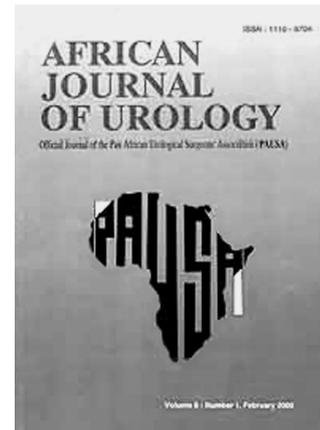


Urological Survey

African Journal of Urology

The *African Journal of Urology* is the official journal of the *Pan African Urological Surgeons' Association* (PAUSA). This journal is a bilingual publication, accepting articles in English and French. The Editor-in-Chief of the *African Journal of Urology* is Professor Ismail M Khalaf from Egypt. You can find the website of this journal in the African Journals Online available from: <http://www.ajol.info/index.php>. Here are the abstracts of the original articles in its current issue (2005, volume 11, number 3):



Priapism: Clinical Aspects and Etiology

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Objective: To evaluate the clinical, etiological and therapeutical aspects of priapism.

Patients and Methods: Sixty-three patients were retrospectively studied regarding their age, the time elapsed between onset of the condition and presentation at the hospital, their medical and surgical history, additional examinations such as blood count and hemoglobin electrophoresis, treatment modalities and outcome of treatment.

Results: The mean age of the patients was 22.4 years (range: 3-68 years). The time elapsed between onset of the condition and presentation at the hospital ranged from 4 hours to 41 days. Two patients (3.2%) presented about 6 hours after the onset of priapism, while 80.9% presented more than 24 hours later. Hemoglobin electrophoresis revealed sickle-cell disease in 29 (46%) patients. In two patients, priapism occurred after intracavernous injection of

vasoactive drugs. The patients were treated medically and/or surgically. Immediate penile flaccidity after treatment was obtained in 53 cases (84.1%). At a mean follow-up of 8 months 51 patients could be evaluated; 23 of them (45.1%) reported a satisfactory erection. Fibrosis of the corpora cavernosa occurred in 24 (38.1%) patients.

Conclusion: Priapism represents a urologic emergency which in Africa is commonly associated with sickle-cell disease. A timely and adequate treatment in our environment is rendered difficult due to the fact that most patients present very late. This situation can only be changed by an improvement of the socio-economic situation and a large-scale education of the population as well as the establishment of a larger number of specialized medical and health centers.

Malignant Testicular Tumors in Ivory Coast-Anatomo-Pathologic Observations on 54 Cases

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Objective: The aim of this study was the evaluation of the histological characteristics of testicular cancer in Ivory Coast.

Patients and Methods: In this retrospective study, the medical charts of 54 patients with testicular tumors (mean age: 23.41 years; range: 13 months - 68 years) seen over a period of 25 years at the anatomy/pathology units of the universities of Côte d'Ivoire were evaluated with emphasis on the following data: patient age, geographical origin and clinical tumor characteristics, such as location, features, histological type. Tumor markers and staging of the disease were not included in the study.

Results: On average, two tumors per year were diagnosed. Histologically, 87% were primary

tumors, 46.3% of them being germinal neoplasms (22.22% seminomas and 24.07% of the non-seminomatous type) and 40.74% being non-germinal neoplasms including 18.5% of rhabdomyosarcomas. Secondary testicular tumors comprise 13.9% of the cases of our study; most of them are metastases from Burkitt lymphoma (5/7 cases). The rate of bilateral tumors in our study is high with 31%.

Conclusion: Our study shows that testicular tumors are a rare entity in Ivory Coast with an average incidence of 2 cases per year. The disease affects young males at an average age of 23 years, and the prognosis is often unfavorable due to the high incidence of bilateral disease which was found in 31% of our cases.

