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**IS INTRAVESICAL PROSTATIC PROTRUSION ASSOCIATED WITH MORE COMPLICATIONS IN BPH PATIENTS? - A PRELIMINARY REPORT.**

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**Introduction:** Benign prostatic hyperplasia (BPH) is a common cause of bladder outlet obstruction (BOO) in ageing men and can, with progression of the disease, lead to complications. Intravesical Prostatic Protrusion (IPP) has been shown to correlate with severity of symptoms in BPH patients. **Aim:** Determine relationship between IPP and complications in BPH. **Methods:** A cross-sectional prospective study of new symptomatic BPH patients who presented for urology services at ESUTH, Parklane-Enugu. Ethical approval and informed consent were obtained. Participants were assessed for acute urinary retention (AUR), chronic urinary retention (CUR), hernia, epididymoorchitis, fever, urinary tract infection (UTI), haematuria and serum creatinine (SCr). They had abdominal ultrasonography measurement of IPP from midline sagittal image of the prostate (at bladder volume  $\geq$  200mls); measurement of prostate volume (PV), anterior bladder wall thickness (BWT) and post-void urine residue (PVR); and assessment for hydronephrosis, bladder diverticulum and urolithiasis using Sonoscape S11 (Sonoscape Co Ltd, Shenzhen, China) with abdominal probe frequency of 3.5 MHz. IPP was divided into two groups (non-significant  $<$  10mm and significant  $\geq$  10mm). Data was analyzed using SPSS version 21 (IBM, SPSS, Chicago, USA). The data was subjected to ANOVA and Chi square. Pearson's correlation was used to assess correlation where necessary. P-Value  $<$  0.05 was considered significant. **Results:** Ninety-one men with a mean age, PV, IPP, PVR, BWT and SCr of 63.81 years, 115.92mls, 14.14 mm, 184.93mls, 4.81mm

and 104.74  $\mu$ mol/L respectively were included in the study. There was positive correlation between IPP and PVR (p= 0.000); BWT (p= 0.000); SCr (p=0.160); PV (p=0.197). There is more AUR (p=0.003), CUR (p=0.015), hydronephrosis (p=0.003) and haematuria (p= 0.032) in the group with significant IPP but no significant difference in UTI (p= 0.254), Fever (p=0.216), epididymoorchitis (p=0.313), hernia (p=0.179) and urolithiasis (p= 0.154). **Conclusion:** Significant IPP increases the risk of developing some complications in BPH patients.

**PATTERN OF BLADDER TUMOURS AT THE LAGOS STATE UNIVERSITY TEACHING HOSPITAL IKEJA**

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**Introduction:** Bladder cancer is the second most common cancer of the genitourinary tract and the ninth most common cancer worldwide. It accounts for 7% of new cancer cases in men and 2% of new cancer cases in women. There are varied reports locally regarding the most common histological type of bladder cancer in Nigeria. **Aim:** The aim of the study was to review the pattern of presentation and histological types of bladder tumours at the Lagos State University Teaching Hospital Ikeja. **Methods:** This was a retrospective study in which the clinical records of all patients who presented with bladder tumour to the Lagos state University Teaching Hospital Ikeja over a 5 year period (January 2013 to December 2017) were retrieved and analyzed. **Results:** The records of 32 patients were available for review. There were 19 (59.4%) males and 13 (40.6%) females, reflecting a male predominance. The mean age was 56.75 +/- 3.16 years and the median age was 59.50 years (range 14 – 84 years). The commonest presenting symptom was haematuria in 29 patients

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(90.6%). Other presenting symptoms were irritative LUTS in 27 patients (84.4%), necroturia in 7 patients (21.9%), back pain in 8 patients (25%) and weight loss in 13 patients (40.6%) at initial presentation. Most of the patients (n=25, 78.1%) had ultrasound done, out of which 20 patients (80%) had a demonstrable mass. A CT Scan was also done in 23 patients (71.9%). Possible risk factors identified were wading in streams in 4 patients (12.5%), smoking in 3 patients (9.4%) and exposure to petrochemicals in 1 patient (3.1%). Associated comorbidities documented were hypertension in 12 patients (37.5%) and diabetes mellitus in 3 patients (9.4%). The most common histological type of bladder tumour was papillary urothelial carcinoma in 15 patients (46.9%), with about half of these (n=8, 53.3%) being high grade tumours. **Conclusion:** Papillary urothelial carcinoma is the most common histological type of bladder tumours presenting in our institution with more males being diagnosed than females.

### INITIAL EXPERIENCE WITH HOLMIUM LASER ENUCLEATION OF THE PROSTATE (HoLEP) IN NIGERIA.

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**Introduction:** Holmium Laser Enucleation of the Prostate (HoLEP) was introduced to address some of the limitations of TURP. HoLEP is not common in Africa, despite its advantages. The objective of this study is to analyse the Nigerian experience with HoLEP in comparison with those of other centres in order to stimulate interest in a shift to this procedure in our environment. **Methods:** Twenty nine patients have had HoLEP in Kelina Hospital, Abuja since October 2018. Indications for surgery ranged from failed medical treatment, urinary retention to hematuria. Preoperative assessment of IPSS, QoL, Prostate size, Residual volume and Qmax was done. Six patients had been catheterized prior to presentation and did not have Qmax or Residual volumes computed. Two had urethral injuries elsewhere prior to surgery. HoLEP was done with the Lumenis 120W laser, Moses Technology™. All except one patient had bladder irrigation post-surgery. The duration of irrigation, catheterization and hospital stay was computed.

**Results:** The average age of patients was 68.30±8.95 years. Prostatic volume was 107.37g±64.4g. PSA was 12.51±20.51ng/ml. Irrigation time was 20.46±16.19hrs. Mean catheterization time was 1.3days. Hospital stay was 1.96±1.09 days. Two patients were discharged home on catheter on account of pre-operative urethral injuries. Four patients were transfused pre and intra-op on account of low hematocrit. **Conclusion:** The results are comparable to those of other centers who have done HoLEP for years and are reproducible even in resource poor, manpower-deficient settings like ours.

### ANTI-RETROPULSION DEVICE USE FOR PREVENTION OF PROXIMAL STONE MIGRATION DURING LASER LITHOTRIPSY- CASE REPORT

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**Introduction:** Retropulsion and stone fragment migration is a problem with lithotripsy for proximal and mid ureteric calculi during ureteroscopy, leading to increased operative time, costs and number of additional procedures. To overcome this drawback, many strategies have been developed, one of which is the use of anti-retropulsion devices. **Objective:** To describe the use of an anti-retropulsion device during holmium laser lithotripsy in a patient with mid ureteric stone. **Case History:** A 48-year old male patient, with recurrent history of recurrent colicky left flank pain. Abdominal CT scan with CT urography showed a 1.5 cm x 9.7mm impacted calculus in the left upper ureter with proximal pre-stenotic dilation associated with hydronephrosis and hydroureter. He had ureteroscopy with combined spinal and epidural anesthesia. Considering the high risk of retropulsion, the Boston Scientific Stone Cone Nitinol Retrieval Coil was passed beyond the stone and deployed under fluoroscopy to prevent proximal stone and fragment migration. Holmium laser lithotripsy was then carried out using combine hard stone and dusting modes with complete stone clearance. A double J stent was passed. The total operating time was 55minutes. **Conclusion:** Anti-

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retropulsion devices are safe and cost-effective tools during ureteroscopy and lithotripsy for ureteric stones with high risk for retropulsion.

## EVALUATION OF NIGERIAN ASSOCIATION OF UROLOGICAL SURGEONS (NAUS) ENDOUROLOGY WORKSHOPS.

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**Introduction:** Quarterly endourology workshops have been held by NAUS for several years. However, information from participants and hosts on organization, experiences and educational outcomes are lacking. The objective is to obtain feedback from participants in order to determine areas where the Workshops can be strengthened and participants' experiences improved. **Methods:** Participants attending Quarterly Endourology workshop were asked to complete structured survey questionnaire on last day of the event. Areas evaluated were biodata, course content, tutoring ability of resource persons and issues around venue and organization of the workshop. A retrospective evaluation of the feedbacks received was assessed. **Results:** There was a total of 75 respondents comprising of 26 consultants, 16 residents, 25 nurses and other stakeholders including technicians and equipment suppliers who attended first and second Workshops held in 2019. Using a 4-point Likert scale, the course content had a mean rating of 3.02 and 3.23 respectively with an overall rating of 3.16. Tutor assessment was 3.35 and 3.43 (Overall=3.40). Service quality was 3.05 and 3.29 (Overall=3.23). Sixteen (51.6%) vs. 40 (90%) of respondents in first and second Workshops said they had developed a desired skill. There was statistically significant differences among the categories of professionals in their responses to course content, time management, overall service delivery and quality ( $p=0.047$  &  $0.009$ ). PCNL, ureteroscopic laser Lithotripsy, endoscopy instrumentation, cystoscopy, TURP, TURBT, role of urology theatre nurse, management of bladder spasm during TUR, urethroplasty using buccal mucosa graft, radical prostatectomy and theatre management were among the topics attendees

would like to see included in future workshops. Overall, participant assessment of the workshop was Very Good. **Conclusion:** Workshops are useful tools for teaching and learning new skills and institutional service development. The results of this survey will help to strengthen and improve future workshops.

