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**Raccolta ePoster**

**48° CONGRESSO NAZIONALE SIUD  
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**71 - Medical disputes in urogynaecology and female urology: preliminary results of a survey**

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## **INTRODUCTION AND AIM OF THE STUDY**

To asses legale dispute in urogynaecology/female urology.

## **MATERIALS AND METHODS**

A survey with 34 items on legal dispute (LD) was sent in January 2024 by mail and social media to urologists, gynaecologist, phyastrists and nurses. The main subjects were the number and causes of LD, the kind of professional involved figures. LD concerned diagnosis and treatments of urinary incontinence (UI), pelvic organ prolapse (POP), neuromodulation (NMS), urodynamics, voiding dysfunction, surgical procedures in females.

## **RESULTS**

Survey was sento to 150 profesionists, of whom 84% have never been involved in LD. Main respondents were urologists (74%), and the 68% of the respondents reported to treat a high volume of pts per year (>100 pts/year). Most LD cases were due to UI treatments and urogynaecological work-ups resulting from incorrect diagnoses. Gynaecologists were predominantly involved (71%), followed by Urologists (38.4%). The lack of resolution of urogynaecological disorder, in absence of complication, was a severe cause of LD only for 15% of the respondents, while LD was mainly attributed to the occurrence of a complication for the 50%. Respondents reported that a relevant cause of LD was: mesh/tape erosion in 27%, tape/mesh infection in 24%, pain in 30%, OAB 9%, urinary retention 30%. The lack of preoperative urodynamics (UD) was considered negligible in 65% of LD due to pharmacological treatments, in 74% of rehabilitation, in 21% of surgery.

## **INTERPRETATION OF RESULTS**

Most of the respondents had never experienced LD. UI were reported as the most important cause of LD. Interestingly, a wrong preoperative diagnostic evaluation may be a relevant cause of LD. Gynaecologists are most commonly involved in LD. The occurrence of a complication is the most important cause of LD. Problmes related to mesh/tape were cause for LD a quarter of the respondents. Lack of a preoperative functional evaluation by UD before surgery for UI/POP was considered one of the most important issues related to LD.

## **CONCLUSIONS**

Urinary incontinence represents the most common cause of LD, and Gynaecologists are the profesionists most involved in medical issues. Preoperative UD still represents a sort of legal shield against LD.

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**72 - Intravaginal administration of hyperbaric oxygen and hyaluronic acid in postmenopausal women: effects on quality of life and urinary symptoms**

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**INTRODUCTION AND AIM OF THE STUDY**

Women with genitourinary syndrome of menopause (GSM) can complain of overactive bladder and urge incontinence. Urinary symptoms are caused by the thinning of urogenital mucosa following a decrease in sexual hormones. Evidence from the literature indicates beneficial effects with the local administration of estrogens and precursors of sexual hormones (prasterone). In recent years, a new therapy has been proposed for the treatment of vulvovaginal atrophy (VVA) based on the local administration of hyperbaric oxygen and low molecular weight hyaluronic acid. The aim of this study is to evaluate the effectiveness of this local therapy containing oxygen and hyaluronic acid on VVA and urinary symptoms in women affected by GSM.

**MATERIALS AND METHODS**

Sixteen postmenopausal women diagnosed with VVA and complaining of OAB with or without urge incontinence, were enrolled in this study. All patients underwent urogynecological examination, including evaluation of VVA through the Vaginal Health Index (VHI). Additionally, ICIQ-OAB and SF-36 questionnaires were administered at baseline (T0) and after two months (T1). The treatment protocol involved weekly vaginal administration of hyperbaric oxygen plus vaginal hyaluronic acid preparation through a vaginal probe connected to a device (Caressflow®) for a total of 5 weeks. Each session lasted 15 minutes, consisting of 10 minutes of hyperbaric oxygen and 5 minutes of oxygen plus hyaluronic acid.

**RESULTS**

A total of 16 women completed the study. ICIQ-OAB demonstrated improvement in nocturia and urgency for all participants, while frequency improved in 5 women after therapy, and episodes of urge incontinence decreased in 8 women. Additionally, all women showed a significant improvement in both mental and physical health, as assessed by SF-36. No side effects were reported by any of the participants. Vaginal Health Index (VHI) showed statistically significant ( $p < 0.001$ ) improvements at the end of the study.

**INTERPRETATION OF RESULTS**

Hyperbaric oxygen therapy enhances tissue oxygen availability, promoting increased tissue repair processes and the elimination of inflammation and pain mediators. Hyaluronic acid, known for its hydrating properties, exhibits moisturizing and reparative effects on urogenital mucosa. The combination of high-concentration oxygen and hyaluronic acid has demonstrated therapeutic efficacy in treating VVA. Our results indicate that when urinary symptoms are correlated with GSM, the treatment of urogenital atrophy could also improve urinary symptoms.

**CONCLUSIONS**

Intravaginal administration of hyperbaric oxygen and hyaluronic acid could be a promising therapeutic option for women with GSM suffering from VVA and OAB, as it aids in restoring the urogenital epithelium. Further studies are needed to assess the duration of the effects and urodynamic findings before and after therapy.

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**74 - FUNCTIONAL OUTCOMES IN A 2 YEARS EXPERIENCE SINGLE CENTER STUDY IN  
BPH-RELATED LUTS TREATED WITH AQUABLATION**

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**INTRODUCTION AND AIM OF THE STUDY**

In this prospective study, we present our perioperative and functional outcomes assessed up to a two-year follow-up period after Aquablation.

**MATERIALS AND METHODS**

From 10/2018 to 09/2023, 66 patients referred to our center with BPH-related LUTS, International Prostate Symptom Score (IPSS)  $\geq 10$ , maximum urinary flow rate (Qmax)  $\leq 12$  mL/s, and prostate volume  $< 80$  mL were enrolled in this prospective study to undergo Aquablation. Demographics, perioperative data and complications (according to the Clavien–Dindo system) were collected. Functional outcomes were assessed at 1, 3, 6, 12 and 24 months with Uroflowmetry, evaluation of post void residue (PVR), IPSS, QoL-IPSS Sexual Health Inventory for Men (SHIM), Male Sexual Health Questionnaire for ejaculatory dysfunction (MSHQ-EjD) and Incontinence Severity Index (ISI).

**RESULTS**

Preoperative median (IQR) IPSS, QoL score and mean (SD) Qmax and PVR of the 66 patients were respectively, 21 (17-23), 4 (4-5), 8.4 (2.4) ml/s and 76.5 (58) ml. Preoperative median (IQR) SHIM, MSHQ-EjD and ISI was respectively 25 (22-25), 18 (16-20) and 0.

The median ablation time was 5.6 (2.13) min. The mean catheterization time and hospital stay were 3.2 (2.2) and 4.6 (1.2) days, respectively. We recorded 13 postoperative complications (19.7%): hematuria (6/66 patients; 9.1%) was recorded within 6 hours after the intervention. Only 1 complication were classified as Clavien-Dindo grade  $> 2$  (1.5%); in this patient a reintervention with endoscopic fulguration was needed.

At 24 month of follow-up the median IPSS; IPSS-QoL score and mean PVR reached 3 (1-5); 0 (0-1) and 20.1 ml (25.23). The mean Qmax was 19.2 (4.4), 18.2 (3.8), 17.5 (6.3), 17.6 (6.6) and 17.6 (6.5) ml/s at 1, 3, 6, 12 and 24 months, respectively. Ejaculatory function was preserved after the interventions in all but 2/66 patients (3.0%). Erectile function and urinary continence were maintained in all the cases of the study cohort. MSHQ-EjD score even showed a slight, although non statistically significant, improvement through follow-up period.

**INTERPRETATION OF RESULTS**

In this study we observe Aquablation intervention has led to a significant improvement in urinary symptomatology and Qmax values during follow-Up. The mean catheterization time and hospital stay were similar to that after TURP intervention. The most common complication was hematuria (9.1%). Ejaculatory function was not preserved in only 3.0% of patients, while erectile function and urinary continence were maintained in all the cases of the study cohort.

