

A long reading list this summer



Dr. Tamás Zóber
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has started a new discussion about the future of young urologists. We hope that his opening article will facilitate a fruitful dialogue on these pages.

If you didn't have the opportunity to participate in the 23rd Annual EAU Congress or just missed our ESRU day, take time to read Zafer Tanogdu's "nightmare case." The Nightmare Session is always one of the most interesting parts of the ESRU day meeting, where residents present special cases wherein the situation or the management often requires an exceptional treatment approach.

The EUSP has many grants to sponsor European residents' visit to other departments around Europe. Igor Pirozhok of Ukraine had the luck to fulfil a one-year research fellowship in Dresden. He wrote a very detailed progress report about it starting with his research project to personal observations about his daily routine. And even if you don't have plans to do research, I can recommend that you apply for the EUSP's other grants and take the opportunity to visit a urological department in Europe and see how urology works there.

Ageing male is widely considered a 'hot topic' in urology and as you will see in the current chapter of the history column, this issue was also discussed and recognised in the 1800s and 1900s but called under a different name: rejuvenation.

Finally if you want to test your stock knowledge, we have our regular EBU and Guidelines Quiz.

To everyone, have a great summer!



"A very hot summer- Hungarian komondors"

European Society of Residents in Urology



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Young urologists: make ESRU your podium



Dr. Andreas Petrolekas
ESRU Chairman
Athens (GR)

while traditional member countries such as the UK and Germany have renewed their participation in ESRU.

Since its foundation, there has been a lot of progress in fulfilling ESRU's main goals, thanks to the priceless support of the EAU, the parent association, and following the parallel rise in the status of European urology. To name a few of the benefits we have in ESRU, we now have a free participation in European congresses and ESU courses, a EUREP course for last-year residents, a reduced annual fee for *European Urology*, a free distribution of the Guidelines Book and the highly educative DVDs are offered to junior ESRU members of the EAU.

Moreover, two ESRU board meetings are organised every year with the participation of NCOs from all member countries. In the last two years, ESRU has run two projects, by means of a questionnaire, to better evaluate and compare the training in Europe. The first aim was to evaluate and compare residents' experience from different countries, and the second was to evaluate and compare training departments. Three pages in every issue of the *European Urology Today* newsletter are also dedicated and written by residents. A successful session during the first day of the annual EAU congress is also organised by ESRU.

Undoubtedly, ESRU has become one of the most influential and active European societies of residents. We are proud of fulfilling a part of our objectives and we intend to continue with the same enthusiasm to

fully achieve optimal communication and efficacious training for all European residents.

However, in recent years we have also received some disappointing feedback from young urologists who have just finished their training. In some countries finding a job with a decent salary and one that allows the young urologist to fully exercise his speciality is becoming more difficult. Furthermore, the chance to participate in congresses and educational activities are becoming less at some point in their professional careers, which is a pity since continually upgrading our skills is equally important.

"I am not young enough to know everything..." Oscar Wilde

Having these issues in mind, we decided in our last meeting in Milan to extend the benefits residents enjoy for another one to two years after they formally finished their training. In our view, this group of young urologists constitute a distinctive group that ESRU, with its stated objectives, could represent in a more efficient way than the huge (and therefore impersonal) EAU parent association. In some of the EAU's country members, the representation of young urologists is already made by the association of residents. Sweden, Turkey and France are just a few examples, with Italy also working to follow their example.



Kleftiko Milos Greece

For these reasons, ESRU would like to call for a more productive and beneficial dialogue with the European urology community for them to define and support the rights of this particular group of residents. But first we also would like to hear and need the viewpoints of young urologists. The EUT's Residents Corner is your podium, and we invite you to use this forum.

The new ESRU internet site that we are still developing will also open up and offer another opportunity where we can actively exchange ideas.

Warm summer greetings from Greece!

Dear Friends,

The European Society of Residents in Urology (ESRU), founded in 1991, has among its main objectives the promotion of communication and good relationship between European residents and the improvement of resident's training across Europe. ESRU is an independent organisation and we are proud to have very good ties and a fruitful collaboration with the European Association of Urology (EAU), the European School of Urology (ESU) and the European Board of Urology (EBU).

In the last ESRU board meeting we had in Milan, we have been informed by our database manager Mario Alvarez Maestro (NCO from Spain) that 3,113 European residents are ESRU members. They come from 42 full and affiliated members of the EAU. During the last few years, members from new countries in Eastern European and North African regions have joined ESRU,

Photo Quiz EUT April/May 2008



A case of ...?

