S2 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 8:30AM-9:30AM Discussion:
10:30AM-11:30PM

Title: A VIPER AND A BOA - URETERIC GROWTH WITH OVARIAN DERMOID

Presenting Author: Anjali choudhary

Co authors: SUJATA PATWARDHAN SACHIN BHUJBAL.

DEPT OF UROLOGY, KEM HOSPITAL, MUMBAI MUMBAI.

Introduction & Objectives: Upper tract urothelial carcinoma (UTUC) is a rare and heterogeneous disease that accounts for up to 5% of all urothelial neoplasms. Accurate and timely diagnosis and risk stratification are important for determining the adequate therapeutic management for each individual patient. Standard treatment for UTUC is nephroureterectomy.

Coexisting ovarian dermoid in a patient with UTUC is extremely rare and warrants management. Dermoid cysts, categorized as benign germ cell tumors, contribute to 10%-25% of all ovarian tumors. The malignant transformation of mature components is rare, transpiring in only 1%-2% of dermoid cysts. The likelihood of malignant transformation is heightened in postmenopausal females.

Methods & Materials: A 73 y/o female presented with painless hematuria since 1 month, associated with blood clots. History of burning micturition was present.

H/o pelvic pain was present but no pedal edema/breathlessness. H/o Tobacco chewing was present.

CT KUB was done which showed right gross hydronephrosis and proximal and mid hydroureter on the right with change of attenuation (attenuation

difference of 25 HU) of the mid ureter for a length of approx. 5cm with distal tapering.

There was a round dependent content (HU 35) measuring 2.4 x 2.7 x 2.7cm in the

urinary bladder. There are few (at least 4) diverticulae in the posterior and lateral walls of the urinary bladder.

There is a 7 x 5.1 x 7.5cm lesion with macroscopic fat content and a tiny focus of calcification in the left adnexa with left ovary not seen separately suggestive ovarian dermoid. Patient underwent right nephroureterectomy with excision of adnexal mass.

Results: UTUC is a relatively rare disease that presents unique challenges to urologists from both a diagnostic and management standpoint. It is important to understand the epidemiology, natural history, genetics and known risk factors for this malignancy. Additionally, a thorough understanding of the diagnostic challenges, imaging/pathologic limitations, patient comorbidities, and risk stratification tools will allow us as a field to develop new modalities to improve our diagnostic capabilities and reduce the risk of under diagnosis and over treatment for our patients.

Conclusions: The presence of ovarian dermoid with UTUC is an extremely rare condition. Although a benign disease, ovarian dermoid has high chances of malignant conversion in post menopausal females and hence should not be overlooked in the presence of a more malignant UTUC.

Source of funding:

Conflict of Interest: No

ePoster Session S3 (Uro-Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S3	Friday, 4th Oct 2024	Display: 11:30AM-12:00PM Discussion: 12:00PM-1:00PM	C	82-93

Chairpersons: Dr Sadashiv Bhole, Dr Ketan Pai, Dr Kishore Wani.

Abstract No.	Presenting Author	Title
82	SAMIT HIMANSHU DOSHI	AN UNUSUAL PRESENTATION OF PHEOCHROMOCYTOMA INDUCED CARDIOMYOPATHY
83	Pratik Dinesh Nishar	Urinary Bladder Paraganglioma - A Diagnostic Dilemma
84	RUTURAJ RAJESHWAR PENDKAR	Unexpected Discovery: Bilateral Adrenal Myelolipomas in an Adult Phenotypic Male with Congenital Adrenal Hyperplasia Revealing Genotypic Female Identity
85	Saryu Goel	Adrenocortical carcinoma with supradiaphragmatic IVC thrombus- a rare case with sarcomatoid differentiation.
86	SANDEEP MAHADEV DESAI	Müllerian duct aplasia-renal aplasia-cervicothoracic somite dysplasia (MURCS) syndrome with functional adrenal mass lesion – A rare association
87	Akshay Avinash Tikekar	ATYPICAL PRESENTATION OF PRIMARY BILATERAL ADRENAL LYMPHOMA
88	Akash Alpesh Shah	Well differentiated primary neuroendocrine tumour of the adrenal gland: A case report with rare histopathology
89	Sinjan Jana	Intravesical bacille Calmette-Guerin Therapy for Ureteric Transitional Cell Carcinoma (TCC)
90	Saiprasad Prakash Shetty	INVASIVE PAPILLARY UROTHELIAL CARCINOMA OF DISTAL URETER: A RARE ENTITY.
91	Karthik Hariprasad Shetty	Paraganglioma of the urinary bladder – A case report on a rare, silent yet potentially deadly disease.
92	Shashank Sharma	BLADDER ADENOCARCINOMA: A PERSISTING DIAGNOSTIC DILEMMA
93	Rahul Prakash Zalse	A benign urinary bladder tumor mimicking malignancy, skillfully addressed thorough robotic partial cystectomy.

Abstract Number: 82

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

**Title: AN UNUSUAL PRESENTATION OF PHEOCHROMOCYTOMA INDUCED
CARDIOMYOPATHY**

Presenting Author: SAMIT HIMANSHU DOSHI

Co authors: SAMIT DOSHI VIKASH KUMAR AJAYKUMAR GAJENGI SIVA PRASAD
GOURABATHINI.

BHAKTIVEDANTA HOSPITAL AND RESEARCH INSTITUTE MIRA ROAD MUMBAI.

Introduction & Objectives: Pheochromocytoma is a rare neuroendocrine tumor located in the suprarenal or adrenal glands leading to increased production and release of catecholamine and multiorgan involvement sequelae. The incidence of Pheochromocytoma and Paragangliomas ranges from 0.04 to 0.95 cases per 100000 per year. Catecholamine induced cardiomyopathy in Pheochromocytoma is a comparatively rare but very difficult to treat complication. Herein, we report a case of patient with Pheochromocytoma induced cardiomyopathy which produced a diagnostic dilemma on the clinical presentation. It was successfully treated with surgical excision after medical stabilisation.

Methods & Materials: A 51-year old woman without prior medical history came to the Emergency Room with continuous epigastric pain, chest pain, multiple episodes of vomiting and dyspnea.

At time of presentation, the patient was confused and physical examination revealed hypotension and tachycardia. An abdominal examination revealed epigastric tenderness. Laboratory investigations showed raised TLC, CPK-MB, raised NT-PRO BNP and raised TROPONIN T levels. ECG- sinus tachycardia and ischaemic changes. Echocardiogram revealed- Dilated Cardiomyopathy, LVEF- 20%. CT Abdomen + Pelvis showed pheochromocytoma. Immediate endocrinologist opinion was taken. Plasma metanephrines was raised; elevated Dopamine level, morning Cortisol level. Patient was planned for Open Left Adrenalectomy. After appropriate resuscitative measures left adrenalectomy by open approach was successfully performed.

Results: Pheochromocytoma is a neuroendocrine tumor causing classical triad of headache, palpitations and paroxysmal hypertension with sweating. Some patients are even asymptomatic. Mayo clinic retrospective study, from the years of 1950 through 1979, showed that 11 cases of pheochromocytoma were diagnosed in an average of population of around 45,800. Swedish cancer registry found out that 42% of pheochromocytoma were first diagnosed after death.

This patient with pheochromocytoma tumor started with a crisis of dilated cardiomyopathy induced by catecholamines, with a picture of acute heart failure and abdominal symptoms secondary to acute tumor necrosis. This is an unusual presentation that is difficult to diagnose.

Prompt diagnosis remains difficult in these patients with such atypical presentations. In this case, the patient's history of abdominal pain and presentation led to an early CT scan of abdomen and the diagnosis of adrenal mass was made.

Conclusions:

We report an unusual presentation of pheochromocytoma without hypertension complicated by acute heart failure and cardiomyopathy. Early diagnosis is essential to initiate appropriate therapeutic measure and reverse cardiomyopathy at an early stage. The key to successful treatment of Catecholamine induced is an early recognition of different clinical signs and symptoms directed to the detection of pheochromocytoma, adopting appropriate diagnostic procedures, administration of appropriate medical therapy and definitive surgery once medical stabilization is achieved.

Moreover, a differential diagnosis of pheochromocytoma induced cardiomyopathy should be considered for patients presenting with uncommon heart failure, in hypotensive patients.

Source of funding: NONE

Conflict of Interest: No

Abstract Number: 83

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: Urinary Bladder Paraganglioma - A Diagnostic Dilemma

Presenting Author: Pratik Dinesh Nishar

Co authors: Dr. Dhananjay Selukar Dr. Mahesh Borikar Dr. Pranal Sahare Dr. Nikhilesh Jibhkate.
GMC Nagpur, Super Speciality Hospital. Nagpur .

Introduction & Objectives: Patient 45 year old female, r/o Nagpur , Housewife, came with complaints of –

Pain in abdomen since 2 months – localized in left flank, intermittent in nature, associated with vomiting and fever.

Also had h/o Palpitation episodes and aggravated on micturation

h/o episodes of headache since 2 months

Patient was recently diagnosed diabetic controlled over Insulin.

Methods & Materials: Patient was admitted in SSH Nagpur and evaluated.

B/L Dj Stenting done and patient was started on IV Antibiotics

Sugars were controlled

Patient planned for wide local excision of tumor

Cystoscopy – lesion located over dome of bladder

Pfannenstiell incision taken

Intraoperative handling of lesion caused rise in blood pressure

Results: Paraganglioma referred to chromaffin cell related tumors located outside adrenal gland, originate from neuroectodermal cells of sympathetic nervous system and may occur in retroperitoneum, skull, mediastinum and urinary bladder.

Bladder tumors account for 10% extra adrenal paraganglioma and 0.06% of bladder tumor.

Common age group 20-50 years and F>M.

Conclusions: Bladder Paraganglioma is difficult to diagnose and treat but diagnostic suspicion and knowledge on topic makes treatment easier.

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 84

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title:

Unexpected Discovery: Bilateral Adrenal Myelolipomas in an Adult Phenotypic Male with Congenital Adrenal Hyperplasia Revealing Genotypic Female Identity

Presenting Author: RUTURAJ RAJESHWAR PENDKAR

Co authors: DR ABHIJIT DHALE DR JAY DHARAMSHI DR GHANSHYAM HATWAR.
JNMC,SAWANGI,MEGHE, WARDHA WARDHA.

Introduction & Objectives: A 33 yr old male patient came with complaints of pain in left side of abdomen and lump in left side of abdomen. On physical examination there was a palpable lump of size 20x15 cm in left side of abdomen occupying left hypochondrium, lumbar and epigastric region, crossing the midline. Firm in consistency. Secondary sexual characters were well developed. Genitals showed penoscrotal hypospadias with bilateral undescended testis.

Methods & Materials: CT abdomen was s/o heterogeneously enhancing soft tissue density lesion with multiple hypodense areas, fat density areas, noted in the left lumbar region, measuring 19x 19 x 14 cm extending from just below the stomach reaching upto the left iliac region. Similar well defined, hypodense lesion noted in the body of right adrenal gland measuring 2.1 x 1.8 x 1.6 cm. Serum cortisol, serum metanephrines and serum aldosterone levels were normal. Serum testosterone levels were normal. Similar well defined, hypodense lesion noted in the body of right adrenal gland measuring 2.1 cm. Testis was not identified in CT scan. Open left adrenalectomy with mass excision was done. On exploring the pelvis region there was e/o uterus with FT and ovaries were identified. Postoperative course was uneventful. Serum DHAES was normal. Serum 17 OHP was raised s/o 21 hydroxylase deficiency. Karyotyping was done s/o 46 XX. As subject has been raised as a male, oophoro-hysterectomy is under consideration.

Results: Adrenal myelolipoma is an uncommon, non-functioning tumor composed of variable amounts of mature adipose tissue and scattered islands of hematopoietic elements, including erythroid, myeloid, lymphoid series, and megakaryocytes. Diagnosis of adrenal myelolipomas based on radiologic imaging, such as ultrasonography, CT or MRI is effective in more than 90% of cases. It should be differentiated from other fat-containing adrenal masses such as teratoma, lipoma and liposarcoma. The optimal treatment depends on the size and symptoms of the tumor. Surgical treatment is usually not necessary for asymptomatic adrenal myelolipomas smaller than 4 cm. In contrast, symptomatic, complicated, and hormonally active myelolipomas larger than 7 cm should be surgically removed.

Conclusions: High index of suspicion is required when managing patients with bilateral adrenal masses with genital abnormalities.

Source of funding: nil

Conflict of Interest: No

Abstract Number: 85

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: Adrenocortical carcinoma with supradiaphragmatic IVC thrombus- a rare case with sarcomatoid differentiation.

Presenting Author: Saryu Goel

Co authors: Saryu Goel Satyadeo Sharma Deepak K Biswal Amit R Sharma Parwez Alam Rahul Bhatia.

AIIMS Raipur Raipur.

Introduction & Objectives: Adrenocortical carcinoma is one of rare tumours of adrenal, usually presenting with signs of hormonal hypersecretion. Sarcomatoid differentiation in ACC is very rare. Up to 33% of patients present with venous thrombi which can extend to right atrium. ACC usually require

adjuvant mitotatne chemotherapy. However tumours with sarcamtoid differentiation have no such defined regimen. To the best of our knowledge no more than 14 cases are reported in the literature till now.

Methods & Materials: We present a case of 58-year-old male smoker complaining of right flank dull aching pain. On evaluation, CECT abdomen was done which revealed right suprarenal mass of adrenal origin of size 8.8x 7cm with supradiaphragmatic IVC tumor thrombus also extending in left renal vein. His 24-hour urinary metanephrines, normetanephrines and serum cortisol were within normal limits. Patient underwent open explorative laparotomy. At time of induction transesophageal echocardiography was done which revealed the tumor thrombus extending till the junction of IVC and right atrium. After mobilising of ascending and descending colon, liver was mobilised by division of triangular ligaments. Infrahilar and suprahepatic vascular control of IVC was achieved. Sternotomy was done to put the patient on extracorporeal bypass circulation. Right radical adrenalectomy with IVC Cavotomy was done to remove tumor thrombus. Final Histopathology was adrenocortical carcinoma with sarcamotoid differentiation.

Results: nil

Conclusions: Right adrenocortical carcinoma with contiguous supradiaphragmatic IVC tumor thrombus and extension into left renal vein is a rare case. Management of such a tumor with sarcomatoid differentiation and tumor thrombus is complex as cardiac bypass is often needed.

Source of funding: none

Conflict of Interest: No

Abstract Number: 86

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: Müllerian duct aplasia-renal aplasia-cervicothoracic somite dysplasia (MURCS) syndrome with functional adrenal mass lesion – A rare association

Presenting Author: SANDEEP MAHADEV DESAI

Co authors: DR. AMIT R SHARMA DR. DEEPAK BISWAL DR. SATYADEO SHARMA DR. RAHUL BHATIA DR. RAGVENDRA DR. PRADYUMAN YADAV .
AIIMS RAIPUR RAIPUR.

Introduction & Objectives: Müllerian duct aplasia-renal aplasia-cervicothoracic somite dysplasia (MURCS) association is a unique development disorder with four common types of malformations that include uterine aplasia or hypoplasia, renal ectopy or agenesis, vertebral anomalies, and short stature. This is an atypical manifestation of MRKH (Mayer–Rokitansky–Kuster–Hauser) syndrome and is classified as MRKH type 2. The majority of MURCS patients are diagnosed with primary amenorrhea from late-adolescence.

- The urogenital abnormalities include Müllerian duct agenesis and unilateral renal hypoplasia. Association of MURCS syndrome with adrenal tumours(functional/non functional) is very rare and is not reported in literature.

Methods & Materials: 22-year-old female patient presented with right sided loin pain, weight loss and excessive sweating and primary amenorrhea with normal development of secondary sexual. She had short stature, low set ears and kyphoscoliosis on left side. Patient had raised blood pressure both in supine and standing position. Due to Primary amenorrhea with normal secondary sexual characters, with cervico-thoracic spine abnormalities, possibility of MURCS syndrome was suspected. CECT Abdomen was done which revealed a well defined heterogeneously enhancing mass lesion showing internal cystic necrotic areas arising from Right adrenal gland. It also revealed Right malrotated ectopic kidney ,Left Renal agenesis with Uterine agenesis.

Serum hormonal levels revealed increased serum and urine metanephrine and normetanephrine levels. Since patient was symptomatic along with CECT s/o Right Adrenal mass, she underwent open Right adrenalectomy with thoracoabdominal incision. HPE report was s/o Adrenal Psuedocyst.

Results: NIL

Conclusions: MURCS Syndrome is a rare entity with urogenital abnormalities. Association with functional adrenal tumour is very rare. However they can be managed with surgery and complete resection is associated with good outcomes.

Source of funding: SELF

Conflict of Interest: No

Abstract Number: 87

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: ATYPICAL PRESENTATION OF PRIMARY BILATERAL ADRENAL LYMPHOMA

Presenting Author: Akshay Avinash Tikekar

Co authors: DR. SUBODH SHIVDE DR. BHALCHANDRA KASHYAPI DR HRISHIKESH
DESHMUKH.

DEENANATH MANGESH HOSPITAL PUNE.

Introduction & Objectives: Primary adrenal lymphoma (PAL) is an aggressive form of lymphoma and is extremely rare accounting for <1% of non-Hodgkin lymphomas. Only limited cases(<100) have been reported in medical literature till now.

Methods & Materials: Case Report: We report a case of a 65-year-old female, without comorbidities, who presented with generalized weakness, loss of appetite and significant weight loss, altered sensorium. Admitted in ICU for, irrelevant talks, tachycardia, raised creatinine, hypercalcemia, hyponatremia and hypokalemia. Ultrasound revealed large bilateral renal fossa masses, MRI BRAIN-CVST, CT adrenal protocol revealed right and left adrenal masses with small paraaortic lymph nodes. FDG PET scan suggestive of B/L adrenal lesions, no disease elsewhere. Borderline low s. cortisol, high ACTH levels, normal plasma renin, free meta and normetanephrines. CEA, CA 125, CA 19-9, CA 15-3, all normal. ZN stain, Fungal KOH preparation, X-pert MTB, PAS stain – all negative. The diagnosis of PAL-DLBCL was confirmed with USG guided adrenal biopsy.

She was treated with R-CHOP chemotherapy, simultaneous calcium correction done.

Results: AI in the setting of PAL can constitute both diagnostic and therapeutic challenges, including significant electrolyte imbalances as discussed in this case report.

Conclusions: It is important to have a high suspicion for PAL, especially in the presence of bilateral adrenal masses and AI (low cortisol high ACTH). Early adrenal biopsy is required for diagnosis. Hypercalcemia is relatively rare in PAL and is non-PTH mediated. Complications during disease course and treatment and better managed by multidisciplinary team.

Source of funding: nil

Conflict of Interest: No

Abstract Number: 88

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: Well differentiated primary neuroendocrine tumour of the adrenal gland: A case report with rare histopathology

Presenting Author: Akash Alpesh Shah

Co authors: Dr. Subodh shivde Dr. Kashyapi Bhalchandra Dr. Rohan Valsangkar.
Deenanath mangeshkar hospital, pune Pune.

Introduction & Objectives: Primary neuro endocrine tumour of adrenal gland is rare condition. The objective is to report a case of 71 year old female patient admitted with persistent diarrhea at deenanath mangeshkar hospital, pune was diagnosed with primary neuro endocrine tumour of left adrenal gland.

Methods & Materials: Patient was underwent clinical evaluation, upper GI scopy and colonoscopy was unremarkable. CECT abdomen suggestive of enhancing 5.3*4.5*5.4 cm left adrenal mass with necrotic components and calcifications abutting left splenic artery and renal vein. Her free metanephrines ,normetanephrines, cortisol, plasma renin, DHEAS, ACTH were within normal limits. Her chromogranin A level was 878 ng/l(normal < 108 ng/l). Ga 68 DOTANOC PET CT suggestive of enhancing lesion with tracer uptake in left adrenal mass measuring 56x49x61mm SUV 42.58, without infiltrating to surrounding structures and distant metastasis.

Results: Patient was underwent laparoscopic left adrenalectomy. Post operative recovery was uneventfull and discharged on POD 5. Histopathology report suggestive of Well differentiated Neuroendocrine tumour-Grade 2

Without capsular and vascular invasion with IHC positive for CK, Synaptophysin, Chromogranin and CD56.

Conclusions: Neuroendocrine tumors are rare out side of gastrointestinal tract, pancreas, bronco-pulmonary system. Primary neuroendocrine tumour of adrenal gland is rare, very few cases reported in literature. With use of IHC markers these type of tumour detected and differentiated from other neuroendocrine tumour of adrenal gland like pheochromocytoma and paraganglioma. Further studies are required to know the aggressiveness of these tumours.

Source of funding: None

Conflict of Interest: No

Abstract Number: 89

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: Intravesical bacille Calmette-Guerin Therapy for Ureteric Transitional Cell Carcinoma (TCC)

Presenting Author: Sinjan Jana

Co authors: Dr. Kshitij Raghuvanshi Dr. Rajeev Chaudhari.
Ruby Hall Clinic, Pune Pune.

Introduction & Objectives: Transitional cell carcinoma (TCC) primarily manifests in the lower urinary tract with only 1% arising within the ureters.

Methods & Materials: Radical nephroureterectomy with bladder cuff excision is the standard treatment for upper tract TCC in patients with a functioning contralateral kidney. In high-risk patients with severe renal insufficiency or a solitary kidney, kidney-sparing approaches are employed. Adjuvant measures, including intravesical BCG therapy, have proven effective in preventing recurrence and treating carcinoma in situ (CIS) of the bladder. However, delivering BCG to the upper urinary tract presents challenges due to its anatomical location.

This case report describes a 80-year-old male with a renal insufficiency, who underwent robotic distal ureterectomy for high-grade urothelial carcinoma (TCC) with postoperative retrograde instillation of BCG.

Results: Nil

Conclusions: This case highlights the challenges of managing upper tract TCC while aiming to preserve kidney function and potential role of BCG therapy in such scenarios.

Source of funding:

Conflict of Interest: No

Abstract Number: 90

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: INVASIVE PAPILLARY UROTHELIAL CARCINOMA OF DISTAL URETER: A RARE ENTITY.

Presenting Author: saiprasad prakash shetty

Co authors: Dr. Ashish Dhande Dr. Joseph S Dr. Soumyan Dey.

Dr. D.Y.Patil Hospital Nerul , Navi Mumbai Navi Mumbai.

Introduction & Objectives:

Urothelial neoplasm affects the lining of the urinary tract extending from the renal pelvis to the distal urethra and has various growth patterns of which invasive papillary urothelial carcinoma is a rare entity. Understanding the difference between low grade and high grade is also important as it affects the prognosis of the disease. Hence knowledge about the disease and its management is essential.

Methods & Materials: A 65 year old female presented to our OPD with right lumbar pain ,on and off haematuria since 20 days . For which she was investigated by various radiological modalities which helped us diagnose, a right sided thinned out parenchyma with dilated pelvic calyceal system along with a dilated ureter up to distal end after which there was a sudden intra mural thickening leading to a constriction followed by a normal ureter entering in to the bladder. Following which a DTPA scan was done to document the functioning of the right kidney after which the patient underwent a laproscopic assisted right nephroureterectomy with bladder cuff excision. Whose histopathology report was suggestive of high grade invasive papillary urothelial carcinoma , pT2pN0.

Results: nil

Conclusions: This study provides us with a good understanding of the disease and the line of management for such cases.

Source of funding: hospital, author

Conflict of Interest: No

Abstract Number: 91

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: Paraganglioma of the urinary bladder – A case report on a rare, silent yet potentially deadly disease.

Presenting Author: Karthik Hariprasad Shetty

Co authors: Dr. Prashant M Dr. Prashant L Dr. Pankaj C Dr. Shailesh K Dr. Ritvij P.
GOA MEDICAL COLLEGE, BAMBOLIM, GOA PANAJI.

Introduction & Objectives: Paragangliomas of the urinary bladder are rare tumours of chromaffin tissue origin, which arises from the sympathetic innervations of the bladder wall. These chromaffin cells are derived from the embryonic neural crest cells and tumours known as pheochromocytomas at the adrenals. However, 10% of these tumours occur at extra adrenal sites and are known as paragangliomas. Paragangliomas, if functional, can even present with post-micturition syncope and hypertensive crisis post-intervention. Hence the need for pre-emptive diagnosis before proceeding to treat.

Here, we are presenting a rare case of non-functional paraganglioma of urinary bladder in an adult female and the challenges faced to appropriately diagnose and treat such patients.

Methods & Materials: A 68-year-old woman presented with vague, intermittent suprapubic pain since 2 months. On evaluation with ultrasound, there was an isoechoic mass 2.6 x 2.1 cm at the right posterolateral wall of bladder with significant vascularity on colour doppler. Further evaluation with contrast enhanced computed tomography confirmed the presence of a bladder mass likely neoplastic. On cystoscopy, a large bulbous submucosal mass was seen with the overlying mucosa appearing normal. Initial biopsy reported it as a low-grade transitional cell carcinoma. In view of her cystoscopic findings, magnetic resonance imaging of pelvis and 24-hour urinary metanephrine and catecholamines were done. These established that the lesion was most likely a non-functional paraganglioma. Patient thus underwent a transurethral resection of the bladder tumour. Histopathology along with immunohistochemistry confirmed the diagnosis. Later, consolidative partial cystectomy was done for wide excision of the submucosal tumour.

Results: Nil

Conclusions: Differentiating between a urinary bladder paraganglioma, particularly the nonfunctional type, from a urothelial carcinoma can be a diagnostic challenge. Use of various imaging modalities, biochemical testing and histopathological examination along with immunohistochemistry clinches the diagnosis in most cases.

Source of funding: None

Conflict of Interest: No

Abstract Number: 92

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: BLADDER ADENOCARCINOMA: A PERSISTING DIAGNOSTIC DILEMMA

Presenting Author: Shashank Sharma

Co authors: Dr Fanindra Solanki Dr Avinash Thakur Dr Anurag Dubey.
NSCB Medical college Jabalpur Jabalpur .

Introduction & Objectives: Primary urinary Bladder Adenocarcinoma (PBA) is an uncommon neoplasm and can cause diagnostic difficulties due to histologic similarities with adenocarcinomas of adjacent structures like Gastrointestinal Tract (GIT) and prostate, since involvement of the bladder by metastasis or direct spread can occur.

Methods & Materials: Here we report a case of a 62 years old female patient having irritative LUTS with recurrent UTI with uncontrolled DM 2. On diagnostic cystoscopy patient had a growth on bladder dome. A biopsy was taken indicating villous adenoma. On CT imaging patient had possibility of ileo vesicle fistula. A decision to operate the patient was taken and radical cystectomy with segmental bowel resection with ileal conduit was done. HPE was indicative of moderately differentiated adenocarcinoma ; enteric type involving bladder and invading serosa of small intestine.

Results: Nil

Conclusions: Bladder adenocarcinoma is rare tumours. Primary and secondary adenocarcinomas cannot be distinguished from each other on morphologic grounds. Ancillary studies may have limited role in distinguishing between the two. Hence, clinical correlation has a major role in their evaluation

Source of funding: None

Conflict of Interest: No

Abstract Number: 93

Session: Poster or ePoster S3 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 11:30AM-12:00PM Discussion:
12:00PM-1:00PM

Title: A benign urinary bladder tumor mimicking malignancy, skillfully addressed through robotic partial cystectomy.

