LAPAROSCOPIC RADICAL NEPHROURETERECTOMY FOR UROTHELIAL CARCINOMA IN A HORSESHOE KIDNEY: A CASE REPORT AND LITERATURE REVIEW

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A 75-year-old male suffered from gross hematuria for months and was diagnosed with urothelial carcinoma in the left moiety of a horseshoe kidney. Laparoscopic left side radical nephroureterectomy with open bladder cuff excision through a Gibson incision. The patient was discharged on post-operative day five uneventfully. Preoperative computed tomography is quite valuable for the evaluation of the anatomical variations in horseshoe kidneys. In conclusion, laparoscopic approach is effective for managing malignancy in horseshoe kidneys.

SPONTANEOUS URETERAL RUPTURE: A CASE REPORT

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Purpose: Ureteral rupture usually results from traumatic, iatrogenic, or tumor-induced tear and leads to urinary extravasation. Spontaneous rupture is rare. Patients may presented with sudden onset abdominal or flank pain. Image studies often showed perirenal fluid accumulation.

Materials and Methods: We reported a healthy female patient with an initial presentation of sudden flank soreness and gross hematuria. Contrast-enhanced abdominal CT showed marked urine leakage in the ureteropelvic junction (UPJ). Ureteroscopy cannot identify any tumor or obstructive lesion in the ureter. She underwent conservative treatment with double-j stent placement, and the leakage disappeared after 8 weeks treatment. CT scan diagnosis, conservative therapeutic approach, and follow-up will be discussed.

ACUTE INFRAVESICAL OBSTRUCTION RESULTS AS TEARDROP SHAPED BLADDER CALCULI

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A 36-year-old man was visited emergent department with the chief complaints of dysuria, frequency urination, lower abdominal pain during micturation and oliguria. Plain radiography showed one teardrop shaped bladder stone shadow: one as 2.14 × 1.07 cm in size. Abdominal sonography disclosed vesicle stone completely impact the bladder outlet. Endoscopic vesicolithotomy was performed. The stone was fragmented to smaller particles with pneumatic lithotripter. Although a bladder stone is not rare, this case is interesting for differentiated diagnosis of low urinary tract symptoms in young man at emergent department.

A HUGE RENAL CELL CARCINOMA-CASE REPORT

Hsiang-Lai Chen, Jow-Yu Sheu, Min-Che Tung, Jue-Hawn Yin, Haoping Tai, Siu-San Tse, Zhon-Min Huang, Wei-Chun Weng, L-Hua Huang, I-Yen Lee, Bo-Hua Wen, Ka-Fung Lau, Shih-Nung Wang, Chiew-Loon Koo. Divisions of Urology, Department of Surgery, Tungs’ Taichung MetroHarbor Hospital, Taichung, Taiwan. A 71-year-old male had past history of hypertension without medication and smoking for 50 years. He suffered from urinary frequency and nocturia for 3 months. Because of persistent lower urinary tract symptoms, he went to our outpatient department for help. He appeared well and did not felt abdominal discomfort. There was no tenderness or palpable mass on his abdomen on examination. A digital examination revealed an enlarged prostate with two fingers in breadth and normal consistency. The rest of his physical exam was unremarkable. The urinalysis was unremarkable and PSA was normal. Bladder sonography disclosed two large hypoechoic masses above the bladder and prostate volume was 30 g. The following computed tomography showed 2 large sausage-like artery aneurysms of right common iliac and internal iliac arteries. The largest size of the aneurysms was 6.1 cm. It was likely that the patient’s urinary symptoms were caused by local compression of bladder. Then he was transferred to the cardiovascular section and endovascular repair for the aneurysms was scheduled.

Conclusions: Lower urinary tract symptoms are common presentation in patient with benign prostatic hyperplasia. However, the other rare causes of lower urinary tract symptoms are difficult to detect by simple urinary test and digital rectal examination, even by transrectal ultrasound. Iliac artery aneurysms account for an estimated 2% of intra-abdominal aneurysmal disease. It had been reported that up to 40% present acutely with rupture. With a rupture rate of 38% and associated high mortality, early detection and intervention is essential. Bladder sonography is one of the important tool to find the potentially fatal lesions as this patient. Aneurysm should be always kept in mind when we treat the patients with lower urinary tract symptoms, especially that only with irritative symptoms.