

cases and 1 patient had a mild progression of primarily metastatic disease. Of those, 12 patients died to the metastatic disease, 2 are alive with the disease.

Conclusions: Urothelial carcinoma of UUT was often (43.2%) diagnosed in advanced stage (pT3 and/or N+ and/or M+) and its management can be difficult. Cystoscopy with cytology must be a part of the follow-up because of 26.5% probability of subsequent bladder cancer. Patient with previous bladder cancer must have regular imaging of UUT, because of up to 26.5% chance of UUT UC if followed for sufficiently long time.

C133 NATIVE DENSITY AND PREDICTIVE VALUE OF CT SCAN IN PREOPERATIVE DIAGNOSIS OF ADRENAL MASSES

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Introduction & Objectives: To compare CT findings of adrenal tumour with a definitive adrenal histology to state typical CT patterns for individual types of lesions for future therapeutic approach.

Material & Methods: During January 2003 to May 2010 we retrospectively studied 126 patients with adrenal masses detected on abdominal CT scan who underwent either laparoscopic or open adrenalectomy at our institution. In 12 patients there were bilateral pathological findings on adrenal glands. We studied histology, laterality of tumour, size and especially density of tumour before and after application of contrast medium. According to postoperative histology we made 5 groups as followed: adrenocortical adenoma including nodular hyperplasia (n = 75), pheochromocytoma (n = 18), metastasis (n = 16), primary adrenocortical carcinoma (n = 5), and myelolipoma + others (n = 12). Statistical analysis was performed using Kruskal-Wallis test, χ^2 -test, t-test and regression analysis.

Results: Dividing adrenal incidentalomas into two groups (non-adenomas and adenomas) we got following results: the most accurate parameter for differentiation between adenomas and non-adenomas was the value of non-contrast density and post-contrast density on the second place (native and post-contrast density in the group of adenomas was significantly lower comparing to groups of primary carcinomas, metastases and pheochromocytomas, $p < 0.0001$). On the other hand size of adrenal lesion had only a minimal contribution to preoperative final diagnosis. Sensitivity, specificity, positive and negative predictive value for distinguishing adenomas and non-adenomas according to non-contrast density threshold of 23 HU, these were 89%, 96%, 98%, 85%, respectively; using the increase of density threshold of 35 HU, they were 75%, 72%, 81%, 63%, respectively.

Conclusions: Resuming above mentioned, we can conclude that accurate evaluation of CT finding on adrenal mass (especially the value of non-contrast density and postcontrast density) can help the clinician to determine the histological diagnosis preoperatively to choose the right therapeutic approach in specific situation (which patient needs to undergo surgery and which can be observed).

C134 ADRENAL TUMORS- OUR CLINICAL EXPERIENCE

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Introduction & Objectives: Indication for surgical treatment of adrenals are tumors in diameter upper than 2 cm, tumors growing during short observation, suspension of cancer or tumors with hormonal activity. Laparoscopy excision of tumors is a method of choice. In case of probability of acute hemodynamic disturbances during and after operation it is very important to diagnose tumors with hormonal activity. Aim of the study: Evaluation of the way of preparing and treatment of patients who have been qualified to primary adrenal tumor operation in urological clinic since 1997.

Material & Methods: From the January 2002- 43 patients treated by laparoscopic surgery and since 1997- 27 persons classical open adrenalectomy. Open adrenalectomy: the average diameter of tumor was bigger than 7 cm or laparoscopic treatment was impossible. Preparing to treatment- coordination between urologists, anesthesiologists and endocrinologists. Hospitalizations have been analyzed and a standard of preparing patients to adrenalectomy was created. After confirming in USG or TK tumor of adrenal were done biochemical examinations. Suspicions of hormonal active tumor or blood pressure unstable- determination of dopamine and test with glucagon or clonidine. In preoperative period, the control of blood pressure. In cases of tachycardia or heart rate disorders patients have to be given β -blockers. Operation-measuring central or peripheral blood pressure and electrocardiography especially in premedication or intubation. Intraoperative rapid disturbances of blood pressure are possible particularly when adrenal vessels are prepared. In some cases after bilateral adrenalectomy it is necessary to give steroids and measure level of glucose because of lowering catecholamin concentrations. In postoperative period patients have to be monitored ambulatory.