## PATTERN AND MANAGEMENT OF CASTRATION RESISTANT PROSTATE CANCER IN TERTIARY HOSPITAL OF NORTHWESTERN NIGERIA: CASE SERIES

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**Background:** Prostate cancer is the commonest urological malignancy and a commonest cause of mortality in Nigeria. The presentation is usually late due to absence of screening protocol in the country. The mortality is due to progression of the disease to castration resistance and metastasis. **Objective:** To present 20 case series of castration resistant prostate cancer. **Case series:** We present 20 case series of castration resistant prostatic cancer managed by our unit. The patients had initial medical or surgical castration with initial suppression of the prostatic specific antigen before subsequent relapse and progression. The range of duration for the castration resistance was highly variable from 3 month to 3 years. There was response to surgical castration to those on medical castration. There was initial response to maximal androgen blockade and medical adrenalectomy for those who had surgical castration before relapse. All resistances are sensitive to abiraterone but these was limited by the cost, some cannot start it and some abandoned it after its commencement. One patient on abiraterone had mortality as compared to more than 50% of those on the other treatments. **Conclusion:** Castrate resistant prostate cancer is the ultimate destination of advanced prostate cancer on castration. The duration of its development is variable. Various hormonal

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manipulations hold promises but the most durable is the use of abiraterone in the most resistant cases. This was limited by the cost.

## COMPARISON OF BIOCHEMICAL EFFICACY OF BILATERAL ORCHIDECTOMY AND MEDICAL CASTRATION (LHRH ANALOGUE, ZOLADEX<sup>®</sup>) IN PATIENTS WITH ADVANCED PROSTATE CANCER AT LAGOS STATE UNIVERSITY TEACHING HOSPITAL, LAGOS.

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**Introduction:** Prostate cancer (PCa) is a leading cause of cancer –related deaths among men and it is the most commonly diagnosed cancer among Nigerian men. Most of the patients with PCa cases in Nigerian hospitals usually present with advanced disease and this requires androgen deprivation therapy (ADT) which can be in form of surgical or medical castration. This study was designed to determine which of the two options is more efficacious. **Objectives:** The study compared the biochemical efficacy of medical castration (Zoladex<sup>®</sup>) with bilateral orchidectomy in reducing serum testosterone and serum PSA in patients with advanced PCa. **Methods:** A prospective, hospital based, non-randomized clinical study was conducted over one-year period from November 2016 - October 2017. Each patient was followed up for six months. Patients that met the inclusion criteria were recruited consecutively into two groups; surgical and medical castration groups. Serum testosterone and PSA were measured before prostate biopsy was done using chemiluminescent immunoassay. Serum testosterone and PSA were repeated at 1, 3- and 6-months following commencement of treatment in the two groups. Data were analyzed using the Statistical Package for Social Sciences (SPSS IBM) version 20.0. **Results:** Fifty patients were studied, twenty-five patients in each group. The percentage drop in median serum testosterone at 1,3 and 6 months for the orchidectomy group was 85.40%, 91.30%, 91.90%

respectively while the percentage drop in median serum testosterone for the medical castration group at 1,3 and 6 months was 87.30%, 93.80%, 94.00% respectively. The percentage drop in median serum PSA at 1,3 and 6 months for orchidectomy treatment group was 69.40%, 97.50% and 99.20% respectively while for medical castration group, the percentage drop in median serum PSA at 1,3 and 6 months was 68.40%, 96.80%, 98.20% respectively. Local complications associated with orchidectomy were scrotal hematoma (20%) and surgical site infection (28%). Injection site reaction (8%) was recorded in medical castration group. All patients in both groups had hot flushes, reduced libido and weak erection as systemic complications. **Conclusion:** ADT still remains the mainstay of management of advanced PCa. Medical castration ( Zoladex<sup>®</sup>) and surgical castration(Orchidectomy) are both equally efficacious in the short term. Early response to PSA control is found to be slightly better with surgical than medical castration.

## EVALUATION OF HISTOPATHOLOGY REQUEST FORMS FROM MAJOR INSTITUTIONS IN NIGERIA AND PROPOSAL OF A PROSTATE DISEASE SPECIFIC HISTOPATHOLOGY REQUEST FORM

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**Introduction:** There have been dissatisfactions among urologist with reports of prostate histopathology while pathologists have also complained about inadequate clinical information and unsatisfactory tissue procurement by surgeons. An improved prostate disease specific histopathology request card is likely to improve the clinical information provided and improved reportage. **Aim:** To evaluate the histopathology request forms from many institutions in Nigeria with urological services and to propose an improved prostate disease specific histopathology request form to improve histopathological reportage of prostate diseases. **Methods:** Request for histopathological

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request forms from major institutions were for sent out and received forms were analyzed for adequacy of requested based on standardized histological reportage and a prostate disease specific histopathological form was developed and to be proposed for adaptation. **Results:** Requests forms were received from only 15 institutions. Al the request forms have requests for biodata. None of the forms were organ or disease specific. Most of the forms were lacking in adequate clinical information and details about contacts of surgeons and the patients. A prostate disease specific histological request form is being proposed. **Conclusion:** Adequate clinical information is needed for early and complete reportage of histopathological report of prostate diseases

#### **SURVIVAL OUTCOMES OF NIGERIAN MEN WITH CASTRATION-RESISTANT PROSTATE CANCER: A RETROSPECTIVE COHORT STUDY OF MEN MANAGED AT UITH, ILORIN.**

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**Introduction:** Sub-Saharan African men are disproportionately impacted by higher stage and incurable forms of prostate cancer and they often progress to castration-resistant prostate cancer (CRPC). Despite this, very little is currently known about the disease's clinical course and survival in these men. This study interrogates mature survival data of a cohort of sub-Saharan African men with CRPC and describes the clinical course and survival. **Methods:** Using a strict selection algorithm, records of patients with CRPC as defined by the Prostate Cancer Working Group 2 managed in our institution from January 2013 to June 2018 were retrieved. Demographic, clinical and survival outcomes data were collected. The principal endpoint was the overall survival from the development of CRPC. The probability of survival was calculated using the Kaplan Meier method. **Results:** A total of 64 patients were identified. Median (IQR) age, PSA at CRPC diagnosis were 69 (64 -75.5) years and 42 (8.6-146.6) ng/mL respectively. About one-half (49.3%) of the

patients had Gleason grade groups 4 and 5. Twenty-six patients (41.0%) received docetaxel (median cycles: 3, range: 1-6), only six patients (9.4%) received abiraterone, and none received enzalutamide, sipuleucel T, cabazitaxel or radiopharmaceutical therapy. A total of 33 (51.6%) patients died during a median follow-up of 7 (IQR: 6-14) months and the median overall survival was 11 (95%CI: 4-17) months. **Conclusions:** This study of African men with CRPC revealed only a small proportion receiving active treatments and poor survival in the cohort at only 11 months.

#### **ANALYSIS OF THE PATTERN, ASSOCIATIONS AND IMPACT OF RENAL FUNCTION STATUS IN PATIENTS WITH BENIGN PROSTATIC OBSTRUCTION**

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**Introduction:** The burden of Benign Prostatic Hyperplasia (BPH) is high in older age groups. These patients could have normal renal function or present with obstructive uropathy, obstructive nephropathy or intrinsic renal damage. The aim of this study was to evaluate the prevalence, severity and associations of renal function status in different spectrum of patients with Lower Urinary Tract Symptoms due to BPH and assess its impact on the management of these patients. **Methods:** Information on medical history, laboratory data and imaging tests were extracted from medical records of patients presenting to our Urology Clinic with BPH between January 2016 and January 2019. Glomerular Filtration Rate (GFR) was calculated using Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) formula and the severity of renal disease was computed. Patients were classified based on the presence of obstruction and renal impairment. Data analysis was done using SPSS version 20.0 with p-value < 0.05

considered significant. **Results:** Ninety-three patients were analyzed. Obstructive nephropathy and intrinsic renal damage occurred in 4.3% and 12.9% of them respectively. However, the severity of renal impairment was higher in the former (22.8 ml/min/1.73m<sup>2</sup> versus 39.3 ml/min/1.73m<sup>2</sup> respectively). Those with obstructive uropathy had Stage 2 GFR (72.5 ml/min/1.73m<sup>2</sup>) on the average. There was a significant relationship between GFR and age of presentation (p = 0.001). Diabetes mellitus was observed in 10.4% of patients without nephropathy. The GFR was lower in diabetic nephropathy patients (33.7 ml/min/1.73m<sup>2</sup>) than in others who also had intrinsic renal damage (43.3 ml/min/1.73m<sup>2</sup>). Initial urinary drainage was used for the stabilization of renal function before definitive surgery in all patients with obstructive nephropathy. **Conclusions:** The burden of nephropathy in BPH patients is quite considerable with the occurrence of intrinsic renal damage almost thrice that of obstructive nephropathy. A sizeable proportion of those without renal insufficiency harbour diabetes mellitus, thus, a superimposed obstructive uropathy from BPH could rapidly tilt such patients into end-stage renal disease. There is therefore the need to institute early management and other preventive measures in those with uropathy to prevent their progression to renal impairment.