Presenting Author: Rahul Prakash Zalse

Co authors: T. B. Yuvaraja Abhinav Veerwal Priyabarta Adhikari Abhinav Pednekar Achint Vajpeyi.

Kokilaben Dhirubhai Ambani Hospital, Rao Saheb Achutrao Patwardhan Marg, Four bungalows, Andheri West, Mumbai. Mumbai.

Introduction & Objectives: Leiomyomas are benign tumors originating from smooth muscle cells and are commonly found in the uterus and gastrointestinal tract. However their occurrence in the urinary bladder is exceedingly rare, with only a few reported cases in the literature.

Methods & Materials: We present a case report of a 49-year-old male patient who presented with incidentally diagnosed with mass of the urinary bladder suspected to be Urachal adenocarcinoma. Due to the tumor's location and size, robotic-assisted partial cystectomy with umbilectomy with b/l Extended pelvic lymph node dissection was chosen as the treatment modality. The surgical procedure was performed successfully, with minimal blood loss and short hospital stay. But to our surprise, histopathological examination following surgical resection confirmed the diagnosis of leiomyoma.

Results: This case highlights the feasibility and effectiveness of robotic-assisted surgery in the management of leiomyomas of the urinary bladder, offering precise resection with favorable outcomes and minimal morbidity.

Conclusions: To conclude, Robotic assisted partial cystectomy is best method to manage benign mass of bladder. Through this case, we aim to raise awareness about the possibility of leiomyoma in the differential diagnosis of bladder masses, emphasizing the importance of histopathological examination for accurate diagnosis and appropriate management.

Source of funding:

Conflict of Interest: No

ePoster Session S4 (Uro-Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S4	Friday, 4th Oct 2024	Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM	C	94-105

Chairpersons: Dr Vivek Birla, Dr Ashiq Rawal, Dr Kamlesh Patel.

Abstract No.	Presenting Author	Title
94	Parwez Alam	Urinary bladder paraganglioma -Intraoperative challenges of a rare tumour
95	Akshay Avinash Tikekar	Neobladder with complicated ureteric stone and uretero-sigmoid fistula
96	Abhinav Pandey	A case of metastatic bladder cancer post allogenic kidney transplant: A conundrum
97	Sharvil Thatte	Bilateral Synchronous Distal Ureteric Carcinoma: A Rare Presentation
98	Ashish Rameshkumar Chandak	Clinical profile of upper urinary tract malignancies at a single center in rural india
99	VIRAJ RASESH DESAI	DUAL RCC HISTOLOGY WITHIN THE SAME KIDNEY- A RARE PRESENTATION
100	Swastik Bhardwaj	A case of Von Hippel Lindau Disease
101	Siddhant Krishna Shrivastav	Giant Renal Angiomyolipoma : A Rare Case Entity
102	Onkar Singh Sangha	A Rare case of Transitional cell carcinoma with stones in Horseshoe Kidney
103	Amit Atul Chiddarwar	A rare case of urothelial carcinoma with clear cell carcinoma
104	PRADHUMAN YADAV	A rare case of Giant Primary renal Ewings Sarcoma
105	DARSHAN MANAKLAL RATHI	An interesting case of a mucinous cystadenoma of a horseshoe kidney in a middle-aged woman

Abstract Number: 94

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: Urinary bladder paraganglioma -Intraoperative challenges of a rare tumour

Presenting Author: Parwez Alam

Co authors: Pradhuman Yadav Satyadeo Sharma Deepak k Biswal Amit R Sharma .

Aiims raipur Raipur .

Introduction & Objectives: Paraganglioma of the urinary bladder (PUB) is a rare disease, account for less than 0.06% of all bladder tumors and occur in all age groups with female predominance. Urinary bladder paraganglioma presenting without hematuria and headache or hypertension is rare.

Methods & Materials: A 55-year male presented with complaints of dysuria. There was no history of hematuria Urine Routine and microscopy was normal. Ultrasonography done showed heterogenous soft tissue lesion at anterior wall of UB Size 2.9x2.1x3.1 cm. Cystoscopy revealed polypoidal sessile mass of 2 cm in anterior bladder wall. Urine Cytology was PARIS II.

Patient was taken up for TURBT. Immediately after starting resection, there was sudden spike of blood pressure to 250/118 mm Hg and the resection site started bleeding profusely. The procedure was halted and quickly TUR biopsy was done, achieving hemostasis. Post operative recovery was uneventful. Suspecting extra-adrenal pheochromocytoma, patient was evaluated which revealed raised free plasma metanephrines. TUR biopsy revealed paraganglioma with IHC: Chromogranin - diffuse strong positive, CD56 - diffuse strong positive, GATA3- positive, EMA-negative. MIBG scan did not reveal and activity outside the bladder.

Results: It is believed that paragangliomas of the bladder originate from the intra-mural portion of the bladder wall, and that it is therefore difficult to remove the tumor entirely with TURBT only. The risk of recurrence and malignant transformation is high, hence partial cystectomy can be considered early. Moreover, bladder paragangliomas are likely to recur and metastasize, lifelong follow-up with appropriate history, annual measurement of plasma and urinary catecholamine levels and cystoscopy is essential.

Conclusions: A urinary bladder paraganglioma may masquerade as a usual bladder tumor but intraoperative hypertensive crisis gives clinical clue to the diagnosis. Hence, both urologist and pathologist should have a high index of suspicion to have a proper diagnosis and treatment.

Source of funding: None

Conflict of Interest: No

Abstract Number: 95

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: Neobladder with complicated ureteric stone and uretero-sigmoid fistula

Presenting Author: Akshay Avinash Tikekar

Co authors: Dr Hrishikesh Deshmukh Dr Bhalachandra Kashyapi.

Deenanath Mangeshkar Hospital, Pune Pune.

Introduction & Objectives: Uretero-sigmoid fistula is rare complication after intervention for impacted ureteric stone in a case of previously operated radical cysto-prostatectomy with neobladder. At present, limited literature mentions about such fistula and its treatment.

Methods & Materials: 55 year old male, DM,CKD, IHD, with previous h/o CA bladder treated with radical cystectomy with neobladder presented with severe left side backache. CT KUB was s/o left moderate HN HU with impacted 1.8 cm calculus at left uretero-colonic anastomosis with perinephric fat stranding s/o pyelonephritis, raised creatinine, initially treated with emergency antegrade stenting with PCN insertion; subsequently antegrade flexible ureteroscopy with laser and stent replacement with PCN removal. Patient presented in between, with 1 episode of UTI with fever and chills. Patient then presented with diffuse watery diarrhea typically started 2-3 days after the ureteroscopy .MRI urography was s/o active leak of contrast in proximal sigmoid, likely fistula. Patient was then explored and found to have left ureter crossing anteriorly to sigmoid with a fistula proximally into the sigmoid, fistulous tract excised, sigmoid was sutured in double layer primarily with omental patch, re-implanted on the bladder.

Results: It is difficult to treat ureteric stones in cases of neo-bladder, hence emergency PCN insertion followed by antegrade flexible ureteroscopy can be used to treat such stones for definitive management.

Conclusions: Use of energy sources for breaking impacted ureteric stones can lead to such complications. Energy sources to be used cautiously in such cases.

Source of funding: nil

Conflict of Interest: No

Abstract Number: 96

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: A case of metastatic bladder cancer post allogenic kidney transplant: A conundrum

Presenting Author: Abhinav Pandey

Co authors: Swapnil Suresh Gholap Ananda Limbaji Bhuktar Shailesh Raina.

Jaslok Hospital and Research Centre Mumbai.

Introduction & Objectives: Immunosuppression is backbone of kidney transplantation, however it is itself risk factor for secondary malignancy including bladder cancer. We present a case of bladder cancer post live related kidney transplant, which was managed with carboplatin-gemcitabine chemotherapy.

Methods & Materials: A 56 year old diabetic woman with autosomal dominant polycystic kidney disease (APKD) managed with bilateral nephrectomy and live related kidney transplant recipient presented with new onset hematuria, 19 years post-transplant. She was on sirolimus 1.5mg, prednisone 5mg and tacrolimus 2 mg, daily. Her creatinine (Cr) was 1.9mg/dl.

A Fluro Deoxy Glucose Positron emission tomography computed tomography (FDG PET-CT) revealed irregular asymmetric wall thickening involving anterior, superior and right lateral wall of urinary bladder involving transplanted VUJ and extending in to distal ureter. Bilateral common, external and internal iliac lymph nodes along with retroperitoneal lymph node, latter representing M1a disease. Transurethral biopsy confirmed high grade invasive urothelial carcinoma and stained positive for GATA-3 and P63.

Gemcitabine carboplatin chemotherapy was given. Post 4 cycles, the creatinine came down to 0.9mg/dl, there was reduction in size of primary tumour.

Results: As per European Association of Urologist (EAU) guidelines gemcitabine carboplatin combination has level IIb evidence for cisplatin ineligible cases of metastatic bladder cancer. Linardou, et al in their multi center study titled Gemcitabine and carboplatin combination as first-line treatment in elderly patients and those unfit for cisplatin-based chemotherapy with advanced bladder carcinoma showed overall response rate of 36%. In our patient after 4 cycles of chemotherapy both clinical and radiological response was observed.

Conclusions: This case report is an example where a less efficacious second line treatment can be tailored according to current clinical status of patient as last resort. Oncologic control and preservation of allograft function are goals in the management of malignancy in post-renal transplant recipients. Here, we present a case of unresectable MIBC managed with second line systemic chemotherapy.

Source of funding: No funding was obtained.

Conflict of Interest: No

Abstract Number: 97

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: Bilateral Synchronous Distal Ureteric Carcinoma: A Rare Presentation

Presenting Author: Sharvil Thatte

Co authors: Dr Mukund Andankar Dr Hemant Phatak Dr Tarun Jain Dr Sandesh Parab Dr Priyank Kothari.

BYL Nair Ch Hospital, Mumbai Mumbai.

Introduction & Objectives: Bilateral synchronous distal ureteric carcinoma represents a rather rare clinical entity. While the management of upper tract urothelial carcinomas (UTUC) themselves is a challenge, bilateral synchronous involvement of the distal ureters is exceedingly uncommon, therefore such a case warrants meticulous evaluation and management strategies tailored to individual patient characteristics. CT Urography usually is able to accurately diagnose the condition. Treatment strategies depend on the location of involvement of the ureter and renal function, which range from endoscopic resection, segmental resections, nephron sparing surgeries (NSS) to radical nephroureterectomy (RNU) with bladder cuff excision.

Methods & Materials: A 49-year-old smoker presented to us with painless intermittent haematuria and passage of serpentine clots for 3 months. CT Urography showed a 4.5x3.6x1.3cm lesion in the terminal right ureter with a 1.5x1.1x1.5cm lesion in the terminal left ureter with preserved fat planes with bilateral hydroureteronephrosis with a 1.6x1.1x2cm left distal ureteric calculus (1420 HU). The left kidney showed a suboptimal nephrogram and cortical scarring. Serum Creatinine was 1.5mg% and a DTPA Scan (Left GFR 10.6 ml/min, Right GFR 43.4ml/min). Cystoscopy revealed mass protruding from both ureteric orifices without any frank bladder mucosa involvement. TUR Biopsy revealed high grade papillary urothelial malignancy. The patient was taken up for Laparoscopic Left Nephroureterectomy with Bladder Cuff excision with Right Distal Ureterectomy with Psoas Hitch and Ureteroneocystostomy. Postoperative course was uneventful. 12 month follow up showed no residual or recurrent disease.

Results: UTUCs represent 5-10% of all urothelial malignancies and, while synchronous UTUC and bladder carcinoma have been reported with relative frequency, less than 5% of UTUC have bilateral synchronous presentations. With such a rare case scenario, aggressive disease and high incidences of metachronous malignancies and recurrences, management of such patients must be decided on a case-by-case basis. Guidelines advise RNU for high-risk unilateral UTUC, but there are no specific recommendations for managing synchronous bilateral UTUC. Given the patient's young age, unilateral poorly functioning kidney, absence of metastasis, apparent feasibility of resection for both tumours, and the patient's preference, we opted to conduct unilateral RNU and contralateral NSS along with PLND. All resection margins and 11 pelvic lymph nodes were free from tumour. Patient was started on adjuvant chemotherapy and 6 monthly check cystoscopies revealed no bladder recurrences. 12 month follow up PET-CT is awaited.

Conclusions: Owing to the fact that bilateral synchronous ureteric carcinomas present a unique challenge in which oncological clearance and prognosis must be balanced with nephron sparing strategies. Hence, treatment strategies must be individualised. In selected cases, distal ureterectomy remains a viable option with optimal oncological clearance and good functional outcomes.

Source of funding:

Conflict of Interest: No

Abstract Number: 98

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: Clinical profile of upper urinary tract malignancies at a single center in rural india

Presenting Author: Ashish Rameshkumar Chandak

Co authors: Dr Santosh Samindre Dr Abhijeet Katkar.

Kims Karad .

Introduction & Objectives: Upper urinary tract Consists of kidney , renal pelvis and ureter above sacroiliac joint .Upper urinary tract malignancy include malignant renal tumors , Urothelial tumors of the upper urinary tract and upper ureter .We studied 24 patients including both the sex groups undergoing Treatment of different age group in the form of sites of tumor, size of tumor, number tumor, surgery done histological outcome and follow up

Methods & Materials: This Retrospective study was carried out by reviewing medical records between 01/01/2022 and 1/01/2023.Imaging was done by USG , CT (A+P) and PET scan.Preoperative evaluation was done .4 Radical Nephroureterectomy (RNU) with bladder cuff excision were done for Transitional cell carcinoma ,19 Radical nephrectomy were done for renal cell carcinoma and 1 was inoperable and histopathology of resected specimen was noted .A systematic follow-up was done, and recurrences were noted and treated. Data was then analyzed.

Results: More than one-thirds of all cancers affect age 50 and less. Preoperatively one patient had distant metastasis and one had hilar lymph node positive .Histology of 19 was s/o RCC , 4 of them were TCC and one was inoperable .Postoperatively two patients had local recurrence after one year of followup

Conclusions: The widespread use of non-invasive radiological techniques (USG),(CT), allows detection at early age and small malignancies which are potentially curable.Surgical resection of malignancy remains the main stage of treatment for localised as well as metastatic malignant of Upper Urinary Tract. Targeted therapy and immunomodulatory agents are considered standard of care in patients with metastatic disease

Source of funding:

Conflict of Interest: No

Abstract Number: 99

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: DUAL RCC HISTOLOGY WITHIN THE SAME KIDNEY- A RARE PRESENTATION

Presenting Author: VIRAJ RASESH DESAI

Co authors: DR VIRAJ DESAI DR ABHIJIT PATIL DR ABHISHEK SINGH DR ARVIND GANPULE DR RB SABNIS DR MAHESH DESAI .
MULJHIBHAI PATEL UROLOGICAL HOSPITAL NADIAD.

Introduction & Objectives: Renal Cell Carcinoma (RCC) comprises 2-3% of all cancers.

However, unilateral synchronous malignant tumors of different histologic subtypes are very rare and only a few such cases have been reported.

The most common subtype of renal cell carcinoma are clear cell, papillary and chromophobe type RCC and account for approximately 80%,10% and 5%,respectively.

There are few studies that define bilateral synchronous malignant renal tumors or coexisting benign and malignant tumors arising within the same kidney.

The incidence of clear cell RCC and papillary RCC arising within the same kidney is very low.

Methods & Materials: WE MANAGED THE PATIENT ON TERMS OF A RADICAL NEPHRECTOMY.

DUE TO THE PAUCITY OF THE DATA AVAILABLE. THIS IS THE FIRST EVER PRESENTATION AT OUR INSTITUTE.

WE MANAGED THE CASE AND THE FOLLOWUP ON THE LINES OF THE HISTOLOGY WHICH HAS A POORER PROGNOSIS AND DISEASE PROFILE OFF THE TWO

Results: DUALN RCC HISTOLOGY, IS AN EXTREMELY RARE PRESENTATION IN PRACTICE. WORLD WIDE ONLY 10 CASES HAVE BEEN REPORTED AND ONLY 2 SUCH ARTICLES WHICH HAVE A PRESENTATION LIKE OURS. THUS THESE CASES MUST BE COLLECTED , ANMD A DATA SET MUST BE MADE IN ORDER TO FORMULATE A DISEASE MANAGEMENT ALGORITHM OF SUCH CASES

Conclusions: PAUCITY OF DATA WORLDWIDE, WHICH REQUIRES STRICT DATA COLLECTION, PATIENT FOLLOWUP AND MANAGEMENT PROTOCOL FOR FOLLOWUP

Source of funding: NIL

Conflict of Interest: No

Abstract Number: 100

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: A case of Von Hippel Lindau Disease

Presenting Author: Swastik Bhardwaj

Co authors: Dr Gaurang Shah Dr Paras Dr Brijesh Dr Abhishek Ghosh Dr Tanvi Davda.

Saifee hospital Mumbai .

Introduction & Objectives: A middle aged male presented with complaints of recurrent Hematuria. Cause of hematuria was evaluated and further imaging and relevant investigation were performed

Methods & Materials: Patient was managed with a multidisciplinary approach.

Results: Nil

Conclusions: The purpose of presenting the case report is to show the classical features of Von Hippel Lindau disease as presented to us

Source of funding:

Conflict of Interest: No

Abstract Number: 101

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: Giant Renal Angiomyolipoma : A Rare Case Entity

Presenting Author: Siddhant Krishna Shrivastav

Co authors: Dr Siddhant Krishna Shrivastav Dr Amol Kamble Dr Ojas Potdar Dr Shashank Sharma Dr Raj Gajbhiye .

Grant Government Medical College and JJ Hospital Mumbai Mumbai .

Introduction & Objectives: Renal Angiomyolipoma is a rare neoplasm consisting of mature adipose tissue, thick-walled blood vessels and smooth muscle in different proportions. Giant Renal AML is uncommon presentation (0.3%). However, due to the hemorrhagic aneurysms that develop with the enlarging AML, the incidence of compression symptoms and the risk of bleeding from the rupture increases. Management of this condition is by integration of Intervention Radiology and Surgery.

Methods & Materials: A 45 yr old female patient presented with a 6 month history of progressive distension of abdomen. On palpation, a sizeable mass was identified in the left lateral abdominal area. The patient underwent CECT(A+P) and it revealed large well defined exophytic lesion of size 9*14.5* 16. 7 cm seen arising from the upper pole of the left kidney with intratumoral pseudoaneurysm and intratumoral hemorrhage for which Preoperative Embolization was done which was followed by Left Partial nephrectomy.

Results: Giant renal AML may be identified by imaging and the diagnosis is confirmed by histological and immunohistochemical examination. As this tumor is associated with a high risk of hemorrhage, Preoperative Embolization followed by partial or total nephrectomy, rather than conservative treatment, is the treatment of choice in order to reduce the risk of bleeding and relieve the compression symptoms caused by the giant mass.

Conclusions: In conclusion, Giant renal angiomyolipoma and its complications are extremely rare found especially in middle age women . Knowledge of this clinical entity is important as risk of hemorrhage may lead to further complications and management is by Integration of Intervention Radiology and Surgery

Source of funding:

Conflict of Interest: No

Abstract Number: 102

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: A Rare case of Transitional cell carcinoma with stones in Horseshoe Kidney

Presenting Author: Onkar Singh Sangha

Co authors: Sunil Mhaske Ujjwal Bhardwaj.

dr DY Patil Medical college, Hospital & Research Centre pune.

Introduction & Objectives: UTUCs are considered rare tumors with chance association with horse shoe kidneys.

This is a rare case of Horse shoe kidney with a left duplex system with renal calculi with a hidden Transitional cell carcinoma, which is a rare occurrence.

Methods & Materials: A 42 year old male presented with hematuria and left flank pain, diagnosed with multiple left renal calculi in a horse shoe kidney with left duplex system on CT urography. Patient underwent a Left PCNL, and a pelvic papillary growth was found after stone clearance, biopsy of which was high grade urothelial carcinoma. The patient underwent a left nephroureterectomy and heminephrectomy for the same.

Results: nil

Conclusions: A high index of suspicion is important while treating young patients with hematuria and the combination of a horse shoe kidney, with a left duplex moiety and calculi with a UTUC is an extremely rare occurrence, with only 3 reports available on various databases.

Source of funding: none

Conflict of Interest: No

Abstract Number: 103

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: A rare case of urothelial carcinoma with clear cell carcinoma

Presenting Author: Amit Atul Chiddarwar

Co authors: Dr. Dhananjay selukar.

Nagpur.

Introduction & Objectives: Metachronous clear cell RCC with urothelial carcinoma of urinary bladder is a rare presentation.

Methods & Materials: 50 year old male presented with hematuria and was diagnosed with bladder tumour which came out to be T2 on TURBT so RCIC was done in February 2023. Postop course was uneventful and patient was discharged. One year later he was incidentally diagnosed with right renal upper pole mass for which partial nephrectomy was done whose HPR showed clear cell carcinoma.

Results: Nil

Conclusions: Although RCC in a case of urothelial carcinoma is a rare presentation. Patient should be screened regularly with USG to look for other metachronous tumours in the post op period.

Source of funding:

Conflict of Interest: No

Abstract Number: 104

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: A rare case of Giant Primary renal Ewings Sarcoma

Presenting Author: PRADHUMAN YADAV

Co authors: AMIT R. SHARMA SATYADEO SHARMA DEEPAK BISWAL PARWEZ ALAM
SANDEEP DESAI RAHUL BHATIA.

AIIMS RAIPUR RAIPUR.

Introduction & Objectives: Retroperitoneal Ewing's sarcoma are rare tumours and a renal primary Ewing's sarcoma in an adult is even rarer. As there are no typical presenting characteristics or imaging features; the diagnosis is essentially based on the histopathologic examination with immunohistochemistry markers. Management of these giant tumours is challenging as complete resection is often not achieved even after radical nephrectomy and adjuvant chemotherapy is required

Methods & Materials: A 31year male presented with complaints of lump in left flank since last 2 months; gradually increasing in size and was not associated with pain, vomiting, fever, haematuria or weight loss. On examination, a fixed non-tender mass of size 12 x 15cm was palpable in left hypochondrium and lumbar region. CECT Abdomen showed 14x14x13 cm enhancing mass arising from upper and mid pole of left kidney. The mass was displacing spleen and pancreas anteriorly. There was loss of fat planes with the psoas muscles. Few nodes were present in para aortic region. The Mass was completely encasing left renal artery and renal vein was not separately visualised with multiple collaterals from IVC. MR venography was not showing any venous thrombus. Patient underwent open left radical nephrectomy (R-2 resection). Histopathology report was suggestive of Extraskeletal Ewing's sarcoma (French Federation of Cancer Centres Sarcoma Group 2). Patient was subsequently given adjuvant chemotherapy treatment and followup

Results: Nil

Conclusions: In cases of giant renal tumours/ retroperitoneal tumours one should look for elements of suspicion such as hilar encasement, multiple collaterals, psoas involvement, tumour thrombus or renal vein involvement etc. which may be indirect indicators of soft tissue sarcoma or extra skeletal tumours(Ewings in this case) and surgery should aim for R0 resection.

Source of funding:

Conflict of Interest: No

Abstract Number: 105

Session: Poster or ePoster S4 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM

Title: An interesting case of a mucinous cystadenoma of a horseshoe kidney in a middle-aged woman

Presenting Author: DARSHAN MANAKLAL RATHI

Co authors: Ojas Potdar Shashank Sharma Amol Kamble Mohd Ayub Siddiqui.

Grant Government Medical college and J J Hospital MUMBAI.

Introduction & Objectives:

The occurrence of a primary mucinous cystadenoma in a horseshoe kidney is a very rare case with only 3 cases reported in literature .We would like to describe our case as the fourth one to add to the literature of this rare clinical scenarios.

Methods & Materials: 48 years female with complaints of vague right sided abdominal pain over a period of 6 months.USG of the abdomen revealed horseshoe kidney with hyperechoic lesion arising from the interpolar region of the right segment. CECT of the abdomen and pelvis which revealed a horseshoe kidney and evidence of well-defined hypodense non-enhancing cystic lesion of size 7.3 cm *6.5 cm *7 from the interpolar region of the right division of the horseshoe kidney.The cystic lesion suggestive of Bosniak type IIF lesion .In view of the persistent pain, patient was planned for cyst excision. The cyst excision was done by an upper midline abdominal incision. The cyst

was carefully dissected out from the renal parenchyma away from the renal hilum and excised in toto. On cutting open the cyst; it was found to contain mucinous material.The HPE report mucinous cystadenoma of horseshoe kidney. The patient has been on regular follow up post-surgery. There is no recurrence over a period of 6 months.

Results: We describe an extremely unique case of mucinous cystadenoma in a horseshoe kidney. To our knowledge, there have been only 14 reported cases of mucinous cystadenoma of the kidney, and only 3 of such cases have been described in a horseshoe kidney. These tumors cannot be distinguished from a renal cyst based on clinical examination findings, laboratory data, and imaging studies. None of the previous reports correctly diagnosed the disease before surgery; the final diagnosis was made only after the tumour was excised and final histopathology report was obtained. Mucinous cystadenoma of the kidney may therefore be missed by routine imaging studies. In our case, the histopathologic findings demonstrated an inner surface of the cyst covered by a mucin positive columnar epithelium admixed with transitional epithelium, suggesting that the origin of the mucinous tumour was likely from a sequestered segment of the renal pelvic epithelium.

Conclusions:

We report an extremely unique interesting case of mucinous cystadenoma in a HSK. Thus, we conclude that horseshoe kidneys present with unique challenges to the urologist in his clinical practice.

Source of funding: No funding

Conflict of Interest: No

ePoster Session S5 (Uro-Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S5	Friday, 4th Oct 2024	Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM	C	106-116

Chairpersons: Dr Bhalchandra Kashyapi, Dr Arvind Joshi, Dr Santosh Agrawal.

Abstract No.	Presenting Author	Title
106	Pratik Sudhir Patil	INCIDENTAL SYNCHRONOUS SPORADIC BILATERAL RENAL CELL CARCINOMA – A SURGICAL CHALLENGE
107	Vivek M Chaudhari	Metastatic Squamous cell carcinoma of kidney from carcinoma of cervix masquerading as Non-functional kidney with large perinephric collection.
108	RAHUL BHATIA	Renal cell carcinoma with multiple myeloma: coincidence or syndromic association?
109	Akash Alpesh Shah	Complex partial nephrectomy in crossed ectopic fused horseshoe kidney isthmus mass : A case report
110	Vishwadip Vishnudas Bhalerao	Renal clear cell sarcoma with IVC and atrial thrombosis in adults...
111	Rupen Dhirenbai Jhaveri	A very rare Metachronous metastasis from sarcomatoid renal cell carcinoma
112	Onkar Singh Sangha	A Case series on varied and rare Presentation Of Carcinoma Penis at a Tertiary Care Center in India.
113	Mekhala Deepak Naik	Clinicopathological correlation of Cancer penis and ilioinguinal lymph node metastases: Our experience
114	RAHUL SINGH	BILATERAL SYNCHRONOUS GERM CELL TUMOR: A RARE CASE
115	Atuf Sajid Muqri	Rare case report of a secondary testicular tumour originating from Ascending Colon.
116	Harsh Rajeev Mehta	Urethral Clip Migration and Calculus Formation Five Years Post Robotic Radical Prostatectomy

Abstract Number: 106

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title:

**INCIDENTAL SYNCHRONOUS SPORADIC BILATERAL RENAL CELL CARCINOMA
– A SURGICAL CHALLENGE**

Presenting Author: Pratik Sudhir Patil

Co authors: Prashanth Marla Pritham Sharma Roshan Shetty Vijai Parth Patel Rizwanuddin Khwaja.

