

Urologia Internationalis

Vol. 43, 1988

Founded 1955 by Peter A. Narath and Heinrich Heusser
Continued 1968–1987 by G. Mayor

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Printed in Switzerland by Thür AG Offsetdruck, Pratteln

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Workshop at the 3rd International Congress on Hormones and Cancer

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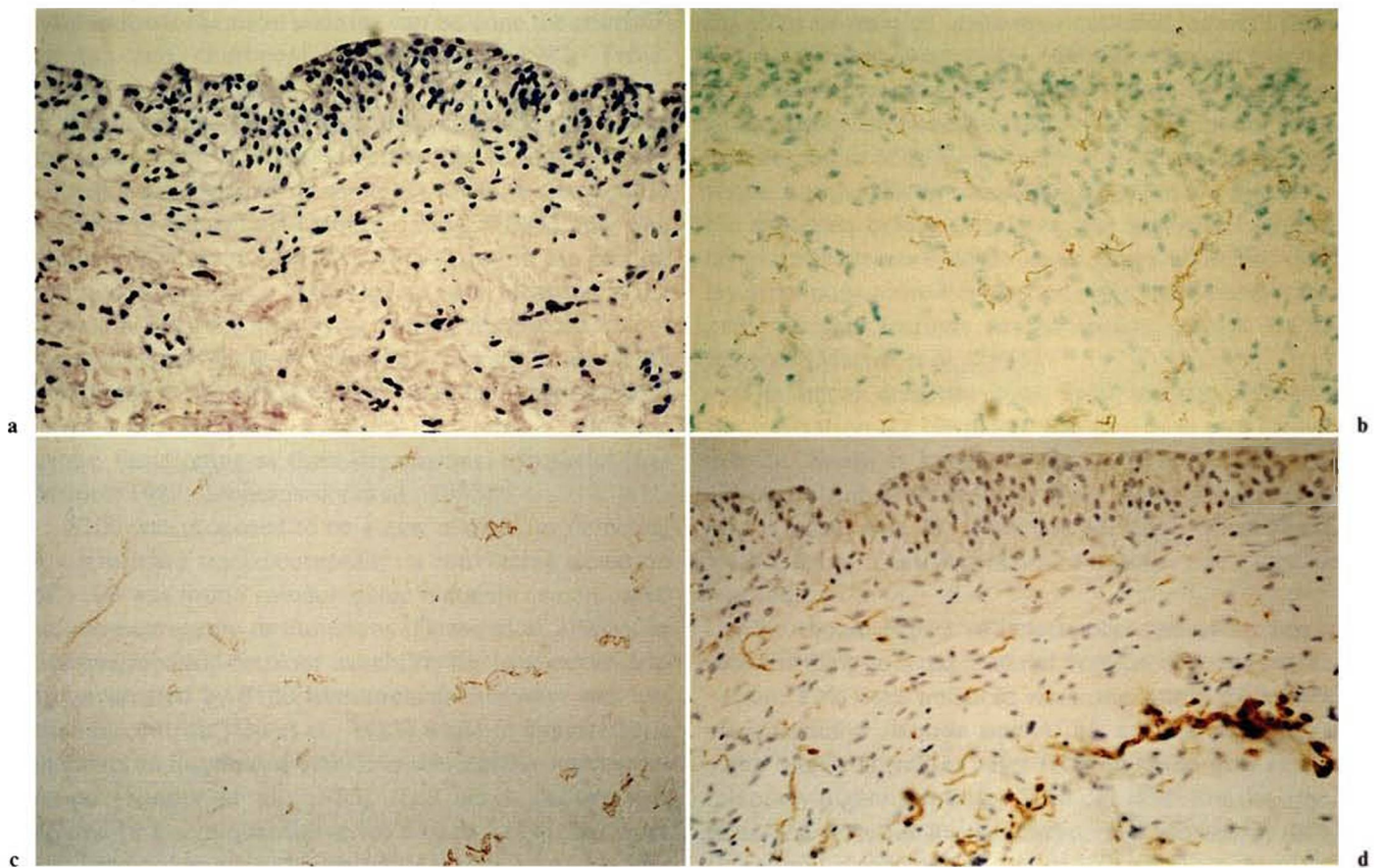


Fig. 2. **a** Hematoxylin and eosin staining of the stromal layer of a normal bladder biopsy ($\times 400$). **b** Acetylcholinesterase staining. **c** Neurofilament staining. **d** S100-staining after formalin fixation.