Photo quiz

CT scan without contrast medium. Asymptomatic female patient.

Questions:

- 1) What is the diagnosis?
- 2) In which percentage is the other kidney also affected?
 - a) 5%
 - b) 40%
 - c) 75%
 - d) 100%
- 3) Apart from calculus which is the most common complication of this entity?



Photo courtesy of Dr. Paul Meria (Paris, France)

The correct answers are:

- (1) Lithiasis in medullary sponge kidney (Cacchi Ricci syndrome)
(2) c
(3) Infection



Test your knowledge!

Answer the questions below and go to the EBU website to view the answers.

1. Which of the following lymphatic groups do not receive direct drainage from bladder cancer?
 - a. Presacral nodes.
 - b. Obturator nodes.
 - c. Hypogastric nodes.
 - d. Common iliac nodes.
2. Prophylactic treatment of cystine calculi does not include:
 - a. Alkalinization of the urinary pH 8.
 - b. High doses of acetylsalicylic acid.
 - c. Enhancement of the diuresis (5 - 7 l/d).
 - d. Lowering the daily nutritive protein intake to 1 g/kg body weight.
3. Detubularization of sigmoid colon and rectum in Mainz pouch II obviates:
 - a. Larger capacity of the available colon segment.
 - b. The collection of urine at lower pressure levels.
 - c. Reduces the percentage of patients suffering the complications of hyperchloremic metabolic acidosis.
 - d. All the above.



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A year of inspiring work in Dresden

EUSP research fellowship motivates urologist from Ukraine



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I was one of the lucky young urologists who obtained in 2004 a European Urological Scholarship Programme (EUSP) grant for a one-year scholarship at one of the best urology departments in Europe. With this report I would like to share my impressions of my experience at the Department of Urology, University Clinics "Carl Gustav Carus," Technical University of Dresden in Germany from October 2004 to September 2005.

The Department of Urology at the University Clinics "Carl Gustav Carus" is known as one of the biggest and busiest departments in Germany. Moreover, it is one of the major reference centres of urological oncology in Germany and Europe with specialisation on prostate, bladder and renal cancers as well as in kidney transplantation. The department is headed by Prof. Manfred P. Wirth. He is not only an outstanding organiser, surgeon, scientist, but also provided a pleasant and supportive guidance throughout my fellowship.

The department has a very hectic daily schedule and annually accounts for more than 350 radical prostatectomies, more than 100 radical cystectomies and 40 renal transplantations. The operative armamentarium includes all up-to-date operations in urology, and covers all fields ranging from endourology, laparoscopy, radical reconstructive operations to pediatric urology. The department consists of in-patient (around 60 beds in three stations), out-patient departments, an intensive laboratory unit and a large urological research laboratory. The operations are performed in two large, endourology and TURP operating halls, which are equipped with the latest urological devices available in the European market. The research is done in a specially designed urological laboratory, which can be truly characterised as a centre, with its complex of rooms located in two buildings and a busy research plan.

My decision to conduct research at this host institution was based on my previous visits on two occasions, the first in July 2003 for the EUSP Short Term Visit programme, and the second in November 2003 for a host invitation. During these initial visits, I experienced the hospitality of Prof. Wirth and his inspiration to work harder and better.

Daily routine

The department's working day usually starts at 7:15 am when the physicians come, followed by the morning rounds at the wards at 7:30 with the guidance of senior staff members (called 'oberarzt' in Germany) and the morning conference at 7:45. During the conference, the urologist-on-duty reports the work that has been done and the staff members discuss the patients to be operated on. Every Wednesday there is a joint conference with radiologists about routine and complicated cases. On Thursdays at 7:00 a.m. there is a journal club which refers to the most interesting articles in current literature and information about the latest events in European and world urology. Daily, at 2:30 p.m. there is a day conference about newly admitted patients, particularly those who are scheduled for the next day's operation.

During the first months, I learned the laboratory methods and the planning of trials. I also attended the ward rounds, morning conferences and assisted in the operating hall and observed the operations. My day usually ends by 5:30 or 6:00 pm, which allows me to have dinner and a short rest. Evenings I took advantage to work at the very well-stocked library with its excellent choice of books, journals and high-speed Internet access to MedLine. Besides the wonderful privilege to see the daily activities of a urology department, I also had the chance to enrich my knowledge in literature in both English and German. During the weekends, the library allows me to further hone my knowledge by using the video/CD/DVD that records operation techniques and methods. These excellent library facilities were very important tools for me, since they contribute greatly in updating my skills.

