we had target for R0 resection. For 1 patient, it was impossible the R0 resection due to the extension of disease with infiltration of multiple organs. We inserted two drains to all patients.
The pathology report found 18-47 lymph nodes per patient, with invasion of 5-20 lymph nodes.
Concerning the postoperative complications we had: prolonged lymphorroia (4 patients), wound infection (2 patients), while 1 patient presented deep venous thrombosis. The median hospital stay was 3 days.
During follow up there was no recurrent disease.
Conclusions: The patients with testicular cancer present commonly recurrent disease with invasion of intraabdominal lymph nodes. These cases need careful preoperative evaluation. Intraoperatively, the lymph node dissection should extend to the aortic root, since the surgical management is the only final curative choice. It is appropriate a surgical team with experience to these complex interventions with target a R0 resection and minimization of complications.
Conflict of interest: No conflict of interest.

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PENILE CANCER; STILL A SOCIAL STIGMA IN DEVELOPING COUNTRIES: A SINGLE CENTER STUDY FROM NORTH-EAST INDIA

J. Yadav, J. Purkayastha, P. Singh, N. Pegu, S. Bannoth. *Dr B Borooah Cancer Institute, Surgical Oncology, Guwahati, India*

Background: This study describes the clinical and social factors associated with penile cancer and their coorelation with disease pattern and management.
Materials and methods: It is a retrospective study done in patients who were treated at Dr. B. Bor0oah Cancer Institute for penile cancer from 2011 to 2015. We excluded those patients who were lost to follow up before initiating any treatment.
Results: Data were obtained for 58 patients; all had squamous cell carcinoma. Their mean age at diagnosis was 53 years. Most of the patients (51.7%) were belonging to low socioeconomic status with monthly income less than Rs 5000 and many patients (56.8%) were educated below 8^{th} standard. Thirty two patients (53.45%) had palpable inguinal lymph nodes. The majority of patients (74.2%) underwent partial penectomy while 25.8% patients underwent total penectomy. All patients having palpable nodes underwent lymph node dissection during primary surgery while 22.4% underwent lymph node dissection later on. Low family income and education were significantly related to delayed and advanced presentation of the disease and need for more radical surgery (p value <0.05).
Conclusions: While penile cancer is rare in developed countries, it continues to be a significant public health issue in developing countries. There is still a social stigma related to penile cancer therefore patient do not present in early stage. Public health campaigns are needed in developing countries to make people aware and psychosocial groups should be there to support the patient and their families.
Keywords: stigma, penectomy, psychosocial
Conflict of interest: No conflict of interest.

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PROLONGED URINARY FISTULA FOLLOWING RADIOFREQUENCY-ASSISTED PARTIAL NEPHRECTOMY FOR DORSAL RENAL CELL CARCINOMA. PATHOGENETIC IMPLICATIONS FOR CONSERVATIVE MANAGEMENT. A CASE REPORT

R. Patrone, C. Gambardella, E. Tartaglia, G. Conzo. *Division of General and Oncologic Surgery - University of Campania "Luigi Vanvitelli", Department of Cardiothoracic Sciences, Via Pansini 5, 80131, Napoli, Italy*

Background: Partial nephrectomy, either open or laparoscopic, should be preferred in the treatment of renal lesions < 4cm and, moreover, a radiofrequency assisted procedure may facilitate haemostasis, avoiding hilar clamping. Material and methods
We report a case of prolonged urinary fistula following an elective radiofrequency ultrasound assisted partial nephrectomy, in a caucasian 63-years old male. A novel 4-needle bipolar device was utilized in the treatment of a small posterolateral renal cell carcinoma of the left kidney, localized close to the pelvicaliceal system.
Results: Radiofrequency determined a delayed thermal damage of the caliceal integrity, and on postoperative day 3 an urinary fistula had arisen. After a left double ureteric J stent was sited, the fistula healed 62 days after surgery.
Conclusion: During the treatment of lesions close to the collecting system, an intraoperative pielography should be considered, so as an alternative operative technique accordingly. A urinary fistula conservative approach should be routinely recommended, reserving more aggressive procedures to non responsive cases.
Conflict of interest: No conflict of interest.