

may be and independent prognostic factor for BCR-free survival prostate cancer patients ($P=0.000$). Overexpression of miR-129 markedly attenuated the prostate cancer cell growth via rescuing the dysregulated cell cycle regulatory protein expression.

Conclusions: Taken together, miR-129 was down-regulated in prostate cancer tissues in prostate cancer patients. It may be considered as a novel independent prognostic biomarker for prostate cancer. Downregulation of Mir-129 plays a critical role in proliferation of prostate cancer.

Keywords: MicroRNA-129 (miR-129); prostate carcinoma; prognosis

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urination, postoperative hospital stay was significantly shorter. Review of urinary tract ultrasonography before discharge showed no residual stones, residual urine volume is very small, overflow incontinence, renal insufficiency, and other symptoms gradually returned to normal. Twenty-four cases were followed up for 6 to 36 months, were smooth urination, no stone recurrence.

Conclusions: Transurethral endoscopic holmium laser lithotripsy treatment of BPH and bladder stones is a simple, safe and effective surgical method.

Keywords: Transurethral; prostatic hyperplasia; bladder stones

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AB067. Transurethral endoscopic treatment of benign prostatic hyperplasia

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Background: To explore Transurethral endoscopic treatment of benign prostatic hyperplasia (BPH) year clinical effect of bladder stones

Methods: From 2011 to 2015, we had treated 28 cases of patients with BPH complicated with bladder calculi by removing the electric cutting circular of electricity cut mirror, then put holmium laser fiber into the hole of electric cutting circular.

Results: The group of 28 patients was successful surgery, mean operative time was 75 minutes and no intraoperative bladder perforation, prostate capsule cut broken, transurethral resection syndrome and other complications. After removal of the catheter after surgery was smooth

AB068. Transperitoneal laparoscopic dismembered pyeloplasty for ureteropelvic junction obstruction in children

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Background: To explore the clinical value of transperitoneal laparoscopic dismembered pyeloplasty for ureteropelvic junction obstruction (UPJO) in children.

Methods: The clinical data of 28 cases with UPJO were respectively reviewed. Among the cases, 19 cases were male and 9 cases were female. Their ages ranged from 8 to 14 years old. The diagnosis was set up by color ultrasonography and CTU and MRU. All the cases had hydronephrosis, with 10cases moderate, 18 cases severe. Twenty-eight patients with UPJO underwent transperitoneal laparoscopic dismembered pyeloplasty.

Results: All the operations were performed successfully, without conversions to open surgery. The average operation time was 120 minutes (range, 90–210 minutes), the average blood loss was 15 mL (range, 10–25 mL), and the postoperative hospital stay was 8 days (range, 6–11 days). Two cases occurred urinary leakage and recovered 7 and 50 days later respectively. Twenty-six cases were followed-up for 3 to 36 months, examined by color ultrasonography or CTU or MRU. Two cases occurred ureteral stenosis and cured by ureteroscopic needle electrode. Hydronephrosis disappeared in 10 cases, decreased in 12 cases, stabilized in 2 cases.

Conclusions: Transperitoneal laparoscopic dismembered pyeloplasty could be a mini-invasive, effective, and easy operating procedure for the treatment of UPJO in children.

Keywords: Child; laparoscope; hydronephrosis; dismembered pyeloplasty

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AB069. The indications, operation techniques in the treatment of giant hydronephrosis by transabdominal laparoscopic resection of giant hydronephrosis

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Background: To investigate the indications, operation techniques in the treatment of giant hydronephrosis by transabdominal laparoscopic resection of giant hydronephrosis.

Methods: A total of 26 patients with giant hydronephrosis from our urological department in two years were retrospectively analyzed, including 18 cases of stricture of pyeloureteric junction, 1 case of hydronephrosis caused by gynecology, renal tuberculosis complicated with hydronephrosis in 1 case. All 26 cases underwent transperitoneal nephrectomy. Using ultrasound knife and electrical hook instrument separate kidney and Hem-O-lock clip the renal vessels.

Results: In the total number of the 26 cases, 23 patients were successfully completed by laparoscopic nephrectomy. One patient by hand holds of laparoscopic nephrectomy because of the severe adhesion between kidney and its surrounding tissue. Another case, through the giant hydronephrosis was punctured when the safety Trocar punch into the abdominal cavity, but still completed by laparoscopic nephrectomy. The average operation time was 100 (range, 100–140) min. The average blood loss was 50 (range, 30–80) mL, 1–3 days after discharge, drainage tube was removed after 2–4 days, no surgical complications. The average hospitalization was 6 days. Postoperative pathology showed renal parenchymal atrophy, glomerular number decreased with fibrosis. Twenty-three cases were postoperative followed-up (range, 3–18 months), all patients had normal renal function.

Conclusions: Transperitoneal laparoscopic nephrectomy has a large operation space, small trauma and other advantages, the exact effect, is an ideal operation in the treatment of giant hydronephrosis.

Keywords: Giant hydronephrosis; laparoscopic; retrospectively analyzed

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