

CONGRESS REPORT

Report on the 28th Annual Meeting of the German Society of Urology

Innsbruck, Austria, September 27 to October 1, 1976

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The president of the German Urologic Society Prof. Marberger invited urologists from all over Europe and the United States to the beautifully located university town of Innsbruck to participate in this annual meeting, one of the largest in Europe. The theme of this 28th meeting was "Urinary Tract Infection".

The conference opened with a discussion on the aetiology and pathogenesis of urinary tract infection. The introduction concerning basic knowledge and terminology was given by an urologist (Marberger), a pathologist (Propst), and a bacteriologist (Semenitz). In addition to this Lutzeyer delivered some thoughts on the nosology of urinary tract infection. Frohmueller presented data from a cooperative study on age, sex, and sociology in relation to urinary tract infection. An excellent presentation by Mohr demonstrated the correlation between urinary tract infection and pyelonephritis in the experimental animal which he correlated with clinical findings. He demonstrated clearly that pyelonephritis is an infection of the renal interstitium which the bacteria reach as an ascending infection from the bladder, and break through the tubular wall into the interstitium. Occasionally an infection may reach the interstitium through perivascular pathways or even via the hematogenous route leading to an interstitial infiltrate. Melchior showed a short movie of a model studying active ascending bacterial infection. Mulholland studied the natural resistance of bacterial invasion of the urinary bladder and felt that a mucopolysaccharide acts as a protective mechanism for the mucosa. When this mucopolysaccharide-cover was removed with acids, bacteria were able to invade the bladder wall without any difficulty. This session ended with papers discussing various aspects of urinary tract infection in infants, in diabetics, during im-

munosuppressive therapy and in patients with neurogenic bladder.

In the next session the bacterial flora of the intestine, the vagina and periurethral area were discussed in relation to their entry into the urinary tract. Haferkamp gave an excellent review of the immunopathology of urinary tract infection and two different models of pyelonephritis in the experimental animal were presented by Klippel and Westenfelder. Propst discussed the pathological changes in prostatitis and pointed out that this infection is not only canalicular but also interstitial. Mikuz classified the various infections of the testes and epididymis.

The clinical features and diagnosis of urinary tract infection were discussed on the second day. Albrecht reviewed pyelonephritis in the adult and Eckstein the problems of urinary tract infection in the paediatric age group. Perinephric abscess, renal cysts, nephroptosis, and leucoplakia were discussed in relation to urinary tract infection. An evaluation of normal urinary sediment by Brosig was followed by a discussion of the abnormalities found on urine examination by v. Dittrich. New methods, including the antibody coating technique, are promising in differentiating between upper and lower urinary tract infections.

The problem of septic shock was then reviewed in a round table discussion. It was the common experience of all participants that an infection by *Serratia* can be overwhelming and presents a real threat to the patient's life.

The bacteriology of urinary tract infection (Naumann) and the different methods of studying the bacteria (Semenitz), the various aspects of bacteriuria and its symptoms, detection and treatment were fully discussed.

The X-ray diagnosis of urinary tract infection was the main topic for discussion in

the next session. Nagel reviewed the routine diagnostic steps in urinary tract infection and Loehr discussed special radiological methods. Schmiedt reviewed the abacterial urinary tract infections and found in his experience that fungal infections were responsible for 12% of the cases. The various aspects of mycoplasma infection especially in prostatitis and urethritis were then discussed. Lenzner reviewed the various fungi commonly found in the urinary tract and Eickenberg reported on some unusual mycoses of the urogenital system.

The third day began with a round table discussion on infection of the prostate gland. This ranged from a discussion on the aetiology of bacterial prostatitis (Schirmer) and bacterial infection in prostate tissue (Brehmer, Leisten-schneider) to the determination of antibacterial agents in prostatic tissue and secretions (Madsen), followed by a review of therapy of urinary tract infection with antimicrobial agents in relation to renal function (Deetjen, Madsen), and the neurogenic bladder (Bödeker). Eickenberg reported on his experimental data on the concentration and protein binding of antibacterial agents in the interstitium of kidney and prostate and Mattelaer discussed the use of lipophil antibiotics in the treatment of bacterial prostatitis.

The problem of nephrolithiasis associated with urinary tract infection and its surgical correction was then discussed. After studying the bacteria in the urine of patients with stones (Bastian) and the bacteriology of the stone surface (Bandhauer) and correlating urolithiasis and urinary tract infection in a retrospective study (Rummelhardt), all authors agreed that there was a direct correlation between urinary tract infection and stone disease.

The last topic to be examined was urinary tract infection and vesico-ureteric reflux. Muecke introduced this continuing problem and several authors discussed the correlation of bacteriuria and reflux. The finding of a persistent urinary tract infection after an anti-reflux procedure was discussed by Seiferth. Haubensak demonstrated the renal changes which occur

in adults with reflux. Several authors (Marberger, Bressel) presented their data and results on the surgical correction of reflux. There was general agreement, that a prospective study of vesico-ureteric reflux and urinary tract infection, comparing surgical and conservative treatment, was necessary.

The fourth day began with a round table discussion on nosocomial infection in urology. Several techniques were presented to reduce the rate of hospital acquired infections and all participants agreed that steps in this direction were necessary. The last main topic was chemotherapy after urological diagnostic and surgical procedures. Here, the question of prophylactic therapy to prevent urinary tract infection, was discussed. Peters found that the wound infections in patients receiving antibacterials was higher than in patients receiving no antibiotics. Heidler demonstrated that antibacterial prophylaxis following prostatic surgery exposed the patient to a greater risk of secondary infection. Frohmueller felt that resection of the prostate using the cold punch technique led to a lower incidence of postoperative infection than with electroresection.

It was the general consensus of many attending this 28th annual meeting that not only had the basic knowledge of urinary tract infection been reviewed, but new facts and ideas had been presented, which may help in the management of infection of the genito-urinary tract.

In addition to this main topic, two post-graduate courses, one on andrology and the other on neurogenic bladders were given. The large number of urologists attending those seminars demonstrates the need for such courses and should encourage the German Society of Urology to continue with similar courses each year.

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