#### EXPERIENCE AND EARLY OUTCOMES OF KIDNEY TRANSPLANTATION IN A NIGERIAN TRANSPLANT INSTITUTION.

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**Introduction:** With the rise in population of patients with End-stage Renal Disease (ESRD) in Nigeria, there is an increased demand for Renal Replacement Therapy (RRT) including kidney transplantation (KT). We present our surgical experience with KT in Zenith Medical and Kidney Center Abuja, Nigeria. **Methods:** A 9-month retrospective review of patients who underwent KT between January and September 2019 in our center. Data of both kidney donors and recipients were recorded in designed proforma.

Extracted information includes demographic characteristics, side of open donor nephrectomy (ODN), recipient anatomy, surgical techniques and post-operative outcomes. Data was analyzed using SPSS version 21. **Results:** A total of 68 patients had KT during the period under review. Donors had an age range of 19 to 53 years with mean of 30.83±8.43 years while recipients aged between 10 and 73 years with mean of 45.97±13.71 years. There were 61 (89.7%) male and 7 (10.3%) female donors. Forty-nine of the recipients were males (72.1%) and 19 (27.9%) were females. Left ODN was performed in 75% of cases and the commonest indication for right ODN was multiple left renal arteries. The allograft was placed in the right iliac fossa in all the patients with the external iliac vessels preferred for anastomosis in end-to-side fashion. Ureteroneocystostomy using the Lich-Gregoir technique over a double-J stent was performed in all patients. Significant peri-operative haemorrhage necessitating blood transfusion were experienced in 3 (4.4%) patients. Renal allograft artery thrombosis leading to allograft nephrectomy was encountered (1, 1.4%). There was no peri-operative mortality. **Conclusion:** Kidney transplantation can be safely and routinely carried out in Nigeria. There is need for more Nigerian urologists and institutions interested in KT in order to cater for the teeming population of ESRD patients in the country.

#### HISTOLOGY OF PROSTATE CHIPS FROM TURP PERFORMED IN MEN WITH NEEDLE BIOPSY DIAGNOSED PROSTATE CANCER: A PRELIMINARY REPORT.

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**Introduction:** Prostate cancer remains the leading cause of cancer related deaths in Nigerian men. Early detection and quick appropriate interventions remain key to possible cure. Transurethral resection of the

prostate (TURP) for the treatment of men with prostate enlargement is gaining grounds in Nigeria due to increase in the number of Urologists with skills in the conduct of the procedure. The aim of this study was to evaluate the effectiveness of diagnosing prostate cancer through the histology of prostate chips from TURP. **Methods:** TURP chips of 23 men with needle biopsy diagnosed prostate cancer who had TURP due to worsening lower urinary tract symptoms (LUTS) despite earlier initiation of complete androgen ablation were sent for histology and the report analyzed. **Result:** Twenty three (23) men were included in the study. Mean age was 63.5 yrs. Mean PSA value was 23.68ng/ml. All of them had bilateral total orchidectomy plus 50mg daily bicalutamide. Mean duration from time of commencement of complete androgen ablation to time of TURP was 6 months. 14 samples (60.86%) showed adenocarcinoma with mean Gleason score of 7.6. Eight (8) samples (34.78%) showed nodular hyperplasia. 1 sample (4.35%) showed high grade PIN. **Conclusion:** Histology of TURP chips does not show high sensitivity in diagnosing prostate cancer. Thus men with high risk of having prostate cancer, for example, those with high serum PSA but with repeated negative needle biopsies who had TURP should be counseled to understand that negative histology of TURP chips is not a guarantee of freedom from possible prostate cancer.

## UROLOGISTS AND PATHOLOGISTS INPUTS TO THE DEVELOPMENTS OF STANDARD OPERATING PROTOCOL

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**Introduction:** There are often disaffection between the urologists and pathologists on the reportage of prostate cancer histology with attendant impact on patient management. A joint meeting of Urologists and pathologists sponsored by the **Transatlantic Prostate Cancer Consortium (CaPTC)** were organized to harmonize the positions of the two groups. These workshops were well attended by

pathologists and Urologists across Nigeria. **Aim:** To improve prostate tissue procurement, handling and reportage of potential prostate cancer specimen. **Methodology:** This was the presentation of outcomes of two joint meetings of Pathologists and Urologists at two urology - pathology meetings which took place in Lagos University Teaching Hospital (LASUTH) and University of Ilorin Teaching Hospital (UIITH) in November 2017 and 2018 respectively. **Result:** The standard operating protocol (SOP) has been developed to improve prostate tissue procurement, documentation and reportage. **Conclusion:** Adaption and deployment of the SOP across the country will help to improve relationship between Pathologists and Urologists leading to improvement in documentation and management of patients with prostate cancer.

## HISTOMORPHOLOGICAL SPECTRUM OF PROSTATIC LESIONS IN YOBE STATE: A PRELIMINARY REPORT

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**Introduction:** Lesions of the prostate including prostate cancer are globally recognized as common causes of morbidity and mortality in the male population. The incidences are increasing, hence; their implication on the men's quality of life cannot be over emphasized. **Objectives:** To evaluate the histologic reports of prostatic specimens in some tertiary health institution in Yobe State, **Methods:** The reports of prostatic specimens that were examined between October 2016 and October 2019 in the two departments of Histopathology of Yobe state University Teaching Hospital (YSUTH) and Federal Medical Centre Nguru were retrospectively evaluated, analyzed using SPSS version 21. **Result:** A total of 287 specimens were examined, and predominated by the 161 (56.1%) specimens in

YSUTH. Nodular hyperplasia with or without associated prostatitis was the common benign lesion in 237 (82.6%) of the specimens. Adenocarcinoma was the only malignant type in 49 (17.1%), commonly in the age group of 70-79yrs. More than half (53.1%) of the malignancies were poorly differentiated. Prostatic Intra-epithelial Neoplasia (PIN) was seen in 0.35% only. **Conclusion:** Although more benign lesions were observed than malignant, but most of the malignancies were diagnosed late. Hence, there is need to strengthen awareness campaign to allow for early detection of these lesions.

#### COMPARISON OF THE PRE- AND POST-VARICOCELECTOMY SERUM REPRODUCTIVE HORMONE PROFILES AND SEMEN CHARACTERISTICS IN INFERTILE MEN WITH CLINICAL VARICOCELES.

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**Background:** To evaluate the early outcome of varicocelectomy on the levels of serum reproductive hormonal and semen parameters in infertile men with clinical varicocele. **Patients and methods:** Forty-five(45) men with infertility and clinical varicocele had serum levels of Follicle stimulating hormone(FSH), Luteinizing hormone(LH), Prolactin and total Testosterone and seminal fluid parameters measured preoperatively at recruitment time and 3 and 6 months post-varicocelectomy. **Results:** The patients' mean age was  $34.6 \pm 3.1$  years (range 29-40 years). Most of the patients, 37 (82.2%) had primary infertility. 33 (73.3%) men had bilateral varicocele. Although the reproductive hormone parameters were

all within normal limits, the testosterone levels increased from mean of  $4.85 \pm 1.6$  ng/mL to  $5.66 \pm 1.8$  ng/mL ( $P < 0.001$ ). A significant increase in the testosterone level was found in males with low normal testosterone level ( $< 4$ ng/ml), from  $3.34 \pm 0.5$  ng/mL to  $4.55 \pm 1.4$  ng/mL ( $P < 0.001$ ). There was a significant decrease in serum FSH post-varicocelectomy ( $p < 0.001$ ). The sperm concentration, total sperm count and progressive motility all showed significant increases at 6 months ( $p < 0.001$  respectively). The pre-operative varicocele laterality or grade did not affect changes in serum reproductive hormone parameters and changes in semen characteristics. **Conclusion:** Open varicocelectomy significantly increases the serum testosterone. There is a favorable response on testosterone production in those with low normal testosterone with a mean total testicular volume of 26.6ml. It also improves the semen characteristics and these improvements are not influenced by the preoperative varicocele grade or laterality.

#### VASECTOMY: A SURVEY OF KNOWLEDGE, PERCEPTION AND ACCEPTANCE AMONG RESIDENT DOCTORS IN NIGERIA

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**Introduction:** Vasectomy is one of the few fertility control methods which enable men to take personal responsibility for contraception. It is regarded as a form of permanent sterilization. Discuss around the subject of family planning has hitherto focused more on female contraception, could this be due to poor knowledge and perception or bias amongst the health practitioners who are in a position to advise clients? **Methods:** A cross-sectional study. **Results:** There were 218 respondents; 169 males (77.5%) and 49 females (22.5%). Majority, 204 (93.6%) knows vasectomy is a form of permanent contraception. Ninety three (42.7%) said it is 100% effective, 85



(39.0%) said no, while 40 (18.3%) are not sure. Concerning absolute guarantee of achieving pregnancy post reversal; Yes-14(6.4%), No-74(33.9%), 130(59.6%) - Not sure. Perception-wise, 34 (15.6%) and 18 (8.3%) respondents believe it decreases sexual drive and erection respectively, 32 (14.7%) says it can reduce testicular size. Majority, 139 (63.8%) agree it is safer, easier, cost effective and convenient than BTL. However, only 87 (39.9%) would recommend it to patients, 42 (19.3%) would consider it done for themselves or recommend for a spouse. There was significant association between knowledge and acceptance rate ( $p < 0.001$ ). **Conclusion:** There is some level of knowledge on vasectomy among doctors, however there are still misconceptions. Also, the acceptance and willingness to recommend to clients is poor. There is need for strategies to correct the misconceptions so as to increase the utilization of vasectomy.

