overexpressing lines is ongoing, as is immunohistochemical and immunoblot verification of expression data.

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**Burkholderia pseudomallei** Prostatic Abscess; 37 cases from a 10 year prospective melioidosis study

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**Purpose:** To review the epidemiology, clinical presentation and management of prostatic abscess secondary to **Burkholderia pseudomallei** infection in the Northern Territory, Australia. We highlight the frequency of prostatic abscess occurrence in melioidosis and formulate recommendations for its detection and management.

**Materials and Methods:** Review of a prospective database of all culture confirmed melioidosis cases in the Northern Territory between October 1989 and December 2000. This was supplemented with data obtained from a review of case notes and post-mortem records during the same period.

**Results:** There were 263 cases of melioidosis (all presentations) identified, of which 199 (76%) were male. A prostatic abscess was identified in 37 (19%) of these men. Notably, only 1 (4%) of 23 prostatic abscesses managed at the Royal Darwin Hospital in the 5 years to December 2000 was due to organisms other than **B. Pseudomallei**. In 33 (89%) of 37 patients there was clinical evidence of prostatic infection or positive urine culture for **B. Pseudomallei**. In 33 (89%) of 37 patients there was clinical evidence of prostatic infection or positive urine culture for **B. Pseudomallei**. All patients were treated with antibiotics and 24 of the 37 abscesses were drained. Ultrasound-guided needle drainage was used in 12 instances and open drainage in 18 (transrectal, 9; trans-urethral, 5; trans-perineal, 4). Five patients had multiple procedures and 13 had none.

**Conclusions:** Prostatic abscess is common in melioidosis. Clinical signs are usually present but may be subtle. Detection is enhanced by routine computed tomographic screening of the abdomen and pelvis for occult visceral abscesses in all cases of melioidosis. Ultrasound-guided needle drainage is an adequate initial therapy in conjunction with appropriate antibiotics.

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**Mitrofanoff and Monti-procedures for correction of continent catheterizable channels in adults: 10 years experience with 70 patients**

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**Introduction:** Bladder emptying in para-/tetraplegic females who perform clean intermittent selfcatheterisation (CISC) will after a Mitrofanoff or Monti-procedure be greatly facilitated. Patients with intractable incontinence, who would earlier have had a urine diversion, will with a Mitrofanoff- or a Monti-channel be able to maintain a normal bladder function under the use of CISC.

**Patients:** During 10 years 70 patients (25 with spinal cord injury, 9 with spina bifida/myelomeningocele, 7 with multiple sclerosis and 19 with other diseases aged 16–62 yrs.) underwent a Mitrofanoff or a Monti-procedure to achieve a continent catheterizable channel to ease bladder emptying or to replace an irreparable urethra.

**Results:** Mitrofanoffprocedures were performed in 51 and Monti-procedures in 19 patients. Surgical channel-correction was performed in 16 patients while 17 had a YV-correction of the cutaneous stoma due to stenosis. Five patients died of unrelated causes and at present 62/70 patients have functioning channels, 41 without revision.

Accompanying surgical closure of the urethra was performed in 28, autoaugmentation in 25 and Clam-procedure in 24 patients. Tight sling-procedures were performed in 7 patients, of whom 5 later underwent urethral closure due to lack of effect.

Accompanying surgical closure of the urethra was performed in 28, autoaugmentation in 25 and Clam-procedure in 24 patients. Tight sling-procedures were performed in 7 patients, of whom 5 later underwent urethral closure due to lack of effect.

**Conclusions:** Mitrofanoff- and Monti-procedures were valuable treatment options when CISC wanted to be facilitated or made possible, or when the urethra was without range of repair and needed replacement. Revision/repair-surgery was needed to an acceptable extent.