



[13] Immediate curative and permanent treatment of premature ejaculation (Alaa Aglan operation)

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[11] Oncological outcomes of partial nephrectomy in Algeria**Samir Bouras, Samir Yebi**

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Objective: To investigate the oncological outcomes of partial nephrectomy (PN) in Algeria, as according to data from the World Health Organisation 2012 renal cell carcinoma (RCC) is ranked as the 14th most common cancer in Algeria in both sexes, and PN has comparable oncological control to radical nephrectomy.

Methods: Retrospective bi-centre study, from June 2012 to December 2016. In all, 112 patients had a PN for RCC. Amongst these patients, 80 (71.4%) had RCC confirmed at pathology. The statistical study was carried out using SPSS® version 20 software (SPSS Inc., IBM Corp., Armonk, NY, USA).

Results: The mean (range) age was 57.3 (24–85) years and there were more women [48 (60%)]. The mean (range) histopathological size was 48 (20–90) mm, and the pathological typing was: clear cell carcinoma in 34 cases (51.3%), papillary cell carcinoma in 20 (16%), and chromophobe carcinoma in 18 (22.5%). There were positive surgical margins (PSM) in 11/80 cases (13.7%). Of the 80 RCC patients, 66 (82.5%), three (3.8%), nine (11.3%) and one (1.3%) had stage pT1, pT2, pT3a, and pT4, respectively. Most of the RCC patients [67 (83.8%)] were in the Fuhrman low-grade group. After a mean (range) follow-up of 43.2 (18–72) months, we had a recurrence rate of 4.5% (one local recurrence by multifocality, three cases of regional hilar adenopathy, one of whom also presented mediastinal and pulmonary lymph node metastases). Bone metastasis and a hepatic localisation occurred in two patients, giving a metastasis rate of 3.4%.

Conclusion: Despite a high rate of PSM, all cases of recurrence occurred on negative margins, as was the case of pulmonary metastases. RCC is known for its multifocality, which is estimated between 5% and 25%. Several factors may explain bone and hepatic metastasis, including PSM and high Fuhrman grade. Indeed, PSM are not considered as an independent factor of recurrence in several series. Overall, 75 (93.7%) of all the RCC patients, and all 11 patients with PSM were alive at the end of the study. More time is needed, as well as other studies, to better evaluate the oncological profile of these RCCs in Algeria.

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[12] Challenges in hypospadias surgery**Ahmed Masaoud Mohamed**

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Objective: To provide a summary of the possible challenges we may face in managing patients with hypospadias from birth to adulthood, as the treatment of hypospadias is full of challenges not because of the operation technique itself but because of other factors such as delayed diagnosis, continuation of regular long-term follow-up, and relatively high rate of complications.

Methods: Collection of personal experience and literature regarding hypospadias management and its challenges with some suggestions of how to deal with these challenges in better ways. Many known surgical procedures have been established for hypospadias. The selection of the right procedure for each patient is an individual decision that varies with the location of the urethral orifice, other associated problems, and the centres experience, and this decision is usually taken intra-operatively. The management of these patients should also include the psychosocial aspect and the continued education of the patient and family.

Results: It is valuable that every surgeon dealing with hypospadias is aware of these challenges and how to manage them. The management of other aspects like psychosocial support should be considered.

Conclusion: A comprehensive knowledge of these challenges and their management is necessary for every surgeon dealing with such patients. Management of hypospadias is not only the surgical procedure, but it includes at the same time the long-term follow-up, psychosocial support, and continuous patient and family education.

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[13] Immediate curative and permanent treatment of premature ejaculation (Alaa Aglan operation)**Alaa Aglan**

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Objective: To present the ‘Alaa Aglan operation’ for immediate curative and permanent treatment of premature ejaculation, as premature ejaculation is a common male sexual disorder and although there are some medications used for this problem there is no definite medical treatment, and current surgical options are not very effective with high recurrence and low success rates.

