molecular pathways of semen liquefaction.

Keywords: Eppin; fibronectin; semen liquefaction; molecular pathways

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AB026. Experience on diagnosis and treatment of non-obstructive azoospermia

Xuewen Xu

Department of Urology, Shengjing Hospital of China Medical University, Shenyang 110004, China

Background: To analyze the status of diagnosis and treatment of non-obstructive azoospermia, and to introduce the experience on diagnosis and treatment of non-obstructive azoospermia.

Methods: Read the literature. The clinical characteristics such as sex hormones, testicular volume, chromosome karyotype and microdeletion of AZF gene of non-obstructive azoospermia patients were analyzed in this paper, and the gains and losses were analyzed in the course of diagnosis and treatment.

Results: Drug preparation before sperm retrieval can help improve the success rate. Different causes of non-obstructive azoospermia have different success rate. Treatment of non-obstructive azoospermia should respect the individual wishes.

Conclusions: Non-obstructive azoospermia is a difficult problem in the field of male infertility. The reason is that we know little about its cause. Even if some patients can get etiological diagnosis, there is no exact etiological treatment. A small amount of sperm can be found in the semen for a small number of patients through the empirical drug treatment, they have access to offspring through scarce sperm cryopreservation techniques. Most patients eventually need surgery to obtain sperm. There are many ways of surgery, in which highest probability of obtaining sperm is microdissection testicular sperm extraction. Success rate for sperm retrieval is 20–60%. Unfortunately, there is still no reliable means to predict whether a sperm retrieval will be successful. With the development of molecular biology, I believe that in the near future more non-obstructive azoospermia patients can be effectively treated.

Keywords: Non-obstructive azoospermia; diagnosis; male infertility

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AB027. Clinical analysis of transurethral vaporesection of the prostate using the 2-micron continuous wave laser for the treatment of benign prostatic hyperplasia

Yong Yang

Department of Urology, the First Affiliated Hospital, Chinese People's Liberation Army General Hospital, Beijing 10004, China

Abstract: The present study aimed to evaluate the effects of transurethral dividing vaporesection of the prostate in the management of benign prostatic hyperplasia (BPH). From October 2006 to June 2012, a total of 377 patients who met the inclusion criteria with low urinary tract symptom secondary to BPH were treated transurethrally under epidural or sacral anesthesia using the dividing vaporesection technique. Of these 203 had a prostate volume of ≤80 mL and 174 had a prostate volume of >80 mL. Pre- and post-operative data were evaluated for prostate-specific antigen (PSAs, post-void residual volume (PVR), maximum urinary flow rate (Qmax), International Prostate Symptom Score (IPSS) and quality of life (QoL). Out of the 377 cases, 369 cases were followed up to

