

**NDP061:**  
**BILATERAL ADRENAL TUMOR RELATED TO MULTIPLE ENDOCRINE NEOPLASIA TYPE 2**

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**Purpose:** Bilateral adrenal tumors are very rare in clinical practice. To differential diagnosis of bilateral adrenal tumor is also challenging.

**Materials and Methods:** A 29 year old man suffered from hypertension for over 2 years but with poor response to medical control. Incidental findings of thyroid nodule and bilateral adrenal tumor during health check up. Hyperparathyroidism was also reported after examination. Patient then received bilateral laparoscopic adrenalectomy.

**Results:** Multiple Endocrine Neoplasia type IIa (MEN IIa) an autosomal dominant syndrome characterized by pheochromocytoma, medullary thyroid carcinoma and hyperparathyroidism. Pheochromocytoma occurs in approximately 50% of patients with MEN IIa.

**Conclusion:** Hereditary pheochromocytoma should be kept in mind for patient with bilateral adrenal tumor. The association with MENII is also known. Further check up for thyroid, parathyroid function of patient and family should be considered.

**NDP062:**  
**THE MANAGEMENT OF THE COMPLICATION OF POST NEOBLADDER RECONSTRUCTION— CASE REPORT**

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We reported 3 patients receiving laparoscopic radical cystectomy with orthotopic ileal neobladder reconstruction(M pouch).

**Case 1:** 56 y/o male had ureter-pouch disruption due to ureter stent dislocation, and he received open surgical revision and reanastomosis. However, colon perforation followed after second operation

**Case 2:** 51 y/o female had uretero-pouch anastomotic stricture four months later, and percutaneous nephrostomy with zebraguide wire antegrade insertion into neobladder was performed first then followed endoscopic ureter internal dilatation and catheter indwelling.

**Case 3:** 47 y/o male also had uretero-pouch anastomotic stricture, but endoscopic dilatation failed. He finally received laparoscopic ureter adhesion-lysis and ureteroneocystostomy under mini-open wound.

## Oncology

**NDP063:**  
**THE FEASIBILITY OF LAPAROSCOPY RADICAL CYSTECTOMY FOR THE ELDER PATIENT ( >70 Y/O) WITH A 10 YEAR HISTORY OF ADVANCE UROTHELIUM CARCINOMA POST OPEN NEPHROURETERECTOMY AND ADJUVANT CHEMOTHERAPY**

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This 75 y/o male patient had past history of hypertension. Besides, he ever had right ureter transitional cell carcinoma (T3N2M1) status post right nephroureterectomy and chemotherapy on 2004/07. After that he was regular follow up at our OPD. However, the recurrent bladder cancer s/p TUR-BT on 2008/6, 2010/5 and 2014/11. He also received the BCG instillation from 2010/05 to 2010/06 and Mitomycin transcatheter irrigation (6 times) from 2014/12 to 2015/01. Under the regular follow up cystoscopy and one papillary mass over right diverticulum was found on 2015/02. The MRU for tumor workup was arranged and bladder tumor (T2N0M0) was compatible. Then he received the radical cystoprostatectomy, left ureterocutaneostomy and left iliac LN dissection by laparoscopy (transperitoneal approach) on 2015/3. There are two points for this case, including the treatment response is good for advanced stage TCC (the survival over 10

years) and laparoscopy is still feasible for patient ever received open nephroureterectomy 10 years later.

**NDP064:**  
**SYNCHRONOUS IPSILATERAL RENAL CELL CARCINOMA AND UROTHELIAL CARCINOMA OF KIDNEY IN A PATIENT WITH PROSTATE ADENOCARCINOMA: A CASE REPORT AND REVIEW OF LITERATURE**

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**Introduction:** Single occurrence of renal cell carcinoma (RCC) or urothelial carcinoma (UC) of the upper urinary tract is frequent urological malignancy. However, synchronous and simultaneous occurrence is rare, particularly in a patient with prostate adenocarcinoma. Herein, we report a case of synchronous ipsilateral RCC and UC of kidney in a patient with prostate adenocarcinoma.

