Discussion: Adenomatoid tumors are the most common paratesticular neoplasms and involve approximately 30% of all paratesticular masses. There are several theories about their histogenesis: mesothelial, Müllerian, mesonephric, and endothelial origin. The mesothelial origin is the most widely accepted. Adenomatoid tumours usually involve the genitourinary system in both males and females. Fallopian tubes, ovaries and uterus are common areas for females, and epididymis, testes, spermatic cord, ejaculatory ducts are common in males. These tumors are usually located in the tail part of the epididymis usually as a separate mass with a mean age of presentation between 30 to 40 years. Clinical presentation can vary from asymptomatic small masses to very painful masses in the scrotum region which can be confused for torsion. Ultrasonography is the initial investigation of choice with high sensitivity and specificity rates. Ultrasound examination demonstrates well circumscribed uniformly hypoechoic mass, that are usually avascular but may demonstrate internal vascularity on colour flow Doppler imaging. MRI helps in diagnosis as the lesion appears hypointense to surrounding parenchyma arising from testicular surface and enhances less than the normal testis on post contrast administration. By considering rare benign intratesticular tumors in the differential diagnosis of testicular masses, normal levels of preoperative serum tumor markers combined with intraoperative histologic examination can offer the surgeon to clues of this rare benign tumor. The intraoperative frozen section should be considered.

NDP005:
TESTICULAR CAPILLARY HEMANGIOMA: CASE REPORT

Yi-Chu Lin, Sheng-Han Tsai, Shin-Shu Chang. *Department of Urology, Cheng Hsin General Hospital, Taipei, Taiwan*

Case Presentation: A 17 year-old boy found left testicular mass with tenderness by himself, and then visited our urology outpatient department for help. At OPD, physical examination showed a hard nodule in left testis with tenderness, B-HCG and AFP were normal. Then sonography of scrotum and CT of abdomen was arrange for further evaluation. Both of image examinations showed a small hypervascular nodule in lower pole of left testicle, but no definite lymphadenopathy or mass in the retroperitoneal space or inguinal regions were found. For hypervascular tumor of testis, differential diagnosis included vascular malformation, or germ cell tumor. As germ cell tumor cannot be rule out, surgical intervention was suggested. The patient was admitted and operation was arranged on. During operation, a well circumscribed tumor in left scrotum near epididymal tail was found, the tumor was homogenous, brownish and easy bleeding, tumor size was about 1.5 x1.5 cm, frozen section of tumor was sent and showed hemangioma with low N/C ratio microscopically. Therefore, tumor excision with testicle sparing was done according to frozen section result. The final pathology report of the tumor was capillary hemangioma, which was a benign testicular tumor.
Discussion: Testicular capillary haemangioma is an exceptionally rare tumor. Capillary haemangioma of the testis can be similar to malignant testicular tumors on clinical presentation, as well as on ultrasonography and computed tomography, and therefore should be included in the intraoperative differential diagnosis. Because of the benign nature of this lesion, conservative surgical treatment by means of tumor enucleation with preservation of the testis is possible, if intraoperative examination of frozen sections of representative tissue can be performed.

NDP006:
GNRH AGONIST INDUCED ACUTE FULMINANT HEPATITIS IN PATIENT WITH PROSTATE CANCER-CASE REPORT

Yu-Cing Juho, Sheng-Tang Wu, Tai-Lung Cha, Guang-Haun Sun, Sun-Yran Chang, Dah-Shyong Yu. *Division of Urology, Departments of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan*

An 85 year old man with history of locally advanced prostate cancer received monotherapy with anti-androgen since 1997. Due to prostate specific antigen progression (>500 ng/mL), systemic chemotherapy with taxotere was performed one year ago. Because of intolerance for chemotherapy, the patient went to our outpatient department for secondary opinion. We then applied complete androgen blockade with anti-androgen and GnRH agonist. Three days later, the patient was sent to emergent department due to poor appetite and conscious disturbance for two days. History taking revealed no hepatitis B, hepatitis C, drug abuse and alcohol consumption. Physical examination showed normal vital sign without scleral icterus. There was no tea color urine or clay stool found. The blood biochemistry revealed abnormal data with AST 1637 U/L, ALT 3413 U/L and total bilirubin 0.6 mg/dL. Abdominal sonography at emergent department found fatty liver without distention of gallbladder. Under the impression of acute fulminant hepatitis, the patient was admitted for conservative treatment.
A series of examination was arranged after admission. HAV IgM and HCV antibody showed negative. Negative of HBV surface antigen with positive of HBV surface antibody were noted. Other serologic examination revealed negative finding of virus infection including CMV, EBV and HSV. Autoimmune hepatitis was also excluded by normal range of ANA titer. Other cause including ischemia, acetaminophen, toxin and alcohol were unlikely due to lack of evidence.
Under supportive treatment with adequate hydration and silymarin therapy, the conscious got improved and liver enzyme decreased gradually. The final data of AST/ALT was 597/337 (U/L) one week later after admission. According the history and serologic examination, this episode of acute fulminant hepatitis might be induced by GnRH agonist.
Conclusion: GnRH agonist is used as hormone therapy for controlling prostate cancer with anti-androgen. However, drug toxicity induced acute fulminant hepatitis was observed in this case. We should pay more attention for symptom and liver function in patients who received GnRH agonist therapy.