**CONCLUSIONS**

Functional results demonstrate that Aquablation is a safe, feasible and effective procedure for the treatment of BPH-related LUTS up to 2 years follow up.

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**75 - Efficacy of hydrokinesitherapy on post-robotic radical prostatectomy stress urinary incontinence: a single cohort study**

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**INTRODUCTION AND AIM OF THE STUDY**

Water exercises have broad rehabilitative potentials, extending from the cardiovascular diseases through gait and neurological injuries, yet they remain an underused modality in urology. The present study aimed to evaluate the effectiveness of regular and assisted pool exercises in men with pure stress urinary incontinence (SUI) after robot-assisted radical prostatectomy (RARP).

**MATERIALS AND METHODS**

Patients with SUI after RARP were prospectively treated with hydrokinesitherapy between Jan-2023 and May-2023. Inclusion criteria were: clinical and urodynamic diagnosis of persistent pure SUI after 3-months of pelvic floor muscle exercises and biofeedback. Cysto-urethroscopy and urinalysis were performed in all patients to evaluate the vesicourethral anastomosis and to exclude men with anastomotic strictures or urinary tract infections. The duration of the water exercises was 3 months. Each session lasted for approximately 40 min, and the frequency was 2 times a week. Variables including age, 24-h pad test, International Prostate Symptom Score (IPSS) with QoL score, International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF), International Quality of Life score (I-QoL) were collected at baseline, 1- and 3-months (end of treatment). Eventual complications were recorded. Success of this technique was defined as an improvement in 24-h pad test and/or in the questionnaire scores at 1- and 3-months. Patient satisfaction was evaluated at 1- and 3-months with the Patient Global Impression of Improvement (PGI-I) questionnaire.

**RESULTS**

20 patients were enrolled. Baseline features were age [median 65 years (IQR 13)], 24-h pad test [100 ml (70)], IPSS [11 (7)], IPSS-QoL [4 (2)], ICIQ-SF [13 (8)], I-QoL [67 (21)]. At 1-month, statistically significant results were found for 24-h pad test [25 ml (10),  $p < 0.001$ ], IPSS [6 (4),  $p = 0.01$ ], IPSS-QoL [2 (1),  $p < 0.001$ ], ICIQ-SF [8 (2),  $p < 0.001$ ], and I-QoL [88 (7),  $p < 0.001$ ]. At 3-months, statistically significant improvements were confirmed for 24-h pad test [18 ml (25),  $p < 0.001$ ], IPSS-QoL [0 (1),  $p < 0.001$ ], ICIQ-SF [5.5 (4),  $p < 0.001$ ] and I-QoL [110 (12),  $p < 0.001$ ]. Patients were satisfied about the treatment both at 1- and 3-month follow-up, as shown by PGI-I score [median 2 (IQR 0) and 1 (0), 1- and 3-months respectively]. No adverse events were reported.

**INTERPRETATION OF RESULTS**

Hydrokinesitherapy provides a significant improvement in 24-h pad test, urinary symptoms and QoL in men with SUI after RARP.

**CONCLUSIONS**

This is the first experience of SUI rehabilitation in water. Our results were encouraging and endorsed by patients' satisfaction. Thus, hydrokinesitherapy can be regarded as effective and safe for patients with SUI after RARP.

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**76 - Intravesical administration of combined hyaluronic acid and chondroitin sulfate as add-on therapy for chemical cystitis induced by Bacillus Calmette-Guérin immunotherapy**

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**INTRODUCTION AND AIM OF THE STUDY**

Intravesical immunotherapy with Bacillus Calmette-Guérin (BCG) is the recommended treatment for patients with intermediate and high-risk non-muscle invasive bladder cancer (NMIBC) after complete tumor resection. Discontinuation or suspension of this therapy is often due to local side effects. Aim of the study was to evaluate the efficacy of sequential intravesical instillations of combined hyaluronic acid (HA) and chondroitin sulfate (CS) in reducing local BCG toxicity and urinary symptoms.

**MATERIALS AND METHODS**

This is a multicentric study. Patients underwent BCG intravesical administration after Transurethral Resection of Bladder Tumour (TURBT) for intermediate/ high risk NMIBC. 3- day voiding diary, the International Prostate Symptom Score (IPSS) and VAS score (to evaluate bladder pain) were evaluated at baseline (after six weekly BCG- instillations). Patients who continued the maintenance treatment received an intravesical (i) instillation of HA+CS after every BCG instillation. Follow-up was at 6 months (after other 6 BCG- instillations, each followed by an iHA+CS).

**RESULTS**

Of 63 patients, 23 were women and 40 men. Median age was 61 (44-79) yrs. Storage symptoms, IPSS and VAS score significantly decreased at 6 months follow-up (Table 1). The improvement was significant ( $p < 0.01$ ) in both sexes, without gender differences. No local or major side effects were reported during or after treatment.

**INTERPRETATION OF RESULTS**

Because of (i)HA+CS documented anti-inflammatory and protective activity on the urothelium we considered the possible use of these devices on the treatment of BCG induced cystitis. Our results are in line with published data but we presented the largest population size so far in the literature.

**CONCLUSIONS**

This study demonstrated that adding (i)HA+CS significantly reduce storage urinary symptoms (particularly urinary frequency and urgency) and pelvic pain in patients underwent to BCG instillations. This therapy could therefore improve patient adherence, thus reducing the drop-out related to BCG side effect.

**Table 1.** IPSS score, VAS and day- time urinary frequency at pre- HA+CS instillations, and at 6 months follow-up (post HA+CS instillations).

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	<b>Pre- HA+CS Instillation</b>	<b>Post- HA+CS Instillation</b>	<b>p</b>
<b>IPSS score</b> Median (range)	16 (4-32)	10 (0-20)	<0.01
<b>VAS</b> Median (range)	5 (0-6)	2 (0-6)	<0.01
<b>Day- time urinary frequency</b> Median (range)	11 (5-18)	8 (4-14)	<0.01
<b>Urgency</b> Percentage	51%	8%	

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**77 - LUTS and urodynamic pattern changes in multiple sclerosis**

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**INTRODUCTION AND AIM OF THE STUDY**

Lower urinary tract symptoms (LUTS) are common in patients with multiple sclerosis (MS) reaching a prevalence of 90% in subjects with severe disability.

Lower urinary tract dysfunctions (LUTD) results from disturbance in the neurological control of the detrusor-sphincter function, leading to detrusor overactivity (DO), detrusor underactivity (DU), and detrusor sphincter dyssynergia (DSD) which can be assessed by urodynamic (UD) evaluation.

Many studies have examined the changes in UD patterns in these patients over time and have investigated the relationship between LUTS and objective urological with different conclusions.

Aims of the current study were: 1) to examine relationship between LUTS, UD pattern and demographic/clinical parameter in a population of MS patients; 2) to examine LUTS and UD pattern changes in a subgroup of these MS patients who underwent two or more UD studies over time.

**MATERIALS AND METHODS**

We retrospectively analysed data on 119 MS patients who underwent UD studies. Gender, age, MS type and duration, LUTS and UD pattern were recorded.

Statistical analysis used was t-test, Mann-Whitney-Wilcoxon, Chi-square, Spearman's rho correlation (the significance level was set as  $p < 0,05$ ).

34 of 119 patients had undergone two or more UD evaluations over time and a comparison was made among the UD test results.

**RESULTS**

Of the 119 patients, 45 were men and 74 women. The mean age was 49 yrs and mean MS duration was 7,4 yrs.

Most of subjects reported storage symptoms ( $n = 69$ ; 58%), 27 subjects (22,7%) had voiding symptoms, in 9 (7,6%) were found both symptoms and 14 (11,7%) were asymptomatic.

DO was the most frequent UD pattern ( $n = 42$ ; 35,3%), 27 patients (22,7%) had DO + DSD, 7(5,9%) had low bladder compliance, 15 (12,6%) had DU and in 28 (23,5%) were found no abnormality.