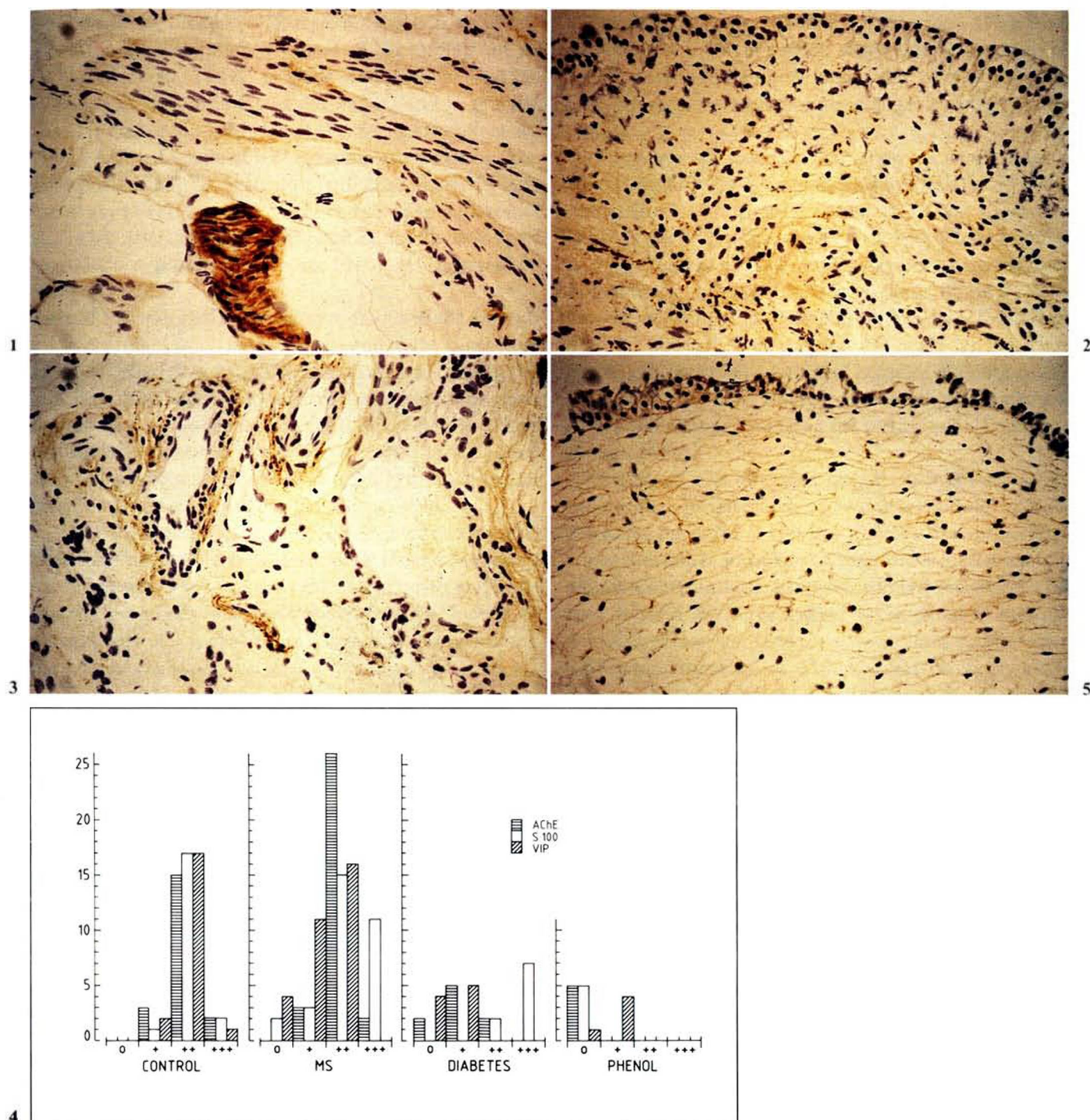


Fig. 1. VIP immunoreactive nerve bundle between muscle fascicles in a normal bladder biopsy. $\times 400$.

Fig. 2. VIP immunoreactive fibers in the stromal layer of a normal bladder.