AJ Institute Of Medical Sciences Mangalore .

Introduction & Objectives: Bilateral synchronous renal cell carcinoma is a rare entity, occurring in less than 5% of all Renal cell carcinoma cases. The majority are associated with hereditary familial syndromes like von Hippel- Lindau. Our aim is to present the management of interesting case of sporadic synchronous bilateral Renal cell carcinoma. We report a case of sporadic synchronous bilateral renal cell carcinoma.

Methods & Materials: 52-year-old male presented to our OPD with complaints of hematuria since 1 month with known history of DM and HTN. Contrast enhanced CT scan of Abdomen revealed well defined lobulated heterogeneously enhancing lesion in upper pole of right kidney extending into pelvi- calyceal system measuring 7.5 cm in greater dimension likely Renal cell carcinoma, Left kidney showed wedge shaped heterogeneously enhancing lesion 2.1x1.5cm in lower pole and early washout likely Renal cell carcinoma. Patient underwent Open Right radical nephrectomy (HPE revealed clear cell Renal cell carcinoma, Grade 2 (PT1aN0M0). To preserve kidney function, patient underwent Open partial nephrectomy of left kidney (Histopathological examination revealed clear cell Renal cell carcinoma Grade 2 (PT3aN0M0) after month. Surgical margins were uninvolved on both resected specimens. Post operative period was uneventful. Patient demonstrated no recurrence on imaging and his renal function in 6 month and 1 year follow up.

Results: Bilateral renal tumours are rare accounts for 1-4% of Renal cell carcinoma. Surgery is the conventional treatment. Balancing oncological efficacy and preservation of renal function is challenging. Surgeon must balance the need for complete eradication of malignant tissue with maintenance of renal function. Bilateral renal tumours are primary or one is metastatic from the other unless the two tumours have completely different structure (like Squamous cell carcinoma in one kidney and adenocarcinoma in another kidney). Discordant histology in bilateral Renal cell carcinoma is less commonly observed. In clinical practice Nephron sparing surgery is preferred over radical nephrectomy with systemic therapy as indicated for high grade tumours.

Conclusions: Staged procedure is safe, effective and feasible in managing bilateral Renal cell carcinoma. Partial nephrectomy is strategy of choice whenever possible it can obtain equivalent oncological outcomes with optimal preservation of renal function. Diagnosis of Renal cyst based on imaging and should consider the possibility of tumour when evaluating benign or malignant lesions of complex kidney cysts. In this study, we reported a rare case of bilateral renal tumour. Considering importance of kidney preservation, we surgically removed part of left kidney.

Source of funding:

Conflict of Interest: No

Abstract Number: 107

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Metastatic Squamous cell carcinoma of kidney from carcinoma of cervix masquerading as Non-functional kidney with large perinephric collection.

Presenting Author: Vivek M Chaudhari

Co authors: Sujata K Patwardhan.

8th Floor, New Building, Department of Urology, KEM Hospital, Parel-400012 Mumbai.

Introduction & Objectives: To report a rare case of right renal metastasis from squamous cell carcinoma of cervix presenting as non-functioning kidney with large perinephric collection. In this study, a case of right renal metastasis from squamous cell carcinoma of cervix presenting as non-functioning kidney with large perinephric collection is reported.

Methods & Materials: 60-year-old female presented with complaints of right flank pain since 3 to 4 months. She had history of Robotic Total Abdominal Hysterectomy with Bilateral salpingo-oophorectomy with bilateral pelvic lymph node dissection for Squamous cell carcinoma of cervix done 7 years back followed by 25 cycles of radiation post-surgery. Patient was on regular follow up for the same and on recent follow up was found to have right sided hydronephrosis for which right percutaneous nephrostomy (PCN) was inserted which had purulent output for about 1 week. She had accidental right PCN removal about 15 days back. She was evaluated further with CT Intravenous Urogram and DTPA scan and was found to have right non-functioning kidney with large right perinephric collection. She was operated with right open nephrectomy for the same. Histopathological report of right kidney specimen showed moderately differentiated metastatic squamous cell carcinoma with Uroplakin III negative immunohistochemical marking.

Results: Although intraoperative and postoperative period was uneventful in our patient. 6 weeks post surgery, Whole Body PET Scan was done which showed no evidence of metabolically active lesions in the body.

Conclusions: Cervical cancer is one of the commonest types of cancer in females especially in developing countries. Squamous cell carcinoma is the most frequent histological variant detected in cervical cancer. Metastasis to the kidney in cervical cancer is very rare but still possible via lymphovascular spread.

Source of funding: None

Conflict of Interest: No

Abstract Number: 108

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Renal cell carcinoma with multiple myeloma: coincidence or syndromic association?

Presenting Author: RAHUL BHATIA

Co authors: DR AMIT R SHARMA DR DEEPAK BISWAL DR SATYADEO SHARMA DR PRADHUMAN DR SANDEEP DESWAI DR RAGHAVENDRA.
AIIMS RAIPUR RAIPUR.

Introduction & Objectives: Coexistence of papillary renal cell carcinoma (RCC) and multiple myeloma (MM) is an extremely rare condition. Population-based data analyses have revealed a bi-directional association between these two malignancies. However, the cause still remains speculative up to date. Stem cell disorders, cytogenetic abnormalities, radiation therapy and chemotherapy represent prognostic risk factors for development of second malignancy. We present a unique case of left renal mass with lung and bony metastasis and associated multiple myeloma.

Methods & Materials: Patient presented with left flank pain and anaemia. On evaluation CECT abdomen pelvis with HRCT chest; revealed left renal mass with lung metastasis and lytic lesions on ribs and vertebrae. Patient had serial rise of creatinine since admission. Laparoscopic left radical nephrectomy was done as part of multimodal management. Postoperatively patient had sustained increase in creatinine and high potassium levels for which she underwent haemodialysis. Nephrology workup ruled out AKI/ATN. Patient had AG ratio reversal. In view of anaemia, renal dysfunction, lytic lesion and old age multiple myeloma panel was sent which was positive with monoclonal gammopathy with IgG and kappa.

Results: Coexistence of multiple myeloma (MM) and renal cell carcinoma (RCC) is an extremely rare condition. The association cannot be explained by treatment-related development of a second malignancy. No common etiology has been reported, although various hypotheses have been offered as possible explanations. Renal cell carcinoma and MM have been thought to involve multiple sequential mutations.

Conclusions: Clinicians should be mindful of the fact that these two malignancies can coexist and an evaluation of MM is indicated when patients with RCC present with bony lytic lesions and renal dysfunction. Likewise patients with MM and renal mass should not be assumed to be plasmacytoma and renal biopsy should be performed to rule out RCC.

Source of funding:

Conflict of Interest: No

Abstract Number: 109

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Complex partial nephrectomy in crossed ectopic fused horseshoe kidney isthmus mass : A case report

Presenting Author: Akash Alpesh Shah

Co authors: Dr. Tamhankar Ashwin Dr. Tamhankar Anup.

Deenanath Mangeshkar Hospital, Pune Pune.

Introduction & Objectives: Horse shoe kidney is one of the most common congenital renal fusion anomalies and incidence of renal cell carcinoma in horse shoe kidney predicted to be approximately 5.2/10000. The major issue during management of horse shoe kidney arises due to their altered anatomy and aberrant blood supply.

Methods & Materials: A 64 year old female presented with crossed ectopic fused horseshoe kidney isthmus mass at Deenanath Mangeshkar Hospital, Pune on 11/10/2023. CECT abdomen and FDG PET scan suggestive of 6*6.5*7.2 cm mass in interpolar region of both moiety infiltrating right renal pelvis and abutting left ureter with complex arterial anatomy. Preoperatively the patient was explained about total bilateral nephrectomy and dependency on hemodialysis. Patient is managed with bilateral RGP and DJ stenting followed by open partial nephrectomy with preservation of upper and lower pole with respective vascular pedicles. Intraoperatively all vessels isolated followed by ligation of mass feeder vessels followed by clamping of left moiety vessels and resection of lower boundary of mass followed by unclamping of left moiety vessels and clamping right moiety vessels and resection of upper boundary of mass followed by unclamping of vessels.

Results: Patient was discharged after 1 week, readmitted with UTI after 2 weeks, CT IVU suggestive of 12 cc collection at post operative site, managed conservatively. Patient is well with normal rft and preserved adequate renal parenchyma on follow up ct IVU after 6 months.

Conclusions: Open surgery is the gold standard for management of ectopic fused horseshoe kidney mass particularly because of complex vascular anatomy. A sudden hemorrhage from RCC can endanger a patient's life and may end up with bilateral total nephrectomy. Learning pearls of this case are proper exposure through midline laparotomy with bowel mobilisation similar to RPLND approach, role of preoperative 3D recon construction of arterial anatomy, preoperative RGP and DJ stenting , use of intra operative usg and frozen section, sequential clamping and unclamping of both moiety vessels to reduce warm ischemia time. Preoperative planning with reconstructive CT imaging is crucial and most important for precise surgery.

Source of funding: None

Conflict of Interest: No

Abstract Number: 110

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Renal clear cell sarcoma with IVC and atrial thrombosis in adults...

Presenting Author: Vishwadip Vishnudas Bhalerao

Co authors: Dr. Ajit Sawant Dr. Prakash Pawar Dr. Hamid Mohd Dr. Raunak shewale Dr. Vishnu Pratap Dr. Swaneet Deshpande.

LTMMC and GH sion Mumbai Mumbai.

Introduction & Objectives: Clear cell sarcoma of the kidney (CCSK) is a rare tumor that accounts for approximately 5% of all primary renal tumors in children. Though its occurrence is extremely uncommon in adults, it has been the subject of isolated case reports. The pathologic diagnosis of disease is difficult, and the optimal treatment remains unknown. To the best of our knowledge, there have been no reports of a literature review on adult renal clear cell sarcoma.

Methods & Materials: In our case patient is a 19 years male with no comorbidities complaints of right flank pain with history of loss of weight and appetite. No any other positive history. blood parameters were normal. Ultrasound suggestive of 8* 7 cm hyperechoic mass in right kidney involving upper and mid pole with necrotic areas within, left kidney were normal. CT urography with renal angiography was done which suggestive of

Echocardiography shows right atrium mobile thrombus which projecting into right ventricle with enlarged right atrium

Surgical procedure :

On pump right radical nephrectomy with IVC and pulmonary artery thrombectomy and right atrial cavotomy.

Histopathology suggestive of clear cell sarcoma (stage) with CYCLIN D1 positive

Results: The standard of care for renal cell sarcoma remains undetermined, especially in adults. In the literature 17 adult patients of renal clear cell sarcoma underwent radical nephrectomy and for associated IVC involvement thrombectomy was performed. Different combinations of chemotherapy regimens, including doxorubicin, actinomycin D, cyclophosphamide, and vincristine, have been reported (9). The 5-year overall survival rate in pediatric patients improved with the use of modern chemotherapy regimens, particularly addition of anthracycline agents, such as doxorubicin.

Conclusions: Data concerning the use of modern regimens in adult patient are not yet available. In conclusion, the pathologic features of adult renal clear cell sarcoma are identical to those in pediatric cases. A combined immunohistochemical markers, including vimentin, cytokeratin, WT1, desmin, Cyclin D1, and BCOR antibody staining is used for final diagnosis. The primary treatment for adult CCSK includes nephrectomy and regional lymphadenectomy. Furthermore, multimodal treatment, including surgery and chemotherapy with or without radiation, may be more efficacious. Further studies needed for molecular pathogenesis and outcome of renal clear cell in adult as it is very rare.

Source of funding: None

Conflict of Interest: No

Abstract Number: 111

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: A very rare Metachronus metastasis from sarcomatoid renal cell carcinoma

Presenting Author: Rupen Dhirenbbhai Jhaveri

Co authors: Dr.Rupen Jhaveri Dr Coelho Victor Dr Abhishek Singh Dr Arvind Ganpule Dr Ravindra Sabnis Dr Mahesh Desai.

Muljibhai Patel Urological Hospital Nadiad.

Introduction & Objectives: RCC is characterized by its strong tendency to metastasize in unpredictable patterns and high rates of recurrence post-resection. The development of metastatic disease is a sequential process where cancer cells depart from the primary tumor via the blood supply or lymphatic chain and deposit at proximal or distant sites. Moreover, there has been evidence in support of an early dissemination model, where metastasis occurs early in the lifecycle of cancer cells. The presence of sarcomatoid features in any type of renal cell carcinoma is classified as a poorly differentiated or high grade (Grade 4) disease. Sarcomatoid differentiation is a rare transformation that may occur in any type of RCC .

Methods & Materials: 55yrs, male presented with left flank pain and weight loss. CT s/o well defined hyperenhancing mass involving the left renal pole with lymphadenopathy and renal vein tumoral thrombosis. laparoscopic left radical nephrectomy done on October 2022. s/o Clear Cell RCC with Sarcomatoid differentiation.(pT3aN0): NG '4 started on TKI and followed up with imaging. During the 12th month follow up, had a hard left lower iliac fossa palpable mass present extending upto the left root of scrotum. CT Showed a well-defined lesion is seen involving left iliac fossa. There was no evidence of abnormally enhancing soft-tissue density lesion is seen at operated site. He underwent an intoto excision of the mass with left testis through a Modified Gibsons incision. Intra-operated there was a hard retro-peritoneal mass, extending from the region of the clipped gonadal vein s/o Metastatic clear cell RCC with focal sarcomatoid and squamous differentiation infiltrating testis, paratesticular tissue.

Results: Our report is noteworthy for—the unusual site of metastasis, and the presence of sarcomatoid differentiation in the metastasis despite strict followup.

Although metastasis from Sarcomatoid RCC do occur, albeit infrequently, these are usually associated with concomitant widespread metastatic disease at other sites as well. Solitary isolated metastasis to the Gonadal tract is rare. We postulate and hypothesize that the cause of the recurrence was probably due to tumor thrombosis in the left renal vein that probably migrated along the left gonadal vein and into the testis distally. The management of RCC with sarcomatoid differentiation is an area of active research, with proponents for targeted therapy, immune check point inhibitors, chemotherapy, or combinations of these (13). In metastatic sarcomatoid RCC, immune checkpoint inhibitor (ICI) are considered standard of care in metastatic RCC, our patient due to financial constraints, was started on a TKI.

Conclusions: Despite an oncologically successful operation, the tumor recurred because of its high potential to seed the abdominal cavity.

Sarcomatoid RCC represent a group of malignancies that are extremely aggressive and need strict timely follow up. Dissemination of tumor cells via the gonadal vein to the testis is a possibility. The possibility of recurrence even after excellent primary tumor control and TKI administration is indeed a learning experience

Source of funding: No

Conflict of Interest: No

Abstract Number: 112

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: A Case series on varied and rare Presentation Of Carcinoma Penis at a Tertiary Care Center in India.

Presenting Author: Onkar Singh Sangha

Co authors: Abhirudra Mulay.

Dr DY Patil medical college pune.

Introduction & Objectives: Penile cancer affects approximately 1 in 100,000 men worldwide, including squamous and non-squamous cell carcinoma. In this article, we describe five cases of penile cancer which presented to our urology department over the past 12 months and were treated and are on follow-up at our institution.

Methods & Materials: This series includes patients who were admitted and operated for penile cancer at our institution between February 2023 to February 2024.

Results: The age range was 50- 77 years and the mean age was 67.2 years. They were all of Indian Origin. Three of five patients were cigarette smokers. Four out of five patients had phimosis at the time of diagnosis and the fifth had undergone circumcision and stage 1 urethroplasty 5 years ago.

Conclusions: India has one of the highest incidences of penile cancer in the world, rates going up to 3.32 per 100000 men. Penile cancer typically is seen in elderly men, and its incidence consistently increases with age. A delay in diagnosis in penile cancer is well documented, in our series a mean delay of 9.2 months was seen. The reasons for delay include embarrassment, fear, social stigma and neglect.

Source of funding: none

Conflict of Interest: No

Abstract Number: 113

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Clinicopathological correlation of Cancer penis and ilioinguinal lymph node metastases: Our experience

Presenting Author: Mekhala Deepak Naik

Co authors: Prabhudesai MR Patankar RR Gaude V Cardoso AML Biradar MV Talwadkar NB. Goa Bambolim.

Introduction & Objectives: INTRODUCTION

Cancer of the penis continues to remain a health problem with considerable morbidity and morbidity due to neglect, lack of healthcare access and reliance on traditional medicine. Presence and extent of inguinal metastases is an important prognostic factor for survival. No radiological investigation has been found to be adequate to detect inguinal metastases accurately and dynamic sentinel lymph node biopsy is not available at all centres.

AIMS AND OBJECTIVES

This study aims to correlate clinical and radiological staging with histopathological finding of nodal metastases in patients with Squamous cell carcinoma of penis.

Methods & Materials: METHODS AND MATERIALS

Patient records of who were detected with squamous cell carcinoma of penis between 2017 and 2023 were retrospectively analysed for clinical and radiological staging and histopathological staging.

Results: RESULTS

From 2017 to 2023, 33 patients were newly diagnosed with squamous cell carcinoma of penis. 17 patients did not follow up after biopsy/ excision of primary, while 4 patients received primary chemotherapy for bulky nodal disease out of which one had subsequent bilateral staged ilioinguinal dissection and one received 2 cycles of chemotherapy after partial penectomy. 10 patients underwent unilateral modified inguinal and bilateral iliac lymph node dissection while 7 patients underwent staged bilateral ilioinguinal dissection. One patient received 6 cycles of chemotherapy after bilateral iliac and unilateral inguinal dissection and had recurrence at penectomy bed after 8 months. One patient underwent delayed single side inguinal dissection for delayed nodal recurrence. 25 % (n=12) had clinically false positive nodes (nodes palpable, histologic findings normal). No patient had clinically false negative (nodes nonpalpable, pathological metastases).

Conclusions: CONCLUSION

Ilioinguinal dissection should be provided for adequate staging and prognostication, as there is paucity of large randomized controlled trials and heterogeneity amongst patient groups with clinically absent inguinal metastases.

Source of funding: None

Conflict of Interest: No

Abstract Number: 114

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: BILATERAL SYNCHRONOUS GERM CELL TUMOR: A RARE CASE

Presenting Author: RAHUL SINGH

Co authors: DR RAHUL SINGH DR RAJEEV CHAUDHARY.

RUBY HALL CLINIC PUNE INDIA PUNE.

Introduction & Objectives: Germ cell tumor is relatively a rare entity, accounting for 1% to 2% of cancers among adult males in United States, it is lowest in Asian and African countries. Testis tumor are more common between the ages of 15 and 55. The incidence rate rises rapidly after puberty, peaking at age of 25 to 35, and then slowly declines such that men aged 50 to 54 years have the same incidence as males aged 15 to 19. The incidence of bilateral germ cell tumor is approximately 2%. The majority of bilateral germ cell tumors are metachronous and occur over an average interval of 5 years.

Methods & Materials: We are reporting a case of a male patient of age 33 years who presented with chief complaint of mild dragging type of pain in lower abdomen with heaviness.

There were no urinary complaints, no nausea, fever or vomiting, no bowel complaint.

No any associated comorbidity except that he had history of deep vein thrombosis in bilateral lower limbs, for which he was on tablet Warfarin .

Abdomen was soft nontender and nondistended

A mass was palpable in lower abdomen larger on right side than on left side.

Mass had smooth surface, hard in consistency, regular border although lower extent could not be felt, minimally compressible and was painless on palpation.

Scrotum were hypoplastic with no testicles (according to patient he do not have testicles since birth).

Testicles could not be palpable anywhere including inguinal canal or deep/superficial rings.

Regarding family history patient has 1 female child , born by sperm donation.

No any similar history in any of his family member.

Results: NIL

Conclusions: We present this case because bilateral synchronous germ cell tumor is a rare entity.

Source of funding: None

Conflict of Interest: No

Abstract Number: 115

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Rare case report of a secondary testicular tumour originating from Ascending Colon.

Presenting Author: Atuf Sajid Muqri

Co authors: Dr. Mukund Andankar Dr. Hemant pathak Dr. Tarun Jain Dr. Sandesh parab Dr. Priyank kothari.

Nair hospital, Mumbai central Mumbai.

Introduction & Objectives: Testicular carcinoma is the most common neoplasm that occurs in males between 20 to 40 years of age and it contributes approximately 1-1.5% of all cancers in men. It includes germ cell tumours (GCTs)(90-95%), sex cord-stromal tumours(5-10%) and secondary testicular tumours(rare). Metastases to testis are very rare with leukaemia being the commonest and prostate CA being the most common solid tumor origin. We present a rare case of an elderly male presenting with unilateral testicular mass, investigated, operated and biopsied to find being a secondary mass with primary originating in ascending colon.

Methods & Materials: A 75-year-old male patient presented in UROLOGY OPD with right testicular swelling. MRI Abdomen is suggestive of a 4.5x3.4 cm right testicular lesion showing neoplastic characteristics. Alpha fetoprotein ,Beta HCG found to be within normal limit with LDH mildly raised. The patient was operated on for High Inguinal Orchidectomy. Histopathology report suggestive of mucinous adenocarcinoma with tumour limited to testis and epididymis with no infiltration to Tunica Albuginea and spermatic cord. Immunohistochemistry reflected negative for CK7, glypican3 and SALL-4 and positive for CK20 and CDX2. PET CT scan showed an FDG avid lesion(9x6.3x5.5 cm) involving the caecum and ascending colon, right external iliac nodes and inguinofemoral and subcarinal nodes. The patient has now been started on Chemotherapy.

Results: The secondary tumour of the testis accounts for only 1%. They were most common in patients with prostate cancer(35%), followed by lung cancer(18%), melanoma (18%), and kidney(9%). Testicular metastasis(8%) from colorectal cancer is extremely rare. Testicular metastasis is more likely to occur within 2 years of discovery of intestinal cancer and rarely after 5 years. The most common pathological type of testicular metastasis is mucinous adenocarcinoma. The most common testicular metastasis of colorectal cancer is rectal cancer followed by sigmoid colon, caecum, descending colon and transverse colon. For colorectal cancer to present with secondaries in the testis is a sign of peritoneal and multiple metastases, henceforth carrying a poor prognosis.

Conclusions: In some rare cases, such as that of an elderly male patient who presents with a testicular mass and normal tumour markers, it is important to consider Definitive Surgery of High Inguinal Orchidectomy. Additionally, it is recommended to conduct a thorough Metastatic work up to identify the primary site of the cancer. It is important to be vigilant of testicular metastasis of colorectal cancer in clinical practice, as the average survival time after diagnosis is only 6-12 months. Therefore, early detection and management of testicular cancer is crucial in order to improve the patient's prognosis and quality of life.

Source of funding:

Conflict of Interest: No

Abstract Number: 116

Session: Poster or ePoster S5 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM

Title: Urethral Clip Migration and Calculus Formation Five Years Post Robotic Radical Prostatectomy

Presenting Author: Harsh Rajeev Mehta

Co authors: DR GANESH BAKSHI DR VINOD JOSHI.

HINDUJA HOSPITAL, MAHIM Mumbai.

Introduction & Objectives: Prostate cancer is a commonly diagnosed malignant tumor in men . The disease is risk-stratified, and treatment is tailored. Robotic assisted radical prostatectomy[RARP] has proved its benefit with small incisions, lower risk of bleeding and postoperative complications with good recovery periods and shorter stays . The use of Hem-o-Lok vascular clip,a nonabsorbable polymer clip has been the standard surgical practice since 1999 to stop intraoperative bleeding and since then has proved its safety and efficacy.

Stones forming over migrated hemostatic clips after RARP is very rare and with a variable time of presentation. We report the case of a patient developing a urethral stone over a migrated hemostatic clip 5 years after RARP.

Methods & Materials: A 65-year-old man with a history of robotic assisted radical prostatectomy[RARP] five years ago for organ confined prostate cancer had an uneventful recovery with no immediate postoperative complications. He presented with gross hematuria and acute urinary retention, preceded by severe voiding symptoms over a few weeks. Imaging revealed significant post-void residual urine volume. Attempts to relieve urine retention by catheterization failed, necessitating emergency cystoscopy. An impacted urethral calculus was noted at proximal bulbar urethra and fragmented using a Holmium: YAG laser. After fragmentation, a vascular hem-o-lok clip was noted at the core and the clip was extracted, followed by catheterisation and an uneventful recovery with improvement in symptoms after catheter removal later.

Results:

Improper placement, post-surgical inflammation, and resolution, along with true migration to the bladder neck due to scar formation or direct erosion over time are key factors in the complications associated with hemostatic clips post-prostatectomy. Migration types are classified into three categories: Type I resulting in obstructive lower urinary tract symptoms 2-8 months post-surgery, Type II leading to stone formation, hematuria, or bladder spasm, and Type III resulting in spontaneous expulsion weeks after surgery. Symptoms can manifest variably, with some cases presenting within 1-2 years, while our patient returned after 5 years, indicating a delayed unusual occurrence. The migrated clip likely caused gradual urethral stone buildup. Though rare due to improved techniques, caution around vesicourethral anastomosis is warranted. Turini et al. (2016) presented largest case series with an 1.4% incidence[8 of 570 cases] of clip migration leading to bladder stones.

Conclusions: Migration of hemostatic clip and bladder stone formation after robotic assisted radical prostatectomy can present as irritable lower urinary tract symptoms, visible hematuria, and urinary tract infections irrelevant to duration after surgery. Despite such occurrences being rare, migration of Hem-o-Lok clips should be suspected when patients present with lower urinary tract symptoms as these clips can be a nidus for stone formation. Good intraoperative technique and care should be taken to avoid such complications.

Source of funding: nil

Conflict of Interest: No

ePoster Session S6 (Reconstruction / Female Urology / Ped Urology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S6	Friday, 4th Oct 2024	Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM	C	117-128

Chairpersons: Dr Suhas Salpekar, Dr Rahul Kapoor, Dr Ramesh Mahajan.