Storage symptoms were significantly positively correlated with DO ( $p < 0,05$ ).

14 patients (11,8%) were asymptomatic: of these, 6 had normal and 8 abnormal UD pattern.

Disease duration was significantly correlated with DO+DSD ( $p < 0,05$ ).

Overall, 9 of the subgroup of 34 patients (26,5%) who underwent two or more UD studies over time, experienced a change in their UD pattern, associated in only 6.7% of cases with a change in the LUTS.

**INTERPRETATION OF RESULTS AND CONCLUSIONS**

Storage symptoms and DO were the most common in our study and were well correlated: this came in agreement with multiple previous studies.

The results showed an overall change in the UD pattern over time in 26,5% of patients that was therefore not necessarily associated with a concomitant change of the symptoms. Furthermore the absence of symptoms did not exclude LUTD.

Based on our results, because there is not always a constant relation between symptoms and UD findings, it seems more appropriate that patients with MS be screened for LUTD regardless of the subjective presence of LUTS.



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**78 - Outcomes and patient reported outcomes of Acquablation in patients with overactive bladder syndrome**

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**INTRODUCTION AND AIM OF THE STUDY**

The purpose of this study was to assess outcomes, treatment satisfaction and treatment regret in patients with overactive bladder syndrome undergoing Acquablation for LUTS/BPH.

**MATERIALS AND METHODS**

We performed an analysis of prospectively collected data of consecutive patients undergoing acquablation in 5 primary care Italian urology centers. All patients underwent detailed clinical history and physical examination, preoperative, perioperative and postoperative characteristics were recorded. Decision regret was evaluated with validated questionnaires. Outcomes of patients with overactive bladder were compared to those without overactive bladder.

**RESULTS**

Overall, 95 patients were enrolled. Median improvement in Qmax was 7 (4/12) ml/s; median improvement in IPSS was 19 (14/25). Overall, 13/95 presented a complication. Satisfaction and regret are reported in the table. Overall, 20/ 95 (21%) patients presented OAB syndrome.

**INTERPRETATION OF RESULTS**

Patients with overactive bladder presented similar improvements in terms of Qmax and OAB. No statistically significant differences were recorded in terms of right choice, regret, same choice again, harm and wise choice (Table).

**CONCLUSIONS**

Acquablation represents an effective technique with good patient reported outcomes. Outcomes are not influenced by the presence of OAB.

Variable	Overall	OAB	noOAB	p
Right Decision	87%	87%	85%	0,715
Regret Choice	7%	10	6%	0,622
Same Choice Again	83%	75%	85%	0,330
Harm from Intervention	24%	30%	23%	0,561
Wise Choice	83%	75%	75%	0,330
Median Qmax improvement	7 (4/12)	10 (6/15)	7 (4/11)	0,194
Median IPSS improvement	19 (14/25)	22 (16/25)	18 (12/24)	0,066

Table: Outcomes in OAB and Non OAB patients undergoing acquablation.

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**79 - Decision regret is lower in patients undergoing TURP: is it still the standard?**

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**INTRODUCTION AND AIM OF THE STUDY**

The purpose of this study was to assess treatment satisfaction and treatment regret in patients undergoing surgery for LUTS/BPH.

**MATERIALS AND METHODS**

We performed an analysis of prospectively collected data of consecutive patients undergoing LUTS/BPH surgery in 5 primary care Italian urology centers. All patients underwent detailed clinical history and physical examination, preoperative, perioperative and postoperative characteristics were recorded. Decision regret was evaluated with validated questionnaires. Satisfaction score ranges from 3 to 15 (Satisfaction= score<5) while regret score ranges from 2 to 10 (Regret= score <5). Logistic regression analysis was used to evaluate predictors of regret and satisfaction after LUTS/BPH surgery.

**RESULTS**

Overall, 522 patients were enrolled. 284/522 (29%) underwent TURP, 40/522(4%) underwent HoLep, 114/523(12%) underwent robotic simple prostatectomy and 84/522 (9%) Acquablation. Median satisfaction score was 7 (3/7) and median regret score was 10 (10/10). Patients undergoing RSP (median 3:3/3) and Acquablation (median 3:3/3) presented better median satisfaction scores when compared to TURP (median 7:7/7) and HoLep (median 7:7/7). In terms of treatment regret, higher rates of treatment regret were recorded for Acquablation (21/84 :25%) and RSP (11/114: 9,6%) when compared to TURP (7/284:2,5%) and HoLep (2/40:5%). Surgical technique and complications were independent predictors of treatment regret.

**INTERPRETATION OF RESULTS**

In patients undergoing surgery for BPH/LUTS, RSP and Acquablation present higher median satisfaction rates when compared to endoscopic treatment.

**CONCLUSIONS**

While RSP and Acquablation present higher median satisfaction rates when compared to endoscopic treatment, the risk of treatment regret is higher for these patients as well as patients with postoperative complications.

Variable	Risk of regret	p
Complications	1,95 (1,19;3,19)	0,008
TURP	Ref	Ref
HoLep	1,64 (0,31-8,74)	0,559
RSP	3,71 (1,38-9,97)	0,009
Acquablation	11,4 (4,61-28,5)	0,001

Table: Binary logistic regression analysis for the risk of decision regret.

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**80 - Surgical outcomes and satisfaction of patients with unfavourable UPSTREAM criteria**

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**INTRODUCTION AND AIM OF THE STUDY**

The purpose of this study was to assess outcomes and satisfaction of patients with unfavourable UPSTREAM criteria.

**MATERIALS AND METHODS**

We performed an analysis of prospectively collected data of consecutive patients undergoing LUTS/BPH surgery in 5 primary care Italian urology centers. Inclusion criteria included unfavorable outcomes as defined by the upstream study: IPSS<16 and/or Qmax ≥13 and/or voiding LUTS not affecting QoL. Patients with PFS were excluded. All patients underwent detailed clinical history and physical examination, preoperative, perioperative and postoperative characteristics were recorded. Decision regret was evaluated with validated questionnaires. IPSS improvement was defined as more than 3 points and improvements in Qmax as 50% improvement from baseline.

**RESULTS**

Overall, out of 526 patients, 41 fulfilled the UPSTREAM unfavorable outcome criteria. In terms of symptoms improvement, 4/41 patients (10%) did not improve IPSS (less than 3 points) and all patients presented significant improvements in terms of Qmax.

**INTERPRETATION OF RESULTS**

Overall, 34/41 (83%) reported the choice was right, 5/41 (12%) regretted their choice, 34/41 (83%) would do the same choice again, 7/41 (17%) reported harm and 34/41 (83%) thought their choice was wise.

**CONCLUSIONS**

According to our results, UPSTREAM criteria identify only in 10% of the cases patients with poor objective response to treatment and in 15% of the cases unsatisfied patients.

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**81 - MEGACYSTIS-MICROCOLON-INTESTINAL HYPOPERISTALSIS SYNDROME: DON'T FORGET THE BLADDER**

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**INTRODUCTION AND AIM OF THE STUDY**

Megacystis-microcolon-intestinal hypoperistalsis syndrome (MMIHS) is a rare disease with high morbidity and mortality, characterized by megacystis (bladder distention without mechanical obstruction), microcolon, and intestinal hypoperistalsis (intestinal non-mechanic obstruction). Reports are focused on intestinal aspects, while data on bladder management are scant. Aim of the study is to present urological concerns in MMIHS.

**MATERIALS AND METHODS**

Retrospective evaluation of clinical data of MMIHS patients referred to our Division from 2013 to 2023. All patients were evaluated from a specific multidisciplinary team from 2020.

**RESULTS**

Six patients were enrolled (3 male, 3 female). Three girls had prenatal diagnosis of megacystis (1 had ACTG2-mutation on amniocentesis and fetal vesico-amniotic shunt placing). All patients had genetic diagnosis: 5 had ACTG2-mutations, 1 MYH11-mutation.

Two patients presented recurrent stoma prolapses, often requiring surgery.

