

**Purpose:** To compare the efficacy of prophylactic antibiotics in reduction of post-operative infections in patients undergoing ureterorenoscopy (URS) as the intervention.

**Materials and Methods:** The study is a open-labeled, prospective, randomized controlled trial. Between 2012 to 2015, 45 patients with preoperative sterile urine undergoing URS were randomly and equally allocated by the randomization to three groups, and each group received prophylactic antibiotics with single-dose intravenous cefazolin (1gm), oral cefuroxime (500mg) or placebo (control group), respectively. The Urine analysis and urine cultures were obtained around postoperative day 5 to 7. We defined pyuria as WBC  $\geq$  10/HPF at urine sediment study, and significant bacteriuria was defined as  $\geq$  105 CFU pathogens/ml in the urine. Febrile urinary tract infection (fUTI) was defined as body temperature more than 38 Celsius degree with pyuria or significant bacteriuria within 7 days post-operatively.

**Results:** Total 45 patients were recruited for the analysis. The post-operative pyuria were significantly lower in patients with prophylaxis than the placebo group (42.2% vs. 70.0%,  $p = 0.04$ ). Patients receiving prophylactic antibiotics with cefazolin and oral cefuroxime were subjected to significantly lower risks of pyuria compared with the control group (36.0% and 48.5% vs. 70%,  $p < 0.05$ ).

There are the trends that the rates of bacteriuria and fUTI were be lower in patients underwent prophylaxis, though they were not statistically significant (3.5% vs 9.8%,  $p = 0.1$ , 1.1% vs. 4.9%,  $p = 0.08$ ). There was no significant difference in rates of bacteriuria and fUTI between the three groups.

**Conclusions:** Antibiotic prophylaxis significantly reduces the incidence of pyuria following URSL and tends to decreased the risk of bacteriuria and UTI.

#### IPD23:

#### PSYCHOGENIC CAUSE IS NOT THE MAIN RISK FACTOR FOR ERECTILE DYSFUNCTION IN YOUNG MEN COMPARED TO THE AGING GROUP

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**Purpose:** The erectile dysfunction (ED) is more prevalent in elderly, and the common risk factors for patients above the age of 40 have been well studied. However, there is increasing tendency of men under the age of 40 seeking for help for ED. Conventionally, psychological factor is considered to be the likeliest reason in these patients. The aim of this study is to compare the prevalence of psychogenic cause and the other risk factors associated with ED between the young and aging groups.

**Materials and Methods:** From June 2013 to November 2014, total 331 patients presented to our out-patient clinic with chief complaint of ED were enrolled. The clinical characteristics, underlying diseases, current medications, IIEF-5 questionnaire, Hospital Anxiety and Depression Scale (HADS), biochemical and hormonal profiles and penile duplex Doppler ultrasonography were collected. The patients were divided into young age group (age  $\leq$  40) and old age group (age  $>$  40). Chi-square test and Fisher's exact test were used to evaluate the difference in the prevalence of the risk factors between the two groups.

**Results:** Of the 331 patients, 60 (18.1%) were in the young age group. According to the score of IIEF-5, patients in the young age group were though to have mild to moderate disease (IIEF-5: 12–21), compared to the patient in the old age group who were more likely to have moderate to severe disease (IIEF-5: 5–11) ( $P = 0.015$ ). The anxiety portion of the HADS showed no difference between two groups; however, higher prevalence of depression was noted in the old age group ( $P = 0.024$ ). In addition, higher prevalence of hypertension as well as diabetes mellitus was found in the old age group. No difference in the over-weight or obesity parameter (BMI), dyslipidemia parameters and the smoking condition were found between the two groups. The old age group also had a higher frequency on the findings of penile duplex Doppler, such as arterial insufficiency or veno-occlusive dysfunction ( $P < 0.001$ ).

**Conclusion:** The prevalence of anxiety or depression in the young men with ED is not higher than those in old age group. Instead, the elderly with ED tend to have depression problem. Similar prevalence of dyslipidemia

and BMI distribution in the two groups suggest that young men with ED indeed possess some organic risk factors.

#### IPD15:

#### CHANGING TRENDS IN THE AETIOLOGY AND MANAGEMENT OF MALE URETHRAL STRICTURE DISEASE: A SURVEY FROM 13 CENTRES IN CHINA

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**Purpose:** To determine whether there were any changes in the aetiology and management of urethral strictures in China.

**Materials and Methods:** The data from 4764 male patients with urethral stricture disease who underwent treatment at 13 medical centres in China between 2005 and 2010 were retrospectively collected. The databases were analysed for the possible causes, site and treatment techniques for the urethral stricture, as well as for changes in the urethral stricture aetiology and management.

**Results:** The most common cause of urethral strictures was trauma, which occurred in 2466 patients (51.76%). The second most common cause was iatrogenic injuries, which occurred in 1643 patients (34.49%). The most common techniques to treat urethral strictures were endourological surgery (1740, 36.52%), anastomotic urethroplasty (1498, 31.44%) and substitution urethroplasty (1039, 21.81%). A comparison between the first three years and the last three years showed that the constituent ratio of endourological surgery decreased from 54% to 32.75%, whereas the constituent ratios of anastomotic urethroplasty and substitution urethroplasty increased from 26.73% and 19.18% to 39.93% and 27.32%, respectively ( $P < 0.05$ ).

**Conclusions:** During recent years, there has been an increase in the incidence of urethral strictures caused by trauma and iatrogenic injury. Endourological urethral surgery rates decreased significantly, and open urethroplasty rates increased significantly during the latter three years analysed.

#### ISTUA Podium-4

##### Basic

#### IPD24:

#### NOVEL CANCER THERAPEUTICS WITH ALLOSTERIC MODULATION OF THE MITOCHONDRIAL C-RAF/DAPK COMPLEX BY RAF INHIBITOR COMBINATION THERAPY

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