#### TESTICULAR CANCER: A 10 YEAR EXPERIENCE AT UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL

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**Introduction:** Testicular cancer is a rare malignancy. They make up one of the most common solid malignancy in men aged 15 to 40 years. Reports of increasing incidence of testicular cancer in Western world have been noted. Despite the increasing incidence, mortality has remained low in the developed world. There are few publications on testicular cancer in South-South, Nigeria. **Objectives:** To highlight our experience in the management of testicular cancer. **Materials and Methods:** This is a 10 year retrospective study on patients diagnosed with histologically confirmed testicular cancer from January 2009 to December 2018. The case records were retrieved, and patient data, obtained was analyzed using SPSS version. **Results:** Eleven patients with testicular cancer were managed during the study period. The prevalence of testicular cancer observed in the present study was 0.01%. Peak age was 20-29 years (54.55%), with a mean age of 29.27 yrs. The most common presentation was scrotal swelling observed in nine (81.8%)

patients ( $X^2 = 4.69$ ;  $p = 0.03$ ).). Nine (81.8%) patients presented after 6 months of symptoms with advanced disease. Distant metastasis was seen in two (18.2%) patients. Right sided disease was found in seven (63.6%) and left sided disease in four (36.4%). All had radical inguinal orchidectomy. The most common histological diagnosis was seminoma. All the subjects were offered chemotherapy with bleomycin, etoposide and cisplatin. However, only four (36.4%) completed chemotherapy. None had radiotherapy. **Conclusion:** This study highlights the low prevalence of testicular cancer in Port Harcourt, Nigeria. Late presentation and advanced stage are important factors leading to poor survival. Adequate chemotherapy improves survival. Mortality is unacceptably high in Port Harcourt.

#### DOES A FOURNIER'S GANGRENE SEVERITY INDEX SCORE OF >9 PREDICT MORTALITY? A REVIEW OF 41 PATIENTS IN JUTH

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**Introduction:** Fournier's gangrene (FG) is necrotizing fasciitis of the perineum and genital and is potentially fatal. **Aim:** To determine the usefulness of the Fournier's gangrene severity index score (>9) in predicting mortality in patients with Fournier's gangrene. **Methods:** It was a prospective study in which all patients aged eighteen (18) years and above diagnosed with Fournier's gangrene were enrolled into the study between March 2014 and April 2019. Fournier's gangrene severity index scores were assessed. Primary outcome variables were assessed with mortality. **Results:** A total of 41 patients (100% male, mean age  $54.32 \pm 12.98$  years) diagnosed with Fournier's gangrene were recruited into the study. The mortality was 17.1% (7 patients). The mean Fournier's gangrene severity index score was  $5.6 \pm 12.98$  (Median 5.5, IQR 3-7). Mean score for

survivors was  $4.58 \pm 2.39$  (Median 5, IQR 2-6.75). Mean score for non-survivors was  $11.8 \pm 2.72$  (Median 12.1, IQR 9-14). Fournier's gangrene severity index score ( $>9$ ) is a predictor of mortality ( $p$ -value-0.001). **Conclusion:** A Fournier's gangrene severity index threshold value of  $>9$  was useful for predicting mortality in this study.

### **CORRELATION BETWEEN ANTERIOR BLADDER WALL THICKNESS AND POST-VOID URINE RESIDUE AS INDICATORS OF BLADDER DYSFUNCTION IN NIGERIAN MEN WITH BENIGN PROSTATIC HYPERPLASIA.**

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**Introduction:** BPH is associated with voiding dysfunctions; urodynamic study is the gold standard for diagnosis of voiding dysfunction but is invasive. Bladder wall thickness (BWT) and post-void urine residue (PVR) are non-invasive predictors of voiding dysfunction. **Objective:** To study the correlation between BWT and PVR in BPH. **Methods:** A hospital based cross-sectional prospective study of new BPH patients who presented to the urology clinics of Nnamdi Azikiwe University Teaching Hospital, Nnewi. After initial clinical and laboratory evaluation, participants had abdominal ultrasonography measurement of anterior BWT (at bladder volume  $\geq 200$ mls), prostate volume (PV) and PVR using Prosound SSD3500 (Aloka Co Ltd, Tokyo, Japan) with abdominal probe frequency of 3.5 MHz. Bladder emptying efficiency (BEE) was calculated. Anterior BWT was divided into two groups:  $< 5$ mm and  $\geq 5$ mm. Data was analyzed using SPSS version 20. Pearson's correlation was used to assess correlation and the differences between the means of the two groups of BWT were compared by Mann-Whitney test.  $P$ - Value  $< 0.05$  was considered significant. **Results:** Seventy seven men with a mean age of  $66.66 \pm 10.74$  years were included in the study. Sixty one percent had symptoms lasting  $> 12$  months. The average anterior BWT, PVB, PVR, BEE, PV and PSA were  $4.55 \pm 1.02$  mm,  $260.98 \pm 57.44$  mls,

$58.36 \pm 52.94$  mls,  $77.98 \pm 17.37\%$ ,  $66.31 \pm 46.38$  mls and  $8.04 \pm 5.97$  ng/ml respectively. There was a significant positive correlation between BWT and duration of symptoms ( $p = 0.044$ ) and a significant negative correlation between BWT and BEE ( $p = 0.005$ ). A positive but not significant correlation was found between BWT and PVR ( $p = 0.255$ ). Fifty four (70.1%) had BWT  $< 5$ mm and 29.9% had BWT  $\geq 5$ mm. The mean IPSS ( $p = 0.000$ ), PV ( $P = 0.032$ ) and PVR ( $p = 0.020$ ) were significantly higher in the  $\geq 5$ mm group. The  $\geq 5$ mm group also had significantly lower BEE ( $p = 0.002$ ). **Conclusion:** Voiding dysfunction was more severe in patients with BWT of 5mm or more. There was a positive correlation between anterior BWT and PVR and a significant negative correlation between BWT and BBE.

### **EFFICACY OF URINE CYTOLOGY IN THE DIAGNOSIS OF BLADDER CANCER IN AMINU KANO TEACHING HOSPITAL: COMPARISM OF CYTOLOGY AND HISTOLOGICAL FINDINGS.**

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**Introduction:** Bladder cancer is a common urologic malignancy worldwide and second most common genitourinary malignancy after prostate cancer. Diagnosis of bladder cancer in developing countries is challenging. Despite the varying results in detection rate of bladder cancer by using the urine cytology, the method can be used in developing countries such as Nigeria, where there are limited diagnostic facilities. **Objective:** The general objective of the study was to determine the efficacy of urine cytology in the diagnosis of bladder cancer, in Aminu Kano Teaching Hospital. **Methods:** It was a prospective descriptive study of 52 patients who consecutively presented with suspected bladder cancer and were recruited via the Urology outpatient unit and casualty unit over a period of one year. Fresh voided or catheter urine sample were taken for cytological analysis. Cystoscopy was done and the findings were noted, multiple biopsies were taken and

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sent for histological analysis. **Results:** In the 52 patients reviewed, the mean age was  $55.6 \pm 16.3$ . Male to female ratio of M: F 4.2:1. The overall Sensitivity, Specificity and Accuracy of Urine cytology were 60.4%, 100% and 63.5% respectively. The False negative rate was 39%. Urine cytology was found to be effective in detecting bladder cancer,  $p < 0.05$ ). **Conclusion:** Based on the findings from this study, Urine cytology is an effective method for evaluation of patients presenting with features suggestive of bladder cancer. Routine use of urine cytology as the initial test for evaluating patient with suspected bladder cancer is recommended.

### EARLY AND LONG-TERM OUTCOMES OF THE USE OF MITROFANOFF PRINCIPLE IN MANAGEMENT OF URINARY INCONTINENCE IN A SINGLE CENTER

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**Introduction:** The management of urinary incontinence can be a challenge to the urologist. Since its description in 1980, the Mitrofanoff principle and its modifications has provided a means of achieving a catheterized continent urinary diversion in well selected patients. The indications for the use of an appendicovesicostomy for urinary diversion varies from congenital to acquired anatomical and functional urinary tract dysfunctions. When utilized, it provides a continent low-pressure reservoir with minimal risk of recurrent urinary tract infections or calculus formation and an improved quality of life. Stomal stenosis, false passages, reoccurrence of the incontinence are some of the reason why the appendicovesicostomy may be revised. We hereby present the early and late outcomes of our patients managed with a Mitrofanoff for urinary incontinence. **Methods:** We retrospectively reviewed the medical records of all patients managed for urinary incontinence by the unit from January 2009-December 2019. Only patients managed with a Mitrofanoff were included in this study.