All patients were referred to our Division for urinary symptoms (urinary retention, urinary tract infections, acute renal injury). All children performed a complete urological evaluation, and then started a bladder management protocol (clean intermittent catheterization, via urethra or cystostomy-tube placement). Urinary tract infections (UTIs) were frequent in 5/6 (83%) patients and no more observed after bladder management. Upper urinary tract (UUT) dilations were found in 4/6 (67%) patients before bladder management. Two patients experienced acute kidney injury, successfully treated with suprapubic tube placement.

In two patients we observed resolution of the frequent episodes of ileostomy prolapses after bladder management with button cystostomy.

Median follow-up was 1 year (interquartile 1-2.5 years).

**INTERPRETATION OF RESULTS**

Improvement of UTIs, UUT dilation and stoma prolapses, if present, was observed.

**CONCLUSIONS**

We believe that MMIHS patients must be soon addressed to a multidisciplinary evaluation, including an early assessment by a pediatric urologist expert in functional disorder, before symptoms appearing, to better preserve renal function. A standardized protocol for urological study and treatment should be introduced.

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**82 - Satisfaction and Regret in patients undergoing BPH surgery: the effect of sociodemographic factors.**

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**INTRODUCTION AND AIM OF THE STUDY**

The purpose of this study was to assess the role of invasive urodynamic investigation in treatment satisfaction and treatment regret in patients undergoing surgery for LUTS/BPH.

**MATERIALS AND METHODS**

We performed an analysis of prospectively collected data of consecutive patients undergoing LUTS/BPH surgery in 5 primary care Italian urology centers. All patients underwent detailed clinical history and physical examination, preoperative, perioperative and postoperative characteristics were recorded. Decision regret and satisfaction was evaluated with validated questionnaires. Effect of level of education, age and BMI was evaluated.

**RESULTS**

Overall, 526 patients were enrolled. 284/526 (54%) underwent TURP, 40/526(8%) underwent HoLep, 114/526(22%) underwent robotic simple prostatectomy and 89/526 (16%) acquablation. Median satisfaction score was 7 (3/7) and median regret score was 10 (10/10). Overall, 145/526 (28%) patients were older than 75 years. Overall, 118/526(22%) patients were obese (BMI>30).

**INTERPRETATION OF RESULTS**

Older patients presented higher satisfaction rates when compared to younger patients while no differences in terms of regret rates (Table).

No statistically significant differences were recorded in terms of satisfaction and regret between obese and non-obese patients. As well, level of education did not influence treatment satisfaction and regret after BPH surgery.

**CONCLUSIONS**

Older patients have higher satisfaction rates when compared to younger patients. Obesity and level of education has no role in satisfaction and regret after BPH surgery.

Variable	Older patients	Younger Patients	p
Right Decision	143/145 (99%)	352/372 (94%)	0,043
Regret Choice	4/145 (3%)	15/372 (4%)	0,123
Same Choice Again	142/145 (98%)	348/372 (93%)	0,048
Harm from Intervention	8/145 (6%)	31/372 (8%)	0,213
Wise Choice	141/145 (97%)	339/372 (91%)	0,013

**Table:** Regret and Satisfaction in patients with or without preoperative PFS

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**83 - THREE-MONTHS ENDOSCOPIC OUTCOMES AFTER AQUABLATION TREATMENT FOR BPH ASSOCIATED LUTS.**

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**INTRODUCTION AND AIM OF THE STUDY**

This study is a report on the endoscopic *outcomes* 3 months after Aquablation treatment of benign prostatic hyperplasia (BPH).

**MATERIALS AND METHODS**

In this prospective study were enrolled 109 patients from 10/2018 to 07/2023 with a baseline International Prostate Symptom Score (IPSS)  $\geq 10$ , prostate volume  $< 80$  mL and maximum urination rate (Qmax)  $\leq 12$  mL/s. The patients underwent cystoscopy 3 months after the surgical procedure. During the cystoscopy the quality of the ablation was rated according to a Likert scale (1-poor; 5-excellent). The length between bladder neck and distal prostatic cavity rim as well as the length of the preserved prostatic tissue at the level of the apex were indirectly measured using the length markers on the external sheath of the flexible cystoscope at the time of instrument removal out of the external meatus. Moreover, the preservation of the veru montanum, the presence of residual fluffy tissue or mucous flaps and the ureteral orifices as well as the presence of scar tissue at the level of the bladder trigone were evaluated.

**RESULTS**

Of the 109 patients, 106 performed the 3 months follow-up cystoscopy as foreseen by protocol study. Patency of the prostatic urethra was rated to be from sufficient to perfect according to likert scale in 102 (96.2%) cases, with a median length of the newly formed prostatic cavity of  $24 \pm 8.2$  mm. Residual median lobe was found in 12 (11.3%) patients, although all but one of these patients reported satisfactory micturition outcomes. No fluffy tissue was found in 75.4% of the examinations while the presence of a non-obstructive mucosal flap was reported in 16 (15.0%) patients. A good preservation of pivotal anatomic structures was encountered, namely: no ureteral meatuses damaging was recorded, verumontanum was completely preserved in 72.5% of the patients and bladder trigone appeared to be completely unaltered in 81.1% of the patients. Lastly, all the patients showed a decent amount of residual apical tissue, measured by a mean length between the distal rim of the newly formed prostatic cavity and the sphincter of  $9.5 \pm 5.3$  mm.

**INTERPRETATION OF RESULTS**

We can notice that following Aquablation intervention, the patency of the prostatic urethra is good in almost all the examined patients, fluffy tissue or the presence of mucosal flap was not found in most patients and local anatomical structures were not damaged. Additionally, most patients reported satisfactory micturition outcomes.

**CONCLUSIONS**

Our study showed that Aquablation for the treatment of BPH is a safe technique with good mid-term endoscopic results.

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**84 - Dysfunctional Voiding in children with ASD and intellectual disability**

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**Introduction and Purpose of the Study**

Dysfunctional voiding (DV) is a condition characterized by sphincter dysfunction during bladder voiding without neurological causes. The etiology is likely multifactorial, including congenital or genetic conditions. Clinical manifestations include infrequent voiding, increased post-urination residual volume, incontinence and urinary tract infections. Children with DV may undergo rehabilitation through a simple behavioral approach, known as urotherapy, which is a non-surgical treatment for lower urinary tract dysfunctions. In our study, we aimed to assess the efficacy of a behavioral approach in children affected by autism spectrum disorders (ASD) or cognitive impairment.

**Materials and Methods**

The study included 21 patients referred by pediatricians to our hospital over a ten-year period, diagnosed with DV and exhibiting ASD or cognitive impairment. We excluded patients with positive neuroimaging and neurophysiological examination.

The age at diagnosis ranged from 4 to 16 years, with an average of 8.5 years. Of the 21 patients, 12 were male (55%) and 9 female (45%). Pervasive developmental disorders were diagnosed in 8 children (38%): 5 with ASD, 1 with ADHD, 1 with learning disability and 1 with unspecified pervasive developmental disorder. Cognitive impairment was identified in 4 children (19%). The remaining 9 children (47%) had various diagnoses, including genetic disorder and cerebrovascular diseases. Children with DV underwent treatment with a simple behavioural approach, by the use of a frequency- volume chart (FVC) for daily documentation of voiding frequency and corresponding urine volume. Based on FVC analysis, recommendations for proper and regular voiding were provided. Patients were assessed six and twelve months after diagnosis.

**Results**

At the six-month mark, 62% of the sample demonstrated improvement. After one year, 14 patients showed improvement. In 3 out of 21 patients, symptoms completely disappeared at six months and one of these children maintained symptom relief at the annual check-up. Only one child experienced worsening urinary incontinence at the annual assessment.

**Discussion**

A gradual approach in DV, utilizing FVC proves cost-effective, avoiding more invasive diagnostic procedures in a significant percentage of children. Despite the increased time investment and the need for family compliance, many children improved with this approach. Managing complex conditions like DV needs active collaboration from the patient and their family, particularly in following the proposed behavioural indications.

