

**Conclusions:** Our data confirm that robotic pyeloplasty is safe and effective with short hospitalization times and rapid home discharge. The duration of the surgery is significant even with an improvement trend during the learning curve. Similarly, we observed intraoperative complications mostly linked to the surgical learning curve. In our opinion such complications should not discourage the continuation of robotic surgery for the treatment of PUJO in pediatric age.

**SC128** Uro-andrology transitional care: what are the necessity and the paths to follow?

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**Introduction:** Following the surgical and endocrinological management improvements, several patients with rare congenital disorders can now be followed until adolescence, ensuring a good quality of life. This study aims to review the literature followed by a proposal of personalized uro-andrological transitional care.

**Materials and Methods:** PubMed, Medline, Scopus, Embase were used for the literature search. English and Italian articles with qualitative and quantitative data on the main congenital disorders (46,XY DSD, Prader-Willy, hypogonadotropic hypogonadism, posterior hypospadias and bladder exstrophy) were included in the study. Review articles, conference abstracts, and articles with less than five patients were excluded. After removing duplicates, the selection was made based on the paper's title, and final identification was assessed by applying eligibility criteria to abstracts and full texts.

**Results:** The literature search identifies 350 results. After the screening process, only 15 studies met the inclusion criteria. The literature search showed that patients and families often see adult healthcare as a person with no knowledge of their conditions, leading to feelings of loss and lack of support. Patients' quality of life is endangered by depression, anxiety, low self-esteem and feelings of inferiority. We propose a four steps management for the transition from the paediatric to the adult care system, with paediatric (urologist, endocrinologist, psychologist) and adult experts (urologist, andrologist, endocrinologist, psychologist and sex therapists).

**Conclusions:** Due to the heterogenous phenotypical expressions and the need for a highly specialized, personalized and multidisciplinary approach to these congenital disorders, the institution uro-andrological transitional care represents a crucial step to ensure continuity in the patients' management.

**SC129** Complex bench surgery does not increase vascular complication rate in pediatric kidney transplantation

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**Aim:** Vascular complications, especially haemorrhage and graft thrombosis, represent some of the most dangerous adverse events of pediatric kidney transplantation. The aim of the work is to evaluate whether complex bench surgery affects graft survival.

**Materials and Methods:** Data from pediatric kidney transplants performed between 2015 and 2019 were retrospectively collected. The population was divided into the following categories based on the

complexity of bench surgery and vascular variants encountered: arterial abnormalities, venous abnormalities, vein lengthening kidney, standard bench surgery. For each category, the outcomes of the grafts, the estimate of survival, with analysis according to Kaplan-Meier, and the rate of vascular complications were reported and compared.

**Results:** 80 kidney transplants were performed in patients with a median age of 11 (IQR 4.3–14) years and a median body weight of 24 (IQR 13–37) kg. Thirty-nine (49%) renal grafts required complex bench surgery, due to renal vein abnormalities in 12 (31%) grafts, renal artery abnormalities in 16 (41%) grafts. In the remaining 11 (28%) grafts it was necessary to perform a lengthening of the renal vein. There was no difference in the rate of primary non-function graft ( $p = 0.97$ ), delayed graft function ( $p = 0.72$ ) and overall survival rate ( $p = 0.27$ ). The overall rate of vascular complications, the incidence of hemorrhages and graft thrombosis was comparable between the various groups (respectively  $p = 0.51$ ,  $p = 0.59$ ,  $p = 0.78$ ). No cases of artery stenosis were observed.

**Conclusions:** Complex bench surgery, if performed by a highly experienced surgical team, does not compromise graft survival and does not increase the risk of vascular complications, such as bleeding or thrombosis.

**SC130** Urethritis and low urinary tract disease: description of three cases

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**Introduction:** Dysuria and a sensation of incomplete urinary emptying are nonspecific symptoms referable to the low urinary tract disease (LUTD). In the pre-pubertal period, especially if associated with terminal hematuria and/or penile pain, they can be an expression of bulbar urethritis. This is generally an asymptomatic and spontaneously resolving disorder but sometimes it can be difficult to treat and complicated by urethral strictures. The etiology is questionable (infectious, immunological, hormonal); an association with dysfunctional elimination syndrome is known. There are reports in the literature that support the therapeutic effect of endourethral instillation of cortisone. We report 3 cases treated at our Department.

**Materials and Methods:** We describe three patients, respectively 11–14–17 years old, followed for LUTD confirmed by uroflowmetry. After endoscopic findings of urethritis, they were treated with endourethral instillations of Triamcinolone (40 mg) until symptoms improvement/disappearance. Minimum and maximum follow-up from 1st instillation: 19–38 months respectively.

**Results:** Two patients, symptomatic for over 8 months, were treated with 4 endourethral instillations of Triamcinolone; one case, with associated terminal hematuria for over a year, with 3 instillations of Triamcinolone preceded by 2 of hydrocortisone (1 g). The 1st treatment was performed endoscopically, the following ones in the outpatient clinic. All patients underwent a control cystoscopy and were clinically improved at the end of follow-up.

**Conclusions:** Our 3 cases confirm that in pre-pubertal males with LUTD refractory to treatment, urethritis should be endoscopically excluded, as a possible cause or consequence of the LUTD itself. Our experience supports the efficacy of the endourethral treatment with cortisone accompanied by a targeted therapy of the associated LUTD. The endourethral use of Triamcinolone is off-label: multicentric and prospective studies are desirable to validate the efficacy and good tolerance in the pediatric age.