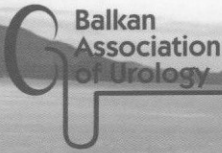




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# **BALKAN CONGRESS OF UROLOGY**

## **ABSTRACT BOOK**

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courses of chemotherapy (bleomycin, cisplatin, etoposide), the tumor marker levels were normalized but eventually enlarged retroperitoneal masses were detected. Retroperitoneal lymph node dissection was performed and histopathologic examination revealed GTS. One year later, the CT PET scan confirm absence of retroperitoneal masses or suspicious metastatic tissue.

**Conclusion:** Prompt surgical resection with aim to remove the tumor masses completely, if possible, is the treatment of choice for these tumors.

**Key word:** testis, growing teratoma, retroperitoneal lymph node dissection

## PO1 TRANSURETHRAL ELECTRO-VAPORISATION COMBINED WITH TRANSURETHRAL RESECTION OF THE PROSTATE IN LARGE PROSTATES

**Sofronievska Glavinov M., Abdiu S., Bekteshi V.**

Urology dpt., University Surgical Clinic "St.Naum Ohridski", Skopje

Transurethral electro-vaporization of the prostate (TUEVP) is variant of transurethral resection (TURP), where roller is used to warm the prostate tissue to the point of evaporation. During the process, small blood vessels in the prostate are twisted and sealed. Therefore, during this procedure there is less bleeding during the procedure and postoperatively in relation to TURP. As a result, patients can leave the hospital at least 2 days after surgery, unlike the classic TURP where the hospital stay is 4 to 5 days. This procedure was conducted in 52 patients with benign prostatic hyperplasia (BPH) who had prostate size of 80-160 grams, avoiding postoperative transfusions, and shortening the hospital treatment up to two days. Before a discharge from the hospital, all but 2 patients (3.8%) had a spontaneous voiding, and irritant symptoms postoperatively occurred in 5 patients (9%) and disappeared after short-term treatment with the alpha blocker. This minimally invasive way is advantageous in terms of open access and TURP, especially in prostates larger than 80 grams, in order to avoid intraoperative and postoperative bleeding and shortened hospital stay.

**Key words:** BPH, transurethral electrovaporization, TURP