**Case Report:** A 76 year-old male with old pulmonary tuberculosis suffered from left flank pain for several months. MRI reveals a mass lesion about 6.4 \* 5.4 cm in lower pole of left kidney, in favor of RCC. cT1bN0M0. Then he received robot-assisted laparoscopic radical nephrectomy. The intra-operative finding includes left side renal tumor over lower pole and posterior aspect with engorged tumor supplying vessels. The pathology reported as clear cell RCC with free margin (pT3aN0) and infiltrating UC (pT1) over renal pelvis. With elevated PSA (27.92 ng/mL), he also received transrectal ultrasound and biopsy. All the apex, middle, and base of left lobe are adenocarcinoma with Gleason's score 5+4 = 9. MRI reveals a heterogeneous low signal intensity lesion on the peripheral zone of left lobe of prostate on T2WI, and suspected tumor invasion into left seminal vesicle. There was no bone metastasis (T3bN0M0). He currently received combined radiotherapy and androgen deprivation therapy.

**NDP065:**  
**NON-MUSCLE INVASIVE BLADDER CANCER WITH PROSTATIC STROMA INVASION: A CASE REPORT AND REVIEW OF LITERATURE**

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**Introduction:** The face of bladder cancer is heterogeneous, with about 70% presented with superficial tumors, which tend to recur but are generally not life threatening, and 30% presented as muscle-invasive disease that associated with high mortality rate due to distant metastases.

There were little information about infiltrating urothelial carcinoma metastatic to prostate without bladder wall invasion. Herein, we report a case of non-muscle invasive bladder cancer (NMIBC) with prostate invasion.

**Case Report:** A 73 y/o male with aggravated left flank pain was admitted to our institution for study, the abdominal CT revealed suspicious neogrowth in the urinary bladder. He refused to receive cystoscopy examination and then discharged. However, he returned 18 months later with persistent gross painless hematuria and urinary retention for one month. The IVP showed indentation of the bladder base and prostatic enlargement. Then he received TURP and TUR-BT. The tissue pathology reported that there were infiltrating urothelial carcinoma in urinary bladder with no muscle invasion and infiltrating urothelial carcinoma in prostatic stroma by invasion (pT4N0M0). However, there were negative for malignancy in urinary bladder base and margin. After surgery, he received radiotherapy and chemotherapy.

## Urolithiasis

**NDP066:**  
**PELVIC ORGAN PROLAPSE RELATED GIANT URINARY BLADDER STONE – CASE REPORT**

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**Purpose:** Pelvic organ prolapse will cause many associated discomfort. In some situation, uterine inversion will accompanied with total urinary

bladder prolapse. And chronic urine retention will occur. We demonstrate a rare case, who had pelvic organ prolapse for 20 years accompanied with one giant urinary bladder stone due to chronic urine retention.

**Materials and Methods:** A 82 years old female, who had perineal protruding mass since 20 year ago. The mass was growing over time and became difficult to micturition with painful sensation while sitting. She went to our GYN OPD where pelvic organ prolapse, grade 4 was diagnosed and referred to our OPD due to hard content of urinary bladder. MRI was performed and reveals large vesical stone and bilateral hydronephrosis. Cystolithotripsy was arranged and one huge vesicle stone up to 240 gram was removed.

**Results:** A vesical calculus in a prolapsed cystocele is rare. And the literature indicated that urinary stasis and infection may be the cause of stone formation. In our case, the pelvic organ prolapse caused the incomplete emptying of urinary bladder leading to the urinary stasis and providing the nidus and infectious environment required for stone development. Impaired renal function was also noted due to chronic urine retention and bilateral hydronephrosis. Vesicolithotripsy is indicated in this kind of patient to protect her renal function and push back the prolapsed organs.

**Conclusion:** We present an unusual case that has long-standing pelvic organ prolapse accompanied with chronic urine retention. Huge vesicle stone formation was noted with bilateral ureteral orifice occlusion and impaired renal function.

#### NDP067:

#### RARE GIANT BLADDER STONE WITH THE SIZE OF AN ADULTS' FIST IN HEALTHY YOUNG MALE

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**Purpose:** To describe a case of giant bladder stone in healthy young male

**Materials and Methods:** A 36-year-old male had no underlying systemic disease before. He worked at cleaning squadron and was living with his mother. He had intermittent perineum pain, difficult urination, and incontinence for many years but he only took some medicine for pain control by himself. He was brought to our ER due to general malaise, weakness and severe perineum pain. Lab revealed acute renal failure (Crea = 6.96), hyperkalemia (K = 5.8), hyponatremia (Na = 113), and leukocytosis (WBC = 26500) initially. Abdominal CT revealed giant bladder stones with bilateral hydroureter and hydronephrosis. Bilateral PCN insertion was performed separately and much pus was drained out from right PCN. Bilateral antegrade pyelography was performed 6 weeks after PCN insertion and it showed persisted dilated bilateral pelvis and ureter. Cystoscopy, cystolithotomy, and suprapubic cystostomy were performed thereafter. The size of the stone was 11cm in length, 7.5cm in width, and 7cm in height, just like an adult's fist. Its weight was 520gm. Suprapubic cystostomy tube was removed smoothly after bladder training.

