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RESULTS OF LAPAROSCOPIC TREATMENT OF VARICOCELE IN CHILDREN AND ADOLESCENTS

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Aim of this study. Evaluation of the results of laparoscopic treatment of patients with varicocele using Classic Palomo method.

Material and methods. Authors performed a retrospective evaluation of medical records of 96 patients treated surgically because of left-sided varicocele between 2000–2014. In all patients, an ultrasound examination of the abdominal cavity and testicles, and basic laboratory tests were performed.

The imaging studies showed that there was no deviation from the normal condition beyond the widened veins of the pampnute plexus. 83 patients underwent laparoscopic intersection of testicular vessels by Palomo method. 2 patients underwent classic Palomo surgery – testicular vessels were ligated with inguinal reach.

Results. Among the 85 patients who underwent surgery, 4 (5%) patients had recurrence of varicocele. Patients with persistent widening of veins were subjected to laparoscopic reoperation. Reoperation took place 7, 14, 33, 66 months after first surgery. The most common complication of varicocele surgery was hydrocele of testicle, found in 9 (10 %) patients. These patients underwent surgery using Winkelmann method with good result. 2 (2%) patients with small hydrocele were treated conservatively.

Conclusions. over the years 2000–2013 authors observed the decrease in the number of relapses after laparoscopic surgery of varicocele. Most likely, this

results are connected with the learning curve. The smaller number of subsequent hydrocele was also observed, probably due to slight change of the operating method – ligation of the testicular vessels in more proximal manner – which can spare lymphatic vessels.

DOES URETHRAL STENTING AFTER MATHIEU PROCEDURE FOR HYPOSPADIAS REPAIR INFLUENCE THE OUTCOME?

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Introduction. Hypospadias is a common malformation of the penis; its rate is ca. 1:300 male neonates. The majority, ca. 70 % is the distal form of the malformation. One of the surgical method utilized for that form of the hypospadias is the Mathieu procedure (flip-flap, metal-based flap)

Purpose. The aim was to assess the outcomes of the treatment of distal hypospadias using Mathieu procedure with and without urethral stenting.

Method. 132 boys with distal hypospadias were operated on using Mathieu method in years 2005–2011. Stenting catheters were left for 12–24 postoperative hours in 60 boys (group A), and in the rest 72 patients no catheters were left (group B). Preputioplasty was performed in all cases. The age of operated boys in group A was 7 months – 13,5 years (av. 3,3 years); in group B: 6 months – 16 years (av. 2,7 years). Boys in both groups were discharged home on the next day after the operation. The fistula formation, urethral stenosis and foreskin dehiscence were assessed.

Results. In group A: 4 boys (6,7%) had urethral fistula which were surgically repaired, 5 (8,3%) had foreskin dehiscence requiring redo correction and one patient (1,6%) had significant urethral stenosis requiring urethral dilatation in general anesthesia. In general 17 % of patients in group A required next general anesthesia, in than number 15,4 % had surgical redo operations. In group B: 3 boys (4,2%) had urethral fistula, 2 (2,7%) had foreskin dehiscence and 1 boy (1,4%) had both fistula and foreskin dehiscence. In general 8,3% patients in group B required redo operation.

Conclusions. Urethral stenting after Mathieu procedure for distal hypospadias repair does not influence the outcome of the treatment. Consequently the children after Mathieu procedure need short term hospitalization.