

MP3-3: SYNOVIAL SARCOMA OF THE PENIS: A CASE REPORT

Chao-An Chen¹, Kam-Fai Lee², Kuo-Cai Huang¹, Kuo-Hsiung Chiu¹, Tzu-Hsin Yang¹, Yin-Lun Chang¹, Jian-Hui Lin¹, Yung-Chin Huang², Dong-Ru Ho¹, Chih-Shou Chen¹, Wei-Yu Lin¹. ¹Division of Urology, Department of Surgery, Chiayi Chang Gung Memorial Hospital, Chiayi, Taiwan; ²Department of Anatomic Pathology, Chiayi Chang Gung Memorial Hospital, Chiayi, Taiwan

Purpose: Primary synovial sarcoma of the penis is extremely rare. We report a case of synovial sarcoma initially discovered as a painless penile mass with no image evidence of distal metastasis. Synovial sarcoma was reported in the final pathology.

Materials and Methods: A 59-year-old male patient is a case of panic disorder under alprazolam treatment for 4 years. He came to our outpatient department for gradual enlargement of penile mass in recent months. He is a married man without circumcision. The mass was painless, spherical, and movable over penile base, without skin abnormality or infection signs. Computed tomography revealed a 3.2 cm hypodense mass lesion over left side of corpus cavernosum without enlargement of pelvis or retroperitoneal lymph nodes. Partial penectomy with bilateral inguinal lymph node dissection was performed. Synovial sarcoma within tunica ablucinea (pT2) was reported in the final pathology.

Results: To our knowledge; this is the first case of primary synovial sarcoma of penis in Taiwan.

MP3-4: ADENOCARCINOMA OF URINARY BLADDER— A CASE REPORT

Ping-Hao Tsai, Heng-Chieh Chiang, Pao-Hwa Chen. Divisions of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan

This 78 years old man who was under regular follow-up post transurethral resection of prostate gland. During last cystoscope, tumor biopsy was done and the pathologic report reveal possibility of urothelial carcinoma with glandular differentiation, which primary adenocarcinoma or secondary adenocarcinoma involvement especially colorectal origin may be consideration on July, 2015.

Afterward, we arranged MRI for tumor staging and it reveals T3N0M0, Stages III. Then, after explain to patient, transurethral resection of bladder tumor was performed on Aug, 2015. The final pathologic report reveals adenocarcinoma arising from urinary bladder. We also arranged colon scope which reveals negative finding. PET scan reveals no uptake for gastrointestinal tract.

As exclude colorectal origin of adenocarcinoma, patient is under radiotherapy and chemotherapy for adneomcarcinoma currently.

MP3-5: ASSOCIATION BETWEEN HUMAN GLUTATHIONE S-TRANSFERASE OMEGA RS4925 POLYMORPHISM AND BLADDER CANCER

Zhon-Min Huang¹, Jow-Yu Sheu¹, Min-Che Tung¹, Chia-Chang Wu², Yuan-Hung Wang². ¹Divisions of Urology, Department of Surgery, Tungs' Taichung Metro Harbor Hospital, Taichung, Taiwan; ²Divisions of Urology, Shuang Ho Hospital, Taipei Medical University New Taipei City, Taiwan

Purpose: Glutathione S-transferases (GSTs) play an important role in the detoxification of polycyclic aromatic hydrocarbons and aromatic amines, the toxic substances contained in cigarettes. GST Omega 1 (GSTO1) not only utilizes glutathione in conjugation reaction but also contributes to the biotransformation of several xenobiotics. A single nucleotide polymorphism (Ala- 140Asp) of GSTO1 gene causing variations in enzyme activity may influence individual susceptibility to bladder cancer (BC). It is hypothesized that genetic polymorphism of GSTO1 gene has an effect on BC risk in particular by interacting with cigarette smoking.