Fig. 3. VIP immunoreactivity surrounding arterial vessels in a normal bladder.

Fig. 4. Immunoreactivity for AChE, S100 and VIP in 20 control patients, 31 MS patients, 9 diabetics and 5 patients after phenolization.

Fig. 5. Decreased VIP immunoreactivity in the stromal layer of a diabetic bladder.



Fig. 8. Operation situs before the partial resection of the symphysis (SY) since it impairs the view. The muscoli recti (arrows) are already separated. (Bl = bladder).

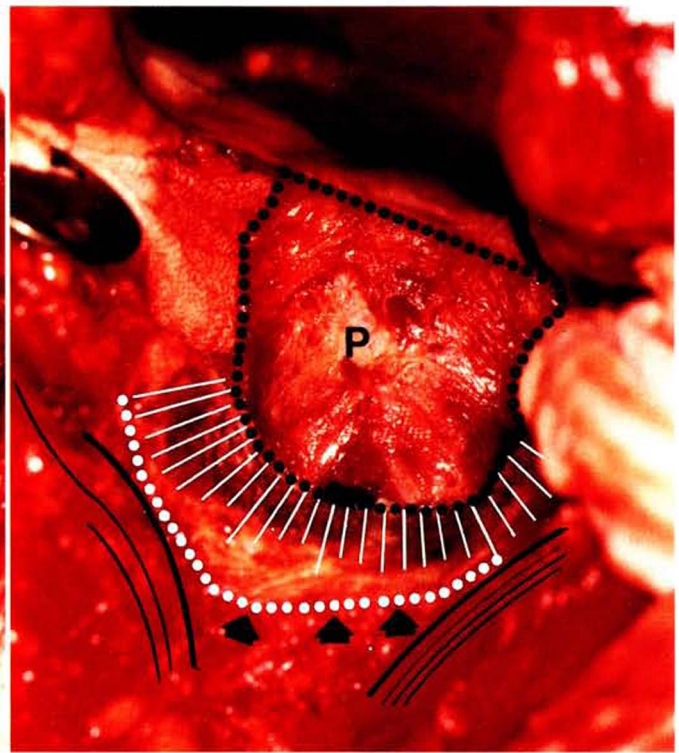


Fig. 9. Operation situs after partially resecting the symphysis (arrow). We now have free access to the whole prostate (P) up to its apex.

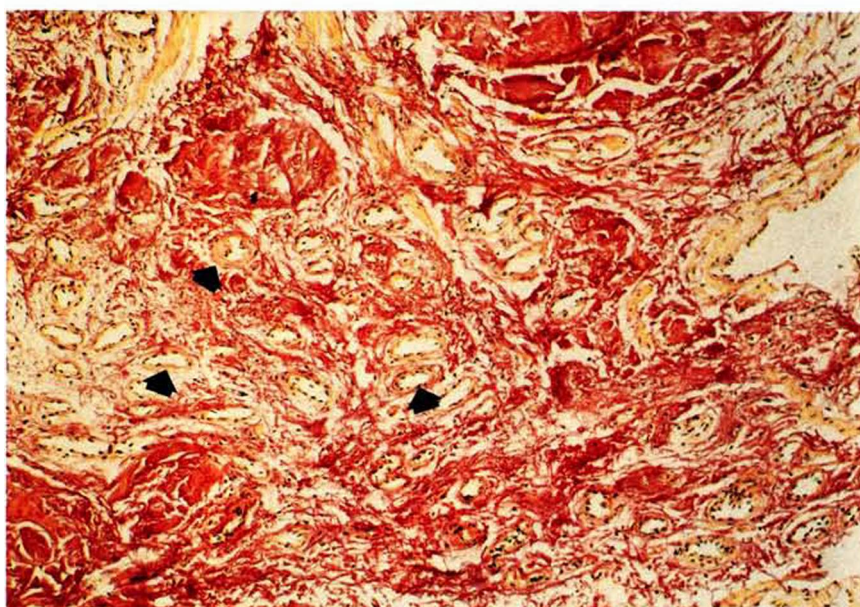


Fig. 17. Light-microscopic cross-section through the cavernous tissue after a papaverine-induced 24-hour priapism: the reddish-brown colored areas signify the fibrotic process. Merely the yellow islands are still functioning tissue (arrows).