Laboratory work

One of the key goals of the scholarship is to conduct a research project of your choice using the facilities of the host institution. My project titled "The serotonin-melatonin interactions in regulation of malignant growth in human prostate cancer cell lines," was a

challenge as the work was quite new for me since I had no previous experience in basic research in my home country. Unfortunately, and due to various reasons, projects of this kind are almost impossible to conduct in Ukraine. Nevertheless, the head of laboratory, Dr. Axel Meye and his colleagues, patiently showed and taught me everything I needed for my research.

The project planning was performed under guidance of Priv-Doz. Oliver Hakenberg and Dr. Meye and was also discussed with the research fellows in the laboratory. Under their guidance, I learned how to plan a good research, review the literature, and how to use the right methods and optimise them, obtain good and valid results and how to present and publish the results. I consider it a wonderful experience and privilege to learn from my tutors and really appreciate their important contribution. My training under their tutelage would certainly come to good use as it has also inspired me to share my knowledge with colleagues back home.

Urological education

Aside from direct tutorship, my urological education was further reinforced by the available resources such as books, journals, internet, videos and by taking part in conferences and congresses. Having participated in local, national and European conferences in urology, not only could I interact with my colleagues but also present the results of my research project and receive critical remarks from older colleagues and tutors. The fellowship also enabled me to learn the German language good enough to be able to speak and write it fluently.

The year spent in Germany also provided me to experience another life-style and social environment. At first everything was completely different from my home country, the mentality and culture. Understanding another way of life has really helped me clearly perceive and appreciate many things about me and my home country. The friendliness of people made me feel at home with their invitations to their homes and families. I had insightful glimpses into German culture, history and literature, amongst others, that further enriched my education and social life.

Certainly, I can say with confidence that I have experienced real European hospitality and that Europeans really share a lot in common, and this



Prof. Manfred Wirth (left) and Dr. Igor Pirozhok

awareness only inspires me to work for European co-operation and integration.

A privilege

I consider myself fortunate in having this privilege, and without experiencing any conflicts or negative incidents throughout the fellowship, I can only look back with good memories and warmest regards to my colleagues in Dresden. The fellowship for me is a big success as the knowledge I gained will certainly help not only my professional activities but will also serve me well in helping my own colleagues in Ukraine. I have seen the potentials of urology and I will do my best to contribute in improving the specialty back home.

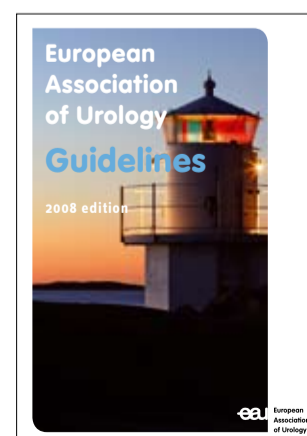
I would like to express my gratitude to the EAU and to EUSP officers Prof. Jacqmin and Prof. Abbou, and to the EUSP committee members for giving me such a valuable privilege. My special gratitude and respect to Prof. Manfred P. Wirth whose contribution into my education is priceless, and for his hospitality and support. Many thanks to Priv-Doz Oliver Hakenberg who helped me prepare and guide my project from beginning to end, and also the friendship of his family. I am also thankful to Dr. Meye for his instruction and technical support in every phase of my research. Finally, I remain grateful to my colleagues at the laboratory for their kindness and assistance.



Guidelines Quiz

- A 62-year old man undergoes bilateral pelvic lymphadenectomy and radical retropubic prostatectomy for clinical Stage T2b prostate cancer. Post-operatively, the patient has difficulty with adduction of the left lower extremity. The nerve most likely injured during the operation is:**
 - femoral
 - obturator
 - genitofemoral
 - ilioinguinal
- A 75-year old male patient has been treated with an alpha blocker for LUTS due to bladder outlet obstruction and BPH (size 55 grams) for two years. He is without any complaints at this moment but experienced one episode of macroscopic haematuria. His has no medical history is uneventful and he is not on any other medication. What is your policy?**
 - Nothing since this can happen with a demonstrated BPH
 - Add finasteride to stop the bleeding
 - Surgical intervention is needed (TURP)
 - Upper tract imaging and cystoscopy
- Radical cystectomy for bladder cancer is indicated:**
 - Strictly only in patients with muscle invasive disease
 - In all patients immediately after diagnosis of T1 tumor
 - In patients with muscle invasive and in selected patients with high risk non-muscle invasive bladder cancer
 - Only in patients after radiotherapy failure
- Which of following statements about survival after cystectomy for bladder cancer is correct:**
 - 5-year survival is usually reported to be in the range of 48-68%
 - Survival is strongly dependent from the local extent of the disease
 - Survival is strongly dependent from lymph node involvement
 - All of the above
- The survival benefit of neo-adjuvant chemotherapy before cystectomy or radiotherapy in patients with muscle invasive bladder cancer is about:**
 - 5%
 - 15%
 - 20%
 - There was no benefit confirmed

The correct answers of the April/May and this issue's quiz can be found on page 6.



