no leukocytosis, and low albumin (2.8g/dL). The tumor marker work-up showed high Carcinomembryonic antigen (12.3 ng/mL) and high specific prostate antigen (21.5 ng/mL). A colonoscopy was performed and showed an ulcerative rectal mass. The pathology report from an endoscopic biopsy indicated adenomatous mucosa without dysplasia. Computed tomography and a magnetic resonance image of pelvis were taken. The films showed a large cystic lesion (4.4cm in diameter) and solid component between the prostate and the rectum. The origin could not be identified from the images. A transrectal ultrasound-guided cyst aspiration and tumor biopsy with prostate biopsy were then performed. The pathology report indicated adenocarcinoma with moderate to poor differentiation. The immunohistochemical stains showed mucicarmine(+), CK(+), CK7(+), CK20(-), CDX2(-), PSA(-), androgen receptor(-), TTF-1(-), CEA(+), and CA125(+). These are typical pathological findings of primary adenocarcinoma of the seminal vesicles.

Conclusion: Primary adenocarcinoma of the seminal vesicles is a very rare neoplasm. It is difficult to be diagnosed by medical physicians or even urologists. We want to share the images and our experience with colleagues in clinical work to improve the investigation of similar cases.

NDP019: RARE CARE REPORT: PRIMARY LEIOMYSARCOMA OF THE ADRENAL GLAND AND LITERATURE REVIEW
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Purpose: The primary adrenal leiomyosarcoma is quite rare clinically. We report a 61 years old female coming to our hospital for right flank pain and the image revealed a right suprarenal advanced tumor lesion with liver invasion. The pathology revealed the rare tissue type. We would share the experience of the diagnosis, clinical course and a review of the associated literature.

Materials and Methods: A 61 years old female came to our hospital for right intermittent flank pain. The physical exam just revealed mild Rt knocking pain and no palpated mass or nodule. The song exam disclosed the right suprarenal mass. So the computed tomography (CT) was arranged and one 4 x 5 cm adrenal tumor with liver invasion was suspected. Besides, the associated laboratory exams for endocrine function were normal. Therefore she was admitted for further surgical intervention. The radical adrenalectomy was done through tradition open method. The tumor with invaded hepatic tissue was resected. The patient was recovered soon and discharged 5 days after operation. The histopathological exam revealed the mass as leiomyosarcoma, FNCLCC grade, involving the periadrenal soft tissue and liver tissue. The tumor recurrence was noted through following up 3 months later.

Results and Discussion: The leiomyosarcomas are not common type cancer and it is around 5-10% of soft tissue sarcomas. The leiomyosarcoma is mainly differentiated from smooth muscle, so it is most noted from uterus, gastrointestinal system, the vascular walls and the skin. Therefore the primary adrenal leiomyosarcoma is more rarely in the past record. In our case, the CT revealed an irregular margin mass, low attenuation on non-enhanced but heterogenous change on enhanced images. The histopathological exam revealed leiomyosarcoma, FNCLCC grade 2, with invasion with periadrenal soft tissue and liver tissue. The IHC stains reports: SMA(+), desmin(+), H-caldesmon(+), S100(-) and CD34(-). The Mitotic Rate is 18/10 high-power fields (HPF). Review of the recently associated literature, only 14 cases of primary leiomyosarcoma of the adrenal gland have been reported. The Kanthan et al. reported only one case in 54 cases of adrenal incidentaloma retrospectively. The etiology is not clear but a few studies have suggested that HIV and Epstein Barr virus may be etiologic roles. The adrenal leiomyosarcoma rarely metastasize to regional lymph nodes, but with metastases most frequently observed in the lungs and liver. The effects of radiation and chemotherapy are limited, so the radical surgical resection is the most effective treatment. In our case, it is advanced condition for liver invasion. The further treatment for local advanced or distal metastatic condition is necessary for more literature analysis.