

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

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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 vaporesction of the prostate using the 2-micron continuous wave laser for the treatment of benign prostatic hyperplasia

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Abstract: The present study aimed to evaluate the effects of transurethral dividing vaporesction 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 transurethraally under epidural or sacral anesthesia using the dividing vaporesction 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

5 years finally. All the surgical procedures were successfully conducted under epidural or general anesthesia. Mean operation time was 79 ± 21 minutes, and mean retrieved prostatic tissue was 22.7 ± 5.6 g. Resected prostatic tissues could be easily flushed out of the bladder. There were no significant differences in serum sodium concentrations and hemoglobin levels before and after the surgery. Mean catheter time and hospital stay was 121 ± 47 hours and 5.5 ± 2.0 days respectively. During follow up, Qmax increased from 8.1 ± 3.7 mL/s preoperatively to 4.5 ± 3.9 mL/s by the end of the follow up ($P<0.05$), IPSS and QoL-Score improved from 23.6 ± 4.7 and 3.8 ± 0.9 to 5.7 ± 2.6 and 1.6 ± 1.2 respectively ($P<0.05$), and PVR decreased from 244 ± 73 to 28 ± 22 mL. The data indicated that transurethral vaporesction of prostate using the 2-micron continuous wave laser system is a safe and effective treatment for BPH.

Keywords: Benign prostatic hyperplasia (BPH); vaporesction; transurethral

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AB028. The repair and reconstruction of urethral stricture

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Abstract: Urethral stricture is still a challenging field in urology. Despite the varied procedures to treat this disease at present, no one existed approach can be clearly stated to be superior over another. Among the procedures, simple dilation and direct vision internal urethrotomy are more commonly suggested only for short urethral

stricture (<1 cm, soft and no previous intervention). Currently, urethroplasty using buccal mucosa or penile skin are the most widely adapted techniques in clinic and have met great success. But some complications such as donor site morbidity still remains problems to be solved. Tissue engineering technique is considered as a promising solution for urethral reconstruction, but still need further investigation, and the stem cell therapy also mandates further work in the future.

Keywords: Urethral stricture; dilation; tissue engineering technique

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AB029. The regulatory effects of androgen in wound healing of the prostatic urethra after thulium laser resection of the prostate

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Background: This research aims to determine the role of androgen in wound healing of the prostatic urethra after thulium laser resection of the prostate (TmLRP). Further, the change of basal cell proliferation and differentiation as well as macrophage polarization and the inflammatory response influenced by androgen were explored. Moreover, the macrophage cytokines effected by finasteride were detected in urine specimens from thulium laser prostatectomy patients, thus to reveal the mechanism of androgen in wound repair process after prostatectomy.

Methods: (I) Twenty-four beagles that received TmLRPs were randomly distributed into a castration group, a testosterone undecanoate (TU) group and a control