Apart from quiz photos, the EUT residents corner is once again calling for your comments, articles and opinions.

Tamás Zóber

Did you know that...

... 'rejuvenation' was the 19th Century catchphrase in Europe for what we know today as "the ageing male."

Charles Edouard Brown-Sequard (1817-1894, Fig. 1), well-known French neurologist and physiologist, who had described the post-spinal cord injury Brown Sequard syndrome, had the idea in 1869 to inject semen into the blood of older men in order to increase mental and physical powers.

At the age of 72 he discovered in himself certain signs of the ageing process and therefore experimented on himself with subcutaneous injections of animal testicular extracts. He presented his first results at the Société de Biologie in Paris confirming that he had experienced an increase of physical and mental powers as well as an improvement of the jet of urine and the power of defecation, results that returned to normal after discontinuation of the treatment.

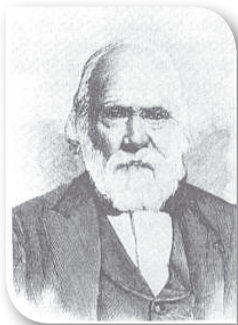


Fig. 1 Charles Edouard Brown-Sequard (from: Musée d'Histoire de la médecine, Paris)

Eugen Steinach (1861-1944, Fig. 2), Viennese physiologist proved in 1894 that the surgical removal of the seminal vesicles in rats did not influence their sex instinct. However, rejuvenation was observed in older animals after they had received a testis transplant from a younger animal (Fig. 3). The same effect could be produced after vasoligation in these animals.



Fig. 2 Eugen Steinach (from: Harms E, 1969)

He concluded that with surgical ligation of the seminal ducts either in the region of rete testis or the vas deferens, an increased hormonal production would ensue. He gained worldwide acknowledgement for his theory of autoplasmic treatment of ageing. With help from the urologist Lichstern he successfully performed this surgical procedure in a human patient in 1918, resulting in a vasectomy boom over the next two decades, and in Vienna more than 100 academic members of the university received this treatment during the 1920s.

Steinach's most famous statement was "It has frequently been said that a man is as old as his blood vessels. One may have greater justification for saying that a man is as old as his endocrine gland."

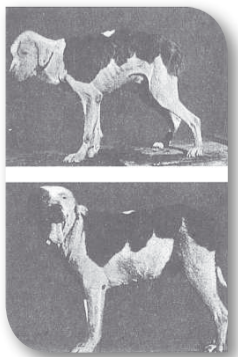


Fig. 3 Eighteen-year-old dog, a) before and b) after vasoligation (from Steinach E, 1940)

Extract from: D. Schultheiss, J. Denil, U. Jonas (1999): *Androgen therapy and rejuvenation in the early 20th century.*

In: Dr. J.J. Mattelaer (ed.) *De Historia Urologiae Europaeae* (Vol.6). EAU, Arnhem, pp. 143-147.

ESRU Nightmare Session 2008

A case of testicular tuberculosis



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Discussion points:

- What would be your differential diagnosis?
- What management should be offered?

After completing the investigation, the pathology within the testis could not be differentiated from a tumour or chronic infection. A radical inguinal orchiectomy was performed together with internal urethrotomy. The diagnosis of testicular tuberculosis was made after investigating the orchiectomy specimen.

Discussion points:

- Is any further treatment necessary?
- Are there any other diagnostic tests you would perform?

A combination anti biotherapy (Rifampicin + Isoniazid + Pyrazinamide + Ethambutol for two months and Rifampicin + Isoniazid for the remaining four months) was used for six months as stated in the EAU guidelines (1). A further investigation for other infection sites was performed after the diagnosis. Chest X-Ray, sputum examination for AFB, IVU, ultrasonography of the abdomen and urine culture for Mycobacterium tuberculosis results were all negative.

Discussion

The diagnosis of genitourinary tuberculosis is often difficult due to the variety of clinical and radiological findings. The differentiation of genital tuberculosis and testicular tumour may not be made clinically and radiologically, as a result the diagnosis is made while investigating the pathological specimen. In our case the ultrasonography was not helpful in differentiating the testicular nodule and the diagnosis was made after surgery.