Genitourinary Complications of Pelvic and Inguinal Hernia Surgery

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Objective: Complications may be encountered during pelvic and inguinal hernia surgery, among them iatrogenic urogenital lesions. The objective of this study is to report on our experience in the management of genitourinary complications of pelvic and inguinal hernia surgery.

Patients and Methods: This retrospective study evaluates the genitourinary complications encountered in 15 patients (10 males and 5 females with a mean age of 35.5 years) operated on at our institution between January 1, 1997 and December 31, 2001. They had undergone the following operations: laparotomy for inguinal hernia repair (n=8), volvulus of the sigmoid colon (n=1), rectal occlusive cancer (n=1), uterine rupture (n=1), tubo-ovarian abscess (n=1) and uterine fibroma (n=3).

Results: The urinary complications encountered

were the following: ureteral injuries (n=7), bladder injuries (n=6) and testicular atrophy (n=2). Six urinary lesions were recognized preoperatively while seven were misdiagnosed and generated postoperative peritonitis. Testicular atrophy occurred after inguinal hernia repair. The treatment modalities applied were uretero-ureteric anastomosis (n=6), ureteric reimplantation (n=1), cystorrhaphy (n=6) and orchidectomy (n=2). There was no morbidity from re-operation. The patient who had undergone emergency laparotomy for occlusion of rectal cancer died on the 12th postoperative day.

Conclusion: Prevention of genito-urinary complications of pelvic and inguinal hernia surgery can be best achieved by well-trained surgeons using well-tried operative techniques.

Urologic Day-Care Surgery: Scope and Problems in a Developing Country

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Objective: Due to the numerous economic and social benefits associated with the practice of day-care surgery, it is gaining widespread acceptance worldwide and across all specialties. We therefore determined the spectrum of procedures and the difficulties faced during implementation of day-care urologic surgery in a tertiary-care center in Nigeria.

Patients and Methods: This was a prospective study of all consecutive urologic day cases seen at the urology unit of Jos University Teaching Hospital, Nigeria, from January 2003 to December 2004. A total of 270 patients aged between 2 weeks and 100 years (median 55 years) with a male to female ratio of 14:1 were seen during the study period. The parameters studied were the presenting symptoms, diagnosis, treatment modalities, anesthesia, complications and whether or not the patients were converted to be in-patients or readmitted after discharge as well as the reasons for such conversion or readmission. The statistical analysis was done using the Epi-info 2004 system, version 3.2.2.

Results: The main conditions seen were urethral stricture in 89 (32.5%) patients, benign prostatic hyperplasia in 86 (31.8%), carcinoma of the prostate in 26 (9.6%), carcinoma of bladder in 15 (5.6%) and male infertility in 10 (3.7%) patients. The procedures carried out were mainly

urethroscopy/ urethrocystoscopy in 103 (38.2%) patients, visual internal urethrotomy in 48 (17.8%) and trucut prostatic biopsy in 33 (12.2%) patients. Sedation was used in 142 (52.9%), sedation and local anesthesia in 53 (19.7%), local anesthesia alone in 9 (3.3%), general anesthesia in 22 (8.1%) and other combinations or omissions in entry in 41 (15.2%) patients. Circumcision was performed on 3 neonates (1.1%) without anesthesia. There was a cancellation rate of 15.6% (n=42) mainly due to the inability of the patients to come (24 patients, 57.1%), inadequate materials in the theatre (9 patients, 21.4%), power failure (4 patients, 9.5%), strike action (3 patients, 7.1%) and financial difficulties (2 patients, 4.8%). We had a conversion rate to in-patients of 1.9% (n=5) for various reasons. No further complications or readmissions after discharge were encountered.

Conclusion: Urethrocystoscopy is the most frequently performed procedure and urethral stricture the most common diagnosis in our day practice. Cancellation of cases and conversion to in-patients remain our major challenges. The education of patients and physicians, as well as the provision of adequate material and infrastructure are recommended in order to provide the maximum benefit from urologic day-surgery practice.

