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Conclusions. The use of CT to determine the density values of urinary stones before ESWL can help predict treatment outcome, and also in planning alternative treatment in patients with a likelihood of poor outcome from ESWL.

Key words: urolithiasis , ESWL, stone density

87. EPIDEMIOLOGICAL ASPECTS OF POSTOPERATIVE LUMBAR INCISIONAL HERNIAS .

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Introduction. Incisional lumbar hernia is a complication of 17.1% of the surgery on the kidneys and ureter and constitutes 8% of the total hernias of the antero-lateral abdominal wall.

Aim of the study. Evaluation of incidence of lumbar incisional hernias following urological surgery and establishment of epidemiological data for a period of 1 year.

Materials and methods.. The study developed 32 care patients who underwent surgery on the kidneys with dynamic surveillance up to 12 months. In the case of studies or evaluation of indices such as serum glycemia, the diagnosis of obesity has been established, through the use (BMI) and anthropometric indices of patients.

Results. Results. The study shows that in 94% of patients the risk of developing postoperative hernias is increased in the first year after the surgery, considering a significant exceedance of BMI standards, positive uroculture, the presence of diabetes or high blood sugar levels. Thus, the study shows that the lumbotomy failure rate represents 11% of the cases.

Conclusions. The incidence of incisional hernias at 6 months was 10%, at 12 months the incidence of 18%. The postoperative evolution of patients at increased risk of herniation is uncertain and depends on the presence of risk factors such as diabetes, obesity, anthropometric indices. Diabetes has a significant value in the diagnosis and prophylaxis of incisional hernias.

Key words: incisional hernia, obesity, diabetes, risk factors, lumbotomy

88. AZOOSPERMIA WITH KNOWN CAUSES – A RETROSPECTIVE ASSESSMENT OF CLINICAL DATA WITHIN A 1 YEAR PERIOD

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Introduction. Azoospermia, the absence of sperm in ejaculated semen, is the most severe form of male-factor infertility and is present in approximately 5% of all investigated infertile couples. This condition can be classified as non-obstructive azoospermia (NOA, associated with spermatogenesis failure), and obstructive azoospermia (OA, characterized by an obstruction in the seminal tract and normal spermatogenesis). Whereas NOA accounts for 60% of azoospermic patients, OA accounts for around 40%. A precise diagnosis of azoospermia and systematic evaluation of the patient to establish the disease aetiology are needed to guide