Abstract No.	Presenting Author	Title
117	SANDEEP MAHADEV DESAI	FEMALE URETHRAL CAVERNOUS HEMANGIOMA -A RARE PRESENTATION WITH VOIDING LUTS
118	Saryu Goel	Unusual early presentation of Youssef's syndrome -A distressing vesicouterine fistula following caesarean section
119	AMALA ANANT GHALSASI	Innovative management of a complex Urethrovaginal fistula using artificial collagen Matriderm
120	Priya Sunil Barbaniya	End to end urethroplasty in female urethral distraction injury associated with pelvic fracture
121	Vaibhao Nasre	Ureterocalicostomy in a case of grade 4 renal injury
122	Parwez Alam	Recto urethral fistula with near complete destruction of prostate - A dreaded complication of prostatic abscess in diabetics
123	Arjav Hemang Nanavati	Rare case of isolated ureteric injury following a blunt trauma
124	Vineet Vishwanath Shukla	Early Endoscopic Realignment of Anterior Urethra in High Grade Traumatic Urethral Injury- a Rare Case Report
125	Ujjwal Bhardwaj	Unusual cause of pelvi-ureteric junction obstruction due to dilated lower calyx compressing upper ureter
126	Vaibhav Arun Thorat	Primary Ipsilateral concomitant pelviureteric junction obstruction with vesicoureteric junction obstruction: A rare case report
127	Krushnadevsinh Jadeja	Technical description and surgical outcome in Robotic buccal mucosal ureteroplasty for complex ureteral stricture: a case report
128	PRADHUMAN YADAV	Complex VVF with Vaginal tissue loss and Rectovaginal fistula-A reconstructive challenge

Abstract Number: 117

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM
Title: FEMALE URETHRAL CAVERNOUS HEMANGIOMA -A RARE PRESENTATION WITH VOIDING LUTS

Presenting Author: SANDEEP MAHADEV DESAI

Co authors: DR PARWEZ ALAM DR AMIT R SHARMA DR DEEPAK BISWAL DR SATYADEO SHARMA DR RAGVENDRA DR RAHUL BHATIA.
AIIMS RAIPUR RAIPUR.

Introduction & Objectives: Hemangiomas are benign vascular tumors, most commonly involving the liver and skin whereas involvement of genitourinary system is rare. Urethral involvement is rare and only few cases of hemangioma in the female urethra have been reported.

Methods & Materials: We report a case of hemangioma in a 60 year old female who presented with intermittent urethral bleeding. Patient also gave history of difficulty in passing urine with voiding LUTS. Patient had menopause 10 years ago .Physical examination revealed an erythematous, smooth, non-tender heterogeneous peri-urethral mass with multiple areas of thrombosis.

We performed a surgical resection of the tumor with fulguration of the base with diathermy under spinal anesthesia. The post-operative course was uneventful. The histopathological report revealed abundant medium and large superficial vascular channels lined by endothelial cells, containing red blood cells, and thrombosis compatible with cavernous hemangioma .

Results: NIL

Conclusions: Periurethral lesions with voiding LUTS can have variable presentation and should be managed surgically whenever indicated. The diagnosis of Periurethral hemangioma, although rare should be kept as a differential diagnosis during management.

Source of funding: SELF

Conflict of Interest: No

Abstract Number: 118

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Unusual early presentation of Youssef's syndrome -A distressing vesicouterine fistula following caesarean section

Presenting Author: saryu goel

Co authors: Saryu Goel Satyadeo sharma Deepak K Biswal Amit R Sharma.

AIIMS Raipur Raipur.

Introduction & Objectives: Vesicouterine fistula is abnormal fistulous communication between the urinary bladder and uterus, mostly secondary to injury during caesarean section. Youssef's syndrome classically presents as a triad of cyclical hematuria, amenorrhea and urinary continence, and usually suspected late after the lactational amenorrhea is over

Methods & Materials: We present here a case of 33 year female presented with complaint of cyclical haematuria for 7 months without any urine leakage. Patient had history of caesarean section for prolonged obstructed labour 9 months back. She was still lactating her child hence workup done for haematuria under evaluation. Per abdominal examination was normal except for Pfannenstiel scar. Per vaginal examination was normal. Cystoscopy was done which revealed defect of size 2.5 x 2.5 cm in supratrigonal area away from ureteric orifice. Guidewire was passed through the defect which came out per vaginally. vaginoscopy did not reveal any fistulous communication. Hence, hysterosalpingography with methylene blue mixed contrast was done which showed vesicouterine fistula and blue dye coming in bladder. CT urography was done which was normal. Laparoscopic repair of vesicouterine fistula was done with omental interposition and medical amenorrhoea was continued for 3 months

Results: nil

Conclusions: Delayed haematuria following caesarean section should be worked up actively for iatrogenic causes with low threshold for cystoscopy. Laparoscopic uterovesical fistula repair offers good outcome for management of Youssef's syndrome

Source of funding:

Conflict of Interest: No

Abstract Number: 119

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Innovative management of a complex Urethrovaginal fistula using artificial collagen Matriderm

Presenting Author: AMALA ANANT GHALSASI

Co authors: DR AMALA GHALSASI DR VILAS SABALE .

Dr D Y Patil medical college , Pimpri PUNE.

Introduction & Objectives: In developing countries, birth trauma accounts for the majority of urethrovaginal fistulas. Necrosis of the bladder base and urethra is induced by prolonged labor, which results in tissue loss. Urethrovaginal fistula presents a challenging diagnostic and therapeutic dilemma for the surgeon.

Methods & Materials: A 23year female presented with leakage of urine per vagina. 9 months prior patient had prolonged obstructed labour which was managed with Caesarian section. Post catheter removal patient had urine leakage per vaginum, mainly positional. Local examination showed a completely deficient posterior urethral and anterior vaginal wall; on attempted per vaginal examination examining finger directly entered the bladder. Cystoscopy showed a splayed EUM, deficient posterior urethral and anterior vaginal wall till bladder neck.

Repair was undertaken along with the Plastic surgery department. Incisions were taken on the lateral vaginal walls and vaginal tissue used to create neo urethral plate over a foleys catheter. Matriderm(acellular dermal matrix) was used for interposition between the neourethra and vagina. Vaginal closure was done with packing.

Vaginal pack was removed after 48 hours. Foleys removed after 2 weeks. Patient is continent and dry at present.

Results: nil

Conclusions: Complex urethrovaginal fistulas present a challenge to the operating surgeon. Adequate preoperative assessment and planning is required for their management. Sometimes out of the box thinking and innovative techniques are necessary to achieve excellent results.

Source of funding:

Conflict of Interest: No

Abstract Number: 120

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: End to end urethroplasty in female urethral distraction injury associated with pelvic fracture

Presenting Author: Priya Sunil Barbaniya

Co authors: Dr Ajit sawant Dr. Prakash pawar Dr. Hamid.

Sion hospital 400022 Mumbai.

Introduction & Objectives: Injury to female urethra due to pelvic fracture is rare, as it has shorter length, greater mobility and in relatively protected position. Incidence of urethral injuries in female is (0-6%). Categorized as longitudinal laceration and avulsion or distraction. Longitudinal laceration associated with open book fracture and is easily get overlooked as catheterization is easily possible. Distraction or avulsion associated with lateral compression injury and can occur at bladder neck, proximal urethra, mid urethra or at meatus. Some patients may present with meatal stenosis and urethrovaginal fistula. Most common site of distraction is at mid urethra and almost always associated with urethrovaginal fistula.

Methods & Materials: 24 year old female presented with history of road traffic accident with type II pelvic fracture with disruption of SI joint. On examination there was evidence of vaginal tear. Due to inability to pass per urethral catheter 1cm from external urethral meatus, suprapubic catheter was inserted. Patient was stabilised, followed by open reduction and internal fixation of pelvic fracture was done.

Urethroscopy and suprapubic scopy done after 6 months, there was a blind end 1 – 1.5 cm from external urethral meatus and bladder neck was not opened. She underwent end to end anastomosis of bladder neck with distal urethral stump by combined transabdominal and perineal approach with superior pubectomy. The patient is continent after 3 months of surgery with no other complaints

Results: Management of female Pelvic fracture urethral injury is evolving slowly and literature on this is sparse. In our case transection is at bladder neck, we managed with end to end urethroplasty by transabdominal approached and patient is continent after surgery with no any other complaints. there were few cases in literature with urethral transection with preferred approach was transabdominal in young females. The favoured management of Pelvic fracture urethral injury to place suprapubic catheter in acute setting, stabilize the patient and definitive repair after 3 months. Scar excision, good tension free anastomosis and omental reposition are key steps in anastomotic urethroplasty.

Conclusions: Vaginal and genital examination should be done in acute trauma setting. Pelvic fracture urethral injury can be a predictor of severity of injury as high force is necessary to disrupt it due to protected position. The management of female pelvic fracture urethral injury should be planned on the basis of history, examination, radiological investigation and urethrocystoscopy findings. End to end urethroplasty by transabdominal approach gives good result in selected cases.

Source of funding:

Conflict of Interest: No

Abstract Number: 121

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Ureterocalicostomy in a case of grade 4 renal injury

Presenting Author: Vaibhao Nasre

Co authors: Dr Dhananjay Selukar Dr Mahesh Borikar Dr Pranal Sahare Dr Nikhilesh Jibhakate .

Super speciality hospital Nagpur Nagpur.

Introduction & Objectives: Pt young male with blunt abdominal trauma with right renal injury grade 4 came with calyceal injury and urine extravasation

Methods & Materials: Pt managed by operating for renal trauma- ureterocalicostomy done

Results: Nil

Conclusions: Trauma patients can be managed by different approach than classical approach

Source of funding:

Conflict of Interest: No

Abstract Number: 122

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Recto urethral fistula with near complete destruction of prostate - A dreaded complication of prostatic abscess in diabetics

Presenting Author: Parwez Alam

Co authors: Satyadeo Sharma Amit R Sharma Pradhuman .

Aiims raipur Raipur .

Introduction & Objectives: Rectourethral fistula is an abnormal communication between the urethra and rectum. It can be congenital in children and usually associated with Anorectal malformation. In adults they are acquired as a complication of prostate surgery, infections including tuberculosis, neoplasm, trauma, radiation therapy and urethral instrumentation. A near-complete destruction of the prostate with rectourethral communication is a rare event.

Methods & Materials: On DRE a defect was noted about 4cm from anal verge which was communicated to urethra as post DRE patient had urine per rectum and faecaluria. Imaging studies confirmed a fistula involving the urethra with lower rectum, excluding any bladder neck involvement. Biopsy results indicated an inflammatory aetiology. The patient underwent diversion colostomy and a three-month observation period. Further evaluation including cystoscopy and micturating cystourethrogram (MCU), confirmed the diagnosis of a near-complete destruction of the prostate with rectourethral communication. the trans perineal approach with a gracilis myocutaneous flap interposition is currently the most commonly used method and one of the effective procedures for treating complex fistulae. Morbidity after a GM flap interposition is known to be low. Patient was managed by transperineal gracilis myocutaneous flap repair with good outcome.

Results: Nil

Conclusions: RUF is an uncommon condition mainly induced by the treatment procedures of prostate cancer, as well as other rare causes

Taking fistula condition and features of different methods into consideration is vital to select the best approach for repair

Source of funding:

Conflict of Interest: No

Abstract Number: 123

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Rare case of isolated ureteric injury following a blunt trauma

Presenting Author: Arjav Hemang Nanavati

Co authors: Dr Dhaval N Gosalia Dr Prashant K Pattnaik Dr Umesh G Oza Dr Vineet V Shukla.

Bombay Hospital, 12, Vitthaldas Thackersey Marg, near Liberty cinema, New Marine Lines, Marine Lines, Mumbai, Maharashtra 400020 Mumbai.

Introduction & Objectives: Aim: Endoscopic management of isolated ureteric injury

An isolated ureteric injury following a blunt trauma is exceedingly rare. The ureteric injury is often missed in the setting of a blunt trauma especially when there are no other abdominal organs injured as per Bryk et al. The delay in diagnosis often leads to complications such as urinoma formation, ureteral fistula, periureteral abscess and ureteric stricture as suggested by Philips et al. The diagnosis is usually made with a contrast CT scan of the abdomen and pelvis with delayed films. Endoscopic management is preferred for lower grades of injury while surgical repair is preferred for more severe injuries.

Methods & Materials: A 54-year-old female presented with periumbilical pain, burning micturition and low grade fever. She had a history of a road traffic accident 3 weeks prior which was associated with no diagnosed abdominal injury. She underwent treatment for her left tibia and left ulnar fractures. Upon her above chief complaints, she was diagnosed with a left proximal ureteric injury with a large retroperitoneal collection. She was taken in the operating room and a left sided retrograde pyelogram was done which revealed a leak of contrast. A 6/7.5Fr ureteroscope was passed and it revealed a calcified papilla/ ureteric calculus just distal to the ureteric rent, which was fragmented with holmium laser. A Double-J stent was placed and the retroperitoneal collection was aspirated percutaneously under ultrasonography guidance. She was treated with culture specific antimicrobial agents. She was symptom free thereafter and planned for Double-J stent removal 6 weeks post the stent placement.

Results: Ureter is an uncommonly injured organ in the setting of trauma. This low incidence of less than 1% of all non-iatrogenic injuries to the urinary tract is due to the retroperitoneal location with protection provided by surrounding structures. Ureteropelvic junction (UPJ) is the most commonly affected segment followed by the ureter within 4cm of the UPJ. More common in children, it is due to motor vehicle accident or fall from height. Symptoms include nausea, vomiting, flank pain and hematuria. AUA recommends contrast enhanced abdominal & pelvic CT scan with 10-minute delayed images which reveals contrast extravasation at the site of suspected injury. Delayed diagnosis can result in urinoma with septic complications, stricture and renal loss. A nephrostomy tube and/or stent to divert urine until delayed surgical repair is recommended in complications. Lower grades of injury (I-III) may be treated with endourological management while more severe grades require surgical correction.

Conclusions: Blunt ureteral injury can result in the absence of other intra-abdominal trauma, thus emphasizing the need for a high index of suspicion allowing for prompt and appropriate diagnostic imaging. Although uncommon, the morbidity and mortality associated with such injuries is significant, and the prognosis of ureteral trauma has been directly correlated with time to diagnosis. This case highlights the importance of suspicion and early diagnosis of ureteric injury following a blunt trauma which maybe missed and could lead to potential complications if left untreated for a long duration of time.

Source of funding:

Conflict of Interest: No

Abstract Number: 124

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Early Endoscopic Realignment of Anterior Urethra in High Grade Traumatic Urethral Injury- a Rare Case Report

Presenting Author: Vineet Vishwanath Shukla

Co authors: Arjav Nanavati Yashraj sapkal Prashant Pattnaik Umesh Oza.

Bombay Hospital, 12, Vitthaldas Thackersey Marg, near Liberty cinema, New Marine Lines, Marine Lines, Mumbai, Maharashtra 400020 Mumbai.

Introduction & Objectives: Injuries to anterior urethra are uncommon and are caused by blunt trauma, and rarely associated with pelvic fractures. Initial acute management is suprapubic cystostomy. Management of partial and complete disruptions remains controversial: suprapubic diversion only and secondary endoscopic or open surgical repair of the urethral stricture that occurs in the great majority of the cases.

Methods & Materials: A 25 year old otherwise healthy male, presented to the casualty after a history of fall from height over an iron rod with complaints of inability to pass urine and bleeding per urethra since injury. On Examination bladder was palpable with suprapubic tenderness and blood at the tip of meatus. Single attempt of passing a glide wire per urethral was made which was unsuccessful hence supra pubic catheterization was done. CT KUB was suggestive of mildly displaced fracture of Ischiopubic ramus. RGU suggested of leakage of the dye and complete disruption at the bulbourethral region. Antegrade and retrograde cystoscopy guided urethral realignment with per urethral catheterisation with change of SPC was done, after 72hr of injury.

Results: Patient recovered well and was able to pass urine well. Post op RGU suggested of urethral continuity and no extravasation of contrast. Follow up after two months post op on Uroflowmetry showed Q-max - 5.3 ml/sec, voided volume - 376 ml. He was re admitted in view of poor flow and Cystoscopy showed narrowing of approximately 1.5 cms distal to mid bulbar urethra. Cystoscopic dilation and VIU was done. On one year of follow up patient has good flow rate with once a week clean intermittent self-catheterization.

Conclusions: The above case report signifies the importance of Early Endoscopic intervention in transectional injury of urethra and may help avoiding the need for other major operative approaches. However chronic self- catheterization and follow up might be required in such cases.

Source of funding: none

Conflict of Interest: No

Abstract Number: 125

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Unusual cause of pelvi-ureteric junction obstruction due to dilated lower calyx compressing upper ureter

Presenting Author: ujjwal bhardwaj

Co authors: Dr Vilas Sabale Dr shashikant asbe dr onkar sangha.
dy patil medical college and hospital Pune.

Introduction & Objectives: PUJO is one of the commonest pathology encountered in urology . it is the most common cause of hydronephrosis in children. But it can also occur in adults though less frequent than paediatric age groups. Gold standard management of PUJO is pyeloplasty either done with open approach or laparoscopic or robotic. Sometimes there is anatomical variation which creates dilemma in diagnosis and management of PUJO

Methods & Materials: 30yrs gentlemen came with complain of R flank pain 2 months, vomiting on and off. No comorbidity and past history of appendectomy. CT Urography done and suggestive of 98*60*58mm with moderate hydronephrosis and no hydroureter with dilatation and caliectasis of lower calyx s/o R PUJO. DTPA scan suggestive of suboptimally functioning hydronephrotic R kidney GFR 27.1ml/min with 24.2 % split function. Plan of Rt RGP and pyeloplasty was made. RGP showed grossly dilated lower calyx with high inserting ureter coursing around the dilated lower calyx. Intraoperatively dilated lower calyx compressing PUJ and ureter with narrow infundibulum identified. Infundibular dilatation and reduction calyccoplasty done, proximal coil of dj stent placed specifically in lower calyx

Results: nil

Conclusions: It is a uncommon case of extrinsic compression of PUJ mimicking as PUJ obstruction due to dilated lower calyx was managed in a innovative fashion. In these scenarios utmost clinical decision making is required, and further operative procedure should be decided accordingly.

Source of funding:

Conflict of Interest: No

Abstract Number: 126

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Primary Ipsilateral concomitant pelviureteric junction obstruction with vesicoureteric junction obstruction: A rare case report

Presenting Author: Vaibhav Arun Thorat

Co authors: Dr D.K.Jain Dr Sachin Patil Dr Dhaval Rasal.

Pune.

Introduction & Objectives: Pelviureteric junction obstruction (PUJO) is an impediment in urine flow from the renal pelvis to proximal ureter. Structural narrowing of pelviureteric junction leads to hydronephrosis. Rarely congenital conditions like vesicoureteric reflux or vesicoureteric junction obstruction may be present along with PUJO. The coexistence of obstructions at the proximal and the distal end of the ureter is rare. Most often the distal obstruction is masked either due to the poor function of the concerned kidney or due to the focus of interest on the proximal obstruction. Most of the cases who present with dual obstruction has poorly functioning kidneys. VUJ obstruction is picked up intraoperatively or while others are diagnosed in follow up imaging.

Methods & Materials: A 36-year-old male reported to us in Urology OPD of our hospital on 26th March 2023 with complaints of right flank pain, dysuria and straining for 2 years. On examination, per abdomen was soft and nontender. Patient was evaluated and diagnosed to have right PUJ obstruction for which he underwent Right Anderson Hynes pyeloplasty on 4th April 2023. On follow up x-ray lower end DJ stent was found to be in lower ureter. It was adjusted ureteroscopically. DJ stent removal was done after 6 weeks. Two weeks Post DJ removal patient developed pain in right flank pain. He was evaluated and found to have hydroureter and on further evaluation he had right VUJ obstruction for which patient underwent right ureteric reimplant (Lich Gregoir procedure) on 6th October 2023.

Results: NIL

Conclusions: Retrograde pyelography should be considered in patients of pelviureteric junction obstruction undergoing definitive procedure and concomitant double obstruction should be ruled out.

Source of funding:

Conflict of Interest: No

Abstract Number: 127

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Technical description and surgical outcome in Robotic buccal mucosal ureteroplasty for complex ureteral stricture: a case report

Presenting Author: Krushnadevsinh Jadeja

Co authors: Dr Kshitij Raghuvanshi .

Ruby hall clinic,pune Pune.

Introduction & Objectives: Objective of this case report is to demonstrate robot-assisted ureterolysis and buccal mucosal graft (BMG) ureteroplasty for the management of a complex, long recurrent ureteral stricture developing after endoscopic stone surgery.

Methods & Materials: A 46-year-old patient with a recurrent ureteral stricture, stemming from prior endoscopic stone surgery, underwent robotic ureteroplasty. The procedure involved a modified lateral position and port placement akin to Pyeloplasty. Intraoperative flexible ureteroscopy delineated the stricture's extent, guiding incision. Buccal mucosal graft (BMG) was harvested and sutured as an onlay graft with the mucosal side facing the ureter lumen. An omental flap, secured to the psoas fascia below the ureter, was wrapped over the reconstruction and sutured to the BMG for enhanced blood supply.

Results: The stricture length was 4 cm, LMG length was 4.4 cm, LMG width was 1.5 cm, operative duration was 200 min, estimated blood loss was 50 ml, and the duration of postoperative hospitalization was 4 day. No significant intraoperative and postoperative complications observed during procedure.

Conclusions: Our findings indicate that utilizing robot-assisted BMG is a secure approach for reconstructing lengthy and complex ureteral strictures. This method could potentially serve as a less invasive option compared to autotransplantation and ileal ureteral procedures for these patients. Nevertheless, further investigation is warranted in larger cohorts with extended monitoring periods to fully assess outcomes.

Source of funding: Self

Conflict of Interest: No

Abstract Number: 128

Session: Poster or ePoster S6 Hall: C

Day & Date: Friday, 4th Oct 2024 Time: Display: 4:00PM-4:30PM Discussion: 4:30PM-5:30PM

Title: Complex VVF with Vaginal tissue loss and Rectovaginal fistula-A reconstructive challenge

Presenting Author: PRADHUMAN YADAV

Co authors: SATYADEO SHARMA AMIT R. SHARMA DEEPAK BISWAL SARYU GOYAL
PARWEZ ALAM SANDEEP DESAI.
RAIPUR.

Introduction & Objectives: Obstetric fistula are usually encountered due to prolonged obstructed labor and are still common in resource poor country. Such fistula causes severe physical and mental trauma to female. Here, we present a case of large complex fistula involving both urinary bladder along with loss of bladder neck, rectum and vaginal tissue loss; requiring multiple procedures for reconstruction.

Methods & Materials: A 30-year lady had an obstructed labor. After removal of the PUC, patient complaints of passage of both urine and fecal matter per vaginally. She presented with colostomy and SPC in urology. On Evaluation, there was infra-trigonal VVF with complete loss of bladder neck and anterior vaginal wall with induration at posterior vaginal wall communicating with Rectum. Intraoperatively, VVF dissected out and margins freshened up using Transvaginal approach. As there was massive loss of anterior vaginal tissue, Singapore Flap was raised for anterior wall reconstruction. Abdominal VVF repair was done. Surgical GI team performed lower anterior resection of fistulous site. Post operatively, After removal of PUC & SPC, patient again complaint of incontinence. Cystoscopy showed leak just proximal to bladder neck and close to left ureteric orifice; she underwent left ureteric reimplantation, bladder neck closure and mitrofanoff procedure. Post operatively, patient on CISC and is doing well.

Results: NIL

Conclusions: complex obstetrics fistula with bladder or vaginal tissue loss and impaired local tissue vascularity requires flaps for reconstruction. Interdisciplinary management with use of local flaps and augmentation procedure are often needed to deal with such complex scenarios.

Source of funding:

Conflict of Interest: No

ePoster Session S7 (Urolithiasis)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S7	Saturday, 5th Oct 2024	Display: 1:00PM-2:00PM Discussion: 2:00PM-3:00PM	C	129-140

Chairpersons: Dr Fanindra Solanki, Dr Amish Mehta, Dr Vishal Mishra.

Abstract No.	Presenting Author	Title
129	Vaibhao Nasre	Supine PCNL - Novel approach
130	Anjali Choudhary	Comparison of outcome of stone clearance and stone free rate in patients with renal calculi undergoing Retrograde intrarenal surgery
131	Santosh Dashrath Samindre	SINGLE CENTER EXPERIENCE WITH RIRS
132	Sharvil Thatte	Percutaneous Nephrolithotripsy for Paediatric Nephrolithiasis: A Single Centre Experience
133	Prakhar Chaudhary	COMPARISON OF PARTIAL OR COMPLETELY TUBELESS DRAINAGE AND NEPHROSTOMY TUBE AS A DRAINAGE AFTER PERCUTANEOUS NEPHROLITHOTOMY PROCEDURE: A PROSPECTIVE STUDY
134	Jani Ajaybhai Shivshankarbhai	Urethral diverticular calculus – A rare case presentation.
135	Akash Vishwanath Rathod	Acquired Male Urethral Diverticulum Complicated by Giant Calculi: A Detailed Case Report
136	RADHIKA SUHAS SALPEKAR	A CURIOUS CASE OF RETROCAVAL URETER WITH A URETERAL CALCULUS
137	Shobhit Kumar Nemma	RIRS WITH FLEXIBLE AND NAVIGABLE SUCTION URETERAL ACCESS SHEATH FOR TREATMENT OF 5 CM RENAL STONE IN A PRE STENTED STATE: A CASE REPORT
138	Suraj Godage	A case of large sigmoid conduit calculi and its management
139	Achint Bajpai	prospective study to assess impact of irrigation during irrigation
140	Ashay Arun Patil	Lost and Found: Unveiling the Saga of Forgotten Double J Stents in a Tertiary Care Hospital

Abstract Number: 129

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: Supine PCNL - Novel approach

Presenting Author: Vaibhao Nasre

Co authors: Dr Dhananjay Selukar Dr Mahesh Borikar Dr Pranal Sahare Dr Nikhilesh Jibhakate.
Gmc Nagpur ssh Nagpur .

Introduction & Objectives: To show that supine PCNL is as comfortable and affordable.

Methods & Materials: 100 patients PCNL done in supine position and all findings recorded

Results: Supine PCNL is as safe and effective as prone PCNL

Conclusions: Effective Supine PCNL

Source of funding:

Conflict of Interest: No

Abstract Number: 130

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: Comparison of outcome of stone clearance and stone free rate in patients with renal calculi undergoing Retrograde intrarenal surgery

Presenting Author: ANJALI CHOUDHARY

Co authors: SUJATA PATWARDHAN SACHIN BHUJBAL.

KEM HOSPITAL 8TH FLOOR MULTISTOREY BUILDING , MUMBAI 400012 MUMBAI.

Introduction & Objectives: INTRODUCTION

Retrograde intrarenal surgery uses flexible ureteroscope and lithotripters such as Holmium: Yttrium Aluminium Garnet (Ho:YAG), high power Ho: YAG laser, thulium laser for minimally invasive management of intrarenal diseases.

This study aims to compare the outcome of stone clearance and stone free rate in patients with renal calculi in two subgroup of patients with stone size less than 15 mm and more than 15 mm.

Objective -To compare stone clearance and stone free rates in patient undergoing retrograde intrarenal surgery divided into two subgroups depending on stone size .

Methods & Materials: Statistical testing will be conducted with the statistical package for the social science system version SPSS 28.0. Continuous variables will be presented as mean±SD or median (IQR) for non normally distributed data. Categorical variables will be expressed as frequencies and percentages. The comparison of normally distributed continuous variables between the groups will be performed using Student's t test. Nominal categorical data between the groups will be compared using Chi-squared test or Fisher's exact test as appropriate. Non-normal distribution continuous variables will be compared using Mann Whitney U test. For all statistical tests, a p value less than 0.05 will be taken to indicate a significant difference.

Results: According to the European Association of Urology (EAU) guidelines, for LC stones, in the case of unfavorable conditions for shock wave lithotripsy, endourological interventions such as PCNL or RIRS are advised as the first choices

Improvements in endoscopy technology have made flexible scopes an appealing treatment option for the majority of renal stones .In other words, with the development of laser systems, RIRS has become available for bigger stones.

