

Results: There were 6 patients in intraperitoneal group and 6 patients in extraperitoneal group with a mean age of 44.5 and 43.2 in each group. Mechanisms of injury were blunt abdominal trauma and pelvic fracture. There was no significant difference between the IBP and EBP groups with regard to age, mechanism of injury, baseline creatinine and blood urea nitrogen (BUN). The biochemical parameters were found to be within normal range in the EBP group, whereas significantly higher levels of creatinine, BUN were noted in IBP group ($p = 0.01$ and 0.06)

Conclusion: In patients with intraperitoneal bladder perforation, progressive urinary ascites with the development of abdominal discomfort will soon follow. This is because the excretion function of the kidney greatly exceeds the subdiaphragmatic lymph flow, which provides the principal means for the removal of intraperitoneal fluid. Stasis of urine in the peritoneal cavity allows for reversed intraperitoneal autodialysis to take place. The higher concentration of creatinine and nitrogenous waste products in the urine as compared to plasma allows for concentration gradient diffusion when the urine is in contact with the peritoneum, functioning as a semipermeable membrane. As illustrated in this study, the patient's serum creatinine and BUN will rise. But because the glomerular filtration rate is intact, the raise of serum creatinine is referred to as pseudorenal failure. When pseudorenal failure based on reversed autodialysis is suspected, the intraperitoneal bladder perforation should be considered in differential diagnosis. Further study such as cystography is warranted in these patient and it can identify a bladder tear by documenting intraperitoneal contrast leakage. Patients presenting with IBP are more likely to present with significantly higher levels of creatinine and BUN compared with the patients with EBP. Biochemical alterations can be used to differentiate traumatic IBP and EBP with subtle physical examination and radiological findings.

**NDP115:
RHABDOMYOLYSIS AND ACUTE RENAL FAILURE FOLLOWING
TRANSURETHRAL RESECTION OF BLADDER TUMOR**

Jen-Hao Cheng, Cheng-Che Chen, Yen-Chuan Ou. *Divisions of Urology, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan*

For treatment naive bladder tumor, transurethral resection (TUR) is the most common treatment. TUR is not only for diagnosis, but curative management for superficial bladder tumors. During the first time of operation, deep muscle biopsy is necessary for suspected high stage tumors. Bladder perforation may happen when resection of the base of tumor or deep muscle biopsy.

We report a patient with huge bladder tumor, 6cm in size, which was removed with monopolar resectoscope in lithotomy position. The procedure was complicated by right lateral bladder perforation and abdominal distention. The patient developed acute renal failure in two days. Compartment syndrome with rhabdomyolysis was diagnosed. On the other hand, post-operative hemorrhage may also play a potential role, in the appearance of ARF. Overall, our case shows that rhabdomyolysis and ARF can develop by retroperitoneal water dissection related compartment syndrome. Bladder perforation is the most important risk factor for such complications.

Oncology

**NDP116:
ROBOT-ASSISTED LAPAROSCOPIC RADICAL ADRENALECTOMY FOR
ADRENOCORTICAL CARCINOMA**

Chao-Yu Hsu, Wei-Chun Weng, Jue-Hawn Yin, Hao-Ping Tai, Hsiang-Lai Chen, Siu-San Tse, Zhon-Min Huang, Min-Che Tung. *Divisions of Urology, Department of Surgery, Tungs' Taichung Metro Harbor Hospital, Taichung, Taiwan*

Purpose: The incidence of adrenocortical carcinoma (ACC) is very rare. The estimated incidence was about 0.5 to 2 new patients per million people per year. Complete resection is the standard treatment of all patients with localized stage I-II and local advanced stage III ACCs. But the prognosis is

poor in locally advanced, inoperable and metastatic ACCs. Early interventions (complete resection, post operation immediate chemotherapy) will achieve better outcomes.

Case Report: The case is a 71 year-old woman. At presentation, he got hypertension with regular medicine (Dilatrend and Caduet) but had sub-optimal blood pressure control for more 7 years. She was arranged to have ultrasound of abdomen and showed an about 6 cm left adrenal tumor with central necrosis. Biochemistry data showed elevation of aldosterone (77.28 ng/dL, normal range: 3.7-24), vanillylmandelic acid (33.8 mg/24hrs, normal range: 1-7.5) and Cortisol (27.5 ug/day, normal range: 5-25). After robot-assisted laparoscopic left adrenalectomy, she achieved a two months normalized blood pressure without medicine for hypertension. Her blood pressure was also normalized (aldosterone 77.28 ng/dL, vanillylmandelic acid 4.3 ng/dL).

Conclusion: Reviewed our patient's history and literatures, she will have good outcome of blood pressure control and tapering of hypertension drugs. It is also compatible with normalization of biochemistry data. Her adrenal tumor is functional adrenal cancer and was response on optimal blood pressure control and normalization of biochemistry control. Her specimen showed intact capsule and only < 4% Ki-67 was positive. This case is not good candidate for neoadjuvant systemic chemotherapy with Mitotane or postoperative radiotherapy. However, regular image surveillance is imperative, it includes regular flow-up of abdominal CT (or MRI), thoracic CT and monitoring of initially elevated steroids.

**NDP117:
A SINGLE INSTITUTE EXPERIENCE OF ROBOT-ASSISTED
NEPHROURETERECTOMY FOR UPPER URINARY TRACT UROTHELIAL
CARCINOMA**

Gu-Shun Lai, Yen-Chuan Ou, Chen-Kuang Yang. *Divisions of Urology, Department of Surgery, Taichung Veterans General Hospital, Taiwan*

Purpose: To present the a single institute experience of robot-assisted nephroureterectomy (RANU) with bladder cuff excision for upper urinary tract urothelial carcinoma (UC).

Materials and Methods: Patients diagnosed as upper urinary tract UC treated with this method between November 2010 to March 2015 were included in the series. The analysis of patients' characteristics, perioperative outcomes and oncologic data were presented.

Results: Thirty patients were included. The mean operating time was 136 (105-200) min. The mean (range) estimated blood loss was 92 (30-500) ml. The mean (range) length of hospital stay 7.4 (4-14) days. The pathology reported, of the thirty patients, one patient had T0 tumor, one had Ta tumor, two had Tis tumor, 9 had T1 tumor, 4 had T2 tumor, 12 had T3 tumor and 1 had T4 tumor. High grade tumor were seen in 26 patients, and 4 patients had low grade tumor. Lymph nodes dissection was performed in 9 (30%) patients. Urinary bladder recurrence occurred in 4 patients and distant metastasis in 6 with a mean follow-up of 23 months.

Conclusion: Our experience showed robot-assisted nephroureterectomy with bladder cuff excision was a safe and reproducible option for the treatment of upper urinary tract UC.

**NDP118:
RARE CASE REPORT-PELVIC GANGLIONEUROMA**

Mon-Der Cho¹, Chia-Cheng Yu¹, Hao Wen Chuang², Tong-Lin Wu¹. ¹*Division of Urology, Department of Surgery Kaohsiung Veterans General hospital, Kaohsiung, Taiwan;* ²*Department of Pathology EDA Hospital, Kaohsiung, Taiwan*

Ganglioneuroma is a rare and benign tumor of the autonomic nerve fibers arising from neural crest sympathogonia, which are completely undifferentiated cells of the sympathetic nervous system. However, ganglioneuromas themselves are fully differentiated neuronal tumors that do not contain immature elements. Ganglioneuromas most frequently occur in the abdomen, however these tumors can grow anywhere sympathetic nervous tissue is found. Other common locations include the adrenal gland, paraspinal retroperitoneum, posterior