NDP007:
PARATESTICULAR DEDIFFERENTIATED LIPOSARCOMA—A CASE REPORT

You-Chiuan Chien, Chun-Chi Chen, Bai-fu Wang, Kuo-Chin Wei. *Divisions of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan*

Background: Paratesticular liposarcomas are rare tumors which account for 12% of all liposarcomas. They must be differentiated from tumors of testicular origin which have extension to the spermatic cord.
Clinical Case: We reported a case of a 72-year-old male who had presented with a painless swelling mass in the left hemiscrotum, which was of 10 years' duration. Initially, a clinical impression of scrotal tumor was made; however, CT of the scrotum revealed a spermatic cord mass. The mass was managed by excisional biopsy and later pathology reported dedifferentiated liposarcoma with margin involvement. Metastatic work-up, which included CT of the abdomen and pelvis and chest X ray, did not reveal any distant metastasis. Patient underwent high orchidectomy with skin excision. Histopathological studies confirmed the diagnosis of dedifferentiated liposarcoma with clear surgical margin.
Conclusion: Liposarcomas of the spermatic cord represent a rare type of tumors, which are often misdiagnosed preoperatively. Being a rare disease and varied type of presentation, paratesticular liposarcoma should be considered as a possibility during the differential diagnosis of fat containing inguino-scrotal mass.

NDP008:
TUMOR MARKER OREINTATED CHEMOTHERAPY IN CANCER OF UNKNOWN PRIMARY SITE: A CASE REPORT AND LITERATURE REVIEW

Yu-De Wang, Chao-Hsiang Chang, Chi-Rei Yang. *Department of Urology, China Medical University Hospital, Taichung, Taiwan*

A case of a 56-year-old woman, who presented with acute abdomen, was diagnosed retroperitoneal poorly differentiated carcinoma of unknown primary site without ovarian involvement. We encountered failure attempt of tumor excision initially. In spite of a primary lesion was not confirmed, we performed tumor maker (CA-199) orientated chemotherapy with the regimen of carboplatin and paclitaxel according to tumor markers and pathological findings.

The size of main tumor decreased remarkably, and retroperitoneal dissection was done successfully after then. Most patients with cancer of unknown primary origin have a very poor prognosis because it is difficult to select appropriate treatment. Tumor marker provide not only as a tool for monitoring but also a guide for chemotherapy regiment. Tumor marker orientated chemotherapy makes operation more feasible and achieves better diagnosis and treatment, as in the case describe here.

NDP009:
FUNCTIONAL ADRENAL ONCOCYTOMA (INCIDENTALOMA): A CASE REPORT

Tsu-Feng Lin MD, Ding-Po Lin MD, Marcelo Chen MD, Jong-Ming Hsu MD.

Purpose: Oncocytic neoplasms are most commonly found in the kidney, thyroid and salivary gland. Adrenal oncocytomas are very rare. There is female predominance with a mean age of 46 years. These tumors are more common on the left side (1:2). Most of these tumors are nonfunctional and hence incidentally detected. Here, we report a case of functional adrenal oncocytoma.
Case report: A 54-year-old female had past history of Type 2 Diabetes mellitus and Hypertension undermedication control for ten years. She felt gerneral weakness and abdominal discomforts for half year. There were no palpitations, headache, weakness or fatigue, and the physical examination was unremarkable. So she came to our Gastroenterology outpatient department for further survey. Abdominal echo showed a mixed hypoechoic lesion about 5cm at S6-7. The tumor has well margin, echoic ring at the periphery without vascular invasion. Abdominal computed tomography scan was performed after then and it showed a right adrenal mass (6.3x4.8cm in size) with punctate calcification and heterogeneous enhancement. 48 hours low dose dexamethasone suppression test was arranged, and it showed positive. (base line: Cortisol/ACTH: 20.16μg/dL /6.53pg/mL, post dexa: 18.88μg/dL /1.17 pg/mL). Other Hemogram and serum biochemistry were within normal limits, except polycythemia (hemoglobin: 17.7g/dl) that was same as before. The tentative diagnosis is right adrenal incidentaloma with Cushing syndrome. She underwent laparoscopic adrenalectomy. The pathologic report showed a well-encapsulated oncocytoma composed of nesting and trabeculae polygonal cells with abundant granular, eosinophilic cytoplasm. After sugery, she received regular OPD follow up in our hospital without any complication.
Conclusion: Adrenal oncocytic neoplasm is usually a large, benign, nonfunctional adrenal tumor and is found incidentally. Only 17% functional adrenal mass (Cushing, pheochromocytoma, virilizing syndrome). The mainstay of therapy is adrenalectomy, recently performed by laparoscopy. The prognosis is good for benign tumors.