Data on the age at presentation, previous attempt at surgery, etiology, bladder capacity at diagnosis, ancillary procedures such as bladder augmentation, Site of stoma, complications and duration of follow up were collected. Data was analyzed using SPSS version 20. **Results:** A total of 5 Mitrofanoff was done during the study period. Male: female ratio of 4:1. The age range at presentation was 9-29 years with a median of 19 years old. Neurogenic bladder from Spinal dysraphism and bladder exstrophy as the etiology in two patients respectively and a patient had the procedure due to spinal cord injury. The two patients with exstrophy had additional procedure which were augmentation cystoplasty and cystolithotomy respectively. All had a stoma located at the umbilicus except one of the exstrophy patient who had a stoma in right iliac fossa. Stomal stenosis was the commonest complication seen in 4 of the patients leading to revision of the stoma. Other complications noted was urosepsis and stomal prolapse noted in one fifth of the patient respectively. The quality of life in these patients has been satisfactory with pregnancy and delivery recorded in one of the female patients. Follow up range from 1 - 13 years with a median of 8 years. **Conclusion:** Mitrofanoff is a reasonable modality for the management of neurogenic bladder in well selected patients with good quality of life noted. Stomal stenosis is the commonest complication usually leading to revision of the procedure.

### COMPARING OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS AND TRADITIONAL CLINICAL EXAMINATIONS IN THE SUMMATIVE EVALUATION OF FINAL YEAR MEDICAL STUDENTS.

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**Introduction:** Medical schools have traditionally assessed medical students using long and short cases. Objective structured clinical examination (OSCE) has been found to be more reliable. **Aim:** To compare OSCE and traditional method of assessment in the

summative assessment of final year medical students. **Methods:** This was a descriptive cross-sectional retrospective study of summative assessment of final year medical students at Enugu State University of Science and Technology (ESUT) College of Medicine. Ethical clearance was obtained. Department of Internal Medicine organized clinical examinations consisting of long case and short case. Department of Surgery organized an OSCE consisting of two parts. The A part (Picture OSCE, replacing traditional short case) and the B part (Clinical OSCE, replacing traditional long case). Students' scores in the traditional examination, OSCE and final total score in both Internal Medicine and Surgery were collated and subjected to analysis with SPSS version 23 (IBM; SPSS, Chicago, IL, USA). Pearson correlation was used to assess correlations, paired T test was used to compare mean scores and Cronbach's Alpha used to assess reliability.  $P < 0.05$  was considered significant. **Results:** Out of the 73 candidates sat for both Internal Medicine and Surgery, 41 were female and 32 were males giving a female: male ratio of 1.3:1. There was a positive correlation between students' score in clinical OSCE and long case,  $r = 0.525$  ( $p = 0.000$ ); students' score in short case and picture OSCE,  $r = 0.450$  ( $p = 0.003$ ); and between scores in Internal Medicine clinical (Long case + Short case) and scores in Surgery clinical (picture OSCE + Clinical OSCE),  $r = 0.593$  ( $p = 0.000$ ). Using paired sample T test, there was a significant differences between the mean scores in long case (mean = 52.86, SD = 4.315) and scores in clinical OSCE (mean = 58.356, SD = 7.906),  $t(72) = -7.181$ ,  $p = 0.000$ ; mean scores in short case (mean = 52.86, SD = 4.097) and picture OSCE (mean = 48.580, SD = 8.992),  $t(72) = 4.558$ ,  $p = 0.000$ ; no significant difference between the mean total scores in Internal Medicine clinical (mean = 105.712, SD = 6.680) and Surgery clinical (mean = 106.915, SD = 15.846),  $t(72) = -0.788$ ,  $p = 0.433$ . The Cronbach's Alpha for traditional examination and OSCE were 0.437 and 0.863 respectively. **Conclusion:** OSCE gives a similar mean score to traditional method when used as a summative assessment tool but OSCE is more reliable.

#### UROLOGICAL SURGERY IN A REFERRAL HOSPITAL: HOW LONG DO WE WAIT?

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**Introduction:** Peri-operative delay is a sign of theatre inefficiency. When surgeries are delayed, it leads to subsequent delay in starting other cases with attendant risk of cancellation of cases caudal on the list. Effective and efficient function of the operating theatre depends on co-operation of the surgeons, anaesthetists, and other support staff. **Methods:** We prospectively studied all elective urological cases that were done over a fifteen-month period from January 2016 through March 2017 in Alex-Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria. **Results:** During the study period, 130 elective urological surgeries were done. Forty six percent (46%) of the cases were first cases. 98.35% of the cases were delayed. First cases on the list were more delayed than other cases on the list; 160 minutes versus 97 minutes ( $P = 0.000$ ). Waiting time at the in room was more for the first cases than others on the list 127 minutes versus 111 minutes ( $P = 0.2168$ ). Mean delay for transporting patient from the ward to the theatre was 69 minutes. **Conclusion:** A huge amount of time is spent to get patients to the operating table. Appropriate measures should be taken to reduce this time wastage.

#### CANCELLATION OF ELECTIVE SURGICAL CASES IN A NIGERIAN TEACHING HOSPITAL: FREQUENCY, REASONS AND POSSIBLE SOLUTIONS.

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**Introduction:** Dwindling economic resources and

reduced manpower in the health sector requires efficient utilization of the available resources. Day of surgery cancellation has far reaching consequences on the patients and the theatre staff involved. Full utilization of the theatre space should be pursued. **Methods:** We prospectively studied all elective cases that were booked from January 2016 through March 2017 in Alex Ekwueme Federal University Teaching Hospital Abakaliki. Cancellation is said to have occurred when the planned surgery did not take place on the proposed day of surgery. **Results:** During the 15-month period, a total of 1296 elective surgeries were booked. Out of this, 118 (9.1%) cases were cancelled. Patient-related factor was the most common reason (47.4%) followed in descending order by surgeon-related factor (31.4%), hospital-related factor (16.1%), and anaesthesia-related factor (5.1%). Lack of funds was the most common patient related reason for cancellation. Majority of the cancelled cases were general surgical cases (33.9%) followed by orthopaedics (27.1%), urology (10.2%), Paediatric surgery (10.2%), ENT (5.9%), Plastic surgery (5.1%), maxillofacial (4.2%) Cardiothoracic (3.4 %). **Conclusion:** The cancellation rate in this study is high. The reasons for these cancellations are preventable. To ensure effective utilization of the theatre, efforts should be made to tackle these reasons.

## CLINICAL PRESENTATION, TREATMENT AND OUTCOME OF PATIENTS WITH MALIGNANT URETERIC OBSTRUCTION IN JUTH

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**Introduction:** Malignant ureteric obstruction is usually associated with end stage cancer arising from the cervix, bladder, prostate and other pelvic organs. This study aims to assess the clinical presentation,

treatment and outcome of patients with malignant ureteric obstruction in Jos University Teaching Hospital (JUTH). **Methods:** This is a retrospective cross-sectional study carried out in JUTH over a 10 year period (2010-2019). All patients managed or co-managed by the urology division of JUTH for ureteric obstruction of malignant cause were recruited for the study. Interventions carried out included open nephrostomy, ureteric stenting and dialysis. 40 patients were managed within this period but only 24 patients had complete record. **Result:** Cervical cancer is the most prevalent cause of malignant ureteric obstruction. About 60% of the patients had open nephrostomy which also offered the most significant improvement in biochemical outcome. None of the treatment options conferred survival advantage over the others. **Conclusion:** Open nephrostomy is the most common treatment option and achieves the most significant biochemical improvement. No treatment option confers superior survival outcome.

## URETHRAL STEINSTRASSE MIMICKING PANURETHRAL STRICTURE: A CASE SERIES.

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**Introduction:** Urethral stricture is a common cause of bladder outlet obstruction and secondary urethral stones. Rarely these stones may pile up in the urethra and exaggerate the existing stricture. Careful examination of the urethrogram and urethroscopy will accurately identify these stones. **Case series:** We present 2 cases of urethral strictures which were preoperatively diagnosed as pan-urethral stricture due to impaction of long column of urethral stones. The first one was identified intra-operatively while the second one was detected preoperatively on meticulous examination of the urethrogram. The first patient had extraction of the stones via ventral urethrotomy and dorsal inlay buccal mucosa

urethroplasty was done as described by Asopa. The second patient had ventral urethrotomy and extraction of stones, excision of a urethral diverticulum and dorsal inlay buccal mucosa urethroplasty. They had uneventful recovery and voiding normally at present. **Conclusion:** Urethral Steinstrasse may exaggerate length of urethral stricture, thus mimicking pan-urethral stricture. High index of suspicion, meticulous examination of the urethrogram and urethroscopy will help accurate diagnosis. This will guide choice of appropriate form of urethroplasty preoperatively. Routine urethroscopy in doubtful cases is helpful and advocated.

