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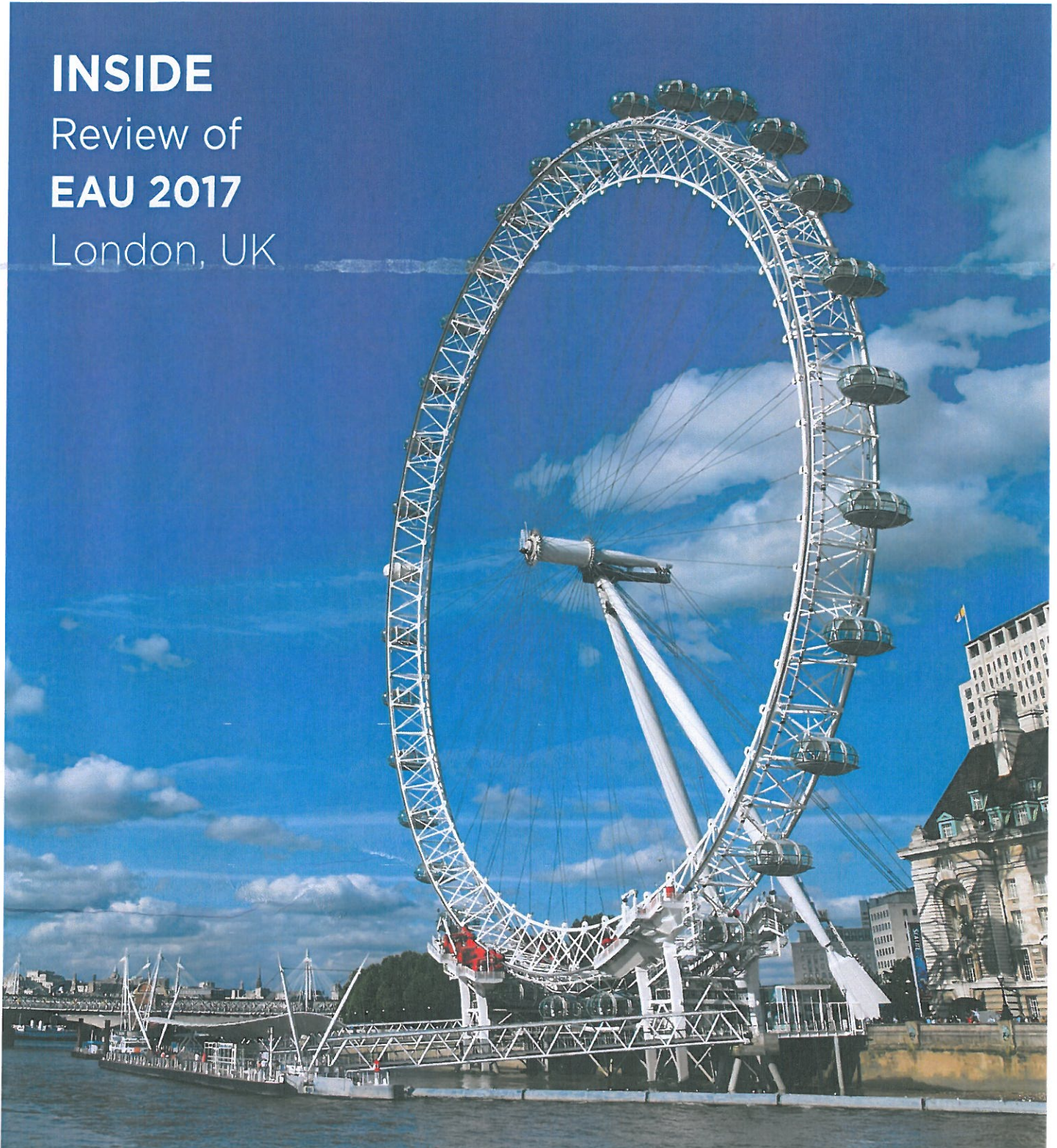
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INSIDE

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Abstract Reviews

cell architecture by immunofluorescence staining using cytokeratin (8, 18, 19), positive nuclear Hoechst staining, as well as CD45 negative staining as criteria to exclude EpCAM positive leukocytes. The Luminex assay is a bead-based principle which requires a small sample volume ($\leq 50 \mu\text{L}$) for the determination. All analytes could be simultaneously detected.

