

## The Second Congress of the Iranian Endourolgoy and Urolaparoscopy Society

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The Second Congress of the Iranian Endourolgoy and Urolaparoscopy Society (IEUS) was held in Tehran from October 31 to November 2, 2006. The IEUS was founded in 2003 and now it has members. Following a vigorous start and successful programs during the last 3 years, professors board of directors of the IEUS could plan an outstanding meeting this year. After a warm and friendly opening ceremony on Monday night at Azadi Grand Hotel, the congress was started on Tuesday, October 31. There were 18 videos and 38 paper accepted for presentation at the main hall. In addition, diverse programs were held including postgraduate sessions, state-of-the-art lectures, panels, and cons and pros lectures. During the 3 days, a fruitful exchange of experiences between endourolgist from different areas of Iran and their colleagues from other countries was made. Distinguished international faculties were invited and the most up-to-date information was released by lectures and debates made

by the prominent urologists from Iran and other countries. Professor Loening and his colleagues, Drs Deger and Taymoorian, from Germany, gave their lectures on laparoscopic radical prostatectomy, transperitoneal laparoscopy, and laparoscopic donor nephrectomy. Professor Gaur, from India, gave a lecture on “what not to do in laparoscopy”. Robotic laparoscopic pyeloplasty, stone management, Holmium laser prostatectomy, and diagnosis of lymph node metastasis in prostate cancer were some other topics covered by Drs Al-Zahrani (Saudi Arabia), Allousi (Germany), Bhatia (UAE), and Tabatabaie (USA).

The most impressive part of the congress was the live televised surgeries on the second day. For the first time in Iran simultaneous surgeries from 3 hospitals were presented at the meeting hall and a live discussion with the surgeons in the operating rooms was run. Percutaneous nephrolithotomy with fluoroscopy, ultrasonography, and





blind access; retrograde endoscopic upper ureteral dilation of iatrogenic stricture, and urocol injection for stress urinary incontinence were performed live with the highest quality.

At the end of the meeting, the Award Committee selected and appraised the following:

1. Dr Shahin Tabatabaie (USA) as the Best Lecturer

2. Dr Parham Halimi Asl (Iran) for the Best Oral Presentation and as the Best Young Researcher
3. Dr Abbas Basiri for the Best Video Presentation

More information as well as some presentations and a take-home message are available from the congress website: <http://www.iranendourology.org/ieus2006>

## THE BEST ORAL PRESENTATION

### Efficacy of transurethral lithotripsy with holmium laser versus extracorporeal shockwave lithotripsy in upper ureteral stones between 1 cm and 1.5 cm

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**INTRODUCTION:** We compared the safety and efficacy of transureteral lithotripsy (TUL) with intracorporeal holmium:YAG laser lithotripsy with extracorporeal shockwave lithotripsy (SWL) for proximal ureteral calculi between 1 cm and 1.5 cm.

**MATERIAL AND METHODS:** Of 197 patients with upper ureteral stone, 166 patients met our criteria. Patients were allocated into two groups based on their treatment option preference (40 TUL and 126 SWL). SWL was carried out by SWL motion (Dornier Doli Compact and MPL 9000 lithotripter) with approximately 1250 shock waves (range, 723 to 2544). TUL was done with a semirigid ureteroscope (Wolf 7-8.9 F).

**RESULTS:** Demographic results of two groups were similar. Our findings, including operative time, stone-free rate, efficacy quintet, hospitalization due to fever or pain, ancillary and procedures are shown in table.

There was not any difference between the groups. In TUL with Holmium laser group we had 1 patient with ureteral stricture who underwent laparoscopic ureteroureterostomy and 3 patients underwent DJ insertion 3 months later.

	Holmium laser TUL Group 1	ESWL Group 2	P
Operative time, min	29.3 (20-60)	20.5 (19-32)	0.6
Stone free rate	29 (72.5%)	99 (78.1%)	0.9
Efficacy quotient	0.43	0.59	
Hospitalization	4 (10%)	3 (24%)	0.5
Ancillary procedure	8 (20%)	22 (17.6%)	0.5

**CONCLUSION:** It seems SWL is a better treatment option in comparison with TUL Holmium-laser due to less morbidity and lesser anesthesia and analysis requirement.

## THE BEST VIDEO PRESENTATION

### Laparoscopic Boari bladder flap ureteroneocystostomy for distal ureteral tumor: a case report

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**INTRODUCTION:** Using the bladder or Boari flap is a useful technique for ureteroneocystostomy when the distal ureter is too short to reach the bladder without undue tension. We report a case of laparoscopic Boari flap ureteroneocystostomy for the treatment of distal ureteral tumor.

**MATERIAL AND METHODS:** A 52-year-old man who presented with flank pain, gross hematuria, and moderate hydronephrosis on sonography was diagnosed as having a distal ureteral tumor by further evaluation, and underwent unilateral laparoscopic Boari bladder flap ureteroneocystostomy. The operation was done by transperitoneal approach in semilateral position with two 10-mm trocars in the umbilicus and the right LLMC and two 5-mm trocars in LLAA and RLMC for instruments.

**RESULTS:** No intraoperative or postoperative complications were noted. Operative time was 406 minutes. Postoperatively, serum creatinine and hemoglobin were normal. The patient was discharged from hospital at the fourth postoperative day. Pathologic evaluation of specimen revealed transitional cell carcinoma of the distal ureter with a free margin.

**CONCLUSION:** The laparoscopic Boari flap is an alternative surgical technique in patients with long distal ureteral pathology. More cases with longer follow-ups are needed to show the long-term results in comparison with the standard open technique.