

Materials and methods: The ACSS was developed as a simple 18-item self-reporting questionnaire containing of: (I) six items asking about “typical” AUC symptoms in women, ranged from most common to less; (II) four items helping to differential diagnosis; (III) three items on quality of life; and (IV) five items on additional conditions, which may affect therapy. These were divided into four subscales: “Typical”, “Differential”, “QoL” and “Additional” respectively. Translation and cultural adaptation of the ACSS into German language were performed according to approved translation guidelines by MAPI Research Institute (Lyon, France) and guidelines for the translation and cultural adaptation process of the ISPOR. This process was supported by following steps: (I) conceptual definition; (II) forward translation; (III) backward translation; (IV) pilot testing—(i) cognitive interviews; (ii) review by clinicians; (V) international Harmonization; and (VI) proofreading. German-speaking female patients among the citizens of Germany were invited to be the respondents of the study. All participants of the study signed written consent approved by the pilot institution’s Ethical Committee. Demographic information, including age, ethnic origin, and primary language, was obtained from the respondents. Women included into the study were then asked to fill up the questionnaires. All the required routine laboratory investigations (such as urine dipstick test, microbiological investigation of the urine with antibiotic susceptibility test, ultrasound, etc.) were performed to make a diagnosis. Respondents were then divided into ‘Patients’ and ‘Controls’ according to the results of clinical investigation. Measurements of reliability and validity, predictive ability and responsiveness were performed. Mann-Whitney’s U test was used for comparing scores of the groups. P values less than 0.05 were considered statistically significant.

Results: A total of 36 German speaking women among whom 30 (83.3%) were inborn Germans, admitted to Clinic and Polyclinic of Urology, Paediatric Urology and Andrology of Justus-Liebig-University (Giessen, Germany) were included to the study. Mean age of the respondents (Mean \pm SD) was 40.4 \pm 19.1 years. Among them 19 were recognized as having AUC and included into ‘Patients’ group. Cronbach’s alpha for German ACSS total scale was 0.86 (0.85 for standardized items), split-half reliability was 0.81 and 0.73 for first and second halves respectively, correlation between first and second half was 0.64 and coefficient of Spearman-Brown prophecy was 0.84. Interclass correlation coefficient was 0.86 for average measures ($P < 0.001$). Mann-Whitney U test revealed significant differences scores of the “typical” domain between patients and controls ($U = 17.5$,

$N_1 = 19$, $N_2 = 17$, $P < 0.001$). The optimal threshold was a score of six points and more in “typical” subscale with a sensitivity of 94.7% and specificity of 82.4% to predict AUC. False positive result rate was 14.3% and false negative result rate was 6.7%, thus calculated predictive values of positive and negative results were as high as 85.7% and 93.3% respectively. And accordingly calculated efficiency of a test result was found to be equal to 88.9%.

Conclusions: German version of ACSS has a high level of reliability and validity. Results of our analysis demonstrated excellent levels of predictive ability and efficiency of the test results of the tool, and that makes German version of the questionnaire ideal to use in the clinical practice for diagnostic procedures and therapeutic monitoring of German female patients suffering from symptomatic urinary tract infections.

Keywords: AUC; Acute Cystitis Symptom Score (ACCS); translation; adaptation and validation

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AB128. Features of correction hypospadias in the young men

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Purpose: Examining the early and late results of adult urethroplasty in the adult patients.

Materials and methods: During the period from January 2006 to December 2013 at the Republican Specialized Center of Urology (training base of Tashkent Medical Academy) urethroplasty using various techniques was performed in 68 men. Mean age was 23.4 \pm 2.6 years (from 18 to 26 years). All patients have had previously foreskin removing (circumcision). Some form of surgical intervention on the penis was performed in 48 (70%) men

formerly. Typically, earlier in childhood, there had been an unsuccessful attempt in urethroplasty in 39 patients, and straightening of the penis (excision of the chord) in seven cases. Dermal urethral fistula in the urethra was formed in 23 (34%) males: in 12 cases the aperture was situated in penoscrotal zone; in eight patients—in the shaft of the penis and in three patients - located in the coronary sulcus. Deformity of the penis due to insufficiently removing of the chord was in three patients. Causes of patients complaints were dissatisfaction with aesthetic appearance of the penis (all patients), the presence of a fistula and the absence of children after marriage (12 men). All the patients underwent routine clinical and laboratory investigations, biochemical analyzes, the investigation of sexual hormones levels, ultrasonography (to avoid abnormalities of the urinary tract) and uroflowmetry (to exclude bladder outlet obstruction). All patients have had an antibacterial therapy before the surgery in the case urinary tract of infection and urethroplasty was performed in the presence of sterile urine. Sine qua non of urethra plastic surgery was the decompression of the lower urinary tract, which was performed by setting a catheter into the bladder cavity via percutaneous suprapubic access. In to the neourethral lumen was performed of a small diameter catheter. Restoration of natural urination occurred 12-15 days after the surgery.

Results: The formation of the neourethra in all patients was completed in several stages. The first stage included the chord excision in seven patients with deformed penile curvature. S. E. Duplay method of urethral plastic surgery was performed in 32 (47%) patients, in 28 cases the meatus was formed at coronal sulcus, whereas in four men using glanduloplasty we managed to form the outer aperture of the urethra at the tip of the penis. After the surgery in 12 (37%) cases, because of purulent urethritis and wound dehiscence, the urinary fistulas were accrued. The fistulas self-cured in two of the cases, in the remaining patients this occurred three months after the surgical repair. Due to the scarcity of the skin on the penis in 36 (53%) cases for the technique proposed by Cecil was used in creation of the urethra: the first stage creates the urethra and the skin defect on the penile skin flap is closed using the skin from the scrotum; the second stage (after three months) the uncoupling of the penoscrotal anastomosis was performed. After the Cecil surgery the purulent urethritis occurred in 10 (27%) patients, which caused the formation of urethral urinary fistulas in eight cases. After three months, urethral fistula was successfully eliminated surgically. It should be noted that in all patients in this group the urethral meatus

was formed at the coronal sulcus, as the specialized nature of these operations according to Cecil do not provide another option.

Conclusions: Due to the scarcity of the skin on the penis in adult patients (including the lack of foreskin) urethroplasty should be performed in a multi-step process. There is no need to form the outer opening of the urethra on the penis balanus, however the location of the meatus on a physiological level allows for the best aesthetical result. Because of the risk of urethritis in men it is advisable before performing urethroplastic surgery to perform a derivation of urine using cystostomy.

Keywords: Adult urethroplasty; correction hypospadias; surgical intervention

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AB129. Role of routine examination in diagnose of prostate cancer

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Purpose: There is still no consensus exist about the importance of routine diagnostic procedures in diagnosing of the prostate cancer (PCa). In the purpose of defining the roles in diagnosing of the PCa, commonly used procedures such as ordinary digital rectal examination (DRE), transrectal ultrasonography of the prostate (TRUS), elevated levels of prostate-specific antigen (PSA) and PSA density (PSA D) were investigated in the frames of single clinic.

Study materials, procedures and methods: We retrospectively analyzed medical records of 231 patients who underwent transrectal prostate biopsy (TRPB) in the Republican specialized center of urology (Tashkent, Uzbekistan) within year 2013. Indications for performing