

ABSTRACTS - POSTER

PP-28

EFFECT OF NEUROSTIMULATION/MODULATION ON BLADDER DYSFUNCTION

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Introduction & Objectives: To find out whether neuromodulation will be a viable alternative to oral medication for overactive bladder and intravesical electrical stimulation could restore the bladder sensation in patients with underactive bladder through a pilot study. Neurostimulation/modulation restores the imbalance between excitatory and inhibitory stimuli at the spinal centre level and abolishes the abnormal reflexes at the peripheral level.

Material & Methods: After obtaining prior approval from the ethical committee, willing patients with uncontrollable frequency and urgency are chosen for transcutaneous posterior tibial nerve stimulation and patients with symptoms of underactive bladder are chosen for intravesical electrical stimulation with normal saline as a medium.

Conclusion(s): Early results are encouraging as this is an ongoing study further discussion will be at the time of presentation.

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THE ROLE OF THE ONE STOP HEMATURIA CLINIC IN SPEEDING UP THE DIAGNOSIS OF UROLOGICAL CANCERS (RETROSPECTIVE ANALYSIS OF THREE YEARS EXPERIENCE)

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Introduction & Objectives: Painless haematuria is a common reason for 2-week cancer referral. This study reviews the clinical data of patients referred with haematuria to the Urology Department at Kettering General Hospital.

Material & Methods: A total of 348 patients were referred with haematuria on the cancer initiative and all seen within 2 weeks. Of these 185 (53%) were seen in one stop haematuria clinic (OSHC) while the remaining 163 (47%) were seen first in the outpatient clinic (OPC) for initial investigations.

Results: Cancer was found in 81 (23%) patients of the total referrals. Among these 35(43%) cancers were picked up at the OSHC and the remaining 46(57%) were diagnosed after initial investigations at the OPC. Cancer diagnosis was made within 2 weeks and treatment was initiated in 5 weeks in the OSHC patients. However, there was a delay of 6-9 weeks in the diagnosis and treatment for patients who were initially seen in OPC.

Conclusion(s): There is an advantage of early diagnosis and treatment for patients seen in the OSHC in comparison to patients first seen at OPC. Further follow up is required to study the long-term value of this difference.

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INFLAMMATORY MYOFIBROBLASTIC TUMOUR OF THE BLADDER : A BIZARRE BEHAVIOUR OF A BENIGN TUMOUR

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Introduction & Objectives: Inflammatory myofibroblastic tumour (IMT) of the bladder is a rare pathology. We present a case that helps in identifying this unique finding.

Material & Methods: A 41 year-old male presented with severe painless haematuria with a hemoglobin of 5.1g/dl. MRI scan showed a bladder tumour with extension into the peri-vesical fat. Recurrent local resections were not sufficient to control the bleeding, therefore partial cystectomy was decided. At laparotomy, a firm infiltration of the perivesical fat at the region of the tumour was resected. The mass was polypoidal projecting into the bladder cavity. It did not blend into the perivesical fat, explaining the MRI scan appearance. Microscopy revealed pleomorphic spindle cell tumour with a mixed inflammatory cell infiltrate.

Results: IMT grows deep into the bladder wall and it may not be possible to perform complete endoscopic resection, hence the role of partial cystectomy. In spite of its atypical histological features of muscle invasion, the prognosis is usually good. Follow up cystoscopy may be required as recurrence has been reported.

Conclusions: IMT is an unusual tumour of the bladder. In spite of its muscle invasive behaviour and tendency to recur, it is considered as a benign entity in most cases. The standard treatment is not clearly defined. A partial cystectomy is probably the treatment of choice to achieve a complete excision.