Transobturator Tape (TOT) for Treatment of Female Stress Incontinence: Early Experience

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Objective: Evaluation of the transobturator tape (TOT), the newest tension-free technique for the treatment of female stress urinary incontinence (SUI) and its early results with 6 months follow up.

Patients and Methods: This study was

conducted at King Saud Hospital, Saudi Arabia, between September 2002 and March 2004. Fourteen cases with pure SUI were treated with Uratape, a low- elasticity polypropylene tape, according to the technique described by Delorme. Preoperative assessment included full history,

urogynecological examination, cough stress test, Q-tip test, cystogram and urodynamic studies. Perioperative cystoscopy was also done.

Results: No intraoperative complications were recorded. Postoperative complications included transient incisional pain in 2 (14.3%), transient voiding difficulty in 5 (35.7%) and urgency and frequency with mild pyuria in 3 cases (21.4%). Mild groin ecchymosis was seen in 5 cases (35.7%). Vaginal wound infection and wound dehiscence with subsequent tape removal occurred in one case only (7.1%) Twelve cases

(85.7%) achieved full continence and one patient (7.1%) had minimal leak with extreme stress but was fully satisfied.

Conclusion: From the promising results of our early experience we conclude that the TOT procedure is a simple, safe, fast and minimally invasive technique for the treatment of SUI in women with few minor complications and a high success rate. Further studies on a larger number of patients will however be needed to confirm these results.

Preservation of Ejaculation during Transurethral Resection of the Prostate

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Objective: To evaluate the role of partial prostatectomy in the management of bladder outlet obstruction due to benign prostatic hyperplasia (BPH) and to illustrate the indications and results with regard to micturition and preservation of antegrade ejaculation.

Patients and Methods: Sixty-nine patients with a mean age of 53 years (range: 40 - 85 years) who had undergone partial prostatectomy for BPH were followed up between January 1997 and December 2002. Details on the quality of micturition and ejaculation of each patient were obtained via telephone calls after a period of at

least 6 months following surgery.

Results: As for micturition, good results were reported by 75.36% (52/69) of the patients, while 23.19% (16/69) and 1.45% (1/69) of the patients reported satisfactory and unsatisfactory results, respectively. Antegrade ejaculation could be achieved in 97.1% (67/69) patients.

Conclusion: We conclude that partial prostatectomy as suggested by Hermabessière is a technique which allows for the preservation of antegrade ejaculation. It is of special interest in the young patient, but can also be applied in the elder man.

Efficacy of the Egyptian Pneumatic Lithotripter Using Cystoscopy in Vesical Calculi Treatment

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Objective: The majority of vesical calculi in adults can now be treated transurethrally with the use of different lithotriptors. The aim of this article was to study the effectiveness of the Egyptian pneumatic lithotripter through a rigid cystoscope in the treatment of vesical calculi.

Patients and Methods: Fourteen adult patients (12 males and 2 females) had single

urinary bladder stones. Mean stone diameter was 20 mm. Through a cystoscopic sheath, a modified ureteric catheter was introduced into the bladder. Using the Egyptian pneumatic lithotripter-KH. YG2, the pneumatic probes (rigid or flexible) were passed through the catheter for stone disintegration.

Results: Successful stone disintegration was

recorded in 13 patients (92.9%) where the patients were stone-free at the end of the procedure. Failure of stone fragmentation occurred in one case (7.1%). The stone was removed surgically. Its chemical composition was found to be calcium oxalate monohydrate. The average time of cystolithotripsy was 35 minutes. Hospitalization ranged from 12 to 24 hours which was longer (2 to 4 days) for those patients who

had undergone other procedures. Minor complications such as mild hematuria (100%) and cystitis (21.4%) were observed. No major complications were noted.

Conclusion: The use of the Egyptian lithotripter during cystoscopy has been found to be an effective, easy, safe and economical method for the treatment of vesical stones.