**Results:** The composition of this giant bladder stone was 100% calcium phosphate. The post-operative renal function recovered gradually and serum creatinine kept below 2 in followed one year. He could urinate by himself and denied any discomfort of urination. He was back to work three months after operation.

**Conclusion:** Most giant bladder stones were found in patients with underlying disease resulted in voiding problem or unclear conscious. It's a rare giant bladder stone in health young male.

#### NDP068:

#### DIAGNOSIS AND MANAGEMENT OF ESWL-INDUCED SIGNIFICANT PERIRENAL HEMATOMA

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**Purpose:** Extracorporeal shock wave lithotripsy (ESWL) is a well-known and highly effective treatment for removal of kidney and ureter stones. However, several complications after ESWL have been reported including renal hemorrhage. The purpose of this study is to evaluate and manage ESWL-induced perirenal hematoma in a single medical center.

**Materials and methods:** Seventeen patients was recognized among 15961 patients who underwent ESWL for the treatments of renal and ureteral stones by either LITE-MED Model No:LM-9200 or HMT Lithotron during 2003-2014. The stones were targeted fluoroscopically and shocks were delivered at 3000 shockwaves with ramping energy settings of 15-18 kV. The patients were found to have perirenal hematoma via abdomen computed tomography (CT) or ultrasound either at emergency room or outpatient clinic.

**Results:** The incidence of ESWL-induced significant perirenal hematoma was 0.1%. Among the 17 patients, no one was treated for ureteral stones. Mean age was 56.2 ± 9 years with 14 male and 3 female. Mean stone size was 13 ± 8mm (range 6-37mm). All patients had flank pain on the treated-stone site, rapid pulse rate (>100bpm), and pale appearance. The mean dropped hemoglobin level was 5.8 g/dL (range 3-7.7g/dL). (From mean hemoglobin 14.8 g/dL dropped to 9.0 g/dL, p value < 0.01) The mean diameter of perirenal hematoma was 10.5 ± 2.4cm (range 6.1 ~14.0cm). Fifteen needed to hospitalize for fluid resuscitation. Eight needed blood transfusion (Mean 4 ± 2.8units). Among them, one received angiography with arterial embolization due to potential coagulopathy caused by liver transplantation. No one needed further surgical interventions.

**Conclusion:** Early recognition of significant perirenal hematoma induced by ESWL is important. Pain, pale, rapid pulse rate (3p symptoms) and dropped hemoglobin level (>3 g/dL) suggested this severe complication. Rapid fluid resuscitation and blood transfusion could treat most of the patients. Arterial embolization might be necessary for the patient with potential coagulopathy.

#### Laparoscopy

#### NDP069:

#### ROBOTIC SURGERY IN FIELD OF UROLOGY: A PRELIMINARY EXPERIENCE OF NINE MONTHS

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**Purpose:** The robotic surgery was wildly developed in Taiwan in these years. The major advances aided by surgical robots include remote surgery, minimally invasive surgery, better control over surgical instruments and a better view of surgical sites. We report a single institution's preliminary experience with robotic surgery in field of urology and its clinical outcomes.

**Materials and Methods:** Preliminary clinical data from June 2014 to February 2015 of robotic surgery in the Shin Kong Wu Ho-Su Memorial Hospital was obtained. The perioperative outcomes and surgeon's experience is collected.

**Results:** From June 2014 to February 2015, forty-three patients underwent robot assisted laparoscopic procedure in urology department. Seventeen robot assisted laparoscopic prostatectomy (RALP), seven robotic partial nephrectomy (RPN), five robotic nephroureterectomy (RNU), four robotic adrenalectomy, two robotic radical nephrectomy (RRN), two robotic left RNU + cystectomy + hysterectomy, two robotic pyeloplasty, two Robotic retroperitoneal tumor excision, a robotic ureteroureterostomy and a robotic bilateral hernioplasty were performed. The median operative time was 275 minutes and the median estimated blood loss was 300ml. Overall hemotransfusion rate was 14% and complication rate was 11%.

**Conclusion:** Robotic surgery is a safe procedure with minimal complications and favorable clinical and functional outcomes. Most of patients have shorter length of hospital stay and less wound pain while compared with our previous experience of open surgery. Better control over surgical