Fig. 1: Testis TBC nodule within epididymis and calcification in testis

The well-attended Nightmare Session was part of the "ESRU Day" held on 26 April 2008 during the 23rd Annual EAU Congress in Milan, Italy. Cases in the Nightmare Session are presented with the aim to provide a challenge and offer useful advice on how to manage these cases.

Case description:

A 70-year-old male patient was presented with severe LUTS (IPSS: 28) persisting for two years. He revealed no systemic symptoms and his past medical history was insignificant. On examination, he had a right testicular nodule extending towards the epididymis. The systemic examination revealed nothing significant. Ultrasonography identified a hypoechoic area extending from the testis towards the epididymis and a calcification within the testis (Figure 1). Uroflow showed a Qmax value below 10 mL/sec. Testicular tumour markers were all in normal range (β-hCG, LDH, AFP). Urethrogramme was performed in order to evaluate the LUTS and a short urethral stricture was revealed.

Genitourinary tuberculosis is the most frequent form of extrapulmonary tuberculosis in adults. The epididymis and prostate are the most commonly affected sites in the genitourinary system. Tuberculous orchitis is usually a result of local invasion from the epididymis. The urinary tract of all such patients with a primary location of tuberculous infection on the epididymis and testis should be further investigated. The duration of medical treatment has been reduced to six months and only in complicated cases (recurrences of tuberculosis, immunosuppression and HIV/AIDS) is a nine to 12-month therapy necessary.

Reference

1. EAU Guidelines for the management of genitourinary tuberculosis
Mete Çek, Severin Lenk, Kurt G. Naber, Michael C. Bishop, Truls E. Bjerklund Johansen, Henry Botto, Magnus Grabe, Bernard Lobel, Juan Palou Redorta, Peter Tenke
UTI Working Group of the EAU Guidelines Office, European Urology 48(2005) 353 - 362

Residents' high approval rating

EU and EUT: Scholarly reviews popular among residents, survey says



Fig. 1: The survey was conducted during last year's EUREP course in Prague

By Joel Vega

The EAU's flagship publications - the *European Urology Today* (EUT) newsletter and *European Urology* - remain popular among the majority of urological residents who regularly receive or have access to both publications, with the latter posting a higher approval rate among the residents.

Conducted by the European Society of Residents in Urology (ESRU) during the annual EUREP course held in Prague last year, the survey assessed the response of 81 residents who participated in EUREP. Of the total respondents, 53% gave *European Urology* the highest possible score of 5, from a scale of 1 ('not interesting') to 5 ('very interesting'). On the other hand, 14% rated the EUT 'very interesting,' with the rest of the

respondents giving the bi-monthly newsletter a rating of 3 or 4 (33% respectively).

Interestingly, and despite the popularity of online reading habits among younger doctors, eight out of ten of the respondents prefer to read the EUT's print or paper edition while only a meagre 7.5% read the online or PDF version. A smaller number (6%) read the EUT, which are routinely distributed during the EAU congresses and meetings. Moreover, nearly 40% read the newsletter more than twice in a year, while 11% said they never had the chance to read the newsletter in the past year. Majority or 49% have either read the EUT once or twice in the preceding year.

Originally aimed to evaluate the Residents' Corner page in EUT, the ESRU survey also showed that

residents give equal interest to other sections in EUT. Most however prefer to read the medical books review page and the personal reports from residents who experienced sponsored hospital fellowships. Other popular topics are the website review page and articles on residencies across Europe.

Contrary to expectations, the pages featuring the EBU and photo quizzes have generated moderate responses with barely a quarter of the residents (range from 22% to 24%) rating both pages as 'very interesting.' And despite looking at the quizzes, nearly 70% do not bother to find out if they got the right answers.

Asked on whether they would be interested to contribute to the Residents' Corner page, nearly four out of ten said they didn't have the time to write an article. Other reasons cited were: 'don't have something interesting to write about' (15%), 'article might be rejected' (10%), 'only interested to write for PubMed journals' (11%), and the lack of confidence in writing in English (8%).

On the whole, ESRU chairman Andreas Petrolekas said the survey showed that there is a growing readership among residents for the EUT's publications, and that the interest of residents to monitor developments in urology include reading up on internationally circulated publications. He added that a similar survey, with particular attention to the EUT's contents and readership, might be conducted again in the next EUREP course in Prague.

Quiz answers

The correct answers in the Guidelines quiz of EUT April/May 2008 are: 1b, 2d, 3a, 4b, 5c.

The correct answers of this issue's Guidelines Quiz are: 1b, 2d, 3c, 4d, 5a.