### STAUFFER'S SYNDROME AS INITIAL MANIFESTATION OF RENAL CELL CARCINOMA: A CASE REPORT.

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**Introduction:** Renal cell carcinoma is frequently associated with a retinue of Paraneoplastic syndromes, including Stauffer's syndrome, which is defined as non-metastatic hepatic dysfunction. We present a case of 42yr old, female, who presented with Stauffer's syndrome as initial manifestation of renal cell Carcinoma. **Case report:** 42-year old, female, being evaluated and managed by the Gastroenterologist as a case of suspected Primary Liver Carcinoma. She presented with 5month history of Rt. Upper abdominal pain and 1-month history of transient Jaundice which resolved spontaneously. No fever nor features of cholestasis. Examination showed a chronically ill-looking woman, lethargic with poor performance status, and an enlarged, tender liver. Viral Markers were normal while Liver function test showed elevated ALP with normal transaminases. Imaging showed normal liver with a Right renal mass. No evidence of metastasis. **Conclusion:** Stauffer's syndrome may be the initial manifestation of renal cell carcinoma. A high index of suspicion, and a low threshold for imaging study to exclude renal cell carcinoma should be maintained in patient with

unexplained systemic symptoms and hepatic dysfunction.

### PATTERN AND MANAGEMENT OF TESTICULAR TUMOURS IN A TERTIARY HOSPITAL OF NORTHWESTERN NIGERIA

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**Introduction:** Testicular tumour is the most curable urologic malignancy even when is metastatic. Some patients may have prior scrotal intervention in the peripheral Hospital which upstage the tumour and compromise the hope for cure. **Objective:** to document pattern and management of testicular tumour at our institution. **Methods:** This is a retrospective study of patients managed for testicular tumours at UsmanuDanfodiyo University Teaching Hospital Sokoto from 2006 to 2019. Data were collected from the case notes, theatre and histopathological register which was analyzed using SPSS 25.0. The results were reported in mean±S.D and percentages. **Results:** There were 20 patients managed for testicular cancer within the study period with mean age of  $31.85 \pm 24.35$  S.D, with a range of 3- 77 years. All the patients presented with painless scrotal swelling, which was punctured in 4 patients by herbalist. There was groin and testicular ulcerations in 3 patients (15%). Radical orchidectomy was done in 19 patients (95%). The commonest histologic type was Seminoma, which was found in 7 patients (35%). Other histological types were Rhabdo myosarcoma (20%), Metastatic (15%), Yolk sack (15%), Embryonal (5%), Burkitt's tumour (5%) and Teratoma (5%). There was symptomatic improvement in the symptoms and shrinking of retroperitoneal mass after the radical inguinal orchidectomy and chemotherapy. There was mortality in 2 patients (10%) with Rhabdom myosarcoma and 1 patient (5%) with seminoma.

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**Conclusion:** Testicular cancer is the most curable urological malignancy. There is increase morbidity and mortality in late presentations, sarcomas, groin and scrotal ulceration or interventions by herbalists.

### **CHALLENGES OF MANAGEMENT OF SYMPTOMATIC CONGENITAL PELVI-URETERIC JUNCTION OBSTRUCTION IN CHILDREN: CASE SERIES**

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**Introduction:** Congenital pelvi-ureteric junction obstruction usually presents later in adulthood. It may present early with severe symptoms such as pyonephrosis or renal impairment which may require intervention. There may be challenges in getting clear diagnosis from imaging, urinary diversion, definitive treatment and post-operative management. **Objective:** To present six cases of symptomatic congenital pelvi-ureteric junction obstruction in children. **Case series:** We present six cases of symptomatic pelvi-ureteric junction obstruction (PUJO) which was bilateral in two of the cases. Abdominopelvic ultrasound scan revealed hydronephrosis ± pyonephrosis. Abdominal ultrasound revealed complex cystic renal mass in a patient with ectopic kidney which was confirmed to be PUJO on CT uropathy. Nephrostomy and subsequent antegrade pyelogram were done in two patients after drainage of pyonephrosis. There was difficulty in performing percutaneous nephrostomy in one patient with pyonephrosis and partial PUJO. Intravenous urogram showed non-functioning kidney in patients with severe hydronephrosis. The patients had Anderson-Hynes pyeloplasty ± Boari flap uretero-neocystostomy, pyelo-vesicostomy in 3 patients with ectopic kidneys and short/atretic ureter. Uretero-neocystostomy using Boari flap was done after re-exploration for an atretic ureter with non-functioning kidney following Anderson-Hynes pyeloplasty despite patent ureter as confirmed by ureteroscopy. A patient developed persistent

retroperitoneal urinary drainage which spontaneously stopped. The ureteric stents were removed at the appropriate time and the patients were asymptomatic presently. **Conclusion:** The challenges of Pelvi-ureteric junction management may be diagnostic and/or therapeutic. The imaging studies may not be definite or unremarkable. Urinary diversion and definitive surgery could be challenging due to anatomic factors.

### **ACUTE APPENDICITIS POST URETERONEOCYSTOSTOMY FOR URETERO-VAGINAL FISTULA: A RARE DIAGNOSTIC DILEMMA**

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**Introduction:** Ureterovaginal fistula is a common complication of hysterectomy which is treated by uretero-neocystostomy after appropriate investigation. This is rarely complicated by acute appendicitis post-operatively. **Case report:** We report 39-year-old woman who developed intermittent colicky right flank pain third day post-ureteroneocystostomy for ureterovaginal fistula. There was tenderness in the lower abdominal quadrants and guarding. She had abdominal re-exploration, appendectomy and drainage of pelvic abscess. The post-operative period was uneventful and she was discharge home 10 days post operatively. **Conclusion:** Acute appendicitis may mimic post-operative urological complication. High index of suspicion and judicious use of clinical features are required to make prompt decision for re-exploration and appendectomy. Routine exploration of appendix in pelvic surgeries may mitigate against missing these cases. This may prevent the diagnostic dilemma, morbidity and mortality.

### **RENAL MALIGNANCY IN ADOLESCENTS AND YOUNG ADULTS IN ILORIN**

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**Introduction:** Renal malignancy has been known to be mostly a disease of the middle-aged and elderly. In the last two decades, a rising incidence of these life-threatening diseases in the younger and more active population has been noted. There have been conflicting reports regarding whether these group of patients present with more advanced or poorly differentiated forms of renal cell carcinoma (RCC) as compared to what is found with the older population. We report our experience with young patients managed for renal cell carcinoma at the University of Ilorin Teaching Hospital, their clinical presentation, challenges in management and outcome. **Methods:** We reviewed the records of all patients managed in the Urological Surgery unit for renal tumours between January, 2008 and August 2019; out of which relevant demographic and clinical data were obtained with the focus on patients between the ages of 14-40 years. Data obtained was analyzed. **Results:** A total of 12 patients were managed which constituted 30% of the renal tumour patients seen. Male to female ratio was 1:2.1. Right-sided lesions were predominant; a single case of bilateral RCC was managed. Stage IV disease was the commonest presentation such that treatment was mainly Open Radical Nephrectomy or Cyto-reductive surgery. Histologic types noted were papillary RCC, clear cell RCC and a single case of Squamous Cell carcinoma. **Conclusion:** Malignant renal tumours are more frequently diagnosed in the young population, with locally advanced or metastatic disease at time of presentation. Papillary RCC was most common in our review and prognosis was generally poor. There is need for a high index of suspicion for the diagnosis of renal tumours when reviewing this age group of patients.

#### CHALLENGES OF MANAGEMENT OF POSTERIOR URETHRAL VALVES: CASE SERIES

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**Introduction:** Posterior urethral valve (PUV) is the commonest cause of bladder outlet obstruction in children. Neonate may present with obstructive nephropathy. Some children may present with subtle symptoms or bladder stones. The presentation, voiding cystogram and endoscopic findings may be atypical. There may be challenges in performing micturating cystogram in infants. Atypical findings, choice urinary diversion, appropriate pediatric endoscope and approach for stone removal may pose management challenge. **Objective:** to present case series of posterior urethral valves with management challenges. **Case series:** We present case series of 15 posterior urethral valves with various management challenges ranging from diagnostic to therapeutic. Infants with obstructive nephropathy had initial vesicostomy before confirmation using voiding cystogram and endoscopy. Endoscopic valve ablation or incision were done when the children became older. Older symptomatic children or those with initial presentation with bladder stone had voiding cystogram for detection of PUV which if the findings were not typical, the appropriate diagnosis was made endoscopically. Patients with large burden of stone had cystolithotomy after the valve ablation or incision. **Conclusion:** The challenges of the management of PUV can be diagnostic or therapeutic. Children with obstructive nephropathy had vesicostomy and then cystogram before endoscopic management. The accurate diagnosis may be done only after the endoscopy. Patients with large burden of stone can be tackled easily using open cystolithotomy.

#### A 5-YEAR REVIEW OF SURGICAL MANAGEMENT OF PELVI-URETERIC JUNCTION OBSTRUCTION AT FEDERAL MEDICAL CENTRE BIDA, NIGER STATE.

