

comparing to the group with autosomal chromosomal abnormalities, but it seems to have better sperm retrieval rates.

MP1-4. FROM CLINICAL PRESENTATIONS OF NOA MALES TO PREDICT THE OUTCOME OF MICRODISSECTION TESE

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Purpose: To understand the predictive value of clinical presentation of infertile patients with non-obstructive azoospermia (NOA) on the outcome of microdissection testicular sperm extraction (micro-TESE) in Taiwan.

Materials and methods: We retrospectively reviewed the database of Taipei Veterans General Hospital from January 2012 to December 2014. Totally 200 patients with NOA who had undergone micro-TESE surgery were enrolled. The etiology, pathologic findings and sperm retrieval rate (SRR) of different etiologies and pathologic findings were reviewed in this study.

Results: In our study, 30.8% of our patients had genetic disorders; 7.7% with bil. prominent varicoceles; 6.4% with hypogonadotropic hypogonadism or Kallmann syndrome; 6.4% with undescended testes (UDT) history; 46.2% belonging to idiopathic etiology.

During this period, 123 patients had undergone testicular biopsies, and the pathology results were as followed: SCOS (65.9%), EMA (9.1%), hypospermatogenesis (22.7%), tubular hyalinization (4.5%). The SRR of micro-TESE from each pathology group were SCOS (27.6%), EMA (0%), hypospermatogenesis (88.9%), tubular hyalinization (0%).

The SRR of each clinical presentations of patients were as followed: UDT histories (80%), prominent varicoceles (33.3%), hypogonadotropic hypogonadism or Kallmann syndrome (100%), genetic related disease (20.8%).

Conclusion: This study gives a useful information of prognosis in NOA patients based on the picture of clinical presentation. The prediction may be more informative if further pathological data from testis biopsy are available.

MP1-5. IS PERIODONTITIS ASSOCIATED WITH ERECTILE DYSFUNCTION IN YOUNG MALE?

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Purpose: The aim of the study was to evaluate the potential association between periodontitis and erectile dysfunction in Taiwanese young male.

Materials and methods: It was a cross-sectional study in a random consecutive sample of military male (mean age: 21.62 ± 2.61 years) attending to the Army Training Center. There were 2133 subjects included in the study, excluding subjects with comorbidities and subjects who had not engaged in sexual intercourse. All participants underwent detailed physical assessment including periodontal status and history taking. Clinical sexual function was evaluated with the International Index of Erectile Function–5 (IIEF-5) questionnaire.

Results: The existence of periodontitis showed statistically significant correlation with IIEF-5 severity. ($P < 0.0001$).

Conclusion: The present data supported there was a significant association between periodontitis and erectile dysfunction in young male. A possible explanation was that periodontitis may contribute to the systemic inflammatory burden, which increased the likelihood of having erectile dysfunction.

Other

MP1-6. ONE HAND CONTROLLED AUTOMATIC SUTURE LIGATION AND CLOSURE DEVICE FOR BLOOD VESSELS AND TISSUES

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Purpose: We report here a new instrument device that provides automatic suture ligation and closure device for blood vessels and tissues

Materials and methods: To evaluate the efficacy of this instrument, 6 surgeons performing surgery tied 3 knots using classical method and then using the automatic ligation and closure device. The times required to tie each knot and the knot strength were recorded and compared statistically.

Results: Comparing the 2 knotting methods, the time spent tying the knots was shorter with the knot-tying instrument in all 3 trials and the knot strength was statistically higher with the knot-tying instrument.

Conclusion: This automatic ligation and closure device can be used for all knots in surgery when classical knotting is difficult.

MP1-7. MANAGEMENT OF NON-PARASITIC CHYLURIA USING 50% GLUCOSE INSTILLATION: EXPERIENCE IN KUO GENERAL HOSPITAL

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Purpose: The characteristic symptom of chyluria is intermittent or persistent milky urine, mostly painless, which may accompany fatigue, malaise, body weight loss, or malnutrition owing to loss of nutrient. Chyluria is more common in tropical and subtropical zones, especially in endemic areas of parasites such as filariae. In high latitudes, chyluria is rarely seen, and is usually non-parasitic. There are only sporadic case reports in Taiwan in the era of 21st century, and none of them has mentioned about parasitic infection.

