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AB056. Cyto-reductive radical prostatectomy for men with oligo-metastatic prostate cancer

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Background: To present our preliminary surgical experience with cyto-reductive radical prostatectomy for patients with oligometastatic prostate cancer.

Methods: Ten selective cases with oligometastatic prostate cancer diagnosed by bone scan and biopsy of prostate underwent cyto-reductive radical prostatectomy. The operating time, estimated blood loss and perioperative complication were recorded and evaluated. Follow up studies were performed with an evaluation for postoperative PSA level and the status of the urinary voiding.

Results: The mean age was 65.1 years (range, 55–78 years), initial PSA level was 70.27 ng/mL (range, 8.56–280.0 ng/mL), biopsy Gleason score was 8 (range, 6–9), Preoperative clinical stage 1 case T4N0M1, 3 cases T3N1M1, 4 cases T3N0M1, 2 cases T2N0M1. All the operations were successfully performed. The total operative time range was 110–260 min with mean time of 200 min. The blood loss was 85–350 mL with mean 140 mL and no blood transfusion was required. The catheter was removed after a mean [range] of 14 [9–16] days. No intra-operative complications occurred. Eight patients had positive surgical margins. The mean [range] hospital stay was 7 [3–15] days

after surgery. All the cases were continent after removal of the catheter. No cases demonstrated vesicourethral stricture. All ten patients had decreased PSA after operation 6 weeks.

Conclusions: Cyto-reductive radical prostatectomy for patients with oligometastatic prostate cancer could be safe, effective, and appropriate. Cyto-reductive radical prostatectomy might be a treatment option in the multimodal management of oligo-metastatic prostate cancer.

Keywords: Prostate cancer; oligo-metastatic; cyto-reductive radical prostatectomy

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AB057. Intravesicular administration of sodium hyaluronate ameliorates the inflammation and cell proliferation of cystitis cystica et glandularis involving interleukin-6/Stat3 signaling pathway

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Background: In this study, we evaluate the clinical use of intravesical sodium hyaluronate in Cystitis cystica et glandularis (CCEG) patients who have completed treatment and investigate the role of the IL-6/Stat3 pathway in CCEG

and examine the effect of SH on this pathway.

Methods: Patients and model rats received intravesical sodium hyaluronate. Cystoscopy was performed before and after intravesicular therapy. After the experiments, bladder tissues were excised for histological examination, and the measurements of IL6/Stat3 pathway activities.

Results: Intravesicular SH treatment significantly mitigated the bladder mucosal inflammation and proliferation characteristic, clinical symptoms and decreased IL-6 and p-Stat3 expression of CCEG. HYAL 1/2 and CD44 expression levels, CD44-dependent IL-6/Stat3 pathway activation.

Conclusions: Intravesicular SH therapy significantly improved the clinical symptoms of patients with CCEG and ameliorated the bladder mucosal inflammation and cell proliferation characteristic of the disease involving IL-6/Stat3 pathway.

Keywords: Intravesical; sodium hyaluronan; IL-6; Stat3

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AB058. Therapeutic efficacy of trans-rectal triple physiotherapy combined with pharmacotherapy in comparison with pharmacotherapy alone in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)

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Background: To evaluate the therapeutic effect of the combination of trans-rectal triple physiotherapy plus pharmacotherapy in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) and to compare this combinatorial effect with the effect of pharmacotherapy alone retrospectively.

Methods: A total of 73 patients with CP/CPPS were divided into two groups: the first group was treated with drugs, and the second group received a combination of the same drugs and trans-rectal triple physiotherapy. All the patients were evaluated by the NIH-CPSI, HADS, PVR and Qmax, before and after therapy.

Results: At the termination of therapy, significant improvements in NIH-CPSI total and subscale scores, PRV and HADS were observed in both groups, with better outcomes with the second group. Patients in the first group did not exhibit an improvement in Qmax, while the second group showed a significant increase.

Conclusions: The combination of trans-rectal triple physiotherapy and pharmacotherapy may be an effective therapeutic strategy for patients with CP/CPPS. Thus, there is a need for more prospective, randomized, controlled studies to confirm our results.

Keywords: Triple physiotherapy; chronic prostatitis (CP); chronic pelvic pain syndrome (CPPS); pharmacotherapy

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