

Purpose: To evaluate the possibility for uremic patients who are need to do abdominal surgery did not have hemodialysis during the perioperative duration. The group of patients just did the dialysis as usual with CAPD.

Materials and methods: During the duration between 2003 and 2014, we had finished 8 times of NUE or nephrectomies. Patient did go through the perioperative duration, just having CAPD, did not have HD. Did the volume decreased in each PD instillation, combined the frequency of dialysis increased to compensate the daily dialysis fluid volume.

Results: We succeeded to experience 8 times of bigger abdominal surgery for uremic patients who had CAPD regularly during the perioperative duration. They did not quit their PD to do HD.

Conclusion: To be continue to do CAPD and not to shift to do HD for uremia patients who had a nephrectomy or bigger abdominal surgery should be considered as a possible choice.

MP1-9.

INFLUENCE OF GENDER ON AUTHORITY OF OUTPATIENT DOCTOR-PATIENT COMMUNICATION—A PERSPECTIVE OF MULTICULTURISM

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Purpose: Information asymmetry and universalism have long been used to explain the problem of doctor-patient communication. The picture of short period of visit and too many professional terms applied are always shown at out-patient service. To improve quality of medical service is usually the way to improve patient satisfaction. However, this thinking process is doubt because good quality of medical service does not guarantee good patient satisfaction. In fact, doctor and patient communicates with each other involving “subject with multiple identities” The aim of the study is to investigate the effect of identity of gender on doctor-patient communication from multicultural perspective at out-patient service by model of multiculturalism and feminist pedagogy.

Materials and methods: The study design is derived from the Manicom's analytic frame and study model of multiculturalism and feminist pedagogy. The dimensions of the study include “experience and voice”, “physician's authority”, “care” and “responsibility” ethic. The patient satisfaction is used to measure the quality of doctor-patient communication. The influence of physician's gender on authority will be determined. The structured questionnaire is employed to collect data from patients visiting internal medicine, surgical, gynecological and urological out-patient. 407 patients enrolled in this study. Quantitative analysis is performed by using SPSS statistically and qualitative is by “in-depth interview”. Both quantitative and qualitative results are compared to understand the meaning of difference.

Results: Quantitative findings showed that male physicians' authority are greater than those of female. However, reversed findings is observed on qualitative interview data and female physicians' authority is greater.

Conclusions: Construction of gender mainstreaming hospital is established not only by physical facilities of out-patient service but also gender identity, especially from prespective of multiculturalism and feminist pedagogy. In addition, meaning of patriarchy is yet to be interpreted further in doctor-patient communication.

Renal transplantation

MP1-10.

APLASTIC ANEMIA CAUSED BY PARVOVIRUS B19 INFECTION IN A KIDNEY TRANSPLANT RECIPIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS-CASE REPORT

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Anemia is common after kidney transplantation. Parvovirus B19 (PVB19) infection is a rare etiology of post-renal transplant anemia, which can induce significant anemia including pure red cell aplasia but the incidence is probably under estimated. The most common viral infections in patients with systemic lupus erythematosus (SLE) is also PVB19 and it may be related to a lack of anti-B19 antibodies. We report a kidney transplant recipient with SLE who presented with severe anemia unresponsive to erythropoietin (EPO) therapy. Bone marrow examination showed hypocellularity, decreased erythroid series with excess pronormoblasts, which suggests aplastic crisis by PVB19 infection. Polymer chain reaction (PCR) testing for PVB19 revealed positive result. The patient received intravenous immunoglobulin (IVIG) 0.4g/kg body weight daily for 5 doses. One week after treatment, her Hgb returned to normal but declined again 2 weeks later with evidence of persistent PVB 19 viremia by PCR. Differential diagnosis of anemia in transplanted patients should include PVB 19 infection especially when resistant to EPO therapy and lack of appropriate reticulocyte response. And screening for PVB19 should be included in recipients with SLE.

Moderated Poster-2

LUTS

MP2-1.

REGULATION OF ZINC TRANSPORT GENE WITH PROSTATIC HYPERPLASIA IN TAIWAN

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Purpose: We investigate the relationship of Zinc transporter gene ZIP (*SLC39A1*) and ZnT (*SLC30A2*) polymorphism in Taiwanese patients with BPH.

Materials and methods: A total 45 BPH and 24 CVD patients and 48 healthy control subjects were enrolled. We analyzed the single nucleotide polymorphisms of *SLC39A1* and *SLC30A2* gene using the polymerase chain reaction (PCR)-based restriction analysis.

Results: There was significant differences for *SLC30A2* gene polymorphism (rs11247851) by Chi-Square test between in control and BPH group ($p < 0.05$, Chi-Square value was 6.338) and control and CVD group ($p < 0.05$, Chi-Square value was 6.887). The result displays that T residues have a protection for BPH and CVD diseases, *SLC30A2* gene polymorphism (rs11247851) was significant for regulate transport Zinc in BPH and CVD, but the protective effect was better in BPH than CVD disease.

Conclusions: *SLC30A2* gene polymorphism (rs11247851) was significant for regulating transport Zinc in BPH and CVD and T residues has a protection in BPH and CVD diseases but the protective effect was better in BPH than CVD disease. The cause maybe was relational concentrations of Zinc, prostate contain more Zn than cardiovascular tissue, and the transport zinc effect was larger by *SLC30A2* gene polymorphism (rs11247851) in BPH than CVD.

MP2-2.

PRIMARY BLADDER NECK OBSTRUCTION IN YOUNG MEN

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Primary bladder neck obstruction (PBNO) is a condition in which bladder neck opening is not adequate during voiding without another anatomical obstruction, such as benign prostatic obstruction in men or genitourinary prolapse in women. There are multiple theories of the etiology of PBNO, including increased striated sphincter activity, abnormal amount of non-muscular connective tissue, and abnormal arrangement of the detrusor/trigonal musculature. Its prevalence in male and female population is not