

skin bridges are an uncommon complication of circumcision. It often results from either inadequate lysis of natural adhesions prior to circumcision or from distal migration of the skin from a prominent suprapubic fat pad. The majority of adhesions should cure spontaneously as the penis grows, suprapubic fat recedes, and erections become more frequent and firmer. Lysis of preputial adhesions also can be performed by gently pushing away the adhesions from the glands of penis. During healing process, the circumferential incision can adhere to the glands and in some cases heal into an epithelialized skin bridge. If thin and transparent, they can be divided in OPD manner. In our case, extensive and thick adhesions require surgical intervention, and excellent outcome was achieved.

NDP103:
INTRAURETHRAL BUDDING – CAUSED BY INCIDENTAL SEEDING ASSOCIATED WITH STONE OBSTRUCTION OF BLADDER OUTLET

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Purpose: Plants in urethra was hard to see, and there was no case report in human until now. We showed an special case about this.

Materials and Methods: This report is to present a rare case with intra-urethral budding. A 56 year-old male voided one budding about 3cm in length from the urethra, accompanied with one dark-brown colored stone with 1.1 cm in size at one day.

Results: The most possible way was retrograde implant the plant seed into the urethra initially and ureteral stone blocked the urinary outlet when it passed into the bladder from the ureter which lead to the subsequent budding and growth of seed in the urethra.

Conclusion: We present an unusual case of impacted bladder stone accompanied with urethral plant seeding incidentally, and it was also the first case been reported in human.

NDP104:
SINGLE PORT LAPAROSCOPY DIAGNOSIS & RESECTION OF APPENDICOVESICAL FISTULA – A CASE REPORT

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Purpose: Appendicovesical fistula (AVF) is a rare cause of urinary tract infection. It has been reported that it usually took at least 1 year from the onset of symptom to confirmatory diagnosis. We report a case of recurrent urinary tract infection with delayed diagnosis of Appendicovesical fistula and was treated with single port laparoscopic appendectomy.

Case report: A 85-year-old male patient is a case of pancreatic tail mass s/p distal partial pancreatectomy with splenectomy and spine surgery in July, 2015 with and urinary retention and Foley indwelling since then. He had repeat hospital admission for urinary tract infection in recent 20 years and has suffered from fecaluria via Foley catheter for more than 7 months. Low GI series cystoscopy showed non-specific findings. Computed tomography (CT) of the abdomen and pelvis revealed vesico-colonic fistula in Sep, 2015. He was referred to our hospital for surgical intervention. We performed single port laparoscopic transabdomen approach for diagnosis. Pelvis appendix with tip adesion to bladder dome and pelvis side wall was visualized. We carried out appendectomy with Endo-GIA (ECR-45G) and excision of fistula between bladder and appendix. No more recurrent UTI occurred postoperatively.

Conclusion: Appendicovesical fistula is difficult in early diagnosis for patient with intractable recurrent urinary tract infection. Diagnosis and surgical intervention by single pole laparoscopy is feasible.

NDP105:
A TESTIS BURSTED OUT – A RARE SCROTAL TRAUMA WITH EXPOSED TESTICULAR DISLOCATION CASE REPORT AND LITERATURE REVIEW

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Purpose: Traumatic testicular dislocation is rare, especially with testis protruding out of the scrotum. Most dislocations occurred with other major trauma. Herein we report a case of bursted testicular dislocation without any other injury.

Case report: A 18-year-old man hit on a pillar during riding a motorcycle. His chief complaint was mild left scrotal pain. Vital sign was stable at emergency department. No wound, ecchymosis, contusion, or bone fracture was found (except some blood on underpants). Left testis was exposed out of the scrotum (pic1). Emergent scrotal repair was performed under spinal anesthesia. During the operation, we found bursted scrotal skin wound about 2 centimeter in length, and the tunica vaginalis of the exposed testis was intact. Post-operative ultrasonography showed intact testicles with normal blood flow and no hematoma nor hydrocele was noted.

