comparing to the group with autosomal chromosomal abnormalities, but it seems to have better sperm retrieval rates.

MP1-4.
FROM CLINICAL PRESENTATIONS OF NOA MALES TO PREDICT THE OUTCOME OF MICRODISSECTION TESE
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Purpose: To understand the predictive value of clinical presentation of infertile patients with non-obstructive azoospermia (NOA) on the outcome of microdissection testicular sperm extraction (micro-TESE) in Taiwan.

Materials and methods: We retrospectively reviewed the database of Taipei Veterans General Hospital from January 2012 to December 2014. Totally 200 patients with NOA who had undergone micro-TESE surgery were enrolled. The etiology, pathologic findings and sperm retrieval rate (SRR) of different etiologies and pathologic findings were reviewed in this study.

Results: In our study, 30.8% of our patients had genetic disorders; 7.7% with bilateral prominent varicoceles; 6.4% with hypogonadotropic hypogonadism or Kallmann syndrome; 6.4% with undescended testes (UDT) history; 46.2% belonging to idiopathic etiology. During this period, 123 patients had undergone testicular biopsies, and the pathology results were as followed: SCOS (65.9%), EMA (9.1%), hypospermatogenesis (22.7%), tubular hyalinization (4.5%). The SRR of micro-TESE from each pathology group were SCOS (27.6%), EMA (0%), hypospermatogenesis (88.9%), tubular hyalinization (0%).

The SRR of each clinical presentations of patients were as followed: UDT histories (80%), prominent varicoceles (33.3%), hypogonadotropic hypogonadism or Kallmann syndrome (100%), genetic related disease (20.8%).

Conclusion: This study gives a useful information of prognosis in NOA patients based on the picture of clinical presentation. The prediction may be more informative if further pathological data from testis biopsy are available.

MP1-5.
IS PERIODONTITIS ASSOCIATED WITH ERECTILE DYSFUNCTION IN YOUNG MALE?
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Purpose: The aim of the study was to evaluate the potential association between periodontitis and erectile dysfunction in Taiwanese young male.

Materials and methods: It was a cross-sectional study in a random consecutive sample of military male (mean age: 21.62 ± 2.61 years) attending to the Army Training Center. There were 2133 subjects included in the study, excluding subjects with comorbidities and subjects who had not engaged in sexual intercourse. All participants underwent detailed physical assessment including peri-odontal status and history taking. Clinical sexual function was evaluated with the International Index of Erectile Function–5 (IIEF-5) questionnaire.

Results: The existence of periodontitis showed statistically significant correlation with IIEF-5 severity. (P < 0.0001).

Conclusion: The present data supported there was a significant association between periodontitis and erectile dysfunction in young male. A possible explanation was that periodontitis may contribute to the systemic inflammatory burden, which increased the likelihood of having erectile dysfunction.

Other
MP1-6.
ONE HAND CONTROLLED AUTOMATIC SUTURE LIGATION AND CLOSURE DEVICE FOR BLOOD VESSELS AND TISSUES
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Purpose: We report here a new instrument device that provides automatic suture ligation and closure device for blood vessels and tissues

Materials and methods: To evaluate the efficacy of this instrument, 6 surgeons performing surgery tied 3 knots using classical method and then using the automatic ligation and closure device. The times required to tie each knot and the knot strength were recorded and compared statistically.

Results: Comparing the 2 knotting methods, the time spent tying the knots was shorter with the knot-tying instrument in all 3 trials and the knot strength was statistically higher with the knot-tying instrument.

Conclusion: This automatic ligation and closure device can be used for all knots in surgery when classical knotting is difficult.

MP1-7.
MANAGEMENT OF NON-PARASITIC CHYLURIA USING 50% GLUCOSE INSTILLATION: EXPERIENCE IN KUO GENERAL HOSPITAL
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Purpose: The characteristic symptom of chyluria is intermittent or persistent milky urine, mostly painless, which may accompany fatigue, malaise, body weight loss, or malnutrition owing to loss of nutrients. Chyluria is more common in tropical and subtropical zones, especially in endemic areas of parasites such as filariae. In high latitudes, chyluria is rarely seen, and is usually non-parasitic. There are only sporatic case reports in Taiwan in the era of 21st century, and none of them has mentioned about parasitic infection.

Diagnosis: To make the diagnosis, take urine sample in the morning or after high-fat diet, and observe for the milky urine, which may coagulate, separate into layers, or remain suspended minutes later. Elevated levels of urine triglyceride (often higher than serum sample) is the key finding. Image studies such as X-ray, ultrasound, CT scan, intravenous urography are of little help, however MRI may detect some lymphatic abnormality around the kidney. One can identify the affected side by observing the milky urine, which may coagulate, and IVP (intra-venous pyelography) or MRI can narrow down the renal parenchyma. Sometimes the contrast medium may result in obstruction of lymphatic fistula, but one should avoid false positive finding and potential retrograde infection due to high instilling pressure.

Management: Parasitic chyluria may subside after proper medication. For non-parasitic cases, treatment options include non-surgical (diet, medication, or sclerosing agent instillation) and surgical modalities (nephrolysis, peritoneal wrapping, renal autotransplantation, or nephrectomy). Sclerosing agent instillation is a minimal invasive therapy, which is more effective than diet or medical treatment. Silver nitrate solution, aquous betadine, contrast medium, and 50% glucose solution are some agents with favorable results. Kuo General Hospital use 50% glucose for chyluria treatment since 2004, the seven treated patients responded well to this therapy.

30% glucose water is an ideal sclerosing agent because it is common, cheap, non-toxic, non-irritative, and comes in sterile packages. We designed a flowchart and a tubing design to provide constant pressure during treatment, and to improve safety and success rate.

MP1-8.
IS IT POSSIBLE FOR PERITONEAL DIALYSIS UREMIC PATIENTS WHO CONTINUE TO DO PD AT PERI-NEPHRECTOMY DURATION?
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