NDP043:
CASE REPORT – BLADDER RHABDOMYOSARCOMA

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Purpose: We reported a case of male bladder Rhabdomyosarcoma whom received surgical intervention in our hospital.
Case Presentation: A 78 year old male of bladder tumor was noted and treated in our hospital during 4th to 5th Nov, 2015. This 78 year old male patient came to our urology outpatient department with chief complaints of gross hematuria for few days. Lab data showed: mild anemia, hyponatremia, hyperglycemia (Hb: 11.5, Na: 131, Sugar: 25.4) with normal Creatinine (Cr: 91). Abdomen sonography revealed: huge bladder tumor lesion. He was admitted for cystoscopy and received TURBT on 4th, Nov under spinal anesthesia without consequence. Meanwhile OHA (Metformin) was given for DM control. Pathology revealed: Bladder Rhabdomyosarcoma. Post operation abdomen and pelvic CT scan was done with no distant metastasis. He was then referred to government tertiary hospital oncology department for further management.
Conclusion: Rhabdomyosarcoma is a malignant tumor (cancer) that arises from a normal skeletal muscle cell. Rhabdomyosarcoma represents the most common malignant soft tissue tumor in children and adolescents with the urinary bladder representing a frequent site. Most of these are embryonal Rhabdomyosarcoma, predominantly the botryoid subtype. Rhabdomyosarcoma of bladder in adults are distinctively rare and only case reports was noted. [1] The most common metastasis site are lung, bones and bone marrow. Complete tumor excision should be considered for localized adults cases as long as functional and cosmetic results are acceptable. Radiotherapy is also a major tool for treatment, particularly achieving local control in patients with residual microscopic or gross disease following surgery and chemotherapy. [2]

NDP044:
SMALL CELL CARCINOMA OF URINARY BLADDER – CASE REPORT AND LITERATURE REVIEW

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Small cell carcinoma of urinary bladder (SCCB) is very rare and accounting for< 1% of all bladder tumors. Its has highly aggressive behavior and high metastatic potential. We report a patient with SCCB managed by surgery combined chemotherapy and we would provide a brief review of SCCB.
A 55-year-old woman was suffered from gross hematuria since May, 2015 and received transurethral resection of bladder tumor (TURBT) by local medical doctor in Oct., 2015 and pathology report showed small cell carcinoma of urinary bladder without mention of depth of urinary bladder invansion. She came to our hospital to received repeated TURBT and pathology report showed small cell carcinoma combined with high grade urothelial carcinoma with muscular layer (detrusor muscle) invasion. Chest X-ray was normal and the abdominal CT revealed mass lesion about 25mm located over Lt lateral base with focal UB wall thickening. She received neo-adjuvant chemotherapy with Methotrexate (MTX), Etoposide (VP-16) and Cisplatin for three times. Then radical cystohysterectomy with BPLND and ileal conduit reconstruction was performed and pathology report showed residual small cell carcinoma invaded to deep muscularis propria, lymph node invasions: 0/32, pathological TNM stage: ypT2bN0. Patient recovered well and followed up at our hospital.

NDP045:
RENAL HEMANGIOBLASTOMA: AN UNUSUAL CASE

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Renal hemangioblastoma is an uncommon tumor that can occur sporadically and viewed as a benign entity. Thus, we reported this tumor in a 47-year-old Taiwanese male case, Hepatitis B virus carrier, whom was incidentally found via abdominal computed tomography. There was no flank pain or hematuria complained. Abdominal sonography showed one hyperechoic nodule (22mm) located at the upper pole of left kidney, mimic with angiomyolipoma. Both of CT and MRI demonstrated moderate enhancement. The RENAL score was 5.
Left retroperitoneal laparoscopic partial nephrectomy was performed uneventfully with warm ischemia time of 12 minutes. Histologically, the cellular portion was composed of a rich capillary network of single-layered flat endothelial cells enclosing stromal cells, and the paucicellular portion contained hyalinized stroma which are positive for alpha-inhibin and NSE but negative for CK, CD68, CD34, HMB-45 and STAT-6. Although renal hemangioblastoma is rare and difficult to be diagnosed, it cannot be neglected at all and required more cases for the further study.

NDP046:
CASE REPORT – FEMALE URETHRAL TUMOR

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Purpose: We reported 2 cases of female urethral tumor whom received surgical intervention in our hospital.
Case Presentation: Two cases of female urethral tumor were noted and treated in our hospital during Nov, 2014 to May, 2015. Case (1) was a 73 year old female patient with hypertension history. She visited our GYN and Uro OPD on Nov, 2014 and was noted of her right simple ovary cyst 5 X 5 cm by sono and meatus urethral tumor around 1.5 cm. Urine test disclosed: pyuria, proteinuria with microscopic hematuria (Bac: +, RBC: 5–10, WBC: 5–10, Pro: +). Lab data showed: anemia, hyponatremia, hyperuricemia, hyperlipidemia (Hb: 10.4, Na: 130, Uric acid: 383, cholesterol: 5.5). She received cystoscopy on 5/11/2014 and operation of excision of urethral tumor on 18/11/2014 under SA without consequence. Pathology revealed: benign urethral hemangioma. Case (2) was a 61 year old female patient with diabetic and hypertension history. She visited our GYN and Uro OPD on May, 2015 with complaints of vaginal protruding mass for 3 yrs. Further frequent urination and stress urinary incontinence were complained. She was admitted under the impression of 3rd degree of Uterine prolapse and meatus polypoid tumor. Urine test disclosed pyuria with microscopic hematuria and (Bac:+, RBC: trace). Lab data was normal. Kidney and bladder sono revealed negative. She received operation of vaginal hysterectomy with ant., post. repair with meatus urethral tumor excision on 24/5/2015 and was discharged on 25/5. The post operation course was smooth. The pathological report revealed non malignant uterus with meatus epithelial hyperplasia tumor.
Conclusion: Hemangioma is a relatively rare lesion in the genitourinary tract. In general, hemangiomas are benign vascular tumor. Twenty cases have been reported in literature. The lesion often extend further than is immediately apparent. Endoscopic management is recommended for small lesion and, in the case of more extensive lesions, open exploration is advised followed by appropriate urethral reconstruction. [1] Further, epithelial tumor represent approximately 80 % of all urinary tract tumors (Bladder and urethral). They including TCC, SCC; adenoma; papilloma; adenocarcinoma and undifferentiated carcinoma.[2] We herein reported 2 cases of benign urethral tumor treated with open excision method. Further clinical follow up is advised.

NDP047:
BLADDER PARAGANGLIOMA: CASE REPORT

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Case Presentation: The 46 year-old man was found bladder tumor by sonography during health examination, and he was referred to urology outpatient department (OPD). According to the patient's statement, he had palpitation and headache during micturition in recent year, and hypertension was diagnosed recently. Urine cytology was negative, abdominal computed tomography (CT) showed a homogenous enhanced tumor about 3.5cm with lobulated contour between right posterior wall of urinary bladder and sigmoid colon, cystoscopy showed an intramural bladder tumor in posterior wall. According to the clinical symptoms and image finding, rare bladder tumor was suspected, catecholamine was checked for rule out paraganglioma and showed normal result. After discussion with the patient, he decided received partial cystectomy. During operation, systolic blood pressure would increase more than 180 mmHg when the