The above study was conducted to compare the stone free rates in two groups of patients and the results do not have significant statistical difference in terms of stone free rates with minimal complications and intraoperative blood loss demonstrating that RIRS can be used for the management of bigger size stones effectively and safely.

Conclusions: In Renal calculus disease, the size, site, and number (single or multiple) of stone(s), characteristics of the system, comorbidities and age are important for further treatment . The aim of the management is achieving the highest stone-free rate with the lowest morbidity. Thus, currently, less invasive endourological methods are used in urinary stone treatment. RIRS may provide successful results in stones greater than 15 mm. Therefore, RIRS with a holmium laser may be an alternative to PCNL in selected patients with large-sized renal stones. However, these results must be confirmed by further prospective randomized trials.

Source of funding:

Conflict of Interest: No

Abstract Number: 131

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: SINGLE CENTER EXPERIENCE WITH RIRS

Presenting Author: Santosh Dasharath Samindre
Co authors: Dr Ashish Chandak Dr Abhijeet Katkar.
Kim's Karad satara.

Introduction & Objectives: RIRS is retrograde intrarenal surgery is a type of minimal invasive surgical modality for treatment of urinary track stones. We studied 50 patients including both the sex groups undergoing RIRS of different age group in the form of laterality of stones, sites of stone(kidney or ureter), size of stone, number of stones, hardness of stone, complications ad feasibility of procedure.

Methods & Materials: Prospective study Was done on 50 patients who presented with renal and upper ureteric stones undergoing RIRS between period of 01/01/2023 till 31/01/2024, with all required preoperative investigations done .

All patients were Prestented and RIRS was performed under spinal anesthesia . Guidewire passed into the ureteric, ureteric access sheath passed over the guide wire. Flexible urterorenoscope passed through Ureteral access sheath, stone was dusted with laser and DJ stent was places after RIRS. review post op sonography, x-ray KUB was done for any residual stone and to look for any post operative complication. DJ stent removal was done within 2-3weeks after follow up USG and X-ray KUB.

Results: Total 50 patients were included in our study that had undergone RIRS between our study duration, were followed up and evaluated. Out of 50 patients, 27 were male, 23 were females . 28 patients had Renal stones majority having lower pole calculus and 22 patients had upper ureteric stone. Out of 50 patients, 21 underwent right sided RIRS and 29 underwent left sided RIRS. Out of 50 patients, 3 underwent bilateral RIRS in same setting. 30% patients had multiple stones(Renal + ureteric or multiple renal stones). With Mean age of patients was 39.64yr.

No conversion to mini-PCNL, No second look RIRS required , no major complications were noted except residual stone.

Conclusions: RIRS is feasible , safe procedure especially in presented patients for renal and upper ureteric stones with excellent stone free rate and low rate of complications.

Source of funding:

Conflict of Interest: No

Abstract Number: 132

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: Percutaneous Nephrolithotripsy for Paediatric Nephrolithiasis: A Single Centre Experience

Presenting Author: Sharvil Thatte

Co authors: Dr. Mukund Andankar Dr. Hemant Pathak Dr. Tarun Jain Dr. Sandesh Parab Dr. Priyank Kothari.

BYL Nair Ch Hospital, Mumbai Mumbai.

Introduction & Objectives: Paediatric stone disease is a morbid disease often associated with underlying metabolic disorders. Amongst this, renal calculi in the paediatric population often present a challenge in urological practice. Most require operative intervention, apart from a thorough metabolic workup and stone analysis. A balance between stone clearance and peri-operative and post-operative morbidity is of utmost importance. Owing to high rates of stone recurrence and staged procedures, choice of the surgical intervention takes centre stage in the management of paediatric nephrolithiasis. As such, percutaneous nephrolithotripsy remains the most versatile of surgical techniques to be used across the paediatric age group to achieve maximum stone free rates.

Methods & Materials: Patients below the age of 18 years with nephrolithiasis who were planned for operative intervention were considered for this retrospective observational study. A total of 30 patients were selected over the course of 3 years, after having undergone a screening ultrasonography followed by either a Conventional IVP or a CT Urography Scan. All children were toilet trained and 24-hour urine was collected and urinary parameters were evaluated, namely calcium, oxalate, citrate, uric acid. Serum levels of calcium, phosphorous, uric acid, parathormone and Vitamin D3 were measured. All patients were posted for their primary surgeries after all routine investigations under General anesthesia. Stone fragments were sent for spectroscopy analysis.

Results: The study consisted of 30 patients, out of which 18 (60%) were male and 12 (40%) were female, with the youngest being 5 years old and the oldest 17 years old (mean age 9.4 years). Most of the patients (25, 83.33%) had a single calculus, while the rest had multiple calculi. Most common location was the renal pelvis (22, 73.33%) followed by lower pole (5, 16.67%). The size of the calculi ranged from 12mm to 24mm (largest dimension) with the mean size being 16.11mm. Dilatation was done up to 16Fr in 25 patients (83.33%), 20Fr in 3 patients (10%) and 22Fr in 2 patients. Stone clearance was achieved in all but one case (96.67%), where a small ~5mm nonobstructive calyceal calculus was left in situ due to difficult anatomy. Post operatively, 3 patients (10%) had fever, managed conservatively. No incidence of post-op sepsis or blood loss requiring transfusion was observed. The most common metabolic abnormality found was hypocitraturia and most common compound was calcium oxalate.

Conclusions: Percutaneous Nephrolithotripsy remains the gold standard for the treatment of paediatric nephrolithiasis with maximal stone free rates possible in a single stage procedure.

Source of funding:

Conflict of Interest: No

Abstract Number: 133

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: COMPARISON OF PARTIAL OR COMPLETELY TUBELESS DRAINAGE AND NEPHROSTOMY TUBE AS A DRAINAGE AFTER PERCUTANEOUS NEPHROLITHOTOMY PROCEDURE: A PROSPECTIVE STUDY

Presenting Author: Prakhar Chaudhary

Co authors: Dr. Amol Kamble Dr. Shashank Sharma Dr. Ojas Potdar.

Grant Govt Medical College & Sir JJ Hospital Mumbai.

Introduction & Objectives: The standard procedure of PCNL involves insertion of nephrostomy tube for drainage. Nephrostomy tube also serves as a medium to tamponade bleeding, and in case of any remnant calculus requiring re-exploration, nephrostomy tube has been proved beneficial in providing access. However presence of a tube may hamper PCNL as a day surgery. Tubeless PCNL could be the ideal approach in selecting which patients might be suitable for same day discharge. The objective of this study is to reexplore each drainage technique following PCNL and to compare the safety of these drainage procedures with a clear-cut clinical parameter imposed.

Methods & Materials: Selection Criteria-

Inclusion Criteria:

1. People aged 18 years and above.
2. Patients of either gender.
3. All cases of renal calculi who underwent percutaneous nephrolithotomy.

Exclusion Criteria:

1. Patients who needed more than 2 percutaneous tracts.
2. Patients with a solitary kidney or with bilateral renal calculi or with staghorn calculi or patients who had a residual stone after the procedure.
3. Patients having congenital renal anomalies- horse shoe kidney, mal rotated kidney, duplex moiety, ectopic kidney.
4. Patients with pelvis injury and extravasation during surgery.

Total sample size taken = 140(70 in each group). Post operatively, patients in the two groups will be assessed on the following parameters: postoperative pain, analgesic requirement, complications, hospital stay, return to normal activity and mean Hb decrease

Results: Tubeless PCNL was significantly associated with shorter operative time, shorter hospital stay, faster time to return to normal activity, lower postoperative pain score, less postoperative analgesia requirements, and lower urine leakage. There were no significant differences in postoperative hemoglobin reduction, stone-free rate, postoperative fever rate, or blood transfusion rate.

Conclusions: Conclusion made by this study was that when compared to standard PCNL, tubeless group advantages in terms of post operative pain, morbidity, hospital stay and period of convalescence which is statistically significant. Tubeless PCNL decreases patient hospital stay and analgesic requirement, thereby increasing the chance of labelling PCNL as day care surgery.

Source of funding: None

Conflict of Interest: No

Abstract Number: 134

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: Urethral diverticular calculus – A rare case presentation.

Presenting Author: Jani Ajaybhai Shivshankarbhai
Co authors: Dr. Saurabh Kumar Dr. Skandh Bhatia.
Gandhi medical College Bhopal.

Introduction & Objectives: 54 years old female patient with no any known comorbidities presented with complaints of burning micturition, dysuria, increased frequency of micturition, urgency since last 8 months. Symptoms were gradually progressive in nature and not relieved by medications, then patient underwent serial of investigations and diagnosed as urethral calculus.

Patient not have history of fever, hematuria, trauma.

NCCT KUB – s/o 33*24 mm urethral calculus.

Methods & Materials: After confirmed diagnosis of urethral calculus, patient was planned for push back cystolithotripsy.

On cystoscopy finding noted was mid-urethral diverticulum with calculus of approx. 3*2.5 cms at 7-9 o'clock position and rest of urethra normal with trabeculated urinary bladder mucosa with normal bilateral ureteric orifice. After diagnosis of urethral diverticular calculus patient underwent diverticulectomy with calculus extraction with vaginal onlay graft repair. Procedure uneventfull and post-op period was free of complications.

Results: Foleys catheter was removed after 3 weeks and after that patient passed urine without any discomfort and without any alteration in urinary stream. on follow up period patient not have any urinary complaints.

Conclusions: Patient with urethral Diverticular calculus managed with diverticulectomy with extraction of calculus with vaginal onlay graft urethroplasty.

Source of funding:

Conflict of Interest: No

Abstract Number: 135

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: Acquired Male Urethral Diverticulum Complicated by Giant Calculi: A Detailed Case Report

Presenting Author: Akash Vishwanath Rathod

Co authors: Dr Hemant pathak Dr Akshay Patil Dr Jay mandanka Dr shardul khade Dr Sneha suryawanshi .

Lilavati hospital and research centre , bandra Mumbai Mumbai.

Introduction & Objectives: The urethral diverticulum is an outpouching of the urethral wall that maintains free communication with the urethral lumen. These diverticula can be congenital (10%) or acquired (90%). More commonly observed in females due to anatomically unsupported urethra, acquired diverticula in males arise from different etiologies. Common causes in males include periurethral and prostatic abscesses, urethral strictures, trauma, and iatrogenic injuries following urethroplasty.

Urethral diverticula in males are rare, Moreover, the urethra is an unusual site for urolithiasis, accounting for only 0.3% of urinary calculi cases. The presence of large calculi within an acquired male urethral diverticulum is particularly uncommon and complicates management.

Methods & Materials: 68 yr male with a long history of dysuria, poor urinary stream, and intermittent fever. On Examination a tender, midline mass over the bilateral scrotum and perineum, measuring 12*8*6cm, with excoriated overlying skin. Mass was hard with mobile content, not fixed to surrounding tissue. RGU showed pan-urethral narrowing with large saccular diverticulum at the bulbar urethra with large radio-opaque shadow . CT KUB revealed an 8x5x4.5 cm radiopaque calculus within the diverticulum.

Urethroscopy was not possible with a 17Fr sheath, so an 6.5 Fr ureteroscope was used, confirming pan-urethral narrowing and the diverticular opening in the bulbar urethra with visible calculus through the diverticular opening. A midline incision was made, and the urethra was mobilized off the underlying corpora, diverticula opened and 8*5*4.5cm sized calculus extracted and diverticular sac excised. due to pan-urethral narrowing, a staged 1 johanson urethroplasty performed

Results: Male urethral diverticulum is a rare entity, most commonly found at the penoscrotal junction for both congenital and acquired types. It can present with various urinary voiding symptoms, including lower urinary tract symptoms, recurrent urinary tract infections, postmicturition dribbling, and hematuria.

The diverticulum may form due to urethral obstruction and subsequent herniation of the urethral epithelium, eventually leading to calculi formation within the diverticulum

Calculi formation secondary to urethral diverticulum occurs in approximately 4-10% of cases due to urinary stasis, which predisposes to infection, crystallization, and stone formation. Management of Small, uncomplicated diverticula may be managed with manual compression and external urethral pressure after micturition.

Diverticula less than 4 cm are typically treated with excision and primary anastomosis, while those larger than 4 cm require substitution urethroplasty with grafting.

Conclusions: Urethral diverticula in the male, both congenital and acquired, are rare entities. Occurance of large calculi in diverticulia is also rare event,

Urethral diverticula should be considered in males presenting with urinary voiding symptoms along with scrotal mass/perineal mass

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 136

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: A CURIOUS CASE OF RETROCAVAL URETER WITH A URETERAL CALCULUS

Presenting Author: RADHIKA SUHAS SALPEKAR

Co authors: Dr Vilas Sabale Dr Sunil Mhaske.

Dr DY Patil Medical College, Pimpri, Pune PUNE.

Introduction & Objectives: Retrocaval or circumcaval ureter, also known as pre-ureteral vena cava, is an abnormal development where the ureter passes behind the vena cava. The incidence of this entity is 0.06–0.17%. Retrocaval ureter with a ureteric calculus is very rare. It usually manifests itself as signs of ureteral obstruction. Diagnosis is mainly based on imaging, and treatment is surgical.

We describe a curious case of a 48-year-old male with a right retrocaval ureter who underwent a successful laparoscopic converted to open end-to-end uretero-ureteric anastomosis with stone fragmentation and retrieval using nephroscope and lithoclast.

Methods & Materials: A 48-year-old male presented with right flank pain for 5 months. The pain was colicky, intermittent, & relieved with analgesics. The patient denied similar complaints in the past. Baseline blood investigations & urine analysis were normal.

A USG KUB revealed moderate right hydronephrosis with proximal hydroureter. A 19x15 mm upper ureteric calculus was seen, distal ureter could not be traced. IVP revealed a dilated right upper ureter with an abrupt medial deviation in its course. CT IVU confirmed a right retrocaval ureter with an upper ureteric calculus (20x17 mm).

Laparoscopic exploration confirmed a retrocaval ureter. Upon dividing the ureter, the stone migrated proximally, and hence, the procedure was converted to open. Excision of the post-caval segment was followed by stone fragmentation and retrieval with a nephroscope and lithoclast. An end-to-end uretero-ureteric anastomosis was fashioned over a 5/24 JJ stent. The patient recovered well & is due for stent removal at 6 wks.

Results: Hoechstetter described retrocaval ureter in 1893. It's a rare entity, males > females. Right-side predominant, except in situs inversus. It's congenital, commonly in 3rd / 4th decade.

It's the result of IVC developing from subcardinal vein (lies anterior to ureter in fetal life), instead of supracardinal vein (lies posteriorly). There are 2 types. Type 1 is more common, more hydronephrosis & 'S' / 'fishhook' deformity. 80% are symptomatic-flank pain, hematuria, stones.

USG defines degree of hydronephrosis. Excretory urography fails to visualize the ureter distal to IVC. RGP reveals the course of entire ureter. CT IVU is investigation of choice; obviates need for RGP.

Surgical correction is either open, laparoscopic- trans or retroperitoneal & robotic. It involves ureteral division, relocation anterior to IVC, excision of post-caval stenotic segment, distal ureteral end spatulated & uretero-ureteral/ureteropelvic anastomosis over JJ stent-tension free & water tight.

Conclusions: Retrocaval ureter with ureteral calculus is a rare, reportable case. The question of whether to resect or preserve the post-caval segment of the ureter arises. Literature supports the excision of this segment. Although contrary articles supporting preservation suggest using radiologic findings and intra-op appearance to decide; if the segment appears normal without significant kinking and normal peristalsis throughout, the post-caval segment can be preserved.

Source of funding: None

Conflict of Interest: No

Abstract Number: 137

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: RIRS WITH FLEXIBLE AND NAVIGABLE SUCTION URETERAL ACCESS SHEATH FOR TREATMENT OF 5 CM RENAL STONE IN A PRE STENTED STATE: A CASE REPORT

Presenting Author: Shobhit Kumar Nemma
Co authors: Shobhit Nemma Shivam Singh.
Ruby hall clinic, Pune, maharashtra Pune .

Introduction & Objectives: In the recent decade, retrograde intrarenal surgery (RIRS) has been used in some centres for the more complex stones. Whilst 2 cm is considered as the threshold size for RIRS, improvements in instruments and laser technology is challenging the upper limit of stone size that can be managed with RIRS instead of PCNL. Recently, a vacuum suction device with flexible and navigable suction ureteral access sheath can be used to simultaneously clear the fragmented stone particles, thus increasing the effectivity of RIRS.

Methods & Materials: We present a case of 68-year-old female who presented with right flank pain. Computed tomography (CT) urography showed a staghorn calculus at the right mid and inferior calyx with a size of 50.7 × 42.3 × 40.5 mm (608 Hounsfield unit) with a grade 3 right-side hydronephrosis and with few small calculi in interpolar calyx of right kidney with collective size of 7.8 x 12 x 5.4mm. She underwent right antegrade DJ stenting before presenting to our institution. She was posted for Right RIRS with laser lithotripsy with DJ stenting. Procedure was done using ureteral access sheath with vacuum suction pump at 100 mm Hg. Complete stone clearance achieved in operative time of 98 minutes, confirmed on RGP.

Results: Complete stone clearance was achieved intra operatively. Post operative imaging on follow up showed no residual stone fragments.

Conclusions: We conclude that larger stones more than 3 centimeters(cm) can be dealt with RIRS subjected that the ipsilateral side is pre-stented and with intraoperative flexible and navigational ureteral access sheath employing simultaneous usage of vacuum assisted suction pump for stone clearance with lithotripsy. Such preoperative pre stenting and mentioned intraoperative maneuvers can be used in circumstances where open surgery or PCNL are not possible. Careful assessment is essential to determine whether the procedure will be beneficial and safe for the patient.

Source of funding: None

Conflict of Interest: Yes

Abstract Number: 138

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: A case of large sigmoid conduit calculi and its management

Presenting Author: Suraj Godage

Co authors: Ajit Sawant Prakash Pawar Mohammad Hameed Swanit Deshpande Vishwadeep
bhalerao Priya Barbaniya.
Mumbai.

Introduction & Objectives: Congenital bladder exstrophy management involves ureteric diversion rarely with sigmoid conduit. Known complications of intestinal reservoirs include infection, nutritional deficiencies, stone formation, acid-base disorders, dyselectrolyemia and malignancy. The incidence of stone formation after urinary diversion with colonic conduit is 0-3%. The underlying mechanism is thought to be caused by several factors such as solubility of compounds in alkaline urine, dietary malabsorption, presence of intestinal mucus in conduit, and possibly retained sutures serving as nidus for stone formation. Here we present a case of large sigmoid conduit calculi and its successful management through lithotripsy.

Methods & Materials: A 28 year old male, known case of epispadias with bladder exstrophy for which he had undergone staged exstrophy repair with sigmoid conduit presented to the emergency with complaints of fever, left flank pain and hematuria on and off. Ultrasound of the abdomen and pelvis was suggestive of abdominal wall abscess with left hydronephrosis with left renal calculus with large multiple calculi in sigmoid conduit. For the abscess, incision and drainage were done. Serum creatinine was 1.5. Metabolic work up was normal. CT KUB shows left renal staghorn calculi. The sigmoid conduit shows two large hyperdense calculi seen within measuring 6cm and 7cm. Multiple surgical strategies were discussed to address the conduit calculi and renal calculi. The patient underwent staged lithotripsy with conventional nephroscope assembly and complete clearance was achieved in 3 settings of the sigmoid conduit calculus. The patient is planned for PCNL for the renal calculi.

Results: Most urolithiasis reported in the literature appears to present in the upper tracts rather than the conduit and in the case of conduit most cases are reported for management of ileal conduit stones. Management depends on the size and composition of the stone, the anatomy of the conduit and the general condition of the patient. Endoscopic approaches with active removal of fragments may provide long-term calculus clearance. In our case, the decision to perform an endoscopic procedure was taken because of the lower complication rate and abdominal scars making the open surgery more challenging. Although it had taken 4 settings for the whole procedure, the patient was ambulant the same day and only required simple analgesia postoperatively.

Conclusions: Calculus formation within an sigmoid conduit is an uncommon sequela. They may grow to a large size before presentation and the presentation itself may be subtle. We suggest that whenever feasible endoscopic approach offers the less invasive option for the treatment of large sigmoid conduit stones.

Source of funding:

Conflict of Interest: No

Abstract Number: 139

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: prospective study to assess impact of irrigation during irrigation

Presenting Author: Achint Bajpai

Co authors: Dr, Gaurang Shah Dr. Hiren Sodha Dr. Ketan Desai.

Kokilaben Hospital mumbai.

Introduction & Objectives: AIMS

- To study impact of irrigation(mode and volume) in RIRS
- To find out whether type of irrigation system and volume of fluid affects dye extravasation on rgp , stone free rate, post op urothelial thickening, cortical scarring , ureteric stenosis/ stricture , post op status of hydronephrosis, post op renal cysts ,

Methods & Materials: SAMPLE SIZE: 60

A single- centre, prospective observational study over a period of 1 ½ years from December 2021

- Preoperative CT Urography /CT KUB plain were recorded.. duration of surgery, irrigation volume and flow rate was recorded.
- Per operative RGP was done to note dye extravasation, if any
- Follow up CT Urography was done after 1 to 4 weeks after DJ stent removal

The study was initiated only after institutional ethics committee permission was obtained.

Results:

Out of 60 pts, in 9 pts (15.0%) 50cc syringe was used for irrigation, for 19 pts (31.7%) irrigation system was used for 22 pts (36.7%). Path finder was used for irrigation, and pressurised cuffed NS bottle was used for 10 pts (16.7%).

Comparative analysis

On statistical analysis of type of system of irrigation used with multiple parameters as listed in the table below. Significant dye extravasation on rgp was noted in patients having usage of 50 cc syringe as irrigation (22.2 %pts).

On statistical analysis of volume of irrigation, Significant post op renal cysts were noted in patients having volume of irrigation > 2ltr (22.2 % pts.)

Significant increase in duration of surgery were noted in patients having volume of irrigation > 2ltr (38.9 % pts.)

Conclusions:

Renal cysts occurring if >2ltr irrigating fluid was used. 50cc syringe increases dye extravasation

Source of funding: none

Conflict of Interest: No

Abstract Number: 140

Session: Poster or ePoster S7 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
2:00PM-3:00PM

Title: Lost and Found: Unveiling the Saga of Forgotten Double J Stents in a Tertiary Care Hospital

Presenting Author: Ashay Arun Patil

Co authors: Shashank Sharma Ojas Potdar.

Grant Government Medical College and Sir J.J. Group of Hospitals Mumbai.

Introduction & Objectives: Introduction:

Forgotten double J stents present notable challenges in urology, leading to complications and patient discomfort. This series aims to explore the clinical characteristics, complications, and management of such cases in a tertiary care setting.

Objectives:

Characterize demographics, clinical presentations, and complications of forgotten double J stents. Assess management strategies and outcomes. Develop quality improvement initiatives to prevent stent neglect and enhance patient care.

Methods & Materials: Methodology: Retrospective Analysis of Forgotten Double J Stent Cases

Data Collection: Medical records were reviewed for patients with forgotten Double J stents over two years. Data included demographics, clinical history, stent details, presentations, radiological findings, management, and outcomes.

Data Analysis: Descriptive statistics summarized patient characteristics. Patterns and trends were analyzed, considering existing literature on forgotten stents.

Quality Control: Trained personnel ensured data accuracy. Regular audits identified discrepancies. Patient confidentiality was maintained.

Limitations: Inherent limitations of retrospective analyses apply. The study represents cases from a single tertiary care hospital.

Ethical Considerations: Patient confidentiality was strictly maintained. Informed consent was waived due to the study's retrospective nature.

Results: Results:

Out of 25 cases of forgotten Double J stents over 2 years, mean age was 52.8 years (SD ± 12.4), with 68% male. Mean duration of stent neglect was 8.6 months (SD ± 3.2). Clinical presentations varied, including flank pain (56%), hematuria (32%), and urinary tract infections (12%). Radiological findings revealed encrustation (64%), hydronephrosis (48%), and stone formation (28%). Stents were retrieved via cystoscopy (68%), ureteroscopy (24%), and percutaneous nephrostomy (8%). Complications occurred in 36% of cases, including urinary retention (16%) and postoperative UTIs (20%).

Conclusions: In conclusion, this retrospective case series sheds light on the management of forgotten Double J stents in a tertiary care urological setting. Analysis of 25 cases over two years reveals a diverse demographic profile and varied clinical presentations. Endourological interventions, primarily cystoscopic and occasionally ureteroscopic, prove effective in stent retrieval, with favorable outcomes observed in the majority of cases. Despite limitations, this

study underscores the importance of timely intervention and surveillance in mitigating complications associated with forgotten Double J stents, informing future research and quality improvement initiatives in urological practice.

Source of funding:

Conflict of Interest: No

ePoster Session S8 (BPH / Transplantation / Miscellaneous)

Session	Day and date	Time	Hall	ABSTRACT Numbers
S8	Saturday, 5th Oct 2024	Display: 1:00PM-2:00PM Discussion: 3:00PM-4:00PM	C	141-148

Chairpersons: Dr Pramod Rai, Dr Rajesh Patel, Dr Mukund Andankar.

Abstract No.	Presenting Author	Title
141	Vaibhav Arun Thorat	To compare postoperative outcome following meatal dilatation and OTIS urethrotomy in cases of TURP
142	Vibhushit Kaul	Correlation between penile biometry and urethral caliber as a guide in choosing resectoscope size during Transurethral resection of prostate
143	Ghanshyam Mahadeo Hatwar	Cross-Fused Renal Ectopia presenting as Pelvic Ureteric Junction Obstruction: A Rare Case Report and Literature Review
144	Ghanshyam Mahadeo Hatwar	Bilateral Single-System Ectopic Ureters (BSSEUs) in a Pediatric Patient: A Rare Case report
145	Saiprasad Prakash Shetty	UNUSUAL MIGRATION OF AN IUCD !!
146	Krunal S Vishavadia	Advancements in Digital Health Interventions in Urology: A Comprehensive Review of an Indian Landscape
147	Harsh Rajeev Mehta	Unveiling the Silent Threat: Inguinal herniation of urinary bladder and ureter causing hydronephrosis and acute kidney injury after 30 years post Kidney Transplantation
148	Rinav Mukesh Kenia	Study of knowledge, attitude and practice of organ donation among medical students in a tertiary care centre in Mumbai

Abstract Number: 141

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: To compare postoperative outcome following meatal dilatation and OTIS urethrotomy in cases of TURP

Presenting Author: Vaibhav Arun Thorat

Co authors: Dr. D.K.Jain Dr Sachin Patil Dr Dhaval Rasal.

Pune Pune.

Introduction & Objectives: Urethral stricture is common complication of transurethral prostatectomy and is more common with 26Fr resectoscope. To minimize such complications, usual practice before starting TURP is to do OTIS urethrotomy. It may reduce chances of possible stricture urethra but can hamper intraoperative feasibility because of bleeding. As external urethral meatus is narrowest part of urethra, and only dilating meatus thus avoiding OTIS urethrotomy will also improve feasibility intraoperatively and thereby will avoid injury to other parts of urethra.

