Urinary stone disease (USD) or urolithiasis, as well as its most common clinical manifestation - a attack of renal colic is still an actual problem of modern urology [1]. The widespread use of preservatives, semis, stabilizers and baking powder and a significant consumption of flour products increases allocation of negative particles and acidic products, reduce the PH of urine and excretory-secretory violate renal function [2]. The tendency to the formation of stones in individuals with impaired exchange of trace elements significantly increases due to changes in hormonal balance (parathyroid hormone, calcitonin, sex hormones), deficiency of vitamins B and D, inherited disorders. There is a high probability of kidney stones in the urinary system due to abnormalities of the structure urethra, ureteropelvic junction, bladder outlet obstruction, nephropathosis). A significant factor is the lack of exercise and age-related changes of bone tissue, leading to osteoporosis and an increased release of calcium. However, even without the trigger factors (endocrine and metabolic disorders, abnormal structure, endemic) in the European population there are people prone to chronic recurrent urolithiasis.

The aim of our study was to investigate the pathogenesis of recurrent urolithiasis (re-formation of kidney stones) in different age groups in patients without abnormalities of the structure of urinary system, metabolic disorders, living in Kharkiv region (Ukraine).

Materials and Methods:
On the basis of Kharkiv Regional Clinical Center of Urology and Nephrology 237 patients with recurrent urolithiasis (i.e. stones departed in the anamnesis and the patient had stones in the history after being examined) were comprehensively studied and treated. When collecting anamnesis a great attention was paid to the remoteness of urolithiasis, the number and frequency of stone discharge, dietary factors, the presence of ulcer history or hyperacidity gastritis, peculiarities of drinking regime, mainly consuming water. Patients underwent general clinical blood tests, urine tests, blood chemistry, there were determined the levels of calcium, parathormodulin hormone, testosterone, were divided into two subgroups. A subgroup of 46 people (group 2A) received hormone (stimulating and substitutional), phyto- and diet therapy, underwent the treatment for opportunistic infections in case they were suspected, the subgroup 2B (the control one – 34 patients) – received only herbal medicine and complied with dietary restrictions.

Due to the methods of immunon- and histochemistry there has been analyzed the effect of infectious agents on the physico-chemical properties of bone tissue, urine and the ratio of its osmotic and oncotic pressure.

Results and discussion: Among the 157 patients in Group 1 only in 31 (19.7%) there have been identified factors that trigger stone formation: hyperparathyroidism, hyperacid gastritis, osteoporosis. In 142 (90.4%) patients there has been identified abnormal bacterial or conditional specific flora. The most commonly planted is Ureaplasma Urealythicum (68%) [3]. In the group 1A (patients were treated for ureaplasma) only 13.3% in 6 months have kidney stones by the ultrasound, (as opposed to the control one 56%), who were given only dietary recommendations and prescribed herbal medicine.

In group 2 (80 patients), 85% of the patients were diagnosed with chronic renal colic and the stone recurrence occurred in 22 patients (64.7%) out of 34 people of the second control group. Hormonal indicators, levels of calcitonin, parathormone and the bone osteoporosis in dynamics of treatment are presented in Tables 2 and 3. The hormone therapy the level of testosterone in men increased almost twice (from 1.86 0.56 to 3.26 0.44 ng / ml), and the levels of lutenizing hormone have not changed. After the prescription of hormone replacement therapy and treatment for the opportunistic infection incidence, the re-formation of stones was significantly decreased and increasing its lithogenicity, was obligatory in recurrent (discharged) cases.

In the prescription of hormone replacement therapy and treatment for the opportunistic infection incidence, the re-formation of stones was significantly decreased and increasing its lithogenicity, was obligatory in recurrent (discharged) cases.

In group 2 (80 patients), 85% of the patients were diagnosed with chronic renal colic and the stone recurrence occurred in 22 patients (64.7%) out of 34 people of the second control group. Hormonal indicators, levels of calcitonin, parathormone and the bone osteoporosis in dynamics of treatment are presented in Tables 2 and 3. The hormone therapy the level of testosterone in men increased almost twice (from 1.86 0.56 to 3.26 0.44 ng / ml), and the levels of lutenizing hormone have not changed. After the prescription of hormone replacement therapy and treatment for the opportunistic infection incidence, the re-formation of stones was significantly decreased and increasing its lithogenicity, was obligatory in recurrent (discharged) cases.

In the prescription of hormone replacement therapy and treatment for the opportunistic infection incidence, the re-formation of stones was significantly decreased and increasing its lithogenicity, was obligatory in recurrent (discharged) cases.
Ejaculatory disorders occupy a place of sexual disharmony and are the most common physiological cause of divorce. Among ejaculatory disorders the most common are the syndrome premature ejaculation (SPE), retrograde ejaculation (ER) and anorgasmia. The aim of the study was to develop an algorithm treatment of anorgasmia and improving sexual function of men with ejaculatory disorders.

Materials and Methods: On the basis of the Kharkiv Regional Clinical Center of Urology and Nephrology them. V.I. Shapoval conducted a comprehensive examination and treatment of 253 patients suffering from various forms of ejaculatory disorders.

Results: According to the prevailing factor of SPE was made appropriate treatment groups with the following performance (% of patients satisfied sexual life after treatment):

1. In the presence of infectious and inflammatory diseases (balanitis, prostatitis, vesiculitis) — the treatment of these infections (83%) including minimally invasive techniques (91.4%).
2. Mild SPE without infections and neurological problems — local anesthetic and behavioral therapy (87.6%).
3. In the presence of autonomic and/or psycho-neurological dysfunction — the use of SSRIs for the period 4—8 months (81.3%).
4. With moderate and severe SPE without neurological factors and failure of behavioral therapy underwent surgical treatment (selective and partial dorsal neyrotomiya) (96.2%).
5. In retrograde ejaculation anatomical origin shows the introduction of middle-absorbable gel in the posterior portions of the prostatic urethra — efficiency 83.4%.
6. Early (within 2 months) significant endofaloprosthesis in 2, 74 times reduces the incidence of anorgasmia after radical prostatectomy.

Conclusions:
1. The use of this diagnostic algorithm allows to achieve good results of treatment (81.3—96.2%) treatment SPE.
2. With moderate and severe SPE (IVLT less than a minute) without neurological factors, we recommend that early surgery (selective neyrotomiya, partial dorsal neyrotomiya, introduction of hyaluronic acid gel under the bridle of the penis) — efficient — 96.2%.