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**Introduction:** Pelvi-ureteric Junction obstruction (PUJO) is a common cause of upper urinary tract obstruction which may result in renal impairment or loss if not diagnosed early and treated promptly. Open surgery remains a mainstay modality of treatment in our centre. We reviewed the patterns of presentation, options of surgical management and outcome in patients with PUJO. **Methods:** A retrospective study of patients who had surgical intervention for PUJO from May 2014- June 2019. Demographic characteristics, clinical presentation, investigations, treatment modalities and outcome were collated from clinical notes. Data analyzed on SPSS version 20. **Results:** A total of 26 patients had surgical intervention for PUJO with mean age of 30.9± 10 years (3-70years), modal age group 31-40, male to female ratio 1.4: 1. Commonest clinical presentation was flank pain in 24 patients (92.3%). The PUJO was on the right side in 17 patients (68%), left in 7 patients (28%) and bilateral in 2 patients (7.7%). Abdominal Ultrasound was done for all patients. Open pyeloplasty 17 (64%) (Dismembered in 14 patients (56%), Y-V Plasty in 2 patients (8%), Spiral flap in 1 patient (3.84%), Percutaneous Nephrostomy tube drainage in 1 patient (3.84) and Simple Nephrectomy in 9 patients (36%). Stenosed pelvi-ureteric junction, impacted calculus, crossing aberrant vessel, pyonephrosis and thinned-out renal cortex were some of the intra-operative findings. Pyonephrosis and eventual nephrectomy was a morbidity recorded in one patient who had pyeloplasty without stenting. There was no mortality. **Conclusion:** The goal of surgical management of PUJO is preservation / improvement of renal function hence the need for early diagnosis. Internal stenting in pyeloplasty played a key role in ensuring good surgical outcome.

#### **SURGICAL MANAGEMENT OF POSTERIOR URETHRAL DISTRACTION INJURIES IN UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL**

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**Introduction:** Posterior urethral distraction injuries repair remains a daunting surgery for the urologist. Surgical repair options include early endoscopic realignment and initial cystostomy with delayed anastomotic urethroplasty. Complications of urine incontinence, erectile dysfunction and stricture are also concerns. **Objectives:** To review our experience in urethroplasty for posterior urethral distraction injuries, the outcomes and complications. **Methods:** This was a retrospective study of Five (5) patients with posterior urethral distraction injuries managed from January 2017 to January 2019. They were all evaluated with retrograde urethrogram and voiding cystourethrogram. Pre-operative erectile function was assessed. The median time from injury to surgery was 14 months. In all cases, the area of fibrosis was aggressively excised and the urethra and corpus spongiosum were mobilized with tension free end to end spatulated anastomosis. Crural separation was done in 80% of cases and an additional inferior pubectomy was done in 60% of cases. Patients were followed up with assessment of erectile function and urine stream. **Results:** The age range of the patients was 23-40 years with a median age of 31.5 years. The mechanism of injury was vehicular accident (60%) and gunshot (40%). All patients had pelvic fracture. The median distraction defect length was 5 centimeters. None were incontinent. Two patients had erectile dysfunction post operatively which is gradually improving. One patient had a stricture for which he had an optical urethrotomy. **Conclusion:** Delayed anastomotic urethroplasty for posterior urethral distraction injuries has an acceptable morbidity rate and is useful treatment option for this group of patients.

#### **EYE LINER IN THE URINARY BLADDER: A CASE OF AUTOEROTISM**

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**Introduction:** Foreign bodies in the lower urinary tract are uncommon, but several cases have been reported, Self-insertion for sexual gratification is a major contributor to its incidence. We hereby report a case of self-inserted unusual foreign body in the lower urinary tract. **Case Report:** A 48 years old woman present to our hospital for retrieval of foreign body in her bladder. There was associated pain on micturition, intermittent haematuria and reduced urinary stream. Examination reveals an anxious woman, with supra pubic tenderness. Plain X-ray shows abnormal radio-opaque rod-like density about 10cm in length in the pelvic cavity and pelvic ultrasound scan showed an abnormal hyper dense rod-like object in the urinary bladder. Cystoscopy showed eyeliner with a sharp end, long and highly mobile in the irrigation fluid and couldn't be remove transurethral. She then had an open cystostomy for the removal of the foreign body. **Conclusion:** Foreign bodies in the urinary bladder represent a urological challenge that requires prompt management. The suspected history and presenting symptoms are crucial and lead to further investigations. Endoscopic management is the main treatment. However, the method of retrieving foreign bodies should be selected to avoid bladder wall perforation.

## VESICAL CALCULUS WITH MIGRATED IUCD AS AN IDUS

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**Introduction:** Intrauterine contraceptive devices are a popular form of contraceptive due to lack of systemic side effects. However, there may be significant local adverse effect including migration. We describe a case of bladder calculi with an IUCD as a nidus. **Case presentation:** A 37 year old woman presented with storage lower urinary tract symptoms for 2 years with associated lower abdominal pain. She had an IUCD inserted 6 years earlier and presented to her primary care provider for removal once symptoms started and was reassured it had been removed. Symptoms persisted and she had several treatment for

recurrent urinary tract infections. Ultrasound revealed bladder stone and she had open vesicolithotomy done which revealed an IUCD attached to a bladder stone. Patient has since been asymptomatic. **Conclusion:** Female patients with bladder stone and a history of IUCD insertion should have cystoscopy to exclude migration of IUCD into the bladder.

## BLADDER LEIOMYOMA IN AN ADULT FEMALE: A CASE REPORT.

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**Introduction:** Benign mesenchymal tumors are rare and comprises 1-5% of all bladder neoplasm. Leiomyoma remains the commonest benign neoplasm accounting for 0.43% of bladder tumors. Clinical manifestations includes lower urinary symptoms, hematuria, suprapubic pain and dysuria. We report a case of bladder leiomyoma in a female with predominantly storage lower urinary tract symptoms. **Case report:** She is a 42 year old female presenting with predominantly storage lower urinary tract symptoms and recurrent suprapubic pain of a year duration. There is no hematuria, back pain or weight loss. Physical examination revealed mild suprapubic tenderness with no palpable mass. Urologic scan revealed a well circumscribed intermediate echogenic mass involving the anterior-lateral segment of the urinary bladder with a volume of 22.35ml. The kidneys and ureter were normal. Computed tomography urogram revealed a fairly circumscribed mixed density mass arising from the anterior wall of the urinary bladder and extending into the bladder lumen. It measures 4.4x4.3cm in dimension. Urethrocystoscopy revealed a right anterolateral bladder wall sessile tumor. There was no involvement of ureteric orifice. Histological analysis of biopsy specimen showed a bundle of spindle cells with slender, wavy nuclei and eosinophilic cytoplasm. There was no atypia or mitotic changes suggestive of benign stromal tumor. She subsequently had partial cystectomy. Histological analysis of the excised tumor revealed

bundles of smooth muscle cell infiltrated by mixed inflammatory cells predominantly eosinophil (>20 per 40x field). There was focal fibrosis with necrotic underlying mucosa but no atypia suggestive of leiomyoma. She has being on yearly follow-up for 5 years with no recurrence of symptoms. **Conclusion:** Complete surgical resection of bladder leiomyoma is very effective with a favourable outcome and almost no recurrence confirming the benign nature.

### **PENILE CANCERS IN GOMBE: A REPORT OF THREE CASES IN 10 YEARS**

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**Introduction:** Penile cancer is a rare malignancy worldwide. Its incidence has been found to be much lower in societies where circumcision is widely practiced. This article aimed to report 3 cases seen and managed in Federal Teaching Hospital Gombe, in the last 10 years. **Case summaries: Case 1:** A 67yr old man was referred in 2011 for a glanular ulcer discovered following an attempt at circumcision having been earlier diagnosed with phimosis. Examination revealed a pale elderly man with a circumferential malignant ulcer involving the glans penis. Histological diagnosis of invasive squamous cell carcinoma was made following which he subsequently had partial penectomy done. **Case 2:** A 66yr old man presented with a 6months history of an ulcer on his penis. There was associated history of foul smelling urethral discharge and haematuria. Physical examination revealed a fungating mass involving the distal penile shaft including the glans penis with a mobile bilateral inguinal lymph node and bilateral hydrocele. Histological diagnosis of well differentiated squamous cell carcinoma of the penis was made. He then had partial penectomy, bilateral inguinal lymphadenectomy and bilateral hydrocelectomy done. **Case 3:** A 75yr old man presented to our facility with 2 years history of recurrent penile ulcer and 6months history of LUTS, haematuria and weight loss. Physical examination revealed an extensive ulcer involving the whole of the dorsal aspect of the penile shaft. The glans was spared

Incisional biopsy done was reported as verrucous carcinoma. He subsequently had excision and full thickness skin grafting done. **Conclusion:** Penile cancer is rare in Gombe where circumcision remains widely practiced.

### **ISCHAEMIC PRIAPISM IN A SICKLE CELL DISEASE PATIENT TRIGGERED BY LEVITERACETAM**

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**Introduction:** Priapism is defined as penile erection that continues more than 4 hours beyond sexual satisfaction and orgasm or is unrelated to sexual stimulation. It describes a persistent penile erection arising from dysfunction of the mechanisms regulating penile tumescence, rigidity and flaccidity. **Patient:** A 30 year old sickle cell disease male patient with multiple episodes of ischaemic priapism. He also presented with seizure disorder which developed post cerebro-vascular accident (CVA) and for which he was placed on an anticonvulsant – leviteracetam. Onset of priapism coincided with the commencement of the anticonvulsant. **Intervention:** Withdrawal of the anticonvulsant resulted in ceasation of episodes of priapism. **Conclusion:** Sickle cell disease is a common cause of priapism in our environment. However, there are more subtle causes which could be masked by the more common ones, requiring thorough scrutiny to decipher.

