581

Nunez N¹, Yu C B¹, Molina H² **1.** Hospital Mutual de Seguridad, **2.** Audiovisuales Harry Molina Rudolph

ENDOSCOPIC LASER URETHROPLASTY FOR TREATMENT OF SEVERE POST TRAUMATIC STENOSIS OF URETHRA

Introduction

High-energy accidents are becoming more frequent, these cause closed trauma between 60 to 85% of cases. At a trauma hospital like us, this situation occurs in productive age patients, being the most common mechanisms falls from height, crushing by various elements and motor vehicle accidents.

We have observed that in patients with complex and unstable pelvic ring fractures and displacement of the bone fragments, the injury of urethra exceeds 40%. Direct urethral trauma and the presence of bruises, swelling, or secondary infection, generate the conditions that lead to the development of a post traumatic periurethral fibrosis or espongiofibrosis, which causes the urethral lumen stenosis, which is usually severe to total occlusion.

Today, the treatments of stenosis are oriented to dilate, endoscopically cutting either resect the fibrous tissue committed into the urethra through open surgery, these interventions often are repeated and secondary complications like erectile dysfunction arise when there are surgical lesion of nervous or vascular elements.

In this context, we report an original technique of endoscopic Laser Urethroplasty (ELU) for the treatment of the long and severe stenosis of posterior urethra, caused by severe trauma of pelvis.

<u>Design</u>

7 Men with urethral injury by fracture of pelvis or direct trauma with absence of urethral lumen greater than 3 cm in length, in whom there was fault again and to conventional treatments were included In this study.

An assessment imaging of the lesion was made with urethrocystoTAC three-dimensionally evaluating the espongiofibrosis and topographic characteristics of the lesion.

Subsequently, retrograde and anterograde flexible cystoscopy,, was undertaken to assess the proximal and distal ends.

Then, was the EU-L, guided by fluoroscopy biplanar intraoperative real-time, carving a path of sufficient lumen how to install a probe diameter equal to or greater than 18 french support.

Results

From July 2014 until March 2016. 7 patients have been treated with this technique using 3 types of laser All patients treated with this technique are in periodic control, all of them have spontaneous micturition and present uroflowmetry the type of laser used does not have significant differences in the evolution of this

Conclusion

Endoscopic laser urethroplasty is safe and effective treatment of severe post traumatic stenosis of urethra

Disclosures

Funding: Mutual de Seguridad Hospital Fund **Clinical Trial:** Yes **Registration Number:** Comite Etica Hospital Mutual de Seguridad/06 - 2014 **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Comite Etica Científico Hospital Mutual de Seguridad/06 - 2014 **Helsinki:** Yes **Informed Consent:** Yes