The baseline characteristics such as BMI, age, and smoking status were similar in all patients. The number of *in vivo* captured CTC in PCa-m patients varied from 0–820, with a mean of 17.9 CTCs and a median of 5, and in PCa-l patients the number ranged from 0–8 CTCs, with a mean of 1.6 CTCs and median of 0 was reported (Figure 1a). The CTC count, the PSA level, and the Gleason grading were significantly different in our two groups. The leptin level showed a significant difference between the two groups. In the levels of HER-2, IL-6, IL-8, uPA, and uPAR no significant differences appeared. Interestingly, significant correlations between PSA and uPAR $r=0.401^{**}$; HER-2 $r=0.523^{**}$; IL-8 $r=0.49^{***}$; uPA $r=0.324^{**}$; leptin $r=-0.286^{**}$; IL-6 $r=-0.298^{**}$ in PCa-m patients were demonstrated. Unfortunately, the CTC numbers showed no correlation between the *ex vivo* biomarkers. The overall survival for metastasised patients with <5 CTCs was significantly ($p<0.031$) better than for patients with ≥ 5 CTCs (Figure 1b). Some personalised marker profiles of

the patients displayed a correlation between the *ex vivo* and *in vivo* biomarkers (Figure 2).

The *in vivo* captured CTCs appeared to be a useful prognostic marker because the survival rate of patients with <5 CTCs was significantly better. These results confirmed the prognostic and predictive value of overall survival.^{2,3} However, it is important that issues related to sensitivity and enumeration without functional characterisation of the captured cells may limit the generalisability of the assay.⁴ Although there was no general validity, single patient analyses showed several, partly significant correlations between CTC count, PSA level, and *ex vivo* parameters; therefore, these markers could be useful in individual risk stratification and therapeutic decision-making.

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AN ALTERNATIVE THERAPY FOR ACUTE UNCOMPLICATED CYSTITIS

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INTRODUCTION

Acute uncomplicated cystitis (AUC) in female patients is a common diagnosis and is effectively considered as an indication for the prescription of antibiotics. The purpose of this study was to evaluate the efficiency of a non-antibacterial treatment for AUC in female patients.

MATERIAL AND METHODS

In a pilot, open, non-comparable prospective study, 17 women from the age of 18–28 years (22.4 ± 3.6) were enrolled. The criteria for inclusion were: a diagnosis of AUC, non-pregnant sexually active women at reproductive age using optimal contraception, agreement to participate in the study, and a record

of visiting a doctor 12 hours from the beginning of the disease. The excluding criteria were using a condom/spermicide only, menopause, taking a dose of any antibiotic for any reason during the 10 days before study participation, symptoms of pyelonephritis, any complicating factors, and the duration of the disease being >12 hours.

All patients received the non-steroidal anti-inflammatory drug ketoprofen 100 mg once a day for 5 days and Canephron[®] N in sugar-coated pill form three times a day for 1 month. Control visits were at Day 2, Day 7, and Month 1. Results of the alternative non-antibacterial therapy for AUC were classified into the following categories: i) cured; ii) significant improvement; iii) no result; iv) worsening. Patients were followed-up after 6 months to evaluate the frequency of relapses.

RESULTS

In three patients (17.6%), symptoms had no tendency to improve after 2 days of the therapy, so antibiotics were prescribed to them and they were excluded

from the study. The remaining 14 patients showed an improvement in their symptoms and continued the therapy with ketoprofen and Canephron N only. By Day 7, 12 patients (85.7%) had no dysuria or leucocyturia; this was the reason for considering them cured. Two patients (14.3%) showed insignificant dysuria and leucocyturia; because of their residual symptoms, they were considered as having shown significant improvement. All 14 patients continued the intake of Canephron N to prevent a relapse. A month later at the end of the course of Canephron N, all patients were healthy and considered to be cured. At 6 months, no relapses were diagnosed.

CONCLUSION

Non-antibacterial therapy in combination with a non-steroidal anti-inflammatory and the phytodrug Canephron N was effective for AUC in 82.4% of the final cohort: in 85.7%, it showed a good result (cured), and in 14.3% there was significant improvement. There were no relapses after using this therapy.

LONG-TERM OUTCOME OF URETEROLYSIS AND OMENTAL WRAPPING FOR IDIOPATHIC RETROPERITONEAL FIBROSIS

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Keywords: Retroperitoneal fibrosis (RPF), ureteral obstruction, ureterolysis, omental wrapping, renal function.

Retroperitoneal fibrosis (RPF) is a rare fibroblastic inflammatory process that involves

the retroperitoneum over the lower four lumbar vertebrae and entraps one or both ureters.¹ One hundred years after the first description by Albarran, the treatment of choice for RPF-induced ureteral obstruction is still a matter of debate. This may be explained by the rarity of the disease and the different pathological subtypes.¹ The aim of the treatment is to preserve renal function and to keep patients free of stents.² We evaluated the long term functional outcome of ureterolysis and omental wrapping (UOR) for idiopathic RPF. Twenty-one patients (17 males and 4 females) were treated by UOR. After a median of 25 (interquartile range: 12-125) months, there were statistically insignificant changes in serum creatinine and estimated glomerular filtration rate ($p=0.5$ and 0.9 , respectively). Renal function remained stable or improved in 12 (57%) of cases. Nine (21.4%) renal units still harboured double J stents. Preoperative hydronephrosis improved or stabilised in 90% of renal units. Intraoperative complications had been inflicted in 5 (23.8%) patients and included ureteral injury, inferior vena cava injury, and duodenal

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