

correlation between the duration of symptoms and the improvement in NPRS score, -0.81 ($p = 0.01$), was noted.

Conclusions: Our study showed that R-PNN was a safe and feasible procedure for patients with pudendal nerve decompression. Satisfactory outcomes were achieved in terms of pain perception and overall status after 6-months from surgery. Surgery should be timely to ensure the best functional results.

SC111

Antibacterial rifampicin-loaded electrospun polycaprolactone membranes for ureteral regeneration

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Author of the study: Nowadays partial or complete ureteral loss following resection or injuries of various etiology is managed with different surgical techniques involving local tissue flaps or autologous tissues interposition. In the last years ureteral tissue engineering using membranes, tubular scaffolds or decellularized matrices has shown promising results for ureteral substitution. The aim of this study is to evaluate the use of antibacterial electrospun polycaprolactone/rifampicin (PCL/RIF) membranes for the production of ureteral scaffolds with antibacterial properties.

Materials and methods: Electrospinning process was used to produce the membranes that were subsequently impregnated with rifampicin. Membranes stability was evaluated by immersion in Simulated Body Fluid (SBF) at 37 °C. Mechanical properties were evaluated by uniaxial tensile tests, Young's modulus was calculated for each sample. UV spectrophotometry was used to evaluate in vitro release of rifampicin. The ability of PCL/Rif membranes to sustain cell adhesion and proliferation was evaluated by seeding human urothelial bladder carcinoma cells on the membranes. In order to investigate the antibacterial effect of PCL/Rif membranes, in vitro antibacterial tests were performed using bacterial strains belonging to the "ESKAPE" group.

Results: PCL/Rif membranes are characterized by a random distribution of fibers with an average diameter of 0.52 μm . Water contact angle for PCL and PCL/Rif membranes is around 125° and decreases to 0° after air-plasma treatment. When culture medium is used as testing fluid PCL and PCL/Rif contact angles are 116° and 12° respectively. Membranes are deformable up to 300% of their initial dimension and possess an elastic Young modulus of about 20 kPa; after 3 weeks membranes gain the property to sustain a 100% deformation before rupture. The 72% of rifampicin load is released by the membranes in the first 24 hours. Proliferation assay showed a seven-fold increase of cell number adhered on the membranes after 7 days of culture. At the same time in presence of PCL/Rif membranes, rates of bacterial proliferation inhibition ranged from 75 to 94% compared to controls.

Conclusions: PCL/Rif membranes represent a promising starting point in the production of ureteral scaffolds with antibacterial properties for ureteral substitution.

SC112

Prevalence of HPV awareness among young sexually active male

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Author of the study: Human papillomavirus (HPV) is a sexually transmitted infection, potentially responsible of several cancers, and

its prevalence is still rising among people. Despite several screening programs and initiatives to encourage HPV vaccination have been adopted, in 2021 the majority of sexually active young males who get access to the hospital for an outpatient visit has a poor baggage of information regarding its existence, transmission and consequences. Vaccination programs have recently been extended to include males, with the aim of improving HPV infection control in the population and to directly prevent HPV-related disease, such as oropharyngeal tumors or anal and penile cancers. Information of younger people about HPV prevalence and risk factors can chase the future for early diagnosis and prevention. Aim of this study is to assess the prevalence of HPV vaccination among sexually active young male patients undergoing urology outpatients clinic and their knowledge about HPV.

Materials and methods: We prospectively collected data and analyzed of male patients who got access to our hospital for an outpatient visit. People selected were from 18 to 35 years old, sexually active (at least one sexual intercourse per week with 1 or more partners). Exclusion criteria were: elder patients (>35 years). A questionnaire about HPV and vaccination was administered by an urology resident to all patients enrolled in this study, asking them to answer five main questions: 1) Do you know about the existence of HPV and its consequences? Yes No 2) How can HPV be transmitted? It is a sexually transmitted infection By contact Using the same toilet No idea 3) Is your partner aware about HPV? Has she done HPV vaccination? Yes/No/don't know/I don't have a stable counterpart Yes/no/don't know 4) Do you know about the existence of HPV vaccinations for males? Yes/no/don't know 5) Did you get vaccination for HPV? Yes/no. If Yes, at which age? 6) What is your sexual orientation? Heterosexual/Homosexual/Bisexual 7) Do you use protection (condom) during intercourses? Always/sometimes/never.

Results: 50 male were questioned about their sexual habits and questionnaires administered. 1 (2%) patient was vaccinated for HPV and had a good knowledge about the topic. Just 5 patients (10%) knew about the existence of a HPV vaccinations for males. 20 patients (40%) knew that HPV is a sexually transmitted infection and have heard it from a previous partner. 10 patients (20%) knew about possible consequences of HPV infection.

Conclusions: Despite the HPV has become widespread among sexually active population, young people are unaware of possible vaccination and risk related to this infection. Implementation strategies to raise consciousness about HPV should be start.

SC113

Medications mostly associated with urinary tract infections (UTIs): assessment of the eudravigilance (EV) and food and drug administration (FDA) pharmacovigilance databases entries

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Author of the study: Medications may have a direct causative role in triggering UTIs. We aimed at identifying 1) which drugs are associated with most UTIs reports; 2) within the high-risk list of drugs, comparing their potential to cause UTIs through a disproportionality analysis.

Materials and methods: The FDA Adverse Event Reporting System (FAERS) database was queried to identify drugs associated the most with UTIs individual reports till June 2021. Only drugs with a minimum of 200 UTIs reports were considered for disproportionality analysis. We recorded the number of UTIs reports for these drugs. Proportional Reported Ratios (PRRs) were used for all the drugs.