**Conclusion**

In pediatric patients with DV, rehabilitation is achievable through a simple behavioural approach. Encouraging paediatricians and families to consider urotherapy is crucial. While this approach requires greater family compliance and an extended duration, children can achieve excellent results, providing vital support and reassurance during their educational journey.

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**86 - Sexual function in male patients with spinal cord injury**

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**INTRODUCTION AND AIM OF THE STUDY**

To assess sexuality in patients who suffer from spinal cord injury.

**MATERIALS AND METHODS**

We prospectively collected and analyzed data of male patients with SCI, who got access to our hospital for an outpatient visit from August 2023 to November 2023. After collecting a short medical history (age, spinal cord injury level, year of the injury, bladder habits, sexual activity and erectile dysfunction treatment and presence of dysreflexia during sexual activity), 3 questionnaires were administered: IIEF 5 (international index of erectile function questionnaire), SF-Qualiveen 2007 (urinary disorders specific health related quality of life questionnaire) and EDITS (Erectile Dysfunction Inventory of Treatment Satisfaction). Results were analyzed with the program Jamovi and Pearson's chi-square test was applied for some selected variables. We applied the Pearson's chi square test and considered significant a p value <0.05.

**RESULTS**

We included 14 male patients with median age 56 years (range 23-77). All patients suffer from SCI: 2 patients (14.3%) were affected by a sacral lesion (D12-L1), 3 patients (21,4%) were affected by a cervical lesion (C4-C7) and 9 patients (64,2%) were affected by a dorsal lesion (D3-D12), according to EAU Guidelines March 2022.

5/14 (35,7%) are sexually active. Table 1 illustrate the ongoing treatments. Mean IIEF 5 score was 13.83 SD (standard deviation  $\pm 6.94$ ). Mean SF-Qualiveen score was 12.17 (SD $\pm 3.87$ ). Only 6 patients (42.8%) completed the EDITS questionnaire. EDITS median score was 1 (quite satisfied). We found a significant correlation between SCI level and IEF 5 (p <0.001) and Qualiveen score (p <0.001) and between Qualiveen score and sexual life expectation (p<0.005).

**INTERPRETATION OF RESULTS**

Our study shows how spinal cord injury in sexually active age patients affects sexual life, according to the mean of IIEF5 questionnaire, which is 13 out of 25, most patients were affected by mild/moderate erectile dysfunction. Moreover, most patients renounce their sexual life and it seems to be relatable to urinary disorders management (Qualiveen results). Only a few patients underwent treatment for erectile dysfunction and the majority of those patients were satisfied with their choice.

**CONCLUSIONS**

SCI affects sexual function in male patients. It is important to investigate all aspects of spinal cord injury, in order to give the best possible treatment to the patient.



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**Table 1: population characteristics and treatment of sexual dysfunction**

	Cervical SCI	Dorsal SCI	Sacral SCI
Number of patients (n)	3	9	2
Sexually active (n/%)	1 (33,3%)	3 (33,3%)	1 (50%)
Mean IEEF	10	6,5	8
Mean Qualiveen	8,3	10,3	9,5
Oral iPDE-5 (n/%)	1 (33,3%)	2 (22,2%)	0
Alprostadil penile injection (n/%)	0	1 (11,1%)	2 (66,6%)
Penile prosthesis (n/%)	0	0	0

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**87 - Role of menopause in severe nocturia in women with lower urinary tract symptoms**

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**INTRODUCTION AND AIM OF THE STUDY**

Aim of our study was to evaluate possible risk factors for severe nocturia in women with lower urinary tract symptoms.

**MATERIALS AND METHODS**

A consecutive series of women patients undergoing urodynamics were prospectively enrolled. All patients were evaluated with detailed clinical history and physical examination. Pelvic organs prolapse was graded according to the HWS system. Nocturia was evaluated using dedicated questionnaires. Severe Nocturia was defined as >1 episode a night. Logistic regression analysis was used to evaluate risk factors for severe nocturia.

**RESULTS**

Overall, 486 women were enrolled with a median age of 61 (51/72) and median BMI of 25 (22/29) were prospectively enrolled. Overall, 361/486 presented severe nocturia (>1 episode). Women with nocturia were older (64 vs 56;  $p < 0,05$ ), were more likely to be on menopause (224/361: 62% vs 59/125: 47%;  $p < 0,05$ ) and were on menopause since more years than women with mild/no nocturia. POP was not related to nocturia.

**INTERPRETATION OF RESULTS**

The risk of severe nocturia is increased by 82% per year of menopause (OR: 1,82;  $p = 0,004$ ).

**CONCLUSIONS**

In women with LUTS, years from menopause represent a risk factor for severe nocturia.

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**88 - Management of Chronic Prostatitis/Primary Prostate Pain Syndrome: short-term efficacy of a food supplementation based on Curcumin, Quercetin, Hyaluronic Acid and Chondroitin Sulfate (Ialuril Soft Gel®)**

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Dichiarazione di Conflitto di Interesse

- Si dichiara che il presente è uno studio PROFIT  SPECIFICARE SPONSOR: IBSA Farmaceutici \_\_\_\_\_

## **INTRODUCTION AND AIM OF THE STUDY**

Chronic Prostatitis/Primary Prostate Pain Syndrome (CP/PPPS) is a challenging condition that often requires a multimodal therapy. The present study was conceived to evaluate the efficacy of a food supplementation based on Curcumin, Quercetin, Hyaluronic Acid and Chondroitin Sulfate (Ialuril Soft Gel®) in CP/PPPS management.

## **MATERIALS AND METHODS**

Data of consecutive male patients who referred to our Institution for a more than 12 months CP/PPPS not responders to alpha-blockers were prospectively collected between Oct-2022 and Jan-2023. Patients with maximum flow rate < 15 ml/s, post-void residual > 150 ml and/or previous prostate surgery were excluded. Variables including age, body mass index (BMI), prostate volume (PVol) and serum prostate specific antigen (PSA) were collected. Patients were asked to fulfil standardized questionnaires, including Symptom Severity Index (SSI), Symptom Frequency Questionnaire (SFQ), National Institutes of Health Chronic Prostatitis Symptom Index (NHI/CPSI), International Prostate Symptom Score (IPSS) and Quality of Life score (IPSS-QoL), and International Index of Erectile Function (IIEF-5). Changes in questionnaires scores were evaluated at baseline, 1-, 3- and 6-months after enrolment. Patients were administered 2 gelcaps of Ialuril Soft Gel® once a day for 60 days.

## **RESULTS**

20 patients were analysed. Baseline features were age [median 50 years (IQR 5)], BMI [24.2 (5.5)], PVol [42 ml (22)], PSA [1.0 ng/ml (1.0)], SSI [54 (29)], SFQ [20 (13)], NHI/CPSI [pain domain 10 (6); LUTS domain 7 (4); QoL domain 7 (3)], IPSS [13 (8)], IPSS-QoL [3 (1)] and IIEF-5 [17 (8)]. SSI, SFQ, NHI/CPSI pain and LUTS domains, IPSS, IPSS-QoL showed statistically significant differences at 1-month (all  $p < 0.05$ ), while significant differences at 3-months were observed for SSI ( $p = 0.05$ ). Erectile function was stable during follow-up, as shown by IIEF-5 score. No adverse events were recorded. Given the high efficacy perceived during the assumption, 17 patients (85%) asked to restart the treatment at the end of 6 months follow-up.

## **INTERPRETATION OF RESULTS**

Statistical data show a significant improvement in urinary symptoms and QoL during assumption of food supplementation, while it seems to reduce upon suspension of therapy, as demonstrated by changes in questionnaires scores.

## **CONCLUSIONS**

Ialuril Soft Gel® seems to be effective both in reducing the severity of pain and urinary symptoms and in improving the quality of life in CP/PPPS patients at short-term follow-up. The effectiveness seems to be closely linked to the continuous use of therapy. Thus, further studies would help to better define the proper duration of treatment in order to obtain a sustained therapeutic effect.

