

Management of Posterior Urethral Valves in Uyo: A 10 Year Experience

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Background: Posterior urethral valves (PUV) are the most common cause of male pediatric obstructive uropathy. **Objective:** The objective of this study was to evaluate the clinical presentation, treatment and outcome of 21 PUV patients managed over a period of 10 years. **Methodology:** A prospective study of charts of 21 PUV patients managed between 2002 and 2012 at the University of Uyo Teaching Hospital and KSH Hospital Ltd., Uyo. Patient data retrieved included age, clinical features, laboratory and radiological findings, methods of drainage, initial and definitive management; complications and outcome. Patients were treated with Mohan's valvotomy, Endoscopic resection, balloon avulsion and open resection. **Results:** The age range was between 2 weeks and 15 years (mean = 4.3 ± 4.4 SD years). All patients had lower urinary tract symptoms and abdominal distension. 7 patients (33.3%) had vomiting; 2 patients (9.5%) had fever; while 2 patients (9.5%) had hematuria. The electrolytes, urea and creatinine were abnormal in 15 patients (11%). Micturating cystourethrogram was diagnostic in all patients. 15 patients (71%) had back-pressure effects with vesico-ureteric reflux and hydroureteronephrosis. Mohan's valvotomy was done in 10 patients (47.6%). Endoscopic valve ablation was done in 7 patients (33.3%). Balloon avulsion was done in 1 patient (4.7%) and open valve resection in 2 patients (9.5%). 50% of patients were lost to follow-up. **Conclusion:** Early diagnosis and ablation of PUVs improved outcome in our patients. Prenatal ultrasound would have detected the patients in utero. Preliminary vesical drainage by urethral catheterization or suprapubic cystostomy improved renal function and prevented chronic renal failure. The provision of endoscopic facilities for direct vision valve ablation is strongly advocated.

The Uyo Trauma Registry: Developed for Sustainable Audit of Trauma Care and Cause in Nigeria

Nottidge TE, Dim EM, Udoinyang CI, Udoh IA 1

Emergency Open Prostatectomy for Bleeding Benign Prostate Hyperplasia: A 6-Year Experience

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Introduction: Massive persistent hemorrhage in benign prostatic hyperplasia (BPH) is a fairly common and life-threatening complication at presentation. **Aim:** The aim of this study was to determine the cause of bleeding and safety of an emergency open prostatectomy in patients with bleeding BPH. **Patients and Methods:** A 6-year prospective study of 40 patients who underwent an emergency open prostatectomy for persistent bleeding BPH was undertaken between June 2007 and June 2013 at the University of Uyo Teaching Hospital. Each patient's data consisting of personal bio-data, clinical, laboratory, radiological, operative findings and post-operative complications as well as histological diagnosis were entered into a protocol and analyzed to determine the cause of bleeding and outcome. Outcome was measured in terms of survival, bleeding (number of times the catheter had to be flushed) and wound complications. Prostatic adenoma after removal was weighed and recorded. **Results:** The age distribution of the patients ranged from 55 to 90 years, 37.5% (15) of them being in the 71-80 age brackets. 97.5% (39) and 2.5% (1) had emergency transvesical and retropubic prostatectomies respectively. Large adenomas (70-400 g weight) and prominent median lobes were found to be the cause of bleeding in all cases. 65% (25) of adenomas were 150 g and above. All patients had multiple blood transfusions both pre-, intra- and post-operatively. 40% (16) of patients had post-operative complications ranging from wound infection (15%), minimal bleeding (27%) to vesicocutaneous fistula (5%). In spite of the associated co-morbid conditions in these patients (55%), no death was recorded. **Conclusion:** Emergency open prostatectomy is a safe and effective treatment for bleeding BPH. Recovery following this procedure is usually dramatic with little or no bleeding complications.

Posterior Urethral Valve in a 16-year-old Nigerian boy: Rare Complications of Late Presentation: Case Report and Review of Literature

Prostate Cancer in University of Uyo Teaching Hospital, Uyo

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Objective: To establish the hospital incidence, clinical presentation and management outcome of Carcinoma of the Prostate in University of Uyo Teaching Hospital, Uyo. **Design:** Retrospective. **Materials and Methods:** Men, 40 years or older presenting with lower urinary tract symptoms between 2002 and 2012 were evaluated. Patients with histological diagnosis of Carcinoma of the prostate were analyzed for risk factors, clinical features, tumor characteristics and management. The Hospital incidence was calculated from Hospital admission records. **Results:** 210 patients with Prostate Cancer Histology were identified from the Hospital records. (1) Hospital incidence = 151/100,000/year; (2) Age range, 45-90 years (mean = 64 ± 9.3 SD); (3) Major risk factors were sex, age, Genetic influences and sexually transmitted diseases; (4) 96.2% of the patients had AdenoCarcinomas; (5) 2.4% had transitional cell carcinomas; (6) 1.5% had squamous cell carcinomas; (6) 85.2% of the patients had advanced diseases stage C and D while the remaining 14.8% had stage A and B; (7) 90% of the patients had Androgen Deprivation Therapy (8) 10% had definitive therapy for early state prostate cancer; (9) Approximately 70% of patients died within 5 years of diagnosis. **Conclusions:** Prostate cancer incidence in Uyo compares favorably with the reports from other centers in Nigeria and African Americans. Transrectal ultrasound guidance Biopsy will improve cancer yield. Screening and early detection is strongly advocated so that curative treatment with Radical prostatectomy and radical therapy could be instituted.

Management of Anterior Urethral Strictures in Uyo

Prostate Cancer in University of Uyo Teaching Hospital, Uyo

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Management of Anterior Urethral Strictures in Uyo

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Purpose: We report on our experience with the management of Urethral strictures in the University of Uyo. **Materials and Methods:** Between January 2002 and December 2012, 49 patients with Urethral strictures were admitted into University of Uyo Teaching Hospital. Patients data entered into a pro forma were age, sex, occupation, etiology of the stricture, clinical features, investigation and treatment were included. **Results:** The age range was 3-75 years (mean: 35.7), the sex ratio M: F = (47:2). 22 patients (44.9%) had post traumatic strictures; 19 (38.8%) had post inflammatory strictures while 6 patients (12.2%) had Iatrogenic strictures, 2 women (4.1%). 41 of the patients (83.6%) presented in an acute or chronic Urinary retention. 18 (36.7%) with lower Urinary tract symptoms. 11 patients (22.4%) presented with complex strictures