Methods & Materials: A randomized controlled study with two arms is being conducted. First arm is using OTIS urethrotomy before TURP. Second arm is using only meatal dilatation before TURP.

Inclusion criterion: Patients undergoing TURP for prostate less than 60cc using 26Fr resectoscope

Exclusion criterion: 1. Patients with associated urethral pathology. 2. Patients of carcinoma prostate

Post operatively patients are being evaluated for pain and per urethral bleeding. Follow-up of patients will be done for 3 months with the help of their uroflowmetry report and IPSS scoring. Results will be compared from both the groups.

Results: Study will be completed by September 2024 and results of ongoing study will be presented during the conference in the month of October 2024

Conclusions: Study will be completed by September 2024 and conclusion of ongoing study will be presented during the conference in the month of October 2024

Source of funding:

Conflict of Interest: No

Abstract Number: 142

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: Correlation between penile biometry and urethral caliber as a guide in choosing resectoscope size during Transurethral resection of prostate

Presenting Author: Vibhushit Kaul

Co authors: Dr. Sanjay Pandey Dr. Harleen Kaur.

KEM Hospital Mumbai.

Introduction & Objectives: While multiple studies have indicated that the discrepancy between the resectoscope size and urethral caliber is a key contributor to post-TURP stricture formation, there is paucity of information on methods of determining the urethral caliber without additional instrumentation, particularly for the Indian male population. This information is vital for choosing the size of resectoscope sheath.

Methods & Materials: This prospective observational study was conducted in a tertiary care centre in Western India on male patients aged more than 45 years who underwent TURP for BOO and enrolled over a period of 12 months. Penile shaft biometry (measurement of width, circumference, and stretched length of the penis) was done under anaesthesia on the operating table and the size of the external urethral meatus was measured using a meatal calibrator. The data was analysed using relevant statistical tools.

Results: A total of 92 patients were enrolled with a mean age of 68.8 ± 9 years. The mean stretched penile length, penile width and penile circumference were found to be 10.8 ± 1.8 cm, 3.5 ± 0.5 cm and 11.2 ± 2.5 cm in our subjects while the mean external urethral meatus size was 25.04 ± 2.08 Fr. No significant correlation of stretched penile length, Penile width and Penile circumference was found with external urethral meatus size ($p > 0.05$).

Conclusions: Though our study did not reveal any significant correlation between penile characteristics and urethral caliber, it showed that average Indian male urethral caliber is smaller than the Western population prompting a re-evaluation of the instrument design for the Indian population.

Source of funding: None

Conflict of Interest: No

Abstract Number: 143

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: Cross-Fused Renal Ectopia presenting as Pelvic Ureteric Junction Obstruction: A Rare Case Report and Literature Review

Presenting Author: Ghanshyam Mahadeo Hatwar

Co authors: Ghanshyam Hatwar Abhijit Dhale Raturaj Pendkar Jay Dharamshi.
JNMC Sawangi, Wardha Wardha.

Introduction & Objectives: Cross-fused renal ectopia (CFRE) is a rare congenital condition of the kidney characterized by the presence of both kidneys on the same side, with the ureter of the crossed ectopic anomalous kidney connecting to the contralateral side of the urinary bladder. Only a few cases of CFRE with PUJ obstruction have been reported in the literature. This condition, though uncommon, holds clinical significance due to its potential association with various urological conditions and concurrent congenital malformations. CFRE presents diagnostic and management challenges, particularly when complicated by pelvic ureteric junction obstruction (PUJO).

Methods & Materials: This abstract discusses a case of a 23-year-old female patient presenting with Crossed renal ectopia complicated with PUJ Obstruction. The patient had a two-year history of dull, aching pain in the right side of the abdomen. She was diagnosed as CFRE with left PUJO through CT urography, DTPA scan, and bilateral retrograde pyelography. The condition was managed with a left dismembered Anderson Hynes pyeloplasty, resulting in significant symptomatic improvement.

Results: CFRE remains primarily asymptomatic. Symptomatic cases may present with flank pain, dysuria, hematuria, and fever. It is often accompanied by urological and congenital anomalies. Various embryological theories, such as ureteral theory and Mechanical theory, provide insights into the development of CFRE. Precise diagnostic imaging plays an important role in confirming CFRE and associated complications. This case study highlights the clinical presentation and management of CFRE with associated PUJ Obstruction.

Conclusions: In conclusion, the presented case highlights the complexities involved in managing crossed renal ectopia (CFRE), particularly when complicated by pelvic ureteric junction obstruction (PUJO). CFRE remains a rare congenital anomaly with significant clinical implications, necessitating a multidisciplinary approach for optimal management.

Source of funding: none

Conflict of Interest: No

Abstract Number: 144

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: Bilateral Single-System Ectopic Ureters (BSSEUs) in a Pediatric Patient: A Rare Case report

Presenting Author: Ghanshyam Mahadeo Hatwar

Co authors: Ghanshyam Hatwar Raturaj Pendkar Abhijit Dhale Jay Dharamshi Apoorva Vaidya.
JNMC Sawangi, Wardha Wardha.

Introduction & Objectives: Bilateral single-system ectopic ureters (BSSEU) are among the rarest entities encountered in pediatric urology. BSSEU occurs when the ureteric buds originate cranially from the mesonephric ducts, causing a delay in their integration into the urogenital sinus. It presents as continuous incontinence in females, whereas symptoms like infection and discomfort are present in males. Here, we describe a case involving BSSEU opening into the vagina and urethra, with the patient experiencing continuous urinary incontinence and its diagnosis and management.

Methods & Materials: Here, We discuss a rare case of a 4-year-old girl exhibiting continuous urinary incontinence or dribbling associated with recurrent UTI attributed to bilateral ectopic ureters. Imaging modalities, including CECT and MRI, revealed the presence of (BSSEU) bilateral single-system ectopic ureters accompanied by hydroureteronephrosis. Prompt surgical intervention was pursued, involving bilateral ureteric reimplantation. Subsequent to the procedure, the patient experienced a significant improvement in continence mechanism and bladder capacity, obviating the requirement of urinary diversion procedure appendicovesicostomy or bladder neck reconstruction.

Results: Bilateral single-system ectopic ureters (BSSEU) are a rare anomaly in pediatric urology, with fewer than 80 cases documented in the medical literature [5]. Urinary dribbling or incontinence alongside recurrent (UTIs) urinary tract infections in pediatric patients may prompt investigation for duplication or ectopic ureter, given the significantly heightened risk of UTIs in this age group. Ectopic ureters can insert into various anatomical sites aside from the bladder, including the bladder neck, urethra, epididymis, vas deferens, seminal vesicles, uterus, cervix or vagina. Management of BSSEU necessitates careful consideration of individual patient factors and preferences. Our case highlights the successful management of BSSEU through bilateral ureteric reimplantation without bladder augmentation, leading to significant improvements in continence and bladder function. Long-term follow-up is crucial in monitoring treatment outcomes and addressing any potential complications.

Conclusions: BSSEU is an uncommon presentation, its timely and appropriate management is paramount in preventing potential renal damage. This case underscores the significance of vigilant monitoring and proactive intervention in addressing complex urological anomalies in pediatric patients

Source of funding: none

Conflict of Interest: No

Abstract Number: 145

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: UNUSUAL MIGRATION OF AN IUCD !!

Presenting Author: Saiprasad Prakash Shetty

Co authors: Dr. Ashish Dhande Dr. Soumyan Dey Dr. Joseph S Dr. Rahul Zalse.

Dr.D.Y.Patil Hospital ,Nerul Navi Mumbai.

Introduction & Objectives: An Intrauterine Contraceptive Device(IUCD) is placed in the uterine cavity and has been a simple method for contraception since many years, but in our case it has become the reason for an unintended bladder stone due to the migration of a part of the IUCD after perforating into the bladder through the uterus after being untouched for several years which is an exceptionally rare case.

Methods & Materials: A 43-year-old female with history of recurrent urinary tract infection had presented with lower urinary tract symptoms. Pelvic radiograph modalities revealed an intravesical calculus. Hence the patient was planned for cystolithotripsy. On Cystoscopy it was

confirmed a bladder stone but surprised us with a small cylindrical tail with copper fragment around it on which the stone was encrusted. Cystolithotripsy was performed, and piece of the IUCD was found which was then removed in toto. Patient had forgotten about the insertion of the IUCD 10 years back.

Results: Nil

Conclusions: Hence IUCD's require regular evaluation to confirm their correct position. This case helps us to understand that gynaecological history should be asked while evaluating females with urinary symptoms. Such serious complications of IUCD migration are extremely rare but possible.

Source of funding: author, hospital

Conflict of Interest: No

Abstract Number: 146

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: Advancements in Digital Health Interventions in Urology: A Comprehensive Review of an Indian Landscape

Presenting Author: Krunal S Vishavadia

Co authors: Amit Chauhan Nishant Singh Abhinav Mishra.
Ahmedabad.

Introduction & Objectives: Innovations in digital health, encompassing mobile apps and wearable sensors, are revolutionizing modern healthcare, heralding the era of digital medicine. Digital Therapeutics (DTx) offers evidence-based software interventions for preventing and managing medical conditions, including urological disorders like Benign Prostatic Hyperplasia (BPH) and Urinary Incontinence (UI). These conditions, often addressed with lifestyle changes and behavioral therapies, present a fertile ground for the integration of DTx. This study aims to investigate the potential of DTx in addressing urological disorders, notably BPH and UI, within the Indian healthcare context.

Methods & Materials: A systematic review was conducted to assess the landscape of digital health interventions in urology within India. Relevant literature was identified through searches of electronic databases including PubMed & Google Scholar and key urology and digital health journals. Search terms included "digital health," "urology," "telemedicine," "mobile health apps," "artificial intelligence," and "remote monitoring systems". The inclusion criteria comprised studies published in English, focusing on digital health interventions targeting urological disorders in the Indian population. Data extraction involved cataloging intervention modalities, outcomes, challenges, and future prospects. Additionally, regulatory frameworks and ethical considerations surrounding digital health adoption in India were examined.

Results: The review reveals a significant potential for integrating digital technologies into urological care in India, driven by the nation's burgeoning population and escalating burden of urological diseases. Despite being in the nascent stages of adoption, digital health interventions exhibit promising outcomes in optimizing urological care delivery and enhancing patient outcomes.

Conclusions: In conclusion, this study emphasizes the imperative of leveraging digital health interventions to mitigate the escalating burden of urological disorders in India. By addressing regulatory and ethical considerations, alongside ensuring equitable access, policymakers, healthcare providers, and researchers can harness the full potential of digital technologies to advance urological care delivery and outcomes in India.

Source of funding: NA

Conflict of Interest: No

Abstract Number: 147

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: Unveiling the Silent Threat: Inguinal herniation of urinary bladder and ureter causing hydronephrosis and acute kidney injury after 30 years post Kidney Transplantation

Presenting Author: Harsh Rajeev Mehta
Co authors: Dr Chirag Punatar Dr Vinod Joshi.
Hinduja hospital, mahim, mumbai Mumbai.

Introduction & Objectives: Inguinal herniation of the bladder and ureter following kidney transplant can precipitate hydronephrosis and acute kidney injury (AKI), posing significant challenges. Patients often present with abdominal discomfort, urinary symptoms, and deteriorating renal function, necessitating prompt evaluation and intervention. Management typically entails surgical repair of the hernia coupled with placement of ureteral stent to relieve obstruction and restore urinary flow.

Methods & Materials: A 63-year-old male kidney transplant recipient since 30 years presented with reduced urine output, elevated serum creatinine and gross hydronephrosis on USG. Cystoscopy and DJ stenting was not successful, necessitating percutaneous nephrostomy (PCN) and antegrade DJ stenting. Unexpectedly, herniation of transplant ureter and part of bladder were discovered during antegrade pyelography. During the procedure, due to gross hydronephrosis only PCN insertion could be done initially. Later, antegrade stenting was done during which hernia had to be manually reduced for successful insertion of stent, prompting subsequent hernia repair. Hernia repair revealed a direct inguinal hernia with bladder outpouching from the posterior wall, requiring posterior wall strengthening with mesh placement. After few weeks DJ stent removal was done after ensuring adequate drainage on rpg. Postoperatively, the patient exhibited normal creatinine levels and adequate urine output, indicating a successful recovery.

Results: There are many causes of graft kidney hydronephrosis, including ureteral stones, reflux, infection, and stricture at the neo-uretero-vesicotomy. Inguinal herniation of the transplant ureter is a rare cause of ureteral obstruction in cases of kidney transplantation. Possible risk factors include redundant ureter, anterior positioning of the ureter and obesity.

The majority of the cases in the literatures describe the insertion of a percutaneous nephrostomy before hernia surgery to prevent graft loss. Antegrade pyelography can further confirm hydronephrosis and ureter entrapment in the hernial sac; however, the clinical management does not change.

This is one of the few studies to have preoperative DJ insertion. Preoperative ureteral stent insertion is a good option to avoid ureteral injury during herniorrhaphy.

Conclusions: This case exemplifies the intricate interplay between acute kidney injury, hydronephrosis, and inguinal herniation in long-term kidney transplant recipients. Through innovative timely interventions and meticulous surgical management, optimal outcomes can be achieved, underscoring the importance of individualized care and multidisciplinary collaboration in challenging clinical scenarios.

This comprehensive case report not only highlights the complexities encountered in managing kidney transplant recipients but also underscores the importance of innovative approaches and interdisciplinary teamwork in achieving successful outcomes.

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 148

Session: Poster or ePoster S8 Hall: C

Day & Date: Saturday, 5th Oct 2024 Time: Display: 1:00PM-2:00PM Discussion:
3:00PM-4:00PM

Title: Study of knowledge, attitude and practice of organ donation among medical students in a tertiary care centre in Mumbai

Presenting Author: Rinav Mukesh Kenia
Co authors: Sujata K Patwardhan Supradeep N.
KEM HOSPITAL, PAREL, MUMBAI MUMBAI.

Introduction & Objectives: Organ donation stands as a vital aspect of healthcare, offering hope and healing to patients in need of life-saving transplants. The attitudes and practices of medical students play a pivotal role in shaping the landscape of organ donation, as they represent the future healthcare workforce. Hence, exploring their knowledge, attitudes, and practices regarding organ donation is crucial for fostering a culture of donation and addressing any barriers or misconceptions that may exist within the medical community.

Methods & Materials: This study employed a comprehensive cross-sectional approach to assess the knowledge, attitudes, and practices of organ donation among medical students, nursing students, dental students and residents of all medical branches at a tertiary care center in Mumbai. A structured questionnaire was administered to 200 participants over a specified period. The questionnaire encompassed various aspects of organ donation, including awareness for donor eligibility, consent procedures, and personal willingness to donate organs.

Results:

Identification of organs: Out of those aware of organ donation, only 96 (48%) could correctly identify the organs that can be donated.

Positive attitude: The majority of participants, 156 (78%), expressed a positive attitude towards organ donation. Reasons for positive attitudes varied, with 84 (42%) citing religious beliefs that support organ donation, 66 (33%) emphasizing altruistic motives, and 50 (25%) attributing their positive attitude to awareness campaigns and educational initiatives.

Barriers to donation: Despite the overall positive attitude, 30 (15%) respondents reported fear of organ donation as a barrier to their willingness to donate.

Willingness to donate: A higher proportion of participants, 120 (60%), expressed willingness to donate their organs after death.

Communication with family: Family opposition emerged as a significant barrier to actual organ donation, with 60 (30%) respondents reporting familial objections as a deterrent to proceeding with organ donation.

Conclusions: The study findings underscore the importance of addressing knowledge gaps and misconceptions surrounding organ donation among medical students. While a majority of participants exhibited positive attitudes towards organ donation, there remains a need for targeted educational interventions to translate these attitudes into tangible actions. Strategies aimed at improving knowledge about organ donation, dispelling myths and fears, and facilitating open discussions within families are essential to bridge the gap between intention and practice and ultimately increase organ donation rates in the community.

Source of funding: SELF

Conflict of Interest: No

Video Session V1 (Uro-Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
V1	Friday, 4th Oct 2024	9:00AM-10:00AM	B	149-154

Chairpersons: Dr Punit Tiwari, Dr Abhijeet Patil, Dr Rajesh Kukreja.

Abstract No.	Presenting Author	Title
149	PRIYABRATA ADHIKARI	Retroperitoneoscopic robotic left adrenalectomy
150	Chandrakant Kiran Munjewar	Laparoscopic excision of extra adrenal pheochromocytoma with dense adhesions to hilar vessels: The surgical challenge involved
151	Mahesh Sunderlal Gupta	Robotic Partial Nephrectomy with modified outer renorrhaphy technique for hilar renal cell carcinoma.
152	Sourabh Chandrakant Gaikwad	Case report :Unclamped partial Nephrectomy in a tertiary health care centre :our experience
153	JINIT SALIL SHAH	Surgical Management of Advanced Renal Cell Carcinoma: Right Radical Nephrectomy with Inferior Vena Cava Thrombectomy – A Video Presentation
154	PRIYABRATA ADHIKARI	Robotic Right Partial Nephrectomy in a Complex Renal Mass

Abstract Number: 149

Session: Video V1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 9:00AM-10:00AM

Title: Retroperitoneoscopic robotic left adrenalectomy

Presenting Author: PRIYABRATA ADHIKARI

Co authors: Yuvaraja TB Abhinav Veerwal Rahul Zalse Abhinav Pednekar.

Kokilaben Hospital, Mumbai Mumbai.

Introduction & Objectives: Adrenalectomy is one of the most challenging surgeries in uro-oncology due to the complex anatomy and the learning curve. The retroperitoneoscopic approach in adrenalectomy aids as an advantage in scenarios where pre-operatively intra-abdominal adhesions are contemplated.

Methods & Materials: This 59-year-old male patient was diagnosed incidentally with a left adrenal tumor. He had a history of total proctocolectomy with end ileostomy for rectal carcinoma and later one exploratory laparotomy with band release for intestinal obstruction. On imaging and biopsy, this left adrenal mass was found to be metastatic. We planned a robotic retroperitoneoscopic adrenalectomy to avoid the transperitoneal routine for previous intestinal adhesions.

Results: We completed this robotic retroperitoneoscopic left-sided adrenalectomy with 1.5 hours of Da Vinci Xi console time with a total operative time of approximately 2.5 hours. We did not have any intra-operative complications. Total blood loss during the surgery was less than 50 ml. The drain was removed on 2nd post-operative day and the patient was discharged on 3rd day. On histopathological examination the left adrenal mass was found to be a metastatic adenocarcinomatous deposit from the previous rectal carcinoma. We followed up with the patient on the 10th and 30th day after surgery and found that the patient was recovering usually.

Conclusions: Retroperitoneoscopy can help surgeons in getting access where surgery via the transperitoneal route is to be avoided. Moreover, robotic retroperitoneoscopic surgery provides the benefits like 3D vision, better dexterity, and instrumental ergonomics which can help us while operating in the narrow field available in the retroperitoneum.

Source of funding: None

Conflict of Interest: No

Abstract Number: 150

Session: Video V1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 9:00AM-10:00AM

Title: Laparoscopic excision of extra adrenal pheochromocytoma with dense adhesions to hilar vessels: The surgical challenge involved

Presenting Author: Chandrakant Kiran Munjewar

Co authors: Dr Shiraz Akif.

AIIMS Nagpur Nagpur .

Introduction & Objectives: Here we report a case of young female presenting with classical symptoms of pheochromocytoma, on evaluation was found to have an isolated nor-metanephrine secreting left suprarenal mass with its bed being formed by the left renal hilar vessels imaging reporting the encasement of the left renal artery by the tumour. To highlight the surgical challenges faced during laparoscopic excision of extraadrenal pheochromocytoma. Treatment involves complete surgical excision of the tumor either open or laparoscopic method.

Methods & Materials: This 29 yr young female was referred to urology OPD in view of classical symptoms of Pheochromocytoma with Left Adrenal/Extra-adrenal mass identified in CECT Abdomen and Pelvis and DOTATOC PET scan. On CT the lesion was 6x5x4 cm in size situated in left suprarenal location. Patient was planned for open/ laparoscopic adrenalectomy and mass excision. The index video explores and highlights the need of patient and meticulous skillful laparoscopic dissection of vascular adhesion of the paraganglioma off the adjacent organs and renal vessels. The surgery lasted for 240 min with a blood loss of 150 ml approximately, complete tumor excision was achieved without any major adjacent organ or vascular injury despite dense renal vein adhesions. Frequent change in direction of dissection when getting stuck intraoperatively with a combination of good traction and countertraction and meticulous dissection is the key to safe surgery.

Results: After proper alpha and beta receptor blockade and volume replacement the patient was taken for Left Open/laparoscopic adrenalectomy+/- nephrectomy due to close hilar relation/vascular encasement with left renal vessels +/- renal autotransplant with bench tumor dissection. Intraoperatively the tumor was dumbbell shaped with its bed being formed by the left renal vessels but not encasing them, after careful meticulous sharp and blunt dissection of adhesions with the renal artery and vein, the tumor was excised without any major vascular injury. There were two episodes of hypertension during tumor manipulation managed by NTG, with no episode of hypotension post tumor removal. Postoperative course was uneventful and patient was discharged on POD 6. Histopathology was extra adrenal paraganglioma with normal adrenal gland surrounding the tumour. At follow up of 3 month patient is asymptomatic with no evidence of tumor recurrence.

Conclusions: Optimal preoperative evaluation and management of hypertension is essential for smooth perioperative outcome of pheochromocytoma. Changing the fields intraoperatively frequently alongwith meticulous use of sharp and blunt dissection patiently helps to overcome the surgical challenges of vascular adhesion of the tumor with major vessels. Laparoscopic excision of extra adrenal pheochromocytoma requires myriad of laparoscopic skills intraoperatively owing to the associated vascular adhesions in such complex paraganglioma, unlike the adrenal pheochromocytoma counterpart with virgin surgical planes.

Source of funding: none

Conflict of Interest: No

Abstract Number: 151

Session: Video V1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 9:00AM-10:00AM

Title: Robotic Partial Nephrectomy with modified outer renorrhaphy technique for hilar renal cell carcinoma.

Presenting Author: Mahesh Sunderlal Gupta

Co authors: Dr Yuvaraja T.B. Dr Mahesh Gupta Dr Rahul Zalse.

Mumbai.

Introduction & Objectives: Robotic partial nephrectomy is a minimally invasive surgical procedure utilized to remove small renal tumors or localized kidney cancer while preserving the unaffected portion of the kidney. Leveraging the advancements in robotic technology, this procedure aims to combine the precision of robotic systems with the expertise of skilled surgeons, thus enhancing the outcomes for patients. This surgical technique employs a robotic platform, such as the Da Vinci Surgical System, which provides the surgeon with enhanced dexterity, superior visualization, and improved control over the surgical instruments.

Methods & Materials: This 50 year old male patient was diagnosed with left renal mass incidentally. Further evaluation was done using contrast CT scan which showed a mid pole exophytic mass with minimal indentation of the PCS. Robotic partial nephrectomy was performed and considering nearness to the PCS, inner renorrhaphy was performed in the conventional way and modified outer renorrhaphy technique was used.

Results: With Da Vinci Xi robotic system port placement was done and patient underwent robotic assisted partial nephrectomy. The total operative time was two and half hours with console time of 135 minutes and warm ischemia time of 28 minutes. We did not encounter any intra-operative complications and blood loss was approximately 100 ml. The catheter was removed on 2nd post-operative day, abdominal drain was removed on the 3rd post-operative day and was discharged on the 4th postoperative day. Histopathology report revealed clear cell RCC with margins free of tumor and DJ stent was removed 4 weeks later. On follow-up visits, the patient was seen to be recovering normally.

Conclusions: Robotic partial nephrectomy offers a safe and effective treatment for renal tumors, combining the benefits of minimally invasive surgery with precise oncological control and preservation of renal function. Continued advancements in robotic technology and surgical techniques are likely to further enhance the outcomes associated with this procedure.

Source of funding:

Conflict of Interest: Yes

Abstract Number: 152

Session: Video V1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 9:00AM-10:00AM

Title: Case report :Unclamped partial Nephrectomy in a tertiary health care centre :our experience

Presenting Author: Sourabh Chandrakant Gaikwad

Co authors: Dr date Jaydeep Dr Kashyapi Bhalchandra Dr Shivde Subodh .

Deenanath Mangeshkar hospital Pune .

Introduction & Objectives: 65 year old male ,no comorbidities, CT(IVU)> right kidney 1.1 cm interpolar suspicious lesion

Left kidney —> multiple renal cyst largest 2 cm in lower pole(suspicious lesion)

MRI —> done to ascertain renal mass /cyst

Multiple bilateral cyst with left lower pole 2cm mass (malignant lesion)renal nephrometry score of 6

Underwent laparoscopic left partial nephrectomy (unclamped)

Methods & Materials: Uneventful recovery

Results: Nil

Conclusions: 1)partial nephrectomy has become standard of care for T1a/1b renal tumour

2)main goal of partial nephrectomy is to preserve renal function

3)many attempts to reduce ischemic time

4)such by super selective embolisation , early enclamping etc .

5)unclamped partial nephrectomy is based on straight access to tumor without hilar dissection

6) it is beneficial in patient having single kidney or in CKD Pt

Ref—> Dr Gallucci etal 15 year exprience of of unclamped partial nephrectomy (had excellent oncologic and function output)

Still lacks prospective randomised trial comparing and establishing superiority of unclamped vs clamped partial nephrectomy

Source of funding:

Conflict of Interest: No

Abstract Number: 153

Session: Video V1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 9:00AM-10:00AM

Title: Surgical Management of Advanced Renal Cell Carcinoma: Right Radical Nephrectomy with Inferior Vena Cava Thrombectomy – A Video Presentation

Presenting Author: JINIT SALIL SHAH

Co authors: Dr. Sujata K. Patwardhan.

Department of Urology, Seth G.S. Medical College and K.E.M. Hospital, Parel, Mumbai, Mumbai.

Introduction & Objectives: In recent years, there has been a notable shift in the stage distribution of Renal Cell Carcinoma (RCC), marked by an increased diagnosis of localized tumors. However, despite this trend, the prevalence of advanced-stage disease, characterized by extension into the inferior vena cava (IVC), remains steady. This presentation aims to understand the importance of surgical intervention, particularly radical nephrectomy with IVC thrombectomy, in the management of locally advanced RCC and cases involving IVC thrombi.

Methods & Materials: Our study draws upon comprehensive data encompassing intraoperative and pathological findings, postoperative complications, and oncological outcomes from a single patient who underwent right radical nephrectomy with IVC thrombectomy at our institution

Results: A case of right renal cell carcinoma with extensive thrombus extending into the IVC necessitated radical nephrectomy with IVC thrombectomy. A multidisciplinary team comprising urologists, gastroenteric surgeons, and CVTS collaborated seamlessly to perform the procedure. Utilizing advanced surgical techniques and meticulous planning, the surgery was completed successfully, achieving complete resection of the tumour and thrombus.

Conclusions: Surgical resection stands as the fundamental approach for achieving curative outcomes in advanced RCC cases. Historical data underscores the efficacy of surgery, with 5-year cancer-specific survival rates ranging from 46–51% in locally advanced disease managed solely through surgical means. The intricate nature of radical nephrectomy with IVC thrombectomy necessitates a multidisciplinary approach involving urological, thoracic, and hepatobiliary surgical teams. While complex vascular reconstructions may occasionally demand bypass-assisted approaches, our video presentation provides compelling evidence that the resection of level 3/4 thrombi can be safely achieved without intraoperative circulatory bypass.

