

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 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

instruments and a better 3-D view of surgical sites let the robotic surgeries are well performed by the surgeons used to perform open surgery. Surgical outcome may improve with case numbers.

**NDP070:
MANAGEMENT OF URETERAL OBSTRUCTION WITH DAVINCI
LAPAROSCOPIC SURGERY**

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Purpose: It is difficult to use the two-dimensional imaging conventional laparoscopic surgery for dissection, suturing, and knot-tying. With the advent of three-dimensional imaging and wide range freedom of movement of the instruments, the robotic laparoscopic surgery may overcome these obstacles and improved the laparoscopic technique. In past two years, we used daVinci laparoscopic surgery for ureteral obstruction due to various underlying disease.

Materials and Methods: In recent two years, we operated on a total of 4 cases of ureteral obstruction. The underlying causes of ureteral obstruction including one complete duplication of ureter, one recurrent UPJO, one duplex renal pelvis with obstruction, one endometriosis with recurrent lower third ureteral obstruction. There are three female and one male patient, age ranged 23 to 30. The daVinci robotic laparoscopic surgery was used to ureterolysis, segmental resection and reanastomosis of the ureter. The methods we used are dismembered pyeloplasty and transureteroureterostomy.

Results: We followed up these case from 4 months to 19 months. The ureteral anastomosis healed well. All of the obstructions were alleviated.

Conclusion: The daVinci laparoscopic surgery is a useful method to treat ureteral obstruction. No matter it was caused by congenital disease, recurrent disease or inflammatory disease. The meticulous approach to upper or lower ureter is easy and less traumatic. The anastomosis healed well.

**NDP071:
IMPROVED EARLY CONTINENCE BY RETZIUS-SPARING METHOD FOR
ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY:
PRELIMINARY EXPERIENCE OF CHANGHUA CHRISTIAN HOSPITAL**

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Purpose: To report the technique, as well as functional and oncologic results of our preliminary experience of Retzius-sparing method for robot-assisted laparoscopic prostatectomy (RALP).

Materials and Methods: Between February 2014 and March 2015, 10 RALPs with Retzius-sparing were performed at our institute. Demographic, perioperative, and postoperative data were recorded. Continence status was assessed immediately after urethral catheter removal, at the first and third month after RALP. Preprostatic structures, including endopelvic fascia and dorsal venous complex, as well as bladder neck were all preserved. The whole procedure of dissection and vesicourethral anastomosis was accomplished by totally posterior approach. Complications were classified according to the Clavien-Dindo classification.

Results: Median follow-up was 8.3 ± 2.1 months; median age was 67.1 ± 6.5 years. Retzius-sparing method was performed in 7 patients, and 5 of them were continent immediately after catheter removal; mean duration of the catheterization was 7.4 ± 1.4 days. Furthermore, there were no complications related to the bladder neck such as bladder neck stricture, acute/chronic urinary retention, as well as no Clavien III, IV, and V complications.

Conclusion: Our preliminary experience of using Retzius-sparing method for RALP provided very early continence at the time of catheter removal and within short-term follow-up. This can help early recovery of urinary incontinence and better quality of life after RALP.

Andrology

**NDP072:
ANTERIORLY POSITIONED MIDLINE PROSTATIC CYST CAUSED
SECONDARY INFERTILITY**

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Purpose: The incidence of congenital midline prostatic cysts is getting higher and higher from 1% in 1937 to 7.6% in 2003 at asymptomatic man. Most of the symptoms are lower urinary tract symptoms and secondary infertility. However, Case report of anteriorly positioned midline prostatic cyst of the bladder neck is less than five, it caused lower urinary tract symptoms due to its physiological position and functioning like a check valve.

Case presentation: We present a case of adult in marriage and child-bearing age with azoospermia found at Premarital medical examination. Anteriorly positioned midline prostatic cyst with ejaculatory duct obstruction was confirmed by 3.0T MRI of prostate. After transurethral incision and pucture procedure of the cyst, most parameters in seminal analysis showed great improvement.

Conclusion: A midline prostatic cyst can be mullerian duct cyst or a utricular cyst, though they have different embryological origins, but clinically we don't distinguish one another due to they locate at the same position, and have the same symptoms and primary treatment. So midline prostatic cysts were defined as hypoechoic to anechoic cystic lesions located in the midline of the prostate. This is the first report of anteriorly positioned midline prostatic cyst can cause ejaculatory duct obstruction and secondary infertility

Female Urology & Urodynamics

**NDP073:
CASE REPORT—CONSTIPATION CAUSE HYDRONEPHROSIS**

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Purpose: Hydronephrosis, literally mean water inside the kidney. In image finding, we could find fluid accumulation in renal pelvis and calyces and cause dilatation. Hydronephrosis was cause by obstruction of urinary tract. Structural abnormalities of the junctions between the kidney, ureter, and bladder that lead to hydronephrosis can occur during fetal development. Untreated, it would lead to atrophy of kidney and cause renal failure. Hydronephrosis could be cause by many reasons such as stones, tumors, ureter stricture, ureter kinking, V-U reflex, tumor outer compression, etc.. But it was rarely cause by constipation. This time, we would present a case with hydronephrosis which was cause by constipation

Materials and Methods: A 77-year-old housewife with history of hypertension under medication control for several years and ICH s/p op with aphasia/ right hemiplegia came to our hospital due to general malaise. Cre found 3.12 and GFR found only 14. Abdominal CT revealed bilateral hydronephrosis and hydronephrosis. Large amount of stool impaction in colon was also found. Hydronephrosis and hydronephrosis was still persisted even with Foley catheter indwelling. Under the diagnosis of 1. newly diagnosed DM with hyperosmolar hyperglycemic state 2. UTI 3. AKI 4. bilateral hydronephrosis and hydronephrosis, she was admitted for further survey and care. After admission, Urologist was consulted for Hydronephrosis survey and renal sono was arranged after 1 week and hydronephrosis was still persisted. We had suggested for constipation management. After 1 week constipation management, we arrange renal echo for follow up and found hydronephrosis had improved. Renal function was back to normal range (Cre: 0.36/GRF 174) Under the condition was stable, she could be discharge and OPD follow up.

Results: Hydronephrosis was usually cause by calculi. Sometimes it was cause by tumor obstruction such as UCC. Other causes by Ureteropelvic junction obstruction, Vesicoureteral reflux were also reported. But hydronephrosis cause by severe constipation was rarely reported. Our purpose was to bring up the awareness of this problem with clearly image and raise the opinion that severe constipation may cause hydronephrosis and acute renal failure.

Conclusion: Constipation was usually happened in elderly patient. Patient with hydronephrosis should be keep in mind that constipation may be the