### **RETAINED PENILE RING: A CASE REPORT.**

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**Introduction:** Penile constriction rings have been used to prolong erection with vacuum devices in the treatment of erectile dysfunction. Some have also employed it for recreational purposes with the attendant risks of penile edema, strangulation and necrosis. We present a case of an entrapped phallus

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by a penile ring. **Case report :** A 16year old with pain and swelling of the phallus of 12 hours duration. This started after placement of a phallic ring to purportedly prolong erection. He was later unable to remove the ring despite several attempts and developed progressive swelling and pain in the phallus. He was also unable to pass urine. Examination revealed a circumcised phallus that was detumescent but grossly edematous, tender with shiny skin. The phallus appears viable with a tight ring at the base of the phallus. Initial simple manoeuvres in the casualty proved abortive and ring had to be cut with the aid of an orthopaedic instrument. He was subsequently able to void without difficulty or any haematuria. He was advised on use of cold compress on the phallus. He was also given silver sulphadiazine cream for some minor abrasions on the phallus. The patient however promptly discharged himself from the casualty and was not seen at follow up in clinic. **Conclusion:** Successful management of retained penile ring depends on early presentation by the patient to avoid adverse outcomes. It may require instruments not normally found in the urologist armamentarium.

#### **DOG BITE INJURY TO THE SCROTUM OF A 9 YEAR OLD: A CASE REPORT**

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**Introduction:** Dog bite injuries to the scrotum are rare but may be associated with life threatening complications if not properly managed. **Objective:** To highlight a case of dog bite injury to the scrotum of a young boy who had primary wound closure with satisfactory wound outcome. **Case Report:** AA is a 9year old boy who was brought into the Accident & Emergency unit of our hospital by his parents and the owner of a dog on account of injury to his scrotum from bite from a Rottweiler dog.He was said to have been attacked by the vaccinated dog unprovoked while feeding it. He sustained injury to the scrotum

with loss of scrotal skin and bleeding from the ensuing wound. He had never had tetanus immunization. Scrotal examination revealed a complete avulsion of part of the scrotal skin with a 5cm defect and exposure of normal viable testes with their tunical coverings. He had initial copious lavage of the wound with saline before dressing with sterile gauze. He then had exploration of the scrotal wound under GA, wound debridement and closure in two layers.His postoperative recovery was uneventful and the wound healed fine. He has since completed his tetanus vaccination. The culpable dog remained okay even beyond 10 days of observation and monitoring for signs of rabies. **Conclusion:** Dog bite injuries can be prevented by ensuring close observation of dogs for change in behavior and limiting contact as much as possible. Copious lavage, wound debridement and closure should be done. Tetanus immunization and monitoring for rabies should be instituted.

#### **METASTATIC EXTRA-TESTICULAR EMBRYONAL RHABDOMYOSARCOMA IN A 19YEAR OLD BOY- 6 YEARS AFTER; A CASE REPORT.**

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**Introduction:** Embryonal Rhabdomyosarcoma is a rare and aggressive form of malignancy arising from connective tissues histologically resembling the developing skeletal muscles of an embryo. It is commoner in children less than 18years and embryonal Rhabdomyosarcoma primarily from the testes are rare. Adult embryonal Rhabdomyosarcoma are not thoroughly studied with no particular prognostic indices or proper guideline of management as oppose those in children, our study shows a 19year old with metastatic embryonal Rhabdomyosarcoma of the testes, intergroup Rhabdomyosarcoma study group (IRS) grouping system group IV who had radical inguinal orchiectomy and adjuvant chemotherapy with complete remission 6years post-operative. **Case**

**report:** A 19year old boy who presents with 6month history of slowly progressively growing, painless right scrotal mass. Ultrasound scan shows a right lone liver deposit, chest x-ray shows no evidence of metastatic deposit. The alpha fetoprotein was markedly elevated 230ng/ml but free beta human chorionic gonadotrophin (HCG) was within normal range at 1.6Miu/L. Patient had radical inguinal orchiectomy (histology shows para-testicular tumor with haphazardly arranged primitive cells, strap cells and bizarre 'tadpole' cells, some with intensely eosinophilic cytoplasm dispersed in myxoid stroma, the cells display angiocentrism) and adjuvant chemotherapy with complete disappearance of the liver deposit; he has been on follow up for 6years now on yearly alpha fetoprotein level check, doing well with no any evidence of reoccurrence of disease. **Conclusion:** Radical inguinal orchiectomy and adjuvant chemotherapy is a hopeful terrain to explore in the management of, even, metastatic embryonal Rhabdomyosarcoma of the testes.

### **INCIDENTAL LOCALLY ADVANCED PROSTATIC ADENOCARCINOMA MIMICKING BLADDER TUMOR: A CASE REPORT.**

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**Introduction:** Prostate malignancy originating from the base of the prostate can invade the urinary bladder and frequently misdiagnosed clinically as urinary bladder tumor. We report a case of incidental locally advanced adenocarcinoma of the prostate mimicking bladder tumor. The aim is to emphasize on the atypical presentation of the prostatic adenocarcinoma with unusual normal serum prostate specific antigen. **Case report:** He is a 53 year old man who presented with predominantly bothersome storage lower urinary tract symptoms. Rectal examination revealed a mildly enlarged prostate with benign features. Urologic scan revealed a 5 x 5mm mass around the bladder neck. The prostate size was normal (23.04g). Prostate specific antigen was 1.5ng/ml. Urethrocystoscopy revealed a mildly enlarged prostate with a 5 x 10mm tumor at the area of the bladder trigone. He had transurethral resection of bladder tumor metastatic

tumor from the prostate. Based on the histological diagnosis, he was further evaluated. Twelve-core trans-rectal ultrasound (TRUS) guided biopsy of the prostate confirmed adenocarcinoma of the prostate with a Gleason's score of 4+4=8. Pelvic magnetic resonance imaging showed features of both visceral and bony metastatic deposits. Whole body bone scan showed no evidence of osteoblastic skeletal metastasis. He is currently awaiting immunohistochemistry. **Conclusion:** A combination of high index of suspicion, cystoscopy, and histological analysis of biopsy specimen as well as immunohistochemistry is valuable in disease confirmation in patients with normal serum prostate specific antigen.

### **LEIOMYOMA OF THE URETHRA IN A FEMALE: A CASE REPORT.**

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**Introduction:** Urethral leiomyoma is a rare benign mesenchymal tumor originating from urethral smooth muscles. The prognosis is good and there is no risk of malignant transformation. Local recurrence is also rare. We report a rare case of urethral leiomyoma in a young female. The aim is to emphasize that urethral leiomyoma can pose a diagnostic dilemma and most times mistaken as urethral prolapse, caruncle, papilloma, wart, urethrocele, urethral diverticulum and urethral malignancy. **Case report:** She is a 28 year old nulliparous female who presented with painful urethral mass, dysuria, dyspareunia, feeling of heaviness in her vaginal and bothersome storage lower urinary tract symptoms. Examination revealed a 4 x 4cm firm and tender mass at 3 O'Clock position with a short connecting stalk attached to the distal urethral wall. There was an area of necrosis inferiorly which did not bleed on contact. She had en-bloc excisional biopsy. Histological examination of the excised specimen revealed well circumscribed tumor with focal areas of urothelial lining. There are spindle-shaped smooth muscle fibers arranged in sheets with nuclei. There was no atypical, mitosis and pleomorphism suggestive of urethral leiomyoma. **Conclusion:** Urethral leiomyoma is a rare benign

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tumor of the urethral affecting females in their reproductive age. Surgical extirpation remains the main stay of treatment and recurrence is rare.

## **BILATERAL EMPHYSEMATOUS PYELONEPHRITIS IN A RETROVIRAL DISEASE PATIENT**

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**Introduction:** Emphysematous pyelonephritis is a rare infection characterized by presence of gas in the renal parenchyma and surrounding tissues.

It is commonly found in diabetics and rarely in HIV patients. **Case report:** A 41 year old retroviral positive female patient on HAART with a four year history of recurrent bilateral flank pains. There was also a history of haematuria, pneumaturia, low grade fever and vomiting. Physical examination was not remarkable. Urinalysis showed blood +++ and protein +, urine m/c/s yielded a growth of *Klebsiella* spp., biochemical profile revealed elevated urea and creatinine, Abdomino-pelvic contrast enhanced CT showed multiple air collections in the renal parenchyma and collecting systems of both kidneys with bilateral hydronephrosis as well as hyperdense filling defect within the gallbladder. She was managed on oral Levofloxacin on outpatient basis. **Conclusion:** Emphysematous pyelonephritis though rare in HIV patients without other risk factors can however occur. The treatment of choice for bilateral emphysematous pyelonephritis is percutaneous catheter drainage of air/abscess, however, in select cases as in our patient, they can be managed on outpatient basis with oral antibiotics.