Methods: The present study shows the effectiveness of cutting the bulbospongiosus muscle bilaterally and frenular delta excision for treatment of premature ejaculation to delay the time to ejaculation in normal men. The study was conducted from 06/04/2011 to 06/04/2016 and included 60 men.

Results: The operation success rate was 96.6%, with immediate results after the first intercourse, usually 3 weeks after surgery. The intravaginal ejaculation latency time increased 200–1000%, patients with a latency time of <2 min usually reached 8 min and in some reached 20 min following the surgery. Whilst patients with a latency time of >5 min, the latency time increased up to 15–20 min and some reached 30 min following the surgery. The result is permanent.

Conclusion: The described surgery is an effective treatment for premature ejaculation. In this study we also explain why some patients do not respond to local anaesthesia applied to glans.

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[14] A prospective study of transurethral bipolar resection and vaporisation of large prostate adenomas

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Objective: To report our experience following the introduction of transurethral bipolar vapo-resection of large prostate adenomas and to evaluate it to the traditional techniques used to date in Algeria in the surgical treatment of large prostates.

Methods: This was a prospective longitudinal study, conducted in our department, between December 2015 and September 2016, including 40 patients with a surgical indication for benign prostatic hyperplasia (BPH) with prostate volumes of >70 mL, consenting to the procedure. We evaluated functional parameters [International Prostate Symptom Score (IPSS)/quality of life (QoL) score, maximum urinary flow rate (Q_{max})] pre- and postoperatively according to a quarterly schedule, surgical data (resection time, resected volume), as well as the duration of catheterisation and bleeding complications.

Results: The mean (range) prostate volume in our series was 118.72 (70–254) mL and the indications were dominated by medical treatment failure and urinary retention, at 55% and 35%, respectively. The evaluation of the IPSS and QoL score showed a constant decrease from a median of 26 and 6 preoperatively to 1 and 0 at 15 months postoperatively, respectively. The median

Q_{max} increased from 5.1 mL/s preoperatively to 14.9 mL/s at 15 months postoperatively. In all, 10% of the patients had postoperative clotting and two patients required surgical haemostasis. The average time to removal of the urinary catheter was 3 days. The average resection speed increased from 0.5 mL/min to 1.6 mL/min at maturity.

Conclusion: The combination of resection and vaporisation in large adenomas seems to be effective according to our data, it does not require any particular training for an already established urologist and the investment seems reasonable and compatible in an economic context.

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[15] The role of mitomycin C intralesional injection during visual internal urethrotomy in urethral stricture recurrence

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Objective: To evaluate the efficacy of transurethral intralesional injection of mitomycin C (MMC) during visual internal urethrotomy in decreasing the recurrence rate of urethral stricture, as direct visual urethrotomy is a common endoscopic procedure for short bulbar urethral strictures but one of the major drawbacks of this procedure is stricture recurrence.

Methods: In this prospective, controlled, randomised study, from December 2015 to April 2018, 55 patients with symptomatic urethral stricture (primary or secondary) were included. Diagnosis of stricture was confirmed by history taking, physical examination, abdominal ultrasonography, uroflowmetry, and retrograde urethrography. In all, 27 patients were treated by visual internal urethrotomy alone, and 28 by visual internal urethrotomy followed by intralesional injection of MMC. The preoperative data recorded in both groups included: patient age, length of stricture, aetiology of stricture, presentation of patients, and maximum urinary flow rate (Q_{max}). The postoperative data recorded included: Q_{max} , postoperative complications, and incidence and timing of stricture recurrence during the follow-up period.

Results: All preoperative data were comparable in both groups, without statistically significant differences. The mean age of the patients was 39.6 years in the MMC group and 42.8 years in the control group, the mean length of the stricture was 9.4 mm in the MMC group and 9.1 mm in the control group. Postoperative improvement in Q_{max} was highly significant in both groups. Postoperative complications were minimal and comparable in both groups. The stricture recurrence rate