Results: According to the literature we can query currently, most traumatic testicular dislocations are related to direct external impact, often accompanying with severe pelvic or systemic trauma. There were very few cases of only testicles bursting out of scrotum. This patient was wearing tight jeans, so presumably it was caused by strong shearing force which produced by powerful impact and increased frictional force provided by the tight jeans. Such blunt trauma in limited space produced impact that made the testicle protrude out of the scrotum. This kind of traumatic bursted testicular dislocation is extremely rare, so we hereby report.

Conclusion: Traumatic protruding dislocation of the testis without major trauma is rare. Emergent scrotal repair is a feasible method for patients with traumatic testicular dislocation.

NDP106:
CASE REPORT: ANTICOAGULANT AGENT INDUCE ISCHEMIC TYPE PRIAPISM

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Purpose: Priapism is a rare disease defined as pathological penile erection without sexual desire or stimulation. It may lead to urologic emergency if this situation persist more than 4 hours. Irreversible damage could happen in the cavernous tissue resulting in impotence if there is no timely and proper treatment. There are several etiology may cause the priapism. Now we report a rare case of priapism caused by low molecular weight heparin (LMWH) therapy and warfarin.

Case report: A 67-year-old male suffered from left thigh swelling with pain for 3 days. Blood examination for D-dimer showed more than 5000 ng/mL. Left thigh deep vein thrombosis (DVT) was diagnosed. Enoxaparin, one of LMWH 60mg twice daily plus Warfarin 5mg daily were prescribed for DVT treatment during hospitalization. On the third day of treatment, urologist was consulted due to painful prolong erection of penis for 2 days. Corpus cavernosum irrigation were performed under general anesthesia. We used two 18G niddle for irrigation and aspiration separately with one inserted on the proximal side of corpus cavernosum connected with normal saline for irrigation and the other inserted on the top of glans for aspiration.(picture A) However, small amount of blood was aspirated so the tunica vaginalis was cut for exposed the corpus cavernosum. Dark red cavernosal tissue with minimal blood ooze was noted.(picture A) After discuss with the patient, due to the old age, penile prosthesis

implantation was suspended. After following up for 12 days during hospitalization, neither distumescence of penis nor gangrene change were noted. (picture B)

Conclusion: low molecular weight heparin therapy or warfarin induce priapism are rare condition only reported previous with few cases. low molecular weight heparin are convinced may induce antiplatelet antibodies activity lead to thrombocytosis which decreases penile blood flow. The other theory for LMWH causing ischemic priapism is high flow priapism in the beginning and turn into low flow priapism in the end. Warfarin, the other Anticoagulant have also been reported have potential possibility for inducing ischemia priapism. However, previous reports discussed warfarin-induced priapism mostly happened among the patients with protein C deficiency. Explanation of this consequence may due to plasma protein C falls faster than other coagulation factor after initial warfarin treatment and causing temporary hypercoagulate state lead to the priapism and skin necrosis. According to European Association of Urology (EAU) Guidelines on Priapism, the rapid intervention of ischemic priapism should be administered as soon as possible for protecting erectile function. Aspiration of corpus cavernosum and intracavernous injection of a sympathomimetic drug should be taken as first step treatment. Operation with Distal or proximal shunt of corpus cavernosum should be taken if initial treatment failed. In our case, the prolong penile erection was noted for more than 2 days (> 48 hours), aspiration of corpus cavernosum was not effective due to probably corporal fibrosis. The next step for therapy of priapism was implantation of penile prosthesis as early as possible.

NDP107:

ABSCESS CHANGE OF MEDIAN RAPHAE CYST AFTER SEXUAL INTERCOURSE IN A MIDDLE-AGED MAN

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Purpose: Median raphe cysts are benign lesions that present anywhere between the urethral meatus to the anus, along midline of the ventral side. Discover commonly during childhood or adolescents. It is usually asymptomatic or unrecognized during childhood. The cysts become symptomatic with advancing age due to infection or trauma. Here we present the case of middle age man, who presented abscess change of median raphe cysts after sexual intercourse.

Case Report: A 43 year old male patient came to our OPD with the complaint of 2 x 2cm protruding mass noted along the urethra meatus. A small cystic lesion was presented since several years ago without symptomatic and or increasing in size. Until, a month ago, after having sexual intercourse, he noted the cyst grew it's size gradually with color change and pain. Aspiration of the cystic mass with excision was done at OR. Pathologic report revealed a median raphe cyst with abscess change.