Source of funding: none

Conflict of Interest: No

Abstract Number: 154

Session: Video V1 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 9:00AM-10:00AM

Title: Robotic Right Partial Nephrectomy in a Complex Renal Mass

Presenting Author: PRIYABRATA ADHIKARI

Co authors: Yuvaraja TB Abhinav Veerwal Rahul Zalse Abhinav Pednekar.

Kokilaben Hospital, Mumbai Mumbai.

Introduction & Objectives: Partial nephrectomy in renal cell carcinoma (RCC) in large complex renal tumors is challenging. Robotic partial nephrectomy (RPN) should be chosen as an option in this present era as it provides the best way to nephron-sparing approach.

Methods & Materials: Our patient was a 46-year-old female with incidentally diagnosed RCC. On imaging, it was found to be an approximately 6.5 cm upper polar tumor. The nephrometry score was 8p. With the use of Da Vinci XI robotic system and intra-operative USG, we performed heminephrectomy for this patient.

Results: Our total robotic console time for this RPN was 130 minutes with a total operative time of 170 minutes. Warm ischemia time was 28 minutes. There was no intra-operative complication. Total blood loss was approximately 100 ml. No blood transfusion was required. The abdominal drain was removed on the 3rd postoperative day and he was discharged on the 4th day. Histopathology revealed the lesion to be a clear cell carcinoma. Complete blood counts, serum creatine, and patients' general health were found to be normal during follow-ups on 10th day and 3 months after discharge.

Conclusions: Renal masses are challenging entities during partial nephrectomies. Robotic surgical systems with 3D vision and improved instrumental dexterity allows us to accomplish heminephrectomies in such high nephrometry scores. Clinical, oncological and functional outcomes are excellent. Therefore, we suggest laparoscopic robotic-assisted surgery for all such cases of complex renal tumors.

Source of funding: None

Conflict of Interest: No

Video Session V2 (Uro-Oncology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
V2	Friday, 4th Oct 2024	10:00AM-11:00AM	B	155-160

Chairpersons: Dr Punit Tiwari, Dr Abhijeet Patil, Dr Sushil Rathi.

Abstract No.	Presenting Author	Title
155	VIRAJ RASESH DESAI	A NOVEL TECHNIQUE OF BLADDER NECK RECONSTRUCTION- 360 DEGREE RECONSTRUCTION FOLLOWING ROBOTIC SIMPLE PROSTATECTOMY
156	Achint Bajpai	Robotic Freyers Prostatectomy
157	Rahul Prakash Zalse	Video on Robot Assisted Nephron Sparing Surgery for Total Endophytic Renal Tumor
158	Deepak Kumar Biswal	Transmesocolic Hilum first approach in Laparoscopic Left Radical Nephrectomy for large Renal tumor with Renal vein tumor thrombus.
159	Rajeev Ranjan	“Unseen threat:Left testicular malignancy mimicking retroperitoneal cystic lymph node in a previously orchiectomized patient with right testicular malignancy”
160	Harsh Rajeev Mehta	ROBOTIC RADICAL PROSTATECTOMY AFTER PRIOR TURP IN A 71YEAR OLD GENTLEMAN

Abstract Number: 155

Session: Video V2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 10:00AM-11:00AM

Title: A NOVEL TECHNIQUE OF BLADDER NECK RECONSTRUCTION- 360 DEGREE RECONSTRUCTION FOLLOWING ROBOTIC SIMPLE PROSTATECTOMY

Presenting Author: Viraj Rasesh Desai

Co authors: DR VIRAJ DESAI DR ABHIJIT PATIL DR ABHISHEK SINGH DR ARVIND GANPULE DR RB SABNIS DR MAHESH DESAI .
MULJHIBHAI PATEL UROLOGICAL HOSPITAL NADIAD.

Introduction & Objectives: ENUCLEATION is the “gold standard” surgical intervention for large prostate glands > 100 grams. It can be done per-urethrally using Holmium laser enucleation of Prostate (HOLEP), Thulmium Laser enucleation of Prostate (THULEP) or Bipolar enucleation of Prostate (BipoleP). It can be done by Open Surgical Prostatectomy (OSP) by Millins or Freyers technique. It can be done by minimally invasive Laparoscopic (LASP) or Robotic assisted Simple Prostatectomy (RASP)

OSP techniques: perioperative complications & morbidity prolonged catheterization time (7-14 days) increased blood loss (500-1000ml) and irrigation time, transfusion rate of 25%, prolonged hospital stay due to wound infection varying degrees of urinary incontinence

Methods & Materials: WE FOLLOWED 8 PATIENTS, IN DOING A ROBOTIC SIMPLE PROSTATECTOMY FOR LARGE GLANDS, AND 360 DEGREE RE CONSTRUCTION IS FOLLOWED UP WITH - IRRIGATION TIME, POST OPERATIVE DRIBBLING, INCONTINENCE, FLOW AND THE NEED FOR BLOOD TRANSFUSIONS AND THE TOTAL BLOOD LOSS INTRA OP.

Results: Between the years 2022 - 2024, this technique was done in 8 patients over 3 years for prostates sizes of 110-220 grams with a follow-up of 2 years. Mean irrigation time was 1.2 days

All patients had clear urine postop and none required blood transfusions. None had postvoid dribbling of urine or irritative voiding symptoms.

Conclusions: THIS TECHNIQUE, IS A NOVEL COST EFFECTIVE TECHNIQUE WHICH CAN BE STANDARDISED, WITH LESS POST OP BLEEDING, LESS NEED FOR IRRIGATION AND HENCE LESS MORBIDITY IN THE POST OPERATIVE PERIOD, THUS REDUCING THE NEED FOR LONG TERM HOSPITAL ADMISSION AND CATHETER TIME.

THIS REDUCES THE COST OF HEALTH CARE DELIVERY SYSTEMS AND IMPROVES PATIENT QUALITY OF LIFE

Source of funding: NIL

Conflict of Interest: No

Abstract Number: 156

Session: Video V2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 10:00AM-11:00AM

Title: Robotic Freyers Prostatectomy

Presenting Author: Achint Bajpai

Co authors: Dr. T B Yuvaraja Dr. Rahul Zalse.

kokilaben hospital, mumbai mumbai.

Introduction & Objectives: TURP replaced open surgery and remained the gold standard in surgical management of benign prostatic hyperplasia (BPH). Holmium and bipolar resection of prostate managed even larger glands. For large prostate, open simple prostatectomy was previously considered the gold standard surgical treatment. However (AUA) guidelines on surgical management of BPH now consider both open and minimally invasive approaches to simple prostatectomy viable alternatives for treating large glands. Minimally invasive options like laparoscopic simple prostatectomy lacks general acceptance. Surgeons have now started exploring the robotic platform due to its advantages. Herein, we present the technique of robotic Freyer's prostatectomy (RFP).

Methods & Materials: Transperitoneal RFP was performed using the DaVinci Xi platform in 66 year male with LUTS and Prostatomegaly of size 140 gm. Patient had International Prostate Symptom Score (IPSS) and American Urological Association quality of life (AUA-QoL) score was 20 and 6. On uroflowmetry Qmax was 6.8 ml/s.

Results: There was no intraoperative complications. Console time and estimated blood loss were 70 mins and <100 ml, respectively. Drain removed on post operative (POD) 2, catheter was removed on POD 5 and patient was discharged on POD 5. Change (preoperative vs. postoperative) in IPSS (20 vs. 5 points), maximum flow rate (6.8 vs. 15.1 ml/s), AUA-QoL score (6 vs. 2 points) and PVR (180 vs 10 ml).

Conclusions: RFP is a safe and effective option for managing BPH, especially for large glands. It confers minimally invasive surgery benefits with good functional outcomes.

Source of funding: none

Conflict of Interest: No

Abstract Number: 157

Session: Video V2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 10:00AM-11:00AM

Title: Video on Robot Assisted Nephron Sparing Surgery for Total Endophytic Renal Tumor

Presenting Author: Rahul Prakash Zalse

Co authors: T. B. Yuvaraja Abhinav Veerwal Priyavrata Adhikari Abhinav Pednekar Achint Bajpai. Kokilaben Dhirubhai Ambani Hospital, Mumbai Mumbai.

Introduction & Objectives: Total endophytic tumors pose unique challenges in renal surgery due to their intricate location and proximity to critical structures. Robot assisted Nephron sparing surgery has emerged as a promising approach to address these complexities while preserving renal function. This is a video demonstration depicting robot assisted nephron sparing surgery for a total endophytic tumor.

Methods & Materials: We present 48 year old male patient diagnosed with right completely endophytic renal mass of size 22 x 19 mm in mid-inferior pole of kidney. This video demonstrates preoperative imaging, surgical steps, and postoperative outcomes are illustrated. Key technical aspects include meticulous tumor localization using intra-operative ultrasound (USG), precise resection margins, and renal reconstruction to optimize functional outcomes.

Results: The video demonstrates the feasibility and efficacy of robotic partial nephrectomy for total endophytic tumor. The minimally invasive nature of the robotic approach facilitates precise tumor excision while minimizing blood loss and preserving renal function. Real-time intraoperative imaging aids in accurate tumor localization and margin assessment, ensuring oncological adequacy.

Conclusions: Robot assisted nephron sparing surgery represents a technological advancement in the management of total endophytic tumors, offering improved surgical precision, enhanced visualization, and superior functional outcomes compared to traditional approaches. This video serves as a valuable educational resource for urologists and t

Source of funding:

Conflict of Interest: No

Abstract Number: 158

Session: Video V2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 10:00AM-11:00AM

Title: Transmesocolic Hilum first approach in Laparoscopic Left Radical Nephrectomy for large Renal tumor with Renal vein tumor thrombus.

Presenting Author: Deepak Kumar Biswal

Co authors: Amit R Sharma Satyadeo Sharma Raghavendra R T Saryu Goel.

Department of Urology & Renal Transplant, AIIMS Raipur (C.G.) Raipur.

Introduction & Objectives: Traditionally, Transmesocolic hilum first approach is performed in Renal trauma to control renal artery first. This technique can be applied even to Laparoscopic Left Radical Nephrectomy for large renal tumors. Conventional Left Radical Nephrectomy for large tumors with initial mobilization of spleen and descending colon can cause excessive bleeding from collateral vessels. With this technique Renal artery can be controlled early in surgery with minimal dissection, thereby facilitating relatively less blood loss during dissection. Renal vein also can be dissected easily up to medial border of Aorta with minimum dissection which is beneficial in presence of renal vein tumor thrombus.

Methods & Materials: A forty-two years male presented with haematuria of one month duration found to have 15 x 12.9 cm large left upper polar Renal mass with tumor thrombus extension up to middle of left renal vein. Laparoscopic Left Radical Nephrectomy was planned. Patient was placed in right lateral decubitus position. A mesocolic window was created near Ligament of Treitz region. After ligation and division of inferior mesenteric vein, early clipping of left renal artery was performed through the mesocolic window near its aortic origin. Then rest of the procedure was completed with traditional approach. Total operative duration was 145 minutes with approximately 60 ml blood loss. Specimen was retrieved through Pfannenstiel incision.

Results: Transmesocolic Hilum first approach for Renal Trauma was well described. But it is less commonly reported in Laparoscopic Radical Nephrectomy. It can be used in Left Laparoscopic Radical Nephrectomy for large renal mass and/or tumor with extensive collateral vessels and/or presence of large hilar lymph nodes and/or renal vein tumor thrombus extension. In the above situations; initial mobilization of spleen and descending colon may be difficult and can cause excessive bleeding. There may also be difficulty in hilar dissection due to mass effect of large tumor. Transmesocolic Hilum first approach can have advantage as the left renal artery can be clipped early near its aortic origin. Also Left Renal vein can be dissected up to origin of superior mesenteric artery with minimum dissection which is beneficial in renal vein tumor thrombus extension.

Conclusions: Transmesocolic Hilum first approach can be used in large left renal tumors with extensive collateral vessels, hilar lymph nodes or renal vein tumor thrombus. With this technique renal hilum dissection is technically easier with relatively less blood loss compared to traditional approach.

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 159

Session: Video V2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 10:00AM-11:00AM

Title: “Unseen threat:Left testicular malignancy mimicking retroperitoneal cystic lymph node in a previously orchiectomized patient with right testicular malignancy”

Presenting Author: Rajeev Ranjan

Co authors: Dr sujata k Patwardhan Dr supradeep N Dr Nirmal Agarwal.

KEM HOSPITAL,MUMBAI MUMBAI.

Introduction & Objectives: A 47 year old male patient presented to the hospital with a chief complaint of left flank pain since 1 year .Patient was a known case of right carcinoma testis with right orchidectomy done 7year ago and had a history of left inguinal orchidectomy done for undescended testis in 7 year ago.

Methods & Materials: Diagnosis: pelvic mass ?testicular malignancy in left undescended testis in patient with a ca testis

Treatment given was left pelvic mass excision with retroperitoneal Lymphnode dissection

Results: The patient ultrasound showed mass measuring 11.6x6.9 cm in the lower abdomen .CT shows well opacified, large, thick walled, oval, hypodense mass with multiple enhancing septae within is noted in midline, and left side of the lower abdomen. The lesion measures 11.4 x 8.5x 8.3cm. There is homogeneously enhancing tubular soft tissue density noted extending along left side of the lesion - likely tobespermaticcord.Histopathological report of left testis revealed left spermatic cord and epididymal tubules embedded in adipose tissue. No seminiferous tubules are identified. Right Testis Histopathological reported that Malignant Mixed germ cell tumour .FDG avid to non avid well defined hypodense mass with enhancing internal septations are noted involving pelvic cavity (measures 10.1 x 6.5 x 8.1cm). Non FDG avid tubular soft tissue thickening is noted along left side of mass. FDG non avid paraaortic, preaortic lymph nodes are noted Alpha-fetoprotein value .669 ,Beta-hcg-1.2,LDH 1455

Conclusions: In previously orchidectomized patient in known case of ca testis with other undecend testis ,high chance of malignancy in undescendend testis as well as Furher work must be needed and if needed RPLND should be done

Source of funding: self

Conflict of Interest: Yes

Abstract Number: 160

Session: Video V2 Hall: B

Day & Date: Friday, 4th Oct 2024 Time: 10:00AM-11:00AM

Title: ROBOTIC RADICAL PROSTATECTOMY AFTER PRIOR TURP IN A 71YEAR OLD GENTLEMAN

Presenting Author: Harsh Rajeev Mehta

Co authors: DR GANESH BAKSHI DR VINOD JOSHI.

HINDUJA HOSPITAL, MAHIM Mumbai.

Introduction & Objectives: Transurethral Resection of the Prostate (TURP) has long been a gold standard for managing benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS). However, men with a history of TURP who subsequently develop prostate cancer present unique challenges in surgical management. Robotic-Assisted Radical Prostatectomy (RARP) in these cases requires careful consideration due to altered anatomy, potential complications, and impact on surgical outcomes. This subsection will provide an overview of the complexities involved and the need for tailored approaches in this patient population.

Methods & Materials: A 71 year old gentleman had history of TURP in June 2021 for gross prostatomegaly with preoperative PSA level 7.2 with normal DRE and histopathology reported as benign prostatic hyperplasia. On routine followup rising PSA of 9.95 in 2023 to 12.8 in 2024 with a hard nodule on DRE. MpMRI prostate had PIRADS 4 lesion, prompting prostate biopsy which had evidence of prostatic adenocarcinoma in right lobe, gleason score 3+4=7. RARP was performed in view of organ confined cancer on PSMA PET scan, after informed decision by patient. Intraoperatively, evidence of prostatic adhesions, a wide open bladder neck with ureteric orifices very close to bladder neck were noted. Adhesiolysis was done and a challenging vesicourethral anastomosis done involving a wide bladder neck, carefully keeping away from ureteric orifices. Histopathology reported as prostatic adenocarcinoma, gleason score 4+3=7, organ confined with clear margins. Patient recovered well postoperatively with good continence over three months.

Results: RARP following TURP poses several challenges due to altered anatomy, potential complications & impact on surgical outcomes. Primary concern is altered surgical anatomy post TURP, changes in prostatic shape, periprostatic fibrotic scarring and sphincter dysfunction. These may increase the risk of bladder neck contracture, urinary incontinence and urethral stricture. Hence careful preoperative planning is essential. MpMRI can aid in assessing residual prostate, potential anatomical variations and guiding surgical approach selection. Also the surgeon's experience with both RARP and TURP is crucial for these cases. Several surgical methods are proposed to optimize outcomes in RARP following TURP like anterior approach RARP, bladder neck preservation, Retzius sparing RARP and nerve-sparing RARP. Additionally urethral reconstruction or artificial urinary sphincters may be considered. Advancements in robotic technology have facilitated precise dissection and reconstruction in these challenging cases.

Conclusions: Our study indicates that prior TURP is not a contraindication to RARP. Although urinary stream weakness may persist postoperatively, overall urinary outcomes remain unaffected. Sexual function and blood loss during RARP show no significant differences between groups. Limitations include population discrepancies and loss to follow-up. RARP proves advantageous in navigating challenging tissue planes post-TURP. This study contributes valuable insights and sets a foundation for future prospective trials in this domain.

Source of funding: nil

Conflict of Interest: No

Video Session V3 (Reconstruction / Female Urology)

Session	Day and date	Time	Hall	ABSTRACT Numbers
V3	Saturday, 5th Oct 2024	2:00PM-3:00PM	B	161-166

Chairpersons: Dr Kapil Thakkar, Dr Anjali Bhosale, Dr Anil Varshney.

Abstract No.	Presenting Author	Title
161	Anjali Choudhary	LAPAROSCOPIC BLADDER DIVERTICULECTOMY
162	Makani Raj Prakash Bhai	Technique of Measurements for robotic assisted intracorporeal neobladder reconstruction using 11cm stich
163	Saket Dipakkumar Patel	Adapting Minimally Invasive Bladder Diverticulectomy: Tailoring Techniques to Clinical Contexts
164	Shrikanth Atluri	Robot assisted Radical Cystectomy with Intracorporeal Ileal Conduit with SSI Mantra system
165	Shabbir Husain	Initial Experience of Endoscopic Vesicovaginal Fistula Repair - A new Horizon
166	Kunal Nimeshkumar Modi	Singapore flap for vesico vaginal fistula in women after radiotherapy for carcinoma endometrium

Abstract Number: 161

Session: Video V3 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 2:00PM-3:00PM

Title: LAPAROSCOPIC BLADDER DIVERTICULECTOMY

Presenting Author: anjali choudhary

Co authors: SUJATA PATWARDHAN SACHIN BHUJBAL.

DEPARTMENT OF UROLOGY , 8TH FLOOR, NEW BUILDING ,KEM HOSPITAL ,
MUMBAI MUMBAI.

Introduction & Objectives: Bladder diverticulum occurs when a defect is found between the detrusor muscle fibers, which will lead to herniation of the bladder mucosa. The causes are acquired or congenital. Acquired causes tend to form multiple herniation, and most of the time is due to bladder outlet obstruction. Congenital causes, on the other hand, are solitary and are associated with many other congenital syndromes such as Menkes syndrome. They affect both adult and pediatric age groups. The diagnosis is usually made when investigating non-specific symptoms such as hematuria, dysuria, and urinary tract infection.

Methods & Materials: A 39 y/o male presented with C/o poor urinary stream with intermittency, hesitancy, straining. Patient was on CSIC .Previous c/o acute urinary retention for which foley's catheter insertion was done 2 years ago.

h/o OIU done in 2011.

MCU & RGU revealed large Urinary bladder diverticuli and bulbomembranous junction narrowing with significant post void residue.

Uroflowmetry Report – 09/12/2023 Voided Volume – 140 ml Average Flow –10.9ml/sec

Patient underwent cystoscopy with bladder neck incision i/v/o high bladder neck and laparoscopic diverticulum excision with closure of bladder wall.

Results: Acquired bladder diverticulum usually occur in males more than 60 years of age. Diverticulae are often multiple and usually occur on the lateral bladder walls. On Cystoscopy, there are usually multiple openings with significant bladder trabeculations. Causes could be a bladder outlet obstruction, neurogenic vesico-urethral dysfunction or Iatrogenic.

Bladder diverticulae can be evaluated with excretory urography with pre- and post-void films, Ultrasonography, CT scan and Cystoscopy. Small size diverticulum resolves with relief of bladder outlet obstruction whereas surgery is needed in large size diverticulum if symptomatic. Surgical options include transurethral cystoscopic or open surgical management by either transvesical or combined extravesical and intravesical approach or Tubeless diverticulectomy either by Laparoscopic or transabdominal approach.

Conclusions: Acquired multiple bladder diverticulae in young males are rare entity and identification with early management provides prompt symptomatic relief in such patients

Source of funding:

Conflict of Interest: No

Abstract Number: 162

Session: Video V3 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 2:00PM-3:00PM

Title: Technique of Measurements for robotic assisted intracorporeal neobladder reconstruction using 11cm stich

Presenting Author: Makani Raj Prakashbhai

Co authors: Dr Raj Makani Dr Daud Ali Kazi Dr Abhishek Singh Dr Arvind Ganpule Dr Ravindra Sabnis Dr Mahesh Desai.

MPUH nadiad Nadiad.

Introduction & Objectives: Robotic assisted radical cystectomy with intracorporeal neobladder has been on increasing trend as access to robotic training is increasing. Also the Intracorporeal orthotopic neobladder is one of the complex reconstruction procedure, with the help of this video we are demonstrating the steps of Intracorporeal studer neobladder creation using a premeasured 11cm stich

Methods & Materials: After standard cystoprostatectomy and Bilateral pelvic lymph node dissection, intracorporeal orthotopic neobladder reconstruction was performed in following steps

Isolation of 60 cms of ileum ,20 cm proximal to IC Junction (Ileocaecal) = 44 cms (for neobladder)+ 10 cm for Chimney (For uretero ileal anastomosis) + 5 cm to discard (For achieving length of mesentery)

Marking sutures at 0,11,22,33,44 cm to keep surgeon oriented.

Restoration of bowel continuity – ileo-ileal side to side anastomosis using endo GI stapler.

Detubularization of bowel on anti-mesenteric border.

Posterior plate creation.

Rotation of the pouch and urethro-ileal anastomosis over 3 way simplastic catheter,

Closure of the anterior wall of the neobladder,

End to Side Uretero-ileal Bricker type anastomosis and 6/30 Fr DJ stent placement.

Completion of anterior plate suturing is done.

Checking of Patency of neobladder by saline filling.

Results: Nil

Conclusions:

RARC with Intracorporeal Orthotopic neobladder is safe and all principles of open studer neobladder are replicable in robotic milieu with good outcomes.

Source of funding: Institute

Conflict of Interest: No

Abstract Number: 163

Session: Video V3 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 2:00PM-3:00PM

Title: Adapting Minimally Invasive Bladder Diverticulectomy: Tailoring Techniques to Clinical Contexts

Presenting Author: Saket Dipakkumar Patel

Co authors: Dr Aruj Dr Abhishek Singh Dr Niramya Pathak Dr Sahil Agrawal.

Muljibhai Patel Urological Hospital Nadiad.

Introduction & Objectives: Bladder diverticulum occurs when a defect is found between the detrusor muscle fibers, which will lead to herniation of the bladder mucosa. The indications of surgery in diverticulectomy may include bladder outlet obstruction, malignancy in the diverticulum, recurrent infection and stone due to incomplete emptying of the diverticulum etc. We aim to highlight the role of diverticulectomy using minimally invasive techniques in varied clinical scenarios while highlighting the variations in surgical techniques in each case.

Methods & Materials: Case 1 A 75 year old gentleman was investigated and diagnosed as a case of bladder outlet obstruction due to benign prostatic hyperplasia with a large bladder diverticulum. He underwent TURP but symptoms persisted with urine collecting in large 300 cc bladder diverticulum and retention episode. He underwent robotic bladder diverticulectomy by intraperitoneal transvesical technique using catheter balloon as a guide

Case 2 An 80 year old gentleman with ecog score of zero, had persistent complaint of foul smelling urine with recurrent urinary tract infection, diagnosed as having large bladder diverticulum with tumor. After staging, he underwent robot assisted bladder diverticulectomy by extravesical excision. Biopsy came as nephrogenic adenoma

Case 3 A 60 year old gentleman was evaluated for large bladder diverticulum with narrow neck having underactive detrusor on urodynamic study. He underwent robotic bladder diverticulectomy by dual extravesical and transvesical technique.

Results: Bladder diverticulum is relatively uncommon, but its exact prevalence is not well documented. The incidence may vary depending on factors such as age, gender, and underlying medical conditions. While some cases may remain asymptomatic and undiagnosed, others present with symptoms requiring medical attention. Surgical Techniques differ according to the indication for which patient is undergoing operation. Hereby presenting a short video on the cases and briefly illustrate the technical diversities. .

Conclusions: Minimally invasive Bladder Diverticulectomy provides a safe, less morbid approach to traditional open surgery. Perioperative surgical outcomes rival those of previously reported open and endoscopic diverticulectomies. The indication for surgery will determine the technical approach.

Source of funding: MPUH

Conflict of Interest: No

Abstract Number: 164

Session: Video V3 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 2:00PM-3:00PM

Title:

Robot assisted Radical Cystectomy with Intracorporeal Ileal Conduit with SSI Mantra system

Presenting Author: Shrikanth Atluri

Co authors: Nilesh Chordia Jitesh Rajpurohit Vivek Sukumar Sanket Mehta.

SSO Hospital Ghatkopar Mumbai.

Introduction & Objectives: Robotic approach has shown its feasibility and safety with respect to open approach for radical cystectomy . Currently, novel platforms are entering the market and SSI Mantra (India) is a new system consisting of an open console with 3D-4K large screen and modular robotic arm carts. Even if several series are already available for radical prostatectomy, to now a full description of Robotic radical cystectomy with Intracorporeal Ileal Conduit performed with SSI Mantra is still lacking. We report case of Robotic radical cystectomy with Intracorporeal Ileal Conduit with intracorporeal Ileal conduit performed with SSI Mantra system.

Methods & Materials: 61-year-old patient diagnosed with muscle invasive bladder cancer is scheduled for robotic radical cystectomy with intracorporeal Ileal conduit. Details of the robotic system: one 10 mm endoscope port was placed on the midline 2 cm above the umbilicus. Another two 8 mm robotic ports were symmetrically placed under vision on a transversal line-located 1 cm below the umbilicus. All ports were located at least 9 cm between each other. Finally, two assistant ports were positioned, one on right side and other on left side. The assistant and the scrub nurse worked on the right side, while the energy tower stayed at the side of the bed on left side. The endoscope arm-cart is docked first, then the adjacent carts are docked. The instruments we used were monopolar shears, fenestrated bipolar forceps and two needle drivers.

Results: The procedures were completed without technical errors or technological failures- requiring a change in surgical strategy. Docking time was approximately 40 min; console time was 420 minutes. The time for pelvic nodal dissection was approximately 68 min for both. Total blood loss was 100 ml. Patient was discharged on postoperative day 6 with no complications.