Materials and Methods: A total of histopathologically confirmed 300 BC patients and 300 cancer-free controls were recruited from February 2002 to February 2009. Genotyping of the GSTO1 Ala140Asp polymorphism was determined using a polymerase chain reaction-restricted fragment length

polymorphism (PCR-RFLP) method. The odds ratio (OR) and 95% confidence interval (CI) were calculated as a measure of the combined effect of cigarette smoking and the GSTO1 Ala140Asp polymorphism on BC risk.

Results: We found that study subjects with the GSTO1 Ala/Ala genotype have a significantly increased BC risk (OR = 1.5; 95% CI = 1.1–2.7). A statistically significant increased BC risk was also found in ever smokers with the GSTO1 Ala/Ala genotype (OR = 4.9; 95%CI = 2.8–9.7).

Conclusions: This study provides an epidemiologic evidence of a significantly increased BC risk among ever smokers with the GSTO1 Ala/Ala genotype.

MP3-6: ANALYSIS OF PROSTATE CANCER PATIENTS WITH INVOLVEMENT OF PROSTATIC ANTERIOR FAT PAD

Wei-Chun Weng¹, Min-Che Tung¹, Jow-Yu Sheu¹, Li-Hua Huang¹, Chun-Kuang Yang², Yen-Chuan Ou². ¹Divisions of Urology, Department of Surgery, Tungs' Taichung MetroHarbor Hospital, Taiwan; ²Divisions of Urology, Department of Surgery, Taichung Veterans General Hospital, Taiwan

Purpose: The presence of lymph nodes within the prostatic anterior fat pad (PAFP) has been noted in several reports. Metastatic cancer can be found in PAFP lymph nodes. The characteristics of patients with PAFP lymph node metastasis are not well described in Taiwanese patients.

Materials and Methods: From December 2006 to May 2014, 770 consecutive patients received robot-assisted radical prostatectomy(RARP) with PAFP dissection by a single surgeon, Yen-Chuan Ou. Mean age was 65.1 ± 7.1 years. PAFP was removed for pathological examination to evaluate the presence of lymphoid tissue and the involvement of prostate cancer.

Results: Among these 770 patients, 61(7.92%) patients were detected to have 1 to 3 PAFP lymph nodes. 52 patients had one node, 7 patients had two nodes, and 2 patients had three nodes. 6(0.82%) patients had positive metastasis. In these 6 patients, 2 patients had PAFP metastases only and the other 4 patients had concomitant pelvic lymph nodes metastases. The other 55 patients had PAFP nodes but tested negative for malignancy.

Conclusions: Prostate cancer with metastases to the PAFP nodes has positive correlation with patients who had a high risk of prostate cancer preoperatively. The removal of the PAFP can facilitate the dissection of the prostate apex and bladder neck, and can also result in pathological upstaging if metastasis was present.

Moderated Poster-4

other

MP4-1: UROLITHIASIS IS ASSOCIATED WITH HIGHER PREVALENCE OF LOW SERUM TESTOSTERONE LEVEL IN PATIENTS WITH ERECTILE DYSFUNCTION

Yin-Chien Ou, Ho-Shiang Huang, Yung-Ming Lin. Department of Urology, National Cheng Kung University Hospital, Tainan, Taiwan

Purpose: Both stone disease and erectile dysfunction (ED) are currently considered as systemic diseases which may associate with several systemic risk factors, such as hypertension (HTN), diabetes mellitus (DM), dyslipidemia, smoking, obesity, and hypogonadism. The aim of this study is to evaluate the prevalence of urolithiasis in patients with ED, and to show which risk factors may relate to stone formation.

Materials and Methods: From May 2014 to September 2015, total 186 patients presented to our out-patient clinic with chief complaint of ED were prospectively enrolled. The clinical characteristics, underlying diseases, current medications, IIEF-5 questionnaire, biochemical profiles and self-report history of urolithiasis were collected. We further divided these patients into stone positive group and stone negative group. The Fisher's exact test were used to evaluate the different prevalence of risk factors between these two groups.

Results: Of the 186 patients, 21 (11.3%) reported history of urolithiasis, and were divided in the stone positive group. The other 165 patients were in