

metastases, impact of TS on markers is best evaluated in CS1, where bHCG and AFP were significantly more expressed in larger TS ($P = 0.014$ and $P = 0.01$). In the population of CGT, the largest TS were observed in the oldest patients ($P = 0.01$).

Conclusions: The present study confirm TS is associated with CS, because maybe tumor growth induces intratumoral processes promoting metastatic spread. TS has potential value in predicting histology, but there are limited data to establish a size for a clinical threshold.

UP-16.15

Tumor on Lowered Cryptorchid Testicle: About 6 Cases

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Introduction and Objectives: Cryptorchidism promotes the development of testicular cancer. The aim of this study is to analyze the clinical, anatomic-pathological therapeutic and evolutionary characteristics of testicular cancer developed on cryptorchid testicle.

Materials and Methods: This is a retrospective study spread over 20 years (1999–2019). During this period, 1482 patients had a lowering of the testicles for cryptorchid testicle of which 6 (0.4%) developed a tumor on lowered testicle.

Results: The mean age of our 6 patients was 27.6 years (20–40 years), the testicular lowering cure was performed at a mean age of 10.3 years (3–18). The diagnosis of testicular tumor was evoked by the increase in scrotal volume in 5 cases and pulmonary metastases in 1 case. The extension work up revealed inguino-crural lymph node invasion (3 cases) and pulmonary metastases (1 case). The tumor marker (β HCG, α FP) was markedly increased in 5 cases. All our patients had an inguinal orchiectomy, associated with a curage of the crureau nodes. The anatomical-pathological examination concluded to an embryonal carcinoma in the 3 cases of which 2 cases associated with an immature teratoma, 1 case of seminomatous tumor, 1 case of mixed germ cell tumor and 1 case of choriocarcinoma. Five patients received adjuvant chemotherapy. The average follow-up time was 11 months (21 years and 6 months). One patient died at 7 days postoperatively with acute lung edema lesion.

Conclusions: Testicular lowering does not seem to prevent the development of cancer, but it does allow for early detection.

Penis/Testis: Benign Disease

UP-17.01

Fibroepithelial Polyp of Glans Penis

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Introduction and Objectives: A case of fibroepithelial polyp of the penis in a 56-years-old man is presented.

Materials and Methods: The patient presented with the complaint of swelling at the tip of the penis that had been increasing for 6 months which was not associated with condom catheter use or prior surgery.

Results: A cauliflower-like mass on the base of his penis was seen during the physical examination. It was clearly understood that the lesion affected the ventral surface of the penis, near the urethral meatus. No communication was found with the urethra. The cauliflower-like mass was about 2.5 cm in diameter (Figure 1). Surgery was performed with general endotracheal anesthesia. The mass was excised by wide local excision. The excised mass was 2.7 × 2 × 1.5 cm (Figure 2). The histopathologic diagnosis was fibroepithelial stromal polyp. The follow-up visits at 3, 6, and 12 months postoperatively showed normal findings and no recurrence.

Conclusions: We report a fibroepithelial polyp of the glans penis. Unlike most reported cases, our case was not associated with chronic condom catheter use. Fibroepithelial polyps are benign mesodermal tumours, which are composed of a core of fibro-vascular stroma with overlying epithelium. Clinically, the differential diagnosis includes condyloma acuminatum, giant condylomas (called Buschke–Löwenstein tumors), verrucous carcinoma, squamous cell carcinoma, urethral carcinoma and angiomyxoma. Treatment with local excision is usually successful as in our case.

UP-17.02

Penile Fractures: Sexual Destiny After Surgical Treatment

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Introduction and Objectives: Penile fracture is a rupture of tunica albuginea of corpus cavernosum of the penis. It is relatively uncommon and odd form of blunt trauma of the erect penis. It is relatively frequent in south Mediterranean regions and mainly occurs among young adults. our goal is to evaluate of early results and complications of its surgical management.

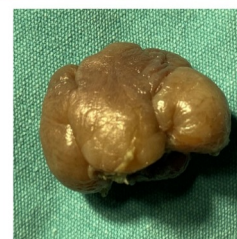
Materials and Methods: A retrospective study (22 years) from January 2000 to December 2022. 143 patients were treated surgically for penile fracture (6 per year).

Results: Diagnosis was made clinically (no need to perform other investigations). Typically, patients presented with complains of a classic “cracking” sound (137 [96%]). Sharp penile pain, rapid detumescence

UP-17.01, Figure 1.



UP-17.01, Figure 2.



and swelling were noticed in all cases. The fractured penis showed haematoma “aubergine sign” (139 [97%]) with deviation towards the opposite side to the injury. Palpation revealed gap in the penile shaft (83 [58%]). Five patients (3.5%) have showed urethral bleeding and voiding difficulties, which would suggest associated urethral lesion. Immediate surgical treatment was performed via sub-coronal circumferential incision