Diagnosis: To make the diagnosis, take urine sample in the morning or after high-fat diet, and observe for the milky urine, which may coagulate, separate into layers, or remain suspended minutes later. Elevated levels of urine triglyceride (often higher than serum sample) is the key finding. Image studies such as X-ray, ultrasound, CT scan, intravenous urography are of little help, however MRI may detect some lymphatic abnormality around the kidney. One can identify the affected side by observing the milky outflow from ureter under cystoscopy, and ipsilateral retrograde pyelography may reveal backflow into renal parenchyma. Sometimes the contrast medium may result in obstruction of lymphatic fistula, but one should avoid false positive finding and potential retrograde infection due to high instilling pressure.

Management: Parasitic chyluria may subside after proper medication. For non-parasitic cases, treatment options include non-surgical (diet, medication, or sclerosing agent instillation) and surgical modalities (nephrolysis, peritoneal wrapping, renal autotransplantation, or nephrectomy). Sclerosing agent instillation is a minimal invasive therapy, which is more effective than diet or medical treatment. Silver nitrite solution, aquaous betadine, contrast medium, and 50% glucose solution are some agents with favorable results. Kuo General Hospital use 50% glucose for chyluria treatment since 2004, the seven treated patients responded well to this therapy.

50% glucose water is an ideal sclerosing agent because it is common, cheap, non-toxic, non-irritative, and comes in sterile packages. We designed a flowchart and a tubing design to provide constant pressure during treatment, and to improve safety and success rate.

MP1-8. IS IT POSSIBLE FOR PERITONEAL DIALYSIS UREMIC PATIENTS WHO CONTINUE TO DO PD AT PERI-NEPHRECTOMY DURATION?

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Purpose: To evaluate the possibility for uremic patients who are need to do abdominal surgery did not have hemodialysis during the perioperative duration. The group of patients just did the dialysis as usual with CAPD.

Materials and methods: During the duration between 2003 and 2014, we had finished 8 times of NUE or nephrectomies. Patient did go through the perioperative duration, just having CAPD, did not have HD. Did the volume decreased in each PD instillation, combined the frequency of dialysis increased to compensate the daily dialysis fluid volume.

Results: We succeeded to experience 8 times of bigger abdominal surgery for uremic patients who had CAPD regularly during the perioperative duration. They did not quit their PD to do HD.

Conclusion: To be continue to do CAPD and not to shift to do HD for uremia patients who had a nephrectomy or bigger abdominal surgery should be considered as a possible choice.

MP1-9.

INFLUENCE OF GENDER ON AUTHORITY OF OUTPATIENT DOCTOR-PATIENT COMMUNICATION—A PERSPECTIVE OF MULTICULTURISM

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Purpose: Information asymmetry and universalism have long been used to explain the problem of doctor-patient communication. The picture of short period of visit and too many professional terms applied are always shown at out-patient service. To improve quality of medical service is usually the way to improve patient satisfaction. However, this thinking process is doubt because good quality of medical service does not guarantee good patient satisfaction. In fact, doctor and patient communicates with each other involving “subject with multiple identities” The aim of the study is to investigate the effect of identity of gender on doctor-patient communication from multicultural perspective at out-patient service by model of multiculturalism and feminist pedagogy.

Materials and methods: The study design is derived from the Manicom's analytic frame and study model of multiculturalism and feminist pedagogy. The dimensions of the study include “experience and voice”, “physician's authority”, “care” and “responsibility” ethic. The patient satisfaction is used to measure the quality of doctor-patient communication. The influence of physician's gender on authority will be determined. The structured questionnaire is employed to collect data from patients visiting internal medicine, surgical, gynecological and urological out-patient. 407 patients enrolled in this study. Quantitative analysis is performed by using SPSS statistically and qualitative is by “in-depth interview”. Both quantitative and qualitative results are compared to understand the meaning of difference.

