

6 Abstracts

measurement and recommend ideal stent length based on patients' height.

Methods: 118 patients undergoing CT scans are enrolled. Images were reviewed by a single radiologist and ureter length is measured from the level of the renal vein to the vesico-ureteric junction. The correlation between hydroureter to the ureteric length is analysed with one-way ANOVA.

Results: The mean right and left ureteral length for male patients were 21.3cm (SD: 2.1) and 21.4 (SD: 1.9) respectively. Among the female subjects they were 20.6 (SD: 2.0) and 21.5 (SD: 1.8) respectively. When grouped by height, the mean ureteral length of male patients measuring ≤ 160 , 161–169 and ≥ 170 cm in height were 21.2, 22.1 and 21.3 cm on the right and 19.8, 21.3 and 23.2 cm on the left respectively. Female patients were grouped into heights of ≤ 150 , 151–159 and ≥ 160 cm and mean ureteral length were 19.7, 20.7 and 21.5 cm on the right and 20.5, 21.7 and 22.6 cm on the left respectively. There was no significant difference in ureteral length between patients with and without hydroureter (N 18; $P = 0.238$).

Conclusions: Based on our measurements, a 22-cm stent length is suitable for all but the left ureter in men ≥ 170 cm and women ≥ 160 cm and is not significantly altered by the presence of hydroureter.

POD-04

Are prophylactic antibiotics essential in extracorporeal shock wave lithotripsy?: a prospective clinical study in Hospital Pulau Pinang

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Introduction: Extracorporeal shockwave lithotripsy (ESWL) has been established as a major therapeutic and minimally invasive option for the treatment of renal and ureteric stones in the last thirty years. Guidelines suggest a urine full and microscopic examination (UFEME) one week prior to ESWL and does not recommend a prophylactic antibiotic. Only patients who have no evidence of infection will undergo the procedure. Our study was designed to compare the differences between pre and post ESWL UFEME, urine culture and assessed

presence of complications and treated them accordingly.

Objective: To verify the need for prophylactic antibiotic for ESWL.

Materials and Methods: All patients undergoing ESWL from October 2016 till April 2017 were enrolled in this prospective study after fulfilling the selection criteria. A pre and post-ESWL UFEME and urine culture were taken. Any positive culture was treated based on the sensitivity obtained before ESWL. Symptomatic patients were advised to visit our hospital immediately after procedure. Otherwise patients would present to the outpatient clinic after 2 weeks to review post-ESWL UFEME, urine culture and occurrence of complications.

Results: Of the 140 patients recruited for this study, 127 patients had renal stones and 13 patients had ureteric stones. Urine nitrites were positive in 19 patients (14%) who were all asymptomatic. Most of the 30 patients (21%) who had urinary tract infection (UTI) after ESWL were treated by a physician. The location of calculus, infective parameters which were urine nitrites, urine cultures and clinical UTI did not show any significant difference.

Conclusion: Prophylactic antibiotics for ESWL are not recommended. A large sample size and longer study duration would be needed to justify the results above.

POD-05

Surgical options for penile granuloma: a case series from Kuantan, Malaysia

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Introduction: Injection of a foreign body underneath the penile skin resulting in granuloma formation is not common in Malaysia. Despite satisfactory immediate outcome, long term complications such as expanding granuloma; ulceration, infection and erectile dysfunction are frequent. Surgical procedure is almost inevitable to prevent these complications.

Objective: To review surgical options available and outcomes based on our experience in managing patients with penile granuloma.

Materials and Methods: Retrospective review of eight patients who underwent intervention for penile granuloma in a 13-month period from April 2016 to May 2017. We looked at demographic data, substance injected, symptoms at presentation, details about surgical procedures and its outcome.

Results: Out of these eight patients, there were 5 Malays, 3 Chinese and 1 Indian. Mean age during injection was 35.5 years (range 24 to 72 years). Three had paraffin injection, one silicone and the remaining four were unsure about the substance. Mean duration for seeking medical attention after injection was 3.3 years (range 1 - 8 years). The main chief complaint was pain during erection or sexual intercourse. In terms of intervention, 4 patients had a single stage penile reconstruction procedure (excision of fibrosis and bilateral scrotal flap coverage), 3 had excision biopsies and one patient had a dual stage procedure. Mean duration of surgery for the single stage procedure was 271.25 min (range 225 - 345 min). All those who underwent single and dual stage procedures had almost similar intra-operative findings of circumferential granuloma at penile shaft extending to suprapubic region. Finally, all patients recovered well from surgery. Immediate post-operative complication of a small necrotic patch around the suture line occurred in 4 patients and one had almost complete wound dehiscence. At review on follow-up, all patients were satisfied with their ability to perform good erections.

Conclusion: In spite of rare incidence, penile granuloma can be managed adequately to achieve both anatomically and functionally satisfactory results.

POD-06

Pelvi-ureteric junction obstruction (PUJO) in children: pitfalls in interpretation of post-pyeloplasty renograms

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Introduction: Interpreting obstructed drainage on a post-pyeloplasty diuresis renogram is confounded by lack of standardization in performing the test, as well as variable levels of renal impairment. Our study aimed to identify pre-operative diuresis renogram