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**89 – Post-COVID19 lower urinary tract dysfunction in pediatric population: a rare but existing cause**

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**INTRODUCTION AND AIM OF THE STUDY**

Since 2020, more than 770 million of COVID19 cases have been reported. Among the several post-COVID19 complications, urological ones are poorly cited, with only two case series on pediatric post-COVID19 lower urinary tract dysfunctions (LUTD) being reported in literature till now. We present our experience of 3 pediatric cases of post-COVID19 LUTD recently observed.

**MATERIALS AND METHODS**

We retrospectively analysed all patients aged under 18 years-old who was admitted to our hospital complaining neurogenic LUTS between 2022 and 2023. Demographic and clinical data were collected, including causes of neurogenic LUTD, type and timing of LUTS onset, COVID19 infection course, urinary ultrasound (US), urodynamic evaluation (UD), cystoscopy and spinal magnetic resonance (MRI).

**RESULTS**

Three patients reported onset of LUTS after COVID19 infection. All patients had a normal control of lower urinary tract before infection and no other causes of LUTD have been identified. Median age at COVID19 infection was 9,6 years-old (6,6-12,9 years-old), median age at symptoms onset was 10,3 years-old (8,6-12,9 years-old). Patients' characteristics are reported in Table 1.

**INTERPRETATION OF RESULTS**

Although rare, LUTD after COVID19 infections is possible in children and it can occur with urinary retention or incontinence. The cause is not always known but local bladder inflammation due to virus interaction with ACE-2 receptors and neuroinflammation causing central or peripheral demyelination are the most accredited hypothesis. The management could require a neurogenic bladder therapy (eg CIC, oxybutynin or BTX-A injection). More studies and a longer follow-up are needed to better understand the clinical evolution of post-COVID19 LUTD.

**CONCLUSIONS**

We believe that clinicians, including general practitioner and pediatrician, should be aware about the risk of LUTD onset after a COVID19 infection in pediatric population in order to not underestimate it and to ensure an early urological evaluation to avoid upper urinary tract damage.

Sex	COVID19 course	LUTS	Urinary US	UD	Cystoscopy	Management
M	Acute respiratory distress+ Acute Disseminate Encephalomyelitis (ADEM)	urinary retention	thickening of bladder wall	overactive bladder with dyssynergia	Mild trabeculae	CIC refused, button cistostomy and Onabotulinum Toxin A (BTX-A) injection
F	Flu-like; No MRI alteration	urinary incontinence	normal	<i>Refused</i>	hyperemic areas, (erosive cystitis with squamous metaplasia)	Micturition habit (waiting for UD evaluation)
F	Flu-like; No MRI alteration	urinary retention	normal	Dyssynergia	normal	clean intermittent catheterization (CIC)

Table 1

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**90 – A new vesicourethral anastomosis to improve early continence recovery after robot assisted radical prostatectomy: a prospective randomized comparison with standard Van Velthoven technique.**

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**INTRODUCTION AND AIM OF THE STUDY**

Urinary incontinence (UI) is considered one of the main complications of radical prostatectomy and can significantly affect patients' quality of life. With the spread of robot-assisted radical prostatectomy (RARP), continence rates have significantly improved over the laparoscopic or open technique. Therefore, recent studies have focused on early continence recovery. Our study aimed to correlate our vesicourethral anastomosis technique with early continence recovery in comparison with the standard Van Velthoven anastomosis. Our technique involves the use of a bi-directional, double-needle, barbed 3-0 Stratafix suture.

**MATERIALS AND METHODS**

We prospectively enrolled patients who underwent RARP in our institute from January 2021 to December 2022. We compared early continence recovery outcomes between patients who underwent our variation of Van Velthoven anastomosis (V-VA) and the standard Van Velthoven anastomosis (S-VA). Patients with a prior diagnosis of urinary incontinence, pelvic radiation therapy, and prior prostatic surgery were excluded from our study. Continence was investigated with a urodynamic study (UDS) at 1, 3, 6, and 12 months after surgery. We also evaluated age, BMI, prostate volume, nerve-sparing, and lymph node dissection.

**RESULTS**

Seventy-three patients were enrolled and prospectively randomized in two groups: V-VA (38 patients) and S-VA (35 patients). V-VA provided higher 1- and 3-month continence rates than S-VA (86.3 vs. 49.7%,  $p < 0.005$ , 92.2 vs 58.5%  $p < 0,005$ ). At the 6-month UDS, a statistically significant difference between the two techniques was still recorded (94.6 vs. 71.1%,  $p < 0.005$ ). At 12 months, the continence rates nearly overlapped, and the difference was not statistically significant (96.7 vs 84.1%). Patients with higher BMI and prostate volume recuperated continence more slowly. Post and perioperative complications were comparable between the groups, and no statistically significant difference was observed.

**INTERPRETATION OF RESULTS and CONCLUSIONS**

V-VA significantly improves early continence recovery rates, with perioperative complications comparable to those of the standard Van Velthoven anastomosis technique. Thanks to its easy-to-learn technique, V-VA might represent a valid alternative for vesicourethral anastomosis with encouraging functional results, that need further confirmation with a more representative case series.

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**91 – Morcellation Rate Setting Related to Prostate Volume After HoLEP: A Prospective Study to Investigate the Impact on Efficacy, Safety and Operative Time**

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**INTRODUCTION AND AIM OF THE STUDY**

Holmium laser enucleation of the prostate (HoLEP) with tissue morcellation is currently one of the most diffuse and effective surgical modalities for the treatment of symptomatic benign prostate hyperplasia (BPH). The goal of morcellation is to safely remove the enucleated prostate tissue. The morcellation time might be affected by vesical perforation, bleeding, and delay of morcellation time due to inappropriate morcellation setting. The aim of this study was to optimize morcellation time, modulating the rate of morcellation according to the volume of prostate tissue enucleated.

**MATERIALS AND METHODS**

The procedures were performed by one surgeon using the same technique (two lobes technique). All patients were studied with multiparameter prostate 3T MRI preoperatively. The exclusion criteria were PIRADS lesions  $\geq 3/5$ , prostate cancer, previous surgery on the prostate, and urethral strictures. The subjects were divided into three groups according to the estimated glandular volume at MRI: 83 patients in group A with a prostatic volume between 80 and 120 mL; 81 patients in group B with a prostatic volume between 121 and 160 mL; and 76 patients in group C with a prostate volume between 161 and 200 mL. Each group has been subdivided into 4 subgroups subjected to morcellation with 4 different morcellation speeds: 1, 2, 3 and 4, respectively. The latter was considered the control group. For each procedure, the required morcellation time has been evaluated. The mean morcellation time in the various subgroups was compared with the control group (morcellation speed 4).

**RESULTS**

Two hundred forty patients underwent HoLEP between May 2019 and November 2022. The mean morcellation time related to the speed set are reported in Table 1. Comparing the mean morcellation times of the various subgroups with group V4, we notice that for prostates between 80 and 120 mL (group A), there is a saving of 15% of the time at V1, 2% at V2, while there are no differences at V3.

	<b>Group A (80-120 mL)</b>	<b>Group B (121-160 mL)</b>	<b>Group C (161-200 mL)</b>
V1 min (% saving time)	17.8 (-15%)	24 (-4%)	36.3 (+10%)
V2 min (% saving time)	20.6 (-2%)	25 (----)	34.65 (+5%)
V3 min (% saving time)	21 (----)	25.5 (+2%)	33.3 (+1%)
V4* min	21	25	33

\*V4 Control Group

**INTERPRETATION OF RESULTS and CONCLUSIONS**

The study aims to individuate an optimal setting of morcellation related to the enucleated prostate volume. Our results highlight how prostates with a volume between 80 and 120 mL are morcellated at the first speed level (V1) with a significant time saving when compared to the control group (V4). Furthermore, this setting reported a higher safety, allowing the surgeon to achieve better morcellation control of the enucleated tissue, with a significant reduction of bladder injuries.

