

5 years finally. All the surgical procedures were successfully conducted under epidural or general anesthesia. Mean operation time was 79 ± 21 minutes, and mean retrieved prostatic tissue was 22.7 ± 5.6 g. Resected prostatic tissues could be easily flushed out of the bladder. There were no significant differences in serum sodium concentrations and hemoglobin levels before and after the surgery. Mean catheter time and hospital stay was 121 ± 47 hours and 5.5 ± 2.0 days respectively. During follow up, Qmax increased from 8.1 ± 3.7 mL/s preoperatively to 4.5 ± 3.9 mL/s by the end of the follow up ($P<0.05$), IPSS and QoL-Score improved from 23.6 ± 4.7 and 3.8 ± 0.9 to 5.7 ± 2.6 and 1.6 ± 1.2 respectively ($P<0.05$), and PVR decreased from 244 ± 73 to 28 ± 22 mL. The data indicated that transurethral vaporessection of prostate using the 2-micron continuous wave laser system is a safe and effective treatment for BPH.

Keywords: Benign prostatic hyperplasia (BPH); vaporessection; transurethral

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AB028. The repair and reconstruction of urethral stricture

Jian Lin

Andrology Center, First Hospital of Peking University, Institute of Urology, Peking University, Beijing 100034, China

Abstract: Urethral stricture is still a challenging field in urology. Despite the varied procedures to treat this disease at present, no one existed approach can be clearly stated to be superior over another. Among the procedures, simple dilation and direct vision internal urethrotomy are more commonly suggested only for short urethral

stricture (<1 cm, soft and no previous intervention). Currently, urethroplasty using buccal mucosa or penile skin are the most widely adapted techniques in clinic and have met great success. But some complications such as donor site morbidity still remains problems to be solved. Tissue engineering technique is considered as a promising solution for urethral reconstruction, but still need further investigation, and the stem cell therapy also mandates further work in the future.

Keywords: Urethral stricture; dilation; tissue engineering technique

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AB029. The regulatory effects of androgen in wound healing of the prostatic urethra after thulium laser resection of the prostate

Shujie Xia

Department of Urology, Shanghai People's Hospital, Shanghai 200235, China

Background: This research aims to determine the role of androgen in wound healing of the prostatic urethra after thulium laser resection of the prostate (TmLRP). Further, the change of basal cell proliferation and differentiation as well as macrophage polarization and the inflammatory response influenced by androgen were explored. Moreover, the macrophage cytokines effected by finasteride were detected in urine specimens from thulium laser prostatectomy patients, thus to reveal the mechanism of androgen in wound repair process after prostatectomy.

Methods: (I) Twenty-four beagles that received TmLRPs were randomly distributed into a castration group, a testosterone undecanoate (TU) group and a control