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

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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

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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

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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

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