Conclusions: In conclusion, Robotic radical cystectomy with Intracorporeal Ileal Conduit is a feasible procedure to be done by SSI Mantra system and able to reproduce all surgical steps without critical errors or complications requiring a change in surgical planning.

Source of funding: No

Conflict of Interest: No

Abstract Number: 165

Session: Video V3 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 2:00PM-3:00PM

Title: Initial Experience of Endoscopic Vesicovaginal Fistula Repair - A new Horizon

Presenting Author: shabbir Husain

Co authors: NAFISA HUSAIN.

Global Hospital and Urology Center, Jabalpur Jabalpur.

Introduction & Objectives: Vesico-vaginal fistula (VVF) is a dreaded complication of gynecologic and obstetric procedures with many approaches and techniques described for its repair. We present our initial experience with this novel technique of VVF repair. our objective was to assess feasibility of this technique and its results.

Methods & Materials: Inclusion criteria - Small size fistula less than 1cm, Previously failed fistula repair with small residual rent, patient unsuitable/unwilling for Abdominal repair and high-up fistula on per vaginal examination.

Exclusion criteria - Large Fistula's, patient unwilling for this technique.

Method - Initial diagnostic cystoscopy and per Vaginal assessment were done to assess feasibility. Perifistula injection of diluted saline adrenaline done via either cystoscopic needle or per vaginally. Then resectoscope(22FR) with Collin's knife was used to make a circumferential incision around the fistula, using cutting current and small bleeders were fulgured. Then 14 Fr compact cystoscope(RW) used per urethrally for vision and simultaneously suture being passed per urethrally and needle holder with 3mm needle holder and raw surfaces of vaginal side and bladder approximated by utilising external knot pushed with lap knot pusher. Defect was closed and sutures were cut.

Results: Out of five cases, four cases were completed via this method and there was no leak after catheter removal at the end of 2 weeks. In one patient it was converted to open abdominal approach with a successful outcome. None of these patients developed urethral stricture on follow up cystoscopy at 3 months.

Conclusions: Endoscopic VVF repair is a new armamentarium in managing the vesicovaginal fistula. This is simple and good technique in a selected cases. This is a least invasive method with initial promising results.

Source of funding: nil

Conflict of Interest: No

Abstract Number: 166

Session: Video V3 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 2:00PM-3:00PM

Title: Singapore flap for vesico vaginal fistula in women after radiotherapy for carcinoma endometrium

Presenting Author: Kunal Nimeshkumar Modi

Co authors: Dr Ajit vaze Dr kush nandwana.

Jaslok hospital Mumbai .

Introduction & Objectives: Vesicovaginal fistula can occur after delivery, gynaecologic or urologic surgery, irradiation therapy or as destruction caused by a tumour or trauma. The main problem after irradiation is decreased elasticity of the tissue around the fistula. We present our experience in the treatment of recurrent vesicovaginal fistula.

Our objective is to identify criteria to guide surgeons regarding indications for use of the Singapore and gracilis muscle flaps in post radiation patient.

Methods & Materials: This is a retrospective case report. Post radiation fistula surgeons in jaslok hospital have been incorporating plastic surgery techniques with the Singapore and gracilis muscle flaps since collaborating with plastic surgeons. We describe the surgical outcomes of procedures utilizing Singapore flap.

Results: Successful closure was achieved and full continence was achieved . Incontinence based on a 1-h pad weight test improved between surgery and follow-up. patients indicated moderate to great improvement in quality of life. No incontinence till 3 month of followup.

Conclusions: Based on our outcomes, we note the possible advantage Singapore flap in post radiation recurrent vesicovaginal fistula. However, more data are needed

Source of funding:

Conflict of Interest: No

Video Session V4 (Reconstruction / Female Urology / Urolithiasis)

Session	Day and date	Time	Hall	ABSTRACT Numbers
V4	Saturday, 5th Oct 2024	3:00PM-4:00PM	B	167-172

Chairpersons: Dr Kapil Thakkar, Dr Anjali Bhosale, Dr Anil Varshney.

Abstract No.	Presenting Author	Title
167	Ekansh Gupta	Cystoscopic management of intra-vesical migration of intra-uterine device complicated by bladder stone formation: Video Case Report
168	JINIT SALIL SHAH	Trans-abdominal repair following unsuccessful Trans-vaginal repair of multiple vesico-vaginal fistulae.
169	Chaitya Sanjay Shah	ROBOTIC ASSISTED PYELOPLASTY FOR MANAGEMENT OF PELVIURETERIC JUNCTION OBSTRUCTION (PUJO) IN PATIENTS WITH ANOMALOUS KIDNEY CONFIGURATIONS – A POINT OF TECHNIQUE
170	Shabbir Husain	Shock Pulse Lithotripsy - Is it essential or extravagancy!
171	PRIYA GUPTA	PAEDIATRIC POST PCNL BLEEDING UNVEILING HAEMOPHILIA
172	Shardul Khade	Two stage proximal hypospadias repair with Byars flap – operative technique

Abstract Number: 167

Session: Video V4 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 3:00PM-4:00PM

Title: Cystoscopic management of intra-vesical migration of intra-uterine device complicated by bladder stone formation: Video Case Report

Presenting Author: Ekansh Gupta

Co authors: Dr. Madhumohan R Prabhudesai Dr. Rajesh Halarnakar .

Department of Urology, Goa Medical College, Delhi New Delhi.

Introduction & Objectives: Intra-uterine device (IUD) migration is a rare complication of IUD placement. The imprecise symptoms and a very low index of suspicion make the early diagnosis of this rare complication quite tricky. The current video report shows management of a migrated IUD complicated by bladder stone formation around it.

Methods & Materials: The current case is of a 32 year old lady who presented with pregnancy following IUD failure. Sonographic imaging suggested a misplaced IUD, suspiciously located in the bladder. Subsequent computed tomography scanning revealed an intra-vesical calculus (~ 3 cm in size), with no evidence of upstream hydronephrosis on either side. A retrospective interaction with the patient revealed history of mild on-and-off dysuria and haematuria, with the last episode occurring more than six months ago and resolving spontaneously. Cystoscopic evaluation revealed a bladder stone (encrusted IUD), with no breach in the bladder mucosa and no evidence of a fistulous opening. Using a pneumatic lithotripter, the stone was broken down to expose the IUD, which was then held from the tail end and extracted through the cystoscope sheath. The patient reported no significant pain / bladder discomfort following the procedure, and was discharged after an uncomplicated postoperative period.

Results: The clinical presentation of a misplaced IUD remains variable, ranging from asymptomatic migration to severe lower urinary tract symptoms and occasionally, to an unplanned pregnancy. Two plausible explanations commonly employed to explain intra-vesical migration of IUD include firstly, an immediate traumatic perforation; and the second, a gradual erosion of the IUD through the myometrium and into the bladder lumen over years. While transvaginal sonography the initial diagnostic modality of choice for identifying an intravesical IUD, a CT scan helps in evaluation of additional complications such as a fistula. Cystoscopy is particularly beneficial in these cases, as not only does it offer a dual – diagnostic and therapeutic – advantage, but also provides information regarding adherence of IUD to the bladder and extent of intra-vesical protrusion.

Conclusions: Removal of a migrated intra-vesical IUD is mandatory because if left unattended, it may lead to complications such as cystitis, intra-vesical stone formation, pelvic abscess, and adhesions. The majority of such cases can be treated successfully by cystoscopy. If a part / whole of the IUD is intra-peritoneal, laparoscopy / laparoscopy combined with cystoscopy / laparotomy may be required as the preferred therapeutic approach.

Source of funding: Nil

Conflict of Interest: No

Abstract Number: 168

Session: Video V4 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 3:00PM-4:00PM

Title: Trans-abdominal repair following unsuccessful Trans-vaginal repair of multiple vesico-vaginal fistulae.

Presenting Author: JINIT SALIL SHAH

Co authors: Dr. Sujata K. Patwardhan.

Department of Urology, Seth G.S. Medical College and K.E.M. Hospital, Parel, Mumbai. Mumbai.

Introduction & Objectives: Vesico-vaginal fistula (VVF) is a distressing condition that significantly impacts the quality of life of affected women. Trans-vaginal repair has traditionally been the preferred approach for addressing VVF. However, in cases where it fails to achieve successful closure, alternative approaches are necessary to address this challenging condition. Trans-abdominal repair represents a viable option following unsuccessful trans-vaginal repair, offering the potential for effective closure and restoration of continence. This study aims to evaluate the outcomes of trans-abdominal repair following unsuccessful trans-vaginal repair of multiple vesico-vaginal fistulae, shedding light on its efficacy and feasibility as a treatment modality.

Methods & Materials: 30 year old female presented with continuous dribbling of urine since 1 year. The patient had history of abdominal hysterectomy in December 2022. On cystoscopy, there were 4 fistulous openings in the urinary bladder largest measuring 6 mm at supra-trigonal region. Retrograde Pyelography was done to rule out the possibility of uretero-vaginal fistula, which was found to be normal. So, attempt was made for trans-vaginal closure of these fistulae using Martius flap.

However, on post-operative day 5, patient complained of per-vaginal urinary leak. Thus, it was suspected that there might be a residual fistula, so was posted for its repair through trans-abdominal route. The defect was identified and was repaired followed by omental flap placement.

Results: Successful repair of previously failed trans-vaginal repair of multiple vesico-vaginal fistulae was achieved via trans-abdominal approach.

Conclusions: Trans-vaginal approach is the most commonly preferred strategy for the management of vesico-vaginal fistula. However, in cases with multiple fistulae, direct trans-abdominal approach can be preferred over trans-vaginal approach as in this case. This may prevent the possibility of residual fistula and the main advantage of transabdominal approach is that the omentum can be used as a large interposition flap.

Source of funding: None

Conflict of Interest: No

Abstract Number: 169

Session: Video V4 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 3:00PM-4:00PM

Title: ROBOTIC ASSISTED PYELOPLASTY FOR MANAGEMENT OF PELVIURETERIC JUNCTION OBSTRUCTION (PUJO) IN PATIENTS WITH ANOMALOUS KIDNEY CONFIGURATIONS – A POINT OF TECHNIQUE

Presenting Author: Chaitya Sanjay Shah

Co authors: Dr Chaitya Shah Dr Abhijit Patil Dr Abhishek Singh Dr Arvind Ganpule Dr Ravindra Sabnis Dr Mahesh Desai.

Muljibhai Patel Urological Hospital, Nadiad Nadiad.

Introduction & Objectives: Pelviureteric Junction obstruction (PUJO) is a commonly encountered upper urinary tract obstructive pathology, amenable to surgical correction. However, concomitant PUJO with renal anomalies pose a unique challenge to the operating urologists. Open pyeloplasty has been a standard of care for surgical correction in these patients, but recently Robotic assisted pyeloplasty (RAP) has gained popularity worldwide. In this video, we demonstrate our technique and experience of performing RAP for PUJO in anomalous kidneys.

Methods & Materials: Patients who were diagnosed to have PUJO concomitantly with renal anomalies and underwent Robotic assisted pyeloplasty (RAP) were studied. This video demonstrates 3 different case scenarios which include - i.) A 11-yr-old male who presented with right flank pain and was diagnosed with Left to right crossed fused ectopia with Left (inferior) PUJO, ii.) A 18-yr-old male who presented with left flank pain and was diagnosed with B/L PUJO with Horseshoe kidney, and iii.) A 5-yr-old male, who presented with right flank pain and was found to have Right duplex kidney with lower moiety PUJO. All of these patients were assessed pre-operatively with routine lab investigations and functional evaluation with DTPA renogram. Port placement was guided by the location of the renal pelvis, marked pre-procedurally using Retrograde Pyelogram. Robotic surgery was performed using Intuitive Surgical's Da Vinci Xi system. Post-operative resolution of symptoms as well as any residual hydronephrosis was noted.

Results: Our experience includes 12 RAPs done in 11 patients having anomalous kidneys with PUJO, including one patient operated bilaterally. There were 4 patients with a duplex system, 3 patients with Horseshoe kidney, one with Crossed fused ectopia and 3 patients with ectopic kidney. A basic anatomical understanding aided by imaging, can guide port placement, pyelotomy incision and securing adequate anastomosis. Above demonstrated cases were followed up and symptom relief was noted in all of them with minimal to mild residual hydronephrosis seen without any alteration in renal function.

Conclusions: The management of PUJO in anomalous kidneys can be challenging. Robotic assisted pyeloplasty (RAP) is associated with favorable outcomes in these patients. Pre-operative planning is crucial in these patients, owing to distorted pelvicalyceal architecture, aberrant vasculature and altered relationships with adjacent structures. Basic principles include making pyelotomy incision parallel to the long axis of the kidney and spatulation directed towards the lower pole of the kidney. Transmesocolic approach may be opted, based on intraoperative findings.

Source of funding: No additional funds required.

Conflict of Interest: No

Abstract Number: 170

Session: Video V4 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 3:00PM-4:00PM

Title: Shock Pulse Lithotripsy - Is it essential or extravagancy!

Presenting Author: shabbir husain

Co authors:.

global Hospital and urology Center Jabalpur.

Introduction & Objectives: To define the real indications of use of Shock pulse device in management of renal stones.

Methods & Materials: In all the patients of renal stone requiring PNL procedure where tract dilatation of 20Fr or more is done, we have used the Shock pulse device as Intracorporeal lithotripsy with probe size of 3.40Fr and machine from Olympus. The various parameters like ease of breaking and stone evacuation, time of stone clearance and level of clearance achieved at the end of procedure were assessed and compared with other lithotripsy devices like Pneumolithotripter and Lasers.

Results: In majority of cases the stone clearance was better with shock pulse device. Ease of breaking & evacuation is significantly better with shock pulse device, and time duration of stone evacuation was reduced as compared to Pneumolithotripsy alone.

Conclusions: Shock Pulse device is a useful adjunct in management of renal stone and essential in selected cases.

Source of funding: nil

Conflict of Interest: No

Abstract Number: 171

Session: Video V4 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 3:00PM-4:00PM

Title: PAEDIATRIC POST PCNL BLEEDING UNVEILING HAEMOPHILIA

Presenting Author: PRIYA GUPTA

Co authors: Sujata Patwardhan Supradeep N.

Parel Mumbai-12 Mumbai.

Introduction & Objectives: Postoperative bleeding is a dangerous complication after percutaneous nephrolithotomy (PCNL), especially in children. Pseudoaneurysm, arteriovenous fistula, and arterial laceration are the three most common causes of post-PCNL bleeding. We present a rare cause of post-PCNL bleeding of a 12-year-old boy who underwent PCNL and was diagnosed with Hemophilia A after presenting with post-procedure bleeding. Haemophilia A is the most common inherited bleeding disorder that occurs in approximately 1:5000 males and is caused by defects in the F8 gene that encodes coagulation factor VIII. Haemophilia A is diagnosed based on normal prothrombin time, altered activated partial thromboplastin time, and reduced factor VIII activity in plasma.

Methods & Materials: A 12-year-old boy underwent Left PCNL for 2.5 cm pelvis calculus. The lower calyceal puncture was taken and the tract dilated till 22 Fr using Alken's coaxial dilatation method. Stone clearance was complete. The immediate postoperative period was uneventful and discharged on POD 1. The patient presented on postoperative day 5 with gross haematuria, weakness, and loss of appetite in casualty. His hemoglobin was 5 gm/dl. Creatinine was within normal limits. Contrast CT of the abdomen and pelvis showed 105 cc perinephric collection with displaced DJ stents and bladder clots. There was no active blush. His coagulation parameters were done revealed a aPTT value of 46, PT INR 1.3, and fibrinogen levels of 662 which were sent after hematology advice. Factor VIII assay levels were low at 20 which revealed Haemophilia A. Patient managed with transfusion of Factor VIII and PCV along with Suprapubic scopy with PCS clot evacuation with nephrostomy tube insertion with left DJ exchange.

Results: Nil

Conclusions: It is important to get an activated partial thromboplastin time(aPTT) test as a part of the workup for children undergoing PCNL to prevent this dreaded complication. Patients who develop this disease may present with catastrophic bleeding despite having no previous bleeding history. The diagnosis of hemophilia A is of fundamental importance for adequate treatment preventing serious complications and high mortality.

Source of funding: self

Conflict of Interest: No

Abstract Number: 172

Session: V4 Hall: B

Day & Date: Saturday, 5th Oct 2024 Time: 3:00PM-4:00PM

Title: Two stage proximal hypospadias repair with Byars flap – operative technique

Presenting Author: Shardul Khade

Co authors: Dr. Hemant Pathak .

Mumbai.

Introduction & Objectives: Hypospadias is one of the most common congenital anomalies occurring in boys affecting approximately 1 in 150-300 live births. It is characterised by a triad of ectopic and ventrally located urethral meatus; ventral penile curvature; and an incomplete, dorsally hooded foreskin. The location of the urethral meatus has classically been used to define the severity of hypospadias. Majority of boys (70-85%) have distal meatus variant. Proximal hypospadias occurs in 10-25% of patients and presents several unique management challenges to the surgeon.

We present a 20 months old child who presented with proximal hypospadias with 60 degrees ventral curvature and was managed with two stage repair using Byars flap

Methods & Materials: A 20 months old male child presented to our urology outpatient department with complaint of passing urine from proximal urethral opening. On local examination, the child had a dorsally hooded foreskin and ventral chordee of 60 degrees with penoscrotal hypospadias. Thereafter, the child was planned to undergo two stage repair using Byars flap.

In the first stage, penis was degloved upto penoscrotal junction and artificial erection was induced. 60 degrees ventral chordee was noted and dorsal plication done to correct the curvature deformity. Byars flap were developed by incising the dorsal inner preputial skin. The dorsally redundant preputial skin was transposed ventrally with its vascular pedicle as a scaffold to form the urethra. The second stage was performed after 6 months. A U-shaped Thiersch-Duplay incision was made for tubularization and urethroplasty was performed in a running fashion using a two layer technique.

The patient was discharged on post operative day three with 6 FR infant feeding tube in situ per urethrally. Per urethral catheter was removed on post operative day 10 after which the child was able to void comfortably from his newly constructed distal urethral opening. There was no evidence of any leak or fistula.

Results: Proximal hypospadias are harder to repair because longer urethroplasty is required which is more technically demanding and requires precise technique to generate long urethra of equal calibre throughout its long course. There is a current trend towards staged repair for proximal hypospadias in which curvature is corrected in the first stage and urethroplasty done in the second stage. Due to increased risk of urethroplasty failure in single stage repair, many surgeons are now opting this technique.

The degree of tissue dysplasia, severity of penile curvature and relative lack of available skin may compromise wound healing, vascular flow and prevent equal tissue growth with time. Due to the relatively small number of proximal hypospadias cases worldwide, the number of surgeries performed for the same is declining. Collaboration amongst surgeons is of paramount importance to provide a measurable advancement in the care of boys with these unique challenges.

Conclusions: Hypospadias is a common congenital problems affecting young male children. Proximal hypospadias is rare and if associated with chordee, makes surgical management a technique challenge. Such cases are best managed with two stage repair in which first chordee is corrected and is followed by definitive urethroplasty as a second stage procedure.

Much work is still required for surgical advancement in reconstruction of severe hypospadias. Efforts need to be taken to improve the complication rate, extend follow-up into adulthood and use long term analysis to guide patient and parental expectations of the repair.

Source of funding: Nil

Conflict of Interest:

Hall In Charges / Co-ordinators

		Hall A	Hall B	Hall C
Local Organising Committee In charge	Friday, 4th Oct 2024	Dr Satyadeo Sharma	Dr Varun Sharma	Dr Arun Kerkatta
	Saturday, 5th Oct 2024	Dr Pramod Rai	Dr Suresh Singh	Dr Sandeep Agrawal
	Overall	Dr Ajay Parashar / Dr Rahul Kapoor		
Council Representatives		Dr Rohit Joshi / Dr Kishore Wani	Dr Sushil Rathi / Dr Venkat Gite	Dr Ashish Patil / Dr Rajesh Kukreja

Local Org Committee		Council Representatives	
Dr Satyadeo Sharma	7772967744	Dr Rohit Joshi	9824090609
Dr Varun Sharma	9468932049	Dr Kishore Wani	9850960676
Dr Arun Kerkatta	9589345705	Dr Sushil Rathi	9822086224
Dr Pramod Rai	9407982830	Dr Venkat Gite	9011654646
Dr Suresh Singh	9843434582	Dr Ashish Patil	9422788113
Dr Sandeep Agrawal	9597571637	Dr Rajesh Kukreja	9826611100
Dr Ajay Parashar	9425502713		
Dr Rahul Kapoor	9755037246		



Moderated Paper Presentation Guidelines USI-WZ.

General Presentation guidelines:

- A. Time:
 - A. Podium and Video Presentations: max. 8 minutes for presentation and 2 minutes for discussion per presenter. Total time should not exceed 10 minutes including discussion.
 - B. Poster Presentations: maximum of 3 minutes for presentation and 2 minutes for discussion per presenter. Total time should not exceed 5 minutes including discussion.
 - C. It is important for all presenters to be present for the entire session as there may be random questions to any of the presenters at the end of session.
- B. Submitting your presentation:
 - A. Please ensure that you submit your presentation in the preview room at least 60 minutes prior to the start of your session.
 - B. Name the presentation file with your Abstract number and Abstract Title.
Example: P24 Is There Any Role Of Medical Line Of Treatment As The Only Modality In Management Of Emphysematous Pyelonephritis?
 - C. It is suggested that you keep a backup of your presentation in a pen drive with you.

E-Poster Presentation Specifications:

1. The E-poster will be displayed on standard 42" (Diagonal) LCD
2. File format should be PowerPoint (.PPT)
3. Total size of the presentation should not exceed 20 MB
4. Maximum number of slides per E-poster: 3.
5. All slides should be in landscape format
6. Animation/movies/sounds will not be supported; please submit in a static PPT format only.
7. Design Specifications
 - Each slide title should be placed in a title placeholder.
 - The text should include (most likely as separate elements of the poster): Introduction, Aim, Methods, Results, Conclusion and Acknowledgements.
8. The poster should be self-explanatory. Text should be brief and well organized
9. Font specifications:
 1. It is suggested that font size of the text should be at least 26 to 36 point.
 2. The font chosen should be a simple and clear one (e.g. Helvetica).
 3. The correct font size depends greatly on the fonts used in the ppt and the thumb rule should be that if its visible well on the computer screen it shall be visible on the E-Poster Display Screen.
 4. Color suggestions: When using light backgrounds (white, yellow, light blue) we suggest using dark fonts (black, navy blue, dark green). When using dark backgrounds (blue, purple) we suggest using light fonts (white, yellow, cyan). Avoid using red or green in any fonts or backgrounds as they are colors that are difficult to read.

10. Illustrations/images/photographs used in the E-poster should be enlarged enough to show relevant details.
11. Judges for the moderated posters would be visiting and reviewing the posters. The time would be separately informed.
12. The unmoderated posters are just displayed and any discussion that happens is between the main author and visiting delegate.

Video Presentation Specifications:

1. Accepted file types: Video in .MOV or .MP4 format.
2. Videos should be submitted in HD format to allow for the highest possible video quality.
3. Video dimensions accepted: 1280x720 (720p); 1920x1080 (1080p).
4. It is preferable to use voice over. It is advisable not to use background music. If you want to use background music, please see to it that it is not distracting.

Podium Presentation Specifications:

You may submit your presentation in PowerPoint preferably or Keynote format.

Hall Coordinators:

The council has appointed hall coordinators for timely conduct of sessions and for any assistance required.

- Hall B: Dr Sushil Rathi / Dr Venkat Gite
- Hall C: Rajesh Kukreja / Dr Ashish Patil.

Any speaker or chairpersons may contact the above in case of any difficulties.

Regards,

Rajesh Kukreja (Hon Secretary Elect),

On behalf of the Council, USIWZ.

Master Chart

	Page	Day	Time	Hall	Chairperson 1	Chairperson 2	Chairperson 3	
Podium	P1	6 BPH	Friday	11:00AM-12:00PM	B	Vineet Naza Jain	Sanjay Nabar	Rohan Batra
	P2	13 INFECTION, MISCELLANEOUS	Friday	12:00PM-1:00PM	B	Prashant Darakh	Sunil Gogate	Sanjay Shinde
	P3	21 Uro-Oncology	Friday	2:00PM-3:00PM	B	Keval Patel	Shailesh Kamat	Subodh Shivde
	P4	31 Uro-Oncology	Friday	3:00PM-4:00PM	B	Ajay Kanbur	T B Yuvraja	Varun Sharma
	P5	39 RECONSTR / FEMALE / PED	Friday	4:00PM-5:00PM	B	Saurabh Jain	Jayesh Dhabalia	Shabbir Hussain
	P6	46 RECONSTR / FEMALE / PED	Friday	5:00PM-6:00PM	B	R K Lahoti	Shirish Yande	Shailesh Shah
	P7	53 RECONSTR / TRANSPLANTATION	Saturday	4:00PM-5:00PM	B	Pankaj Joshi	C S Thatte	Shrikant Badwe
	P8	61 UROLITHIASIS	Saturday	3:45PM-4:45PM	C	Arvind Gupta	Sunil Gogate	Hiren Sodha
	P9	70 UROLITHIASIS	Saturday	4:45PM-6:15PM	C	Vishwas Kulkarni	Amit Gaur	Nanjappa K M
Poster	S1	81 Andrology, MISCELLANEOUS	Friday	09:30AM-10:30AM	C	Anish Kumar Gupta	Rahul Kapoor	Anita Patel
	S2	98 INFECTION, MISCELLANEOUS	Friday	10:30AM-11:30AM	C	Lokesh Patni	Venkat Gite	Anil Bandi
	S3	111 Uro-Oncology	Friday	12:00PM-1:00PM	C	Sadashiv Bhole	Ketan Pai	Kishore Wani
	S4	125 Uro-Oncology	Friday	2:00PM-3:00PM	C	Vivek Birla	Ashiq Rawal	Kamlesh Patel
	S5	138 Uro-Oncology	Friday	3:00PM-4:00PM	C	Balchandra Kashyapi	Arvind Joshi	Santosh Agrawal
	S6	150 RECONSTR / FEMALE / PED	Friday	4:30PM-5:30PM	C	Suhas Salpekar	Rahul Kapoor	Ramesh Mahajan
	S7	163 UROLITHIASIS	Saturday	2:00PM-3:00PM	C	Fanindra Solanki	Amish Mehta	Vishal Mishra
	S8	180 BPH / Transplant / Miscellaneous	Saturday	3:00PM-4:40PM	C	Pramod Rai	Rajesh Patel	Mukund Andankar
Video	V1	189 Uro-Oncology	Friday	09:00AM-10:00AM	B	Punit Tiwari	Abhijeet Patil	Rajesh Kukreja
	V2	196 Oncology, BPH	Friday	10:00AM-11:00AM	B	Punit Tiwari	Abhijeet Patil	Sushil Rathi
	V3	203 RECONSTR / FEMALE Urology	Saturday	2:00PM-3:00PM	B	Kapil Thakkar	Ashish Patil	Anil Varshney
	V4	210 RECONSTR / FEMALE / UROLITHIASIS	Saturday	3:00PM-4:00PM	B	Kapil Thakkar	Anjali Bhosale	Anil Varshney

**Edited and Compiled by
Dr Rajesh Kukreja (Secretary Elect, USIWZ)**