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**92 – New minimally invasive techniques versus gold standard approach for middle volume prostates (30-80 ml): a multicentre prospective randomized study**

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**INTRODUCTION:**

Transurethral resection of prostate (TURP) is still considered the gold standard therapy for mid volume prostate glands (30-80 ml), as recommended by worldwide guidelines.

In the last few years, other minimally invasive treatments have been introduced with the aim to reduce the TURP related morbidity, such as: convective water vapor energy (Rezum) and water-jet ablation (Aquablation).

The aim of this prospective randomized study is to compare the perioperative and functional outcomes between gold standard TURP and the two new minimally invasive techniques (Rezum and Aquablation).

**MATERIAL AND METHODS:**

Patients with non-neurogenic Lower Urinary Tract Symptoms (LUTS) secondary to mid volume benign prostatic obstruction (30-80 ml), non-responders to medical therapy for at least 6 months, were prospectively randomized to the three surgical approaches between January 2021 and July 2023.

Preoperatively, 6-, and 9-months postop all subjects were investigated with: Uroflowmetry (Qmax and Qave) with postvoid residual (PVR), International Prostatic Symptoms Score (IPSS), Male Sexual Health Questionnaire (MSHQ) and International Index of Erectile Function (IIEF-5). In all patients urodynamics was performed.

**RESULTS:**

312 patients with mean age of 63.6 years old (56-74 years) were prospectively randomized to the following treatment groups: 92 subjects underwent Rezum (group A), 108 patients Aquablation (group B), and 112 patients bipolar TURP (group C).

Postoperative IPSS resulted lower in patients underwent TURP and AQUABEAM (2 and 2, respectively) than Rezum (5;  $p < 0.001$ ). Both quality of life and sexual satisfaction evaluated through post-operative MSHQ reported a higher improvement after Rezum and Aquablation than after TURP. Postoperative IIEF5 mean scores significantly increased in groups A and B (26 and 25, respectively) than in group C (17,  $p < 0.001$ ). The antegrade ejaculation was spared in all Rezum and Aquablation subjects, whereas all TURP patients reported retrograde ejaculation.

At post-operative urodynamics we observed a significant increase of flowmetry parameters (Qmax and Qave) as well as the Pdet values in all subjects. Particularly, the TURP group reported mean flowmetry parameters significantly better when compared to Aquabeam and Rezum groups (mean Qmax-Qave 19.4-10.6, 17.4-9.3, and 16.9-8.7 ml/sec, respectively  $p < .005$ ). The PVR was significantly reduced in all groups with a mean value of 11.8 vs. 11.9. vs. 12.1, in group A, B and C, respectively ( $p > 0.05$ ).

**CONCLUSIONS:**

This study is the first to compare new minimally invasive approaches to TURP in the treatment of non-neurogenic LUTS secondary to BPO for mid prostate volumes 30-80 ml. Postoperative outcomes were more effective in the Aquabeam and Rezum groups in terms of sexual function and overall satisfaction, especially when evaluating the antegrade ejaculation sparing.

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**93 – Ureteropelvic Junction Stenosis in Multiple Sclerosis: an increased risk factor for urinary tract infection**

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**INTRODUCTION AND AIM OF THE STUDY**

Ureteropelvic Junction Stenosis is a condition characterized by partial or complete obstruction of urine transport from renal pelvis to ureter, which consequently causes dilatation of the collecting system and potential damage to kidney.

This anomaly of the upper urinary tract can be congenital or acquired. Symptoms include recurrent urinary tract infections, stone formation and even a palpable flank mass. In literature obstruction of the pyeloureteral junction are registered as the most frequent causes of hydronephrosis. However, more rare is the occurrence of this condition in patients with neurological lower urinary tract dysfunctions. In this people, the risk of damage to the upper urinary tract is even greater due to both the neurological and obstructive condition. Therefore, evaluation and treatment of NLUTD must be even more careful and early.

**MATERIALS AND METHODS**

We present a case report of a 60-year-old patient with Multiple Sclerosis who had congenital UPJS. She had a history of recurrent pyelonephritis with multiple hospitalizations.

**RESULTS**

A 60-year-old woman came to our attention because she reported pollakiuria present for years, with increased frequency about one time per hour, and sensation of incomplete emptying. She reported also nocturia, about three times at night. She drunk about 2.5 L of water daily. We had her complete a 2-day urinary diary that confirmed increased urinary frequency (more than 14 times in 24 hours) with very small urine volumes (less than 100 ml).

Ultrasonography showed appreciable dilatation of the right calico-pelvic cavity and bladder modestly distended with wall thickness within limits. We performed urodynamic examination showing detrusor instability at low filling volumes from 80 ml, increased filling sensitivity with first stimulus at 100 ml, strong stimulus at 150 ml no longer bearable at 200 ml. Micturition flow showed increased velocimetric parameters. No post micturition residual was present. Therefore, therapy with Mirabegron 25 mg per day was prescribed with hydration not exceeding 2 L pro die.

**INTERPRETATION OF RESULTS**

After about a month of therapy, the patient reduced both sensation of urgency and urinary frequency with discrete volumes of about 250-300 ml; she also no longer needed to go to the bathroom at night. She reported a better quality of life. She also had no further urinary tract infection episodes about 8 months after the visit.

**CONCLUSIONS**

This case report underscores the importance of taking care of NLUTD from Multiple Sclerosis in a patient with a predisposing infectious condition such as UPJS. In this case, timely diagnosis and treatment of NLUTD not only improved the patient's symptoms and quality of life but also sought to reduce possible triggers of UTI resulting from detrusor instability.



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**94 – Coccyx pain: Can the pelvic floor be the cause? What treatment?**

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**INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO**

The coccyx and part of the time is traumatic, following trauma, investigations such as X-rays or MRI are performed to check for the presence of a fracture or dislocation.

Despite this, the possible presence of a bill there is no real therapy, but the focus is on symptom management. Objective your study is to understand the occurrence of this pain termed coccygodynia without trauma, thus with idiopathic cause. Recent studies lead us to focus on conservative treatment in coccyx pain, in addition to pharmacology, pelvic floor rehabilitation is increasingly recommended as a conservative treatment.

**MATERIALS AND METHODS / MATERIALI E METODI**

Protocol for Treating Idiopathic Coccydynia without Trauma Introduction: In this study, I treated 14 patients experiencing pain without any identifiable cause, a condition known as idiopathic coccydynia. A symptom among all patients was pain after sitting, pain during daily life, various postures, pain during defecation. Assessment of the Pelvic Floor: To assess the pelvic floor, I performed rectal palpation. The examination revealed increased tone in the levator ani, accompanied by tender points and pain, particularly around the coccyx area; the coccyx appeared immobile. Additionally, the patients faced difficulties in voluntarily relaxing their pelvic muscles.

For this study, we conducted a treatment protocol spanning five weeks.

The rehabilitation sessions were carefully structured: in conjunction with manual therapy, we provided comprehensive guidance to the patients on pelvic floor awareness and relaxation exercises in our daily routine.

**RESULTS / RISULTATI**

Patients also had other associated symptoms such as dyspareunia, increased pelvic tone, difficulty with defecation, and constipation. These symptoms also improved with rehabilitation treatment.

The NRS scale for pain assessment is applied at T0 with a mean of 8.9, and then administered at T5 with a mean of 1.38.