Conclusion: Median raphe cysts are uncommon benign congenital lesions that can develop at any site along the midline of the ventral side of the male genital area, from the urethral meatus to the anus and the perineum. The most common location is the penile shaft and the parameatal position. They have been rarely reported in the glans of penis and the scrotum. Most of the them, are asymptomatic or unrecognised during childhood, may progress slowly and become symptomatic during adolescence or adulthood. The more distal the location, the bigger the size, greater will be the manifestation of the symptoms, such as pain (may be due to infection or trauma), urinary difficulty, hematuria, hematospermia and difficulty in having sexual intercourse. According to the histopathological findings, median raphe cysts can be classified into four types: urethral (55%), epidermoid (5%), glandular (3%) and mixed (36%). Treatment should be considered for the symptomatic lesions and for cosmetic purposes. Aspiration alone did not recommend due to high recurrence rate. Excision followed by primary closure, remains the optimal treatment option.

Other

NDP108:

PATIENTS DISCHARGED FROM UROLOGIC WARD RETURN TO EMERGENCY DEPARTMENT IN 72 HOURS: THE CLINICAL FEATURES

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Purpose: It is an important issue about immediate emergency department return after discharge from ward. It not only costs massive social resources, but also distracts patient, family, and doctors and nurses. Besides, potential medical problem may exist in those patients, and it may affect satisfaction of treatment. Reviewing those cases to figure out the cause of emergency department return may improve the quality of medical care.

Materials and Methods: This retrospective study included patients who were discharged from urologic ward in NCKU hospital, and returned to our emergency department in 72 hours between 2015/01/01- 2015/12/31. We reviewed medical records during admission and emergency department including further management and clinical course. In 2015, in our hospital, the patients number of discharge from our hospital is 52027, and returning to emergency department in 72 hours of entire hospital is 1287 (2.5%). However, the number of discharge from urologic ward is 2021, and 67 visits (3.3%) of emergency department return is recorded, and it is higher than the average of our hospital.

Results: Among 67 emergency department visits, most patients came back to emergency department during the first two days. 25 visits (37.3%) are within in the first 24 hours, and during second 24 hours, 24 visits (35.8%) are recorded. 42 visits are old age (more than 65-year-old), and 61 visits are male. 3 patients came back to emergency department repeatedly. The most common cause of emergency department is acute urine retention (28.4%). The second one is bleeding including gross hematuria (17.9%). Further management including medication (43.3%), invasive intervention (55.2%), admission (urologic department or other departments) or surgery (1.5%) are also collected in this study.

Conclusion: Reviewing those immediate emergency department return after discharge from urologic ward may be helpful for medical quality improvement. Further health education and evaluation material before discharge can be developed based on the results of this study.

NDP109:

NEW DESIGNED SURGICAL GOWN FOR PATIENTS

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Purpose: Some defects of the original surgical gown for patients in our hospital were found. We modified the original surgical gown for patient to a new form to fit the clinical demand. We would like to know if the new designed surgical gown for patient is better than the original one.

Materials and Methods: The style of our original surgical gown for patients is Japanese kimono style. The original surgical gown was usually on backwards for the surgical demand. We modified the original surgical gown for patient to a new form with plastic zippers. The zippers were set from lateral side of bilateral sleeves opening along shoulder to collar and over bilateral side seam. Besides, we used Velcro to protect zipper sliders. We compared the difference of these two kinds of surgical gown for patient in clinical use.

Results: The patient revealed that the new designed surgical gown is more comfortable and easy to wear than the original one, because the new one is on frontwards and the patient's neck doesn't be compressed by the collar of the surgical gown. However, the original surgical gown was on backwards and the patient's neck was compressed by the collar of surgical gown and the patient felt discomfort. The zippers on the new designed surgical gown can be unzipped to expose the patient with an adequate field for operation and anesthesia according to the different surgical procedures. Other parts of the patient can still be covered by the new designed surgical gown to prevent the patient suffering from hypothermia during preparation of the operation. Compared with the original surgical gown, the patient could be redressed with the new designed surgical gown easily