prostate specific antigen (PSA) helped establish the diagnosis. Overall median survival was 12 months from diagnosis of neuroendocrine prostate cancer/prostate small cell carcinoma.
Conclusion: Primary neuroendocrine prostate cancer is characterized by an aggressive clinical course with relatively short lifespan. Although high response rate to cytotoxic chemotherapy, overall prognosis is poor. As there is no standard of care for patients with neuroendocrine prostate cancer, further efforts should be directed at its early detection and made to develop more effective therapeutic strategy.

NDP016:
PRIMARY FEMALE URETHRAL ADENOCARCINOMA – REPORT OF 6 CASES AND REVIEW OF LITERATURE

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Purpose: Female urethral carcinoma is rare and accounts for about 0.02% of all female cancers and less than 1% of cancers in the female genitourinary tract. It occurred mainly at proximal urethra and often presented with adjacent organ invasion and metastatic disease at diagnosis, resulting in poor prognosis. Literature was limited, with only 19 patients enrolled in the largest case series. We presented our treatment options and the outcome of female urethra adenocarcinoma in our hospital together with literature review.
Materials and Methods: From 2004 to 2016, six female patients with diagnosis of primary urethral adenocarcinoma in our hospital. The clinical data, treatment option, pathological feature and outcomes were retrospectively reviewed.
Results: The mean age was 63.3 years old (52–76). Five patients presented with difficult voiding initially, and the other one patient presented with post voiding urine dribbling while her adenocarcinoma was diagnosed within the urethral diverticulum. Two patients were diagnosed with local disease (group 1); the other 4 patients (group 2) were diagnosed with adjacent organ invasion (n = 2) or initial metastatic disease (n = 2). In group 2 patients, all received transurethral resection of tumor, and adjuvant chemotherapy. Two patients received further radiotherapy due to locally advanced disease (tumors confined in pelvis). For the 2 patients with initial metastatic disease out of pelvis, despite surgery and systemic chemotherapy, they were mortal 14 and 19 months after diagnosis. The 2 patients with initial locally advanced disease, who received transurethral resection of tumor, concurrent chemo-radiotherapy, survived 8 and 9 years respectively till now with disease under control. For the 2 patients with initial local disease, one patient received urethrectomy with suprapubic cystostomy for pT2 disease and has been followed without tumor recurrence for 4 years; the other one received wide tumor en bloc excision for pT1 disease, and has been followed for 6 months also without tumor recurrence.
Conclusion: Female urethral adenocarcinoma is an aggressive tumor, and the survival is poor if initial metastatic disease was diagnosed. For local disease or locally advanced disease which can be resected by anterior exenteration, surgical intervention is suggested according to our experience and other series, with or without chemotherapy or radiotherapy. For metastatic disease, whether chemotherapy or radiotherapy is beneficial is still controversial in literature due to rarity, however, in our series, aggressive tumor treatment by chemotherapy and radiotherapy seemed to be effective in patients with locally advanced disease confined within the pelvis.

NDP017:
EASILY OVERLOOKED URETER TUMOR – TWO CASES OF MOVABLE URETER TUMORS MISTAKEN FOR BLADDER LESIONS IN INITIAL IMAGES

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Purpose: Primary ureteral neoplasms account for less than 1% of all genitourinary neoplasms in adults. Benign ureteral masses represent up to 20% of ureteral neoplasms and the mesodermal benign tumor such as Ureteral Fibroepithelial polyp (UFP) is more common. Herein, we report two cases of large benign ureteral tumor including UFP and inflammatory polyp. Both cases presented as a vegetative bladder mass which originated from the ureter and was excised ureteroscopically. Though there have been multiple reports of UFP, the features thattumor elongated into the bladder cavity which mimicked bladder mass and resected ureteroscopically was rare.
Materials and Methods:
Case 1: A 52-year-old female is a patient of sarcoidosis with enlarged lymph nodes at right para-trachea, pre-carina and right hilum in chest CT. Abdominal CT revealed the segmental edematous swelling of left lower third ureter till vesicoureteral junction (UVJ) as well as an intraluminal space occupying lesion. There was no associating symptoms and signs like fever, fatigue, pain or hematuria.
Case 2: A 66-year-old man has a history of right multicystic renal cell carcinoma, status post laparoscopic partial nephrectomy. Prostate sonogram at health exam showed polypoid lesion about 1 cm in diameter in the bladder. CT revealed filling defect at right middle to lower third ureter. No fever or severe hematuria was noted.
Both cases received operation and operation findings were similar. We could not find the tumor by cystoscope at first. The bladder mucosa was intact without papillary tumor but one of the ureter orifice (UO) was dilated. A polypoid neoplasm protruding from the ureteral orifice.
The vermiform shape neoplasm floated back and force with the peristalsis of the ureter. Then ureteroscopy was performed. The long stripe of ureteral tumor stemed from lower 1/3 ureter was noted. The tumor was resected from the stalk by holmium laser ablation and then DJ was inserted smoothly.
In case 1, a left 6.1 x 0.3 x 0.1 cm greyish white soft polypoid ureteritis was resected. In case 2, a 6 x 0.5 x 0.5 cm greyish white soft fibroepithelial polyp was resected. The pathology showed fibrovascular stroma with overlying benign urothelium in a fingerlike or polypoid configuration. Both of the patients experienced uneventful perioperative course.
Results: UFPs are hamartomas derived from ureteral mesenchyme, while most ureteral malignancies arise from transitional epithelium. There were only 2 cases of UFP from January 2005 to February 2016. UFPs are thought to be either congenital slow-growing lesions or lesions that develop as a result of chronic urothelial irritants, such as calculi or infections. UFPs rarely recur once they are treated. Other benign lesions of the ureter include endometriomas, fibromas, leiomyomas, neurofibromas, hemangiomas, and lymphangiomas. In these two cases, the ureter tumors might be neglected by routine sonographic checkup.
Conclusion: The elongated ureteral tumor may be neglected by sonography image survey. If sonography indicated the tumor was near UO or cystoscopy showed UO dilatation, URS laser ablation is effective in treating such lesion.

NDP018:
PRIMARY ADENOCARCINOMA OF THE SEMINAL VESICLES – CASE REPORT

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Purpose: We present a case of very rare malignant neoplasm derived from the gland of the seminal vesicles.
Case presentation: The case involves a 53-year-old man who has diabetes mellitus under poor control before hospitalization. He came to our emergency department due to general weakness and poor appetite. He denied diarrhea, constipation, or dysuria. The physical examination revealed chronically-ill appearance and clear consciousness. There was no icteric sclera, no knocking tenderness of the flank area, and no tenderness of the abdomen. The digital rectal examination showed a palpable rectal mass about 8cm above anal verge. Urinalysis showed numerous red blood cells and white blood cells under high-powered-fields. The serum survey revealed high C-reactive protein (18.24 mg/dL),