**INTERPRETATION OF RESULTS / DISCUSSIONE**

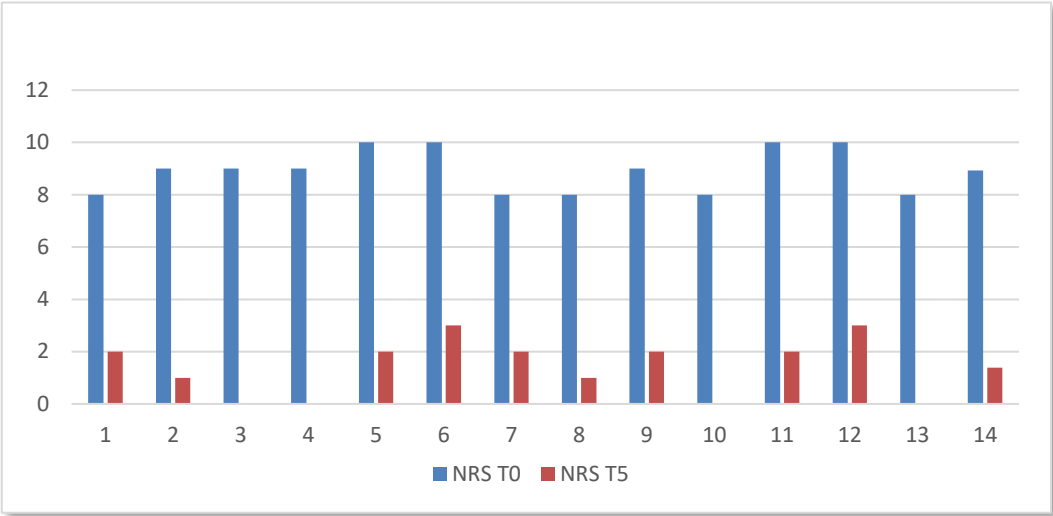
In cases of coccyx pain, it is imperative to adopt a comprehensive approach encompassing the entire pelvic floor. Prolonged tension within the pelvic floor can emerge as a central factor contributing to coccyx pain, underscoring the importance of timely intervention.

**CONCLUSIONS / CONCLUSIONI**

Our study significantly underscores the correlation between coccyx pain and pelvic floor dynamics. Moreover, it emphasizes the efficacy of our combined onsite therapeutic interventions and prescribed at-home exercises in effectively alleviating coccyx pain.

With our comprehensive address of the interplay between coccyx pain and pelvic floor health, our findings contribute to a more holistic understanding and treatment of this condition.

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**95 – The integrated rehabilitative approach based on the bio-psycho-social model in the conservative management of a patient with traumatic coccydynia**

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**INTRODUCTION AND AIM OF THE STUDY / INTRODUZIONE E SCOPO DELLO STUDIO**

Coccygeal pain or coccydynia is considered a symptom capable of drastically reducing the quality of life for those affected. The purpose of this work is to demonstrate how an integrated rehabilitative approach based on the bio-psycho-social model can be used in the conservative management of a patient with traumatic coccydynia.

**MATERIALS AND METHODS / MATERIALI E METODI**

Case report check-list Care: 36-year-old female patient suffering from post-traumatic coccydynia, low back pain, pelvic pain, and gastroenterological disorders. The painful symptoms extend to the entire right half of the body with a topographical distribution descending from the right inguinal region, radiating to the hip, knee, and right foot, and ascending from the right iliac fossa to the shoulder, cervical area, and right ear. The focal point of pain is concentrated in the lumbosacral-coccygeal region and diffused in the anterior right vulvar area. Numeric Pain Rating Scale (NPRS): 3/10 at rest and with load reduction; 6/10 in motion: worsening of pain during activities such as walking, after prolonged periods of standing, and/or when rising from prolonged sitting/supine positions. Quality of pain: constant and piercing, of "stabbing" type at the coccyx in an upright position and during walking; continuous awakenings during the night due to the onset of pelvic and lumbar pain with radiation towards the right iliac crest with an intensity of 4/10 on the NPRS. The Tampa Scale of Kinesiophobia-11 (TSK-13) and Pain Catastrophizing Scale (PCS) are used due to the presence of significant yellow flags, and the Short Form Health Survey 36 (SF-36) is utilized for assessing the quality of life. Patient's requested goal: pain reduction. Seven-session treatment plan: behavioral therapy and lifestyle interventions; deep fascial manual therapy on the abdominal and pelvic regions; global therapeutic exercise and pelvic floor muscle training; endocavitary manual therapy vaginally and anally both; global postural re-education; home exercises.

**RESULTS / RISULTATI**

	<b>T0</b>	<b>T7</b>
NPRS	6/10	3/10
PCS	37/52	22/52
TSK-13	37/52	21/52
SF-36	25,43/100	43,28/100

**INTERPRETATION OF RESULTS / DISCUSSIONE**

The outcome measures unequivocally indicate a reduction in painful symptoms, an evolution in the patient's empowerment, and an improved perception of quality of life.

**CONCLUSIONS / CONCLUSIONI**

The integrated rehabilitative approach, based on the bio-psycho-social model and focused on symptom characteristics, pain mechanisms, preferences/expectations, seems to demonstrate the possibility of safely managing a patient with traumatic coccydynia.

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**96 – TRADITIONAL CHINESE MEDICINE AS A COMPLEMENTARY THERAPY IN THE  
TREATMENT OF CHRONIC PELVIC PAIN**

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**INTRODUCTION AND AIM OF THE STUDY**

Chronic Pelvic Pain Syndrome (CPPS) is a name provided by the International Continence Society (ICS), which, in the absence of infectious or other diagnosable causes, defines CPPS as the presence of persistent or recurrent painful symptoms with pelvic localization associated with symptoms of the lower urinary tract, uro-gynecological, sexual or proctological colon dysfunctions. It is a complex condition, which negatively affects the quality of life of subjects and whose treatment requires a multidisciplinary approach. Traditional Chinese medicine considers the individual from a holistic point of view, taking into consideration both the psychic and physical aspects which are in continuous movement and, for the person to be healthy, both aspects must be in balance..

**MATERIALS AND METHODS**

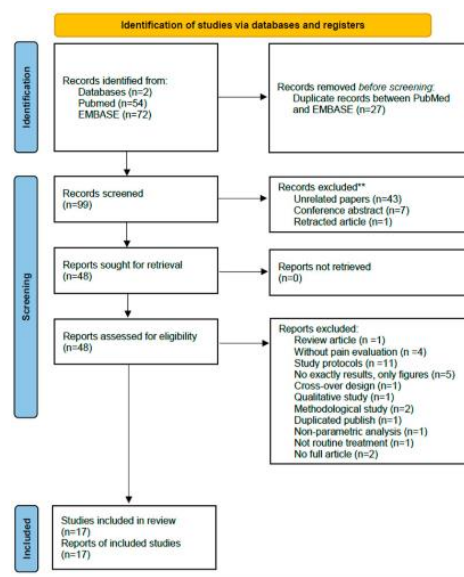
Ethical approval was not required for this study. A search strategy was developed mainly focused on the use of two primary electronic databases, Medline (PubMed) and CINAHL and 3 secondary databases, Cochrane, PsycInfo and Scopus, making use of keywords such as: traditional Chinese medicine, acupuncture, chronic pelvic pain, chromopuncture, pain management, adjunctive therapy. Primary, secondary and qualitative studies were considered.

**RESULTS**

From the literature search, 28 studies were found, relevant to the research question. The sample included women and men aged between 35 and 65 years who suffered from chronic pelvic pain associated with endometriosis, pelvic pain, idiopathic pelvic pain, inflammatory pelvic pain, prostatitis. The types of interventions examined in the studies included, in most cases acupuncture sessions and only one case of chromopuncture.

**INTERPRETATION OF RESULTS**

A total of 126 studies were retrieved from the databases. After removing the 27 duplicate reports, 99 reports were selected with their abstract and 51 reports were excluded. The full texts of the remaining 48 reports were retrieved and reviewed. Thirty-one reports were excluded due to eligibility and ultimately 17 studies were included. All included studies were published between April 2011 and September 2022.



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**CONCLUSIONS**

According to what has emerged from the literature, traditional Chinese medicine treatments, such as acupuncture and chromopuncture, are a valid adjuvant and non-adjuvant therapeutic treatment. The results of the present study revealed that acupuncture-related treatments can generally alleviate chronic pelvic pain with different etiologies. Although the acupuncture approach is generally effective in treating CPP, there is very little published literature on specific acupuncture methods. In the future, a focus on specific acupuncture methods for various causes of pelvic pain could be explored.