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## Statistical data of onco urology healthcare in Saint-Petersburg in 2009-2013

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**M**alignant tumors (MT) play important role among socially-significant diseases. Last years in St. Petersburg (SPb) verify an increase of MT incidence. We perform the analysis of statistics of urological cancer care (UMT) for SPb's inhabitants during 2009-2013. The increase in morbidity and mortality marked in UMT patients: Whole Russia (RF) indicators +0.8%; +0.1%, respectively; in SPb - +3.6%; +4.6%. Index ratio of the dead/diseased UMT in RF -4.0% in SPb +5.1% is the result of untimely treatment. We state an increasing number of cases with newly diagnosed prostate (PC; +18.3%), bladder (BC; +15.0%) and kidney cancer (KC; +5.7%) which led to an increase of UMT contingents (+14.2%). The "crude" index grew in BC (men +4.7%, women +5.2%); KC in women +1.5%; PC +7.3%, with maximum increase of UMT in men of 45-50 years old (+16.9%) and in women >65 years (+11.3%). The greatest number of cases UMT (2013)-verified at initial stages (61.0%), the similar to RF situation. Group of BC stage IV cases increased +2.1% while reducing in KC and PC (-3.7%; -0.3%). One year mortality rate for BC +3.0% are the result of the late detection of those tumors. In total deaths rate from MT (2013) UMT rating was 9.1%. "Crude" index in absolute number of PC deaths +35.1% (2000-2013). It is advisable: To organize a monitoring system of suspected UMT's; consider a single coding of UMT due to ICD-10; conduct training of onco urology basics for oncologists; improve the medical care of newly diagnosed PC cases; perform onco-epidemiological studies to prevent the development of new UMT in SPb.

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## Treatment in the inconspicuous penis and severe hypospadias: A surgical experiences

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**Introduction:** Inconspicuous penis refers to a constellation of conditions that make the penis look diminutive and small. These conditions are poor penile suspension, buried penis, webbed penis, trapped penis, concealed penis, diminutive penis and congenital chordae with and without hypospadias. Proper treatment is dependent on accurately diagnosing which entity is present.

**Materials & Methods:** We reviewed the records of patients treated for inconspicuous penis and severe hypospadias. We categorized the cases as penoscrotal webbing or megaprepuce buried penis (webbed penis), developmental conditions like prepubic adiposity that overhang the penis (buried penis or concealed penis) and iatrogenic causes like trapped penis after adhesions secondary to circumcision (trapped penis), congenital chordae with or without hypospadias and only severe hypospadias with penoscrotal transposition. For the inconspicuous penis and the congenital chordae, all patients underwent complete penile degloving, for the trapped penis the cicatricial scar that trapped the penis was excised. Webbed penis was surgically repaired as was the combined buried and webbed penis. Penile skin flaps and Z-plasties were used; scrotal skin flaps were used for reconstruction. In buried and concealed penis patients the penile skin was fixed with sutures to maintain penile length. For the severe hypospadias we performed scardino ehrlich scroplasty, chordectomy and urethroplasty (ducket, lateral based flap, konayagi).

**Results:** Surgical results were uniformly good for the inconspicuous penis and the congenital chordate. The repairs were all successful and had no complications. For the severe hypospadias, 30% had uretrocutaneous fistula.

**Conclusions:** Inconspicuous penis and severe hypospadias is a very serious condition and need surgical correction. Reconstruction is warranted in appropriate cases to avoid future psychosexual issues and provide the child with normal functional anatomy.

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