Results: Quantitative findings showed that male physicians' authority are greater than those of female. However, reversed findings is observed on qualitative interview data and female physicians' authority is greater.

Conclusions: Construction of gender mainstreaming hospital is established not only by physical facilities of out-patient service but also gender identity, especially from prespective of multiculturalism and feminist pedagogy. In addition, meaning of patriarchy is yet to be interpreted further in doctor-patient communication.

Renal transplantation

MP1-10.

APLASTIC ANEMIA CAUSED BY PARVOVIRUS B19 INFECTION IN A KIDNEY TRANSPLANT RECIPIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS-CASE REPORT

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Anemia is common after kidney transplantation. Parvovirus B19 (PVB19) infection is a rare etiology of post-renal transplant anemia, which can induce significant anemia including pure red cell aplasia but the incidence is probably under estimated. The most common viral infections in patients with systemic lupus erythematosus (SLE) is also PVB19 and it may be related to a lack of anti-B19 antibodies. We report a kidney transplant recipient with SLE who presented with severe anemia unresponsive to erythropoietin (EPO) therapy. Bone marrow examination showed hypocellularity, decreased erythroid series with excess pronormoblasts, which suggests aplastic crisis by PVB19 infection. Polymer chain reaction (PCR) testing for PVB19 revealed positive result. The patient received intravenous immunoglobulin (IVIG) 0.4g/kg body weight daily for 5 doses. One week after treatment, her Hgb returned to normal but declined again 2 weeks later with evidence of persistent PVB 19 viremia by PCR. Differential diagnosis of anemia in transplanted patients should include PVB 19 infection especially when resistant to EPO therapy and lack of appropriate reticulocyte response. And screening for PVB19 should be included in recipients with SLE.

Moderated Poster-2

LUTS

MP2-1.

REGULATION OF ZINC TRANSPORT GENE WITH PROSTATIC HYPERPLASIA IN TAIWAN

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Purpose: We investigate the relationship of Zinc transporter gene ZIP (*SLC39A1*) and *ZnT* (*SLC30A2*) polymorphism in Taiwanese patients with BPH.

Materials and methods: A total 45 BPH and 24 CVD patients and 48 healthy control subjects were enrolled. We analyzed the single nucleotide polymorphisms of *SLC39A1* and *SLC30A2* gene using the polymerase chain reaction (PCR)-based restriction analysis.

Results: There was significant differences for *SLC30A2* gene polymorphism (rs11247851) by Chi-Square test between in control and BPH group ($p < 0.05$, Chi-Square value was 6.338) and control and CVD group ($p < 0.05$, Chi-Square value was 6.887). The result displays that T residues have a protection for BPH and CVD diseases, *SLC30A2* gene polymorphism (rs11247851) was significant for regulate transport Zinc in BPH and CVD, but the protective effect was better in BPH than CVD disease.

Conclusions: *SLC30A2* gene polymorphism (rs11247851) was significant for regulating transport Zinc in BPH and CVD and T residues has a protection in BPH and CVD diseases but the protective effect was better in BPH than CVD disease. The cause maybe was relational concentrations of Zinc, prostate contain more Zn than cardiovascular tissue, and the transport zinc effect was larger by *SLC30A2* gene polymorphism (rs11247851) in BPH than CVD.

MP2-2.

PRIMARY BLADDER NECK OBSTRUCTION IN YOUNG MEN

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Primary bladder neck obstruction (PBNO) is a condition in which bladder neck opening is not adequate during voiding without another anatomical obstruction, such as benign prostatic obstruction in men or genitourinary prolapse in women. There are multiple theories of the etiology of PBNO, including increased striated sphincter activity, abnormal amount of non-muscular connective tissue, and abnormal arrangement of the detrusor/trigonal musculature. Its prevalence in male and female population is not