Results: In our material there were 52 adenoma of adrenals, 11 pheochromocytoma, 1 meta of pulmonary carcinoma, 3 meta of renal carcinoma, 1 primary adrenal carcinoma, 1 posttraumatic hematoma of adrenal. All groups of patients have been prepared to operation in the same scheme, and have been consulted

by endocrinologists and anesthesiologists. All patients have been controlled ambulatory. 5 persons demand standard anti-hypertensive drugs. None of patients have disturbances of heart rate or uncontrolled rise of blood pressure.

Conclusions: 1. Scheme of preparing and curing patients with primary adrenal tumors in cooperation with anesthesiologist and endocrinologist is a success in clinical practice 2. Regardless hormonal activity of adrenal tumor preparing, operation and postoperative period must take into account this possibility 3. Preparing in a right way to operation of primary tumor of adrenals warrants uncomplicated process of curing and postoperative period

C135 QUALITY OF LIFE OF HEMODIALYSIS PATIENTS

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Introduction & Objectives: During the past two decades, quality of life has emerged as an important attribute of clinical investigation and patient care. When measured, quality of life has been used to distinguish different patients or groups of patients to predict patient outcomes, and to evaluate therapeutic interventions. The objective is to assess the quality of life for dialysis patients where we wanted to see how these people evaluate key areas of your life.

Material & Methods: The group consisted of 100 patients, from 3 dialysis centres in Bratislava. All data were collected and presented anonymously. Administration WHOQOL-BREF questionnaire was conducted through a standardized personal interview. Data collection was conducted during July-August 2009. For testing correlations of WHOQOL-BREF domains and questions Q1 and Q2 was used Pearson's correlation coefficient and correlation testing WHOQOL-BREF domains of socio-demographic variables used Spearman correlation coefficient.

Results: According to the quality of life for patients, dialysis centres, the overall (45%), most patients evaluated their quality of life as neither good nor bad, as well as gender-evaluate the quality of life as neither good nor bad, 40% of men and women 50%. According to the satisfaction of health 35% of men and 29% of women were satisfied with their health. Mean values for physical health scores (12.3), survival (13.71), social relations (14.41), Environment (13.08). Correlations of all WHOQOL-BREF domains and questions about the quality of life and satisfaction with health were significant for the level of significance ($p < 0.01$). The strongest correlations of WHOQOL-BREF domains of socio-demographic variables was to assess the health status of the domains where the correlations were statistically significant ($p < 0.01$). The strongest correlators quality of life is a subjective assessment of the health of five-point scale. Correlation coefficients show a strong correlation between survival and overall assessment of quality of life. Another strong correlation is the domain of physical health.

Conclusions: It is logical and obvious that chronic kidney disease does not just physical problems, but leaves the effects on the psyche of what makes us pay attention to the psychological condition of the patient. It is necessary to take into account the fact that chronically ill patients, dialysis and quality of life of dialysis patients are closely linked.

C136 VASCULAR ANOMALIES IN KIDNEY TRANSPLANTATION - A SURGICAL CHALLENGE?

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Introduction & Objectives: The aim of this study was to present our 13 years experience in kidney transplantation procedures and special anastomotic techniques, used in the presence of multiple vascular anomalies of renal pedicle.

Material & Methods: From June 1997 until July 2010, 1102 renal transplantations (860 living and 242 deceased donors, 1042 adults and 60 pediatric recipients), with an average of 85/year (116 in 2007), were performed in our Institute. General preoperative evaluation, immunological profile, vascular anatomy and standard minimal open donor nephrectomy were performed, in all living donors. 345 cases (31.5%) had vascular graft anomalies, 203 abnormal arteries and 142 abnormal veins. All kidneys were implanted successfully, using special anastomotic techniques. Donors and recipients were carefully examined after transplantation and short-term and long-term complications were evaluated. Quality of life after surgery was assessed using SF 36 Health Survey Test

Results: No major complications appeared in 860 nephrectomies. Minor complications were: renal artery spasm, bleeding, minor respiratory complication, pneumothorax, ileus, bladder voiding problems, UTI. Long-term complications were: persistent wound pain, paresthesia and wound hernia. Quality of life after surgery, assessed by SF 36 Health Survey Test, was normal. Surgical approach to vascular anomalies were: double T-T anastomosis - 121 cases, T-L anastomosis - 12 cases (deceased donors), combined anastomosis T-T and T-L - 3 cases; single trunk made by two branches - 35 cases and we used the epigastric artery