NDP010:
SYNCHRONOUS IPSILATERAL RENAL CELL CARCINOMA AND URO THELIAL CARCINOMA OF KIDNEY OR URETER: CASES REPORT AND LITERATURE REVIEW

Yu-Cheng Chang [1,2], Chia-Cheng Yu [1,2], Tony T. Wu [1,2]. [1] *Division of Urology, Kaohsiung Municipal Min-Sheng Hospital, Taiwan;* [2] *Division of Urology, Department of Surgery, Kaohsiung Veterans General Hospital, Taiwan*

Purpose: We report 2 cases (a 63-year-old female and a 60-year-old female) were diagnosed of i Simultaneously ipsilateral urothelial carcinoma (UC) of upper urinary tract and renal Cell carcinoma (RCC) had the symptoms of painless gross hematuria and confirmed by pathological document.
Materials and Methods: In case 1 : The abdominal computed tomography (CT) scan was described as left upper third ureter tumor with extension to renal pelvis, measured about 4 cm in size, with post-contrast enhancement, urothelial cancer was considered. In case 2 : The abdominal computed tomography (CT) scan found a suspicious focal enhanced area is noted in right kidney, 1.5 cm, RCC cannot be excluded, the findings should be differentiated with infiltrated TCC in calyx.
Results: In case 1 : She received the operation of anterior exenteration and the pathology showed urothelial carcinoma of left U/3 Ureter and clear cell type renal cell carcinoma. In case 2 : She received right nephroureterectomy with bladder cuff excision for urothelial carcinoma of renal pelvis and unclassified renal cell carcinoma.
Conclusion: The most symptoms of the synchronous RCC and UC are flank pain and gross hematuria. Synchronous RCC and UC of the same kidney is a rare condition and surgical intervention of radical nephroureterectomy with bladder cuff excision may be a curative treatment for clinically localized tumor.

NDP011:
RENAL CELL CARCINOMA WITH SYNCHRONOUS CONTRALATERAL URETERIC METASTASIS – A CASE REPORT AND LITERATURE REVIEW

Kun-Lin Hsieh [1], Wei-Hong Lai [1], Steven Kuan-Hua Huan [2]. [1] *Division of Urology, Department of Surgery, Chi Mei Medical Center, Taiwan;* [2] *Division of Uro-Oncology, Department of Surgery, Chi Mei Medical Center, Taiwan*

Purpose: When treating the renal cell carcinoma (RCC), preservation of renal function is important as cancer control. Besides, metastasis of renal cell carcinoma (RCC) to ureter is extremely rare. In our review, total 54 cases had been reported about RCC with ureteric metastasis and just only 11 patients of them developed contralateral ureteric metastasis. We here presented RCC with synchronous contralateral ureteric metastasis and our management to this patient. We also reviewed the associated literature in this report.
Materials and Methods: A 61-year-old healthy man suffered from intermittent painless hematuria for two months. He visited other hospital firstly, where intravenous pyelography revealed obstructive lesion over right ureter. He then went to our outpatient department for second opinion. Impaired renal function with serum creatinine (Cr) showed 1.63 mg/dL and glomerular filtration rate (GFR) calculated 34 ml/min. Abdominal computed tomography (CT) revealed right upper-third ureter tumor with moderate hydronephrosis. Besides, a tumor about 3cm at left kidney was also detected, which favor RCC. Thus, the diagnosis ureterorenoscopy (URS) was performed, and pathology from endoscopic biopsy to right ureter tumor presented with metastasis RCC.
Considering about preservation of renal function as well as principle of RCC management, we performed the cytoreductive nephrectomy with metastasectomy for him. Laparoscopic partial nephrectomy to left RCC and segmental resection of right ureter with ureteroureterostomy was done. The target therapy, Sunitinib, is also prescribed for the metastatic status of RCC. He recovered well and no tumor progression found during six months follow up till now. Image showed no dilatation of right pyelocalyceal system, and postoperative renal function is preserved as Cr: 1.67 mg/dL at 3-month-later follow up.
Results: It is reported that approximately one third of patients with RCC present with metastases. Several atypical presentations and rare metastatic sites had been reviewed in the literature.[1] RCC with ureteric metastasis is very rare and just about 54 cases had been reported.[2] Due to only 4 cases had been reported of RCC presented as synchronous contralateral ureteric metastasis, there is no consensus as to the most appropriate management.
Cytoreductive nephrectomy and surgical metastasectomy has been shown to improve survival benefit.[3] It had been recommend as principle of management metastasis RCC.[4] Our patient has favorable outcome including not only tumor prognosis but also renal function.
Besides, we also learned from this case that detailed evaluation to patient with suspect ureter lesion is very important. Awareness of these metastatic tumors could lead to early detection and improvement in management.[5]
Conclusion: In our review, this is the 5th case presented as RCC with synchronous contralateral ureteric metastasis. Partial nephrectomy with segmental resection of contralateral ureter seems effective as surgical treatment. It had satisfied outcome in not only prognosis of cancer but also renal function.

NDP012:
NEPHROGENIC ADENOMA OF URETER – CASE REPORT

Chin Wei Kuo, Meng-Yi Yan, Bai-Fu Wang. *Divisions of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan*

Purpose: Nephrogenic adenoma is a rare benign lesion of urothelium. It is usually occurred in urinary bladder. And in ureter, the recorded cases are