male smoker in our study. This result may encourage the smoking men to stop smoking to enhance their erectile function.

NDP103: MANAGEMENT OF ERECTILE DYSFUNCTION IN PATIENTS WHO FAILED PRIOR VASCULAR INTERVENTION

Chieng-Hsing Hsieh 1, Geng-Long Hsu 1, Shyh-Chyan Chen 1, Chih-Yuan Hsu 2. 1 Division of Urology, Taipei Tzu Chi Hospital, The Buddhist Tzuchi Medical Foundation; School of Medicine, Buddhist Tzu-Chi University, Hualien, Taiwan; 2 Microsurgical Potency Reconstruction and Research Center, Hsu’s Andrology, Taipei, Taiwan

Purpose: Varied penile vascular interventions are still controversial and commonly regarded as experimental settings. Disappointing outcome and penile dysmorphology are major concerns along with other complications. To explode whether our penile venous stripping can salvage other methods of vascular treatment, we report our experience.

Materials and Methods: From 2010 to 2014, 11 consecutive patients sought our assistance owing to disappointing prior vascular interventions elsewhere. The abridged five-item version of the International Index of Erectile Function (IIEF-5) was used to score the patients. A circumferential incision was first made to access the deep dorsal veins and cavernosal veins which were stripped thoroughly and ligated with 6-0 nylon sutures. A median longitudinal pubic incision was used to complete the stripping proximally and the para-arterial veins were just ligated segmentally. Finally the wound was fashioned layer by layer with 5-0 chromic suture.

Results: The operation time was from 4.0 to 8.5 hours. The follow-up period ranged from 0.6-4.0 years. Overall all patients reported satisfactory penile morphology postoperatively while the preoperative and postoperative IIEF-5 scores were significant difference (8.6 ± 2.6 vs. 16.6 ± 2.8, P < 0.001).

Conclusion: This series of salvaging venous surgeries, though technically challenging, was exclusively beneficial and appeared a viable option to patients who had undergone prior vascular interventions.

NDP104: EVALUATION OF PENILE BLOOD FLOW INCLUDING PEAK SYSTOLIC VELOCITY, END DIASTOLIC VELOCITY AND RIGIDITY INDEX: FIVE PATIENTS OF ERECTILE DYSFUNCTION EXPERIENCE IN SHIN KONG MEMORIAL HOSPITAL IN ONE YEAR

Chao Wei Tseng, Thomas I.S. Hwang. Division of Urology, Department of Surgery, Shin Kong WHS Memorial Hospital, Taipei, Taiwan

Purpose: Erectile dysfunction is very common at the age of above 40s. The previous studies from Taiwan revealed around 50% male had ED problem once before. The psychological or physiological aspects both influence pathway of tumescence and rigidity. Most of the patients had a lot of improvement from PDE5 inhibitors, such as Viagra, Cialis, Levitra. It seems that cavernosal artery plays a key role of tumescence. We evaluate the patients with ED who had examined peak systolic velocity (PSV) and end diastolic velocity (EDV).

Materials and Methods: We review charts from patients of erectile dysfunction who had examined his penile blood flow status including PSV/EDV/RL. We also record his testosterone level, triglyceride and total cholesterol.

Results: We had investigated five patients. The age ranges from 24 to 70 years old. The testosterone level ranges from 3.4ng/ml to 6.6ng/ml (1.75ng/ml-7.81ng/ml). Peak systolic velocity after alprostadilintracorporeal injection range from 11.39ml/sec to 21.82ml/sec.

Conclusion: The penile blood flow from Doppler ultrasound is a very useful tool for evaluating erectile dysfunction. We think that penile blood flow evaluation as a routine examination for patient of erectile dysfunction.

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NDP105: RISK OF ENDOMETRIAL CANCER IN WOMEN WITH PELVIC INFLAMMATORY DISEASE: A NATIONAL POPULATION-BASED RETROSPECTIVE COHORT STUDY

Teng-Kai Yang 1, Shi-Dong Chung 2, Chih-Hsin Muo 3, Chao-Hsiang Chang 1, Chao-Yuan Huang 4, Chi-Jung Chung 5. 1 Surgery department, Yonghe Cardinal Hospital, New Taipei city, Taiwan; 2 Division of Urology, Department of Surgery, Far Eastern Memorial Hospital, New Taipei, Taiwan; 3 Department of Public Health, China Medical University, Taichung, Taiwan; 4 Department of Urology, China Medical University Hospital, Taichung, Taiwan; 5 Department of Urology, National Taiwan University Hospital, Taipei, Taiwan

Purpose: Endometrial cancer (EC) is fatal with rising incidence and mortality. Pelvic inflammatory disease (PID), a common gynecologic disease, has been connected to EC, but the evidence was scarce. We aimed to investigate the association between PID and EC.

Materials and Methods: We constituted a nationwide population-based cohort study and data were obtained from the National Health Insurance Research Database (NHIRD). We defined 41065 patients with PID as the PID group, and 82130 randomly selected patients as the comparison group through frequency matching by age and index year. Diagnosis of related diseases was conducted according to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Each patient was individually tracked to identify those who developed EC. Cox proportional hazards regression and the Kaplan-Meier method were used in the analysis.

Results: Overall, the incidence rate of 9.6 and 16.1 per 100000 person-year and mean follow-up duration of 4.84 and 6.63 years were observed among patients in the PID and non-PID cohorts, respectively. After adjusting for potential risk factors, PID women were observed to have a 1.78-fold higher risk of developing endometrial cancer compared with the non-PID cohort. Consideration for other potential risk factors, the incidence of EC increased with ageing, particular for those aged over 50 years (HR = 2.44, 95% CI = 1.28-4.63). In addition, for women with hypertension, the increased EC risk was also shown in PID patients compared to non-PID cohort.

Conclusion: In the large-scale population-based study, we indicated the increased EC risk in PID patients, particular for patients with older age or those with hypertension. Future, large-scale clinical trial would be required to clarify the role of medication played in PID-related EC progress.

NDP106: INTRAVESICAL HYALURONIC ACID TREATMENT MAY IMPROVE LOWER URINARY TRACT SYMPTOMS CAUSED BY KETAMINE-ASSOCIATED CYSTITIS: PRELIMINARY RESULT

En Meng 1,2, Sheng-Tang Wu 1,2, Chih-Wei Tsao 1,2, Shou-Hung Tang 1,2, Tai-Lung Cha 1,2, Guang-Huan Sun 1,2, Dah-Shyong Yu 1,2, Sun-Yuan Chang 1,2. 1 Division of Urology, Department of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, ROC; 2 Department of Pathology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, ROC

Purpose: Long term ketamine abuse may cause variable lower urinary tract symptoms (LUTS) and severe cystitis. The clinical features of ketamine associated cystitis (KC) are very similar to bladder pain syndrome/interstitial cystitis (BPS/IC). Intravesical administration of hyaluronic acid (HA) is one of the regimes for treating BPS/IC. In this study, we aim to investigate whether her intravesical HA therapy may improve the LUTS of patients with KC.

Materials and Methods: 4 female and 1 male patients with KC who failed oral medications were enrolled in this study. Hyaluronic acid (Cystistat®) at a dose of 40 mg in a volume of 50 ml of phosphate-buffered saline was injected into the bladder on a weekly basis for 6 weeks and then monthly for a further 3 months. Response to therapy was evaluated by Visual Analogue Scale for pain (VAS), International Prostate Symptom Score