distended bladder with irregular surface about 6.4 cm in length at right lateral wall and 5.2 cm in length at base of bladder were revealed. Therefore, computed tomography of abdomen was arranged due to suspected bladder tumor. Soft tissue in the urinary bladder and no obvious lymph node in pelvic cavity were showed. She was admitted for further evaluation. The cystoscopy was arranged for evaluation of suspected bladder tumor at the 2nd day after admission. The blood clot about 40 ml at base of bladder and the irregular and bulging tumor in the trigone of bladder were found. Hence, the bladder biopsy and Toomey’s irrigation were performed. The pathologic finding was diffuse large B cell lymphoma (CK (−), CD3 (−), CD20 (+), chromogranin 9 (−)). Picture 5–10. And then, chemotherapy with R-CHOP regimen was performed. The symptoms got improved after 2 courses of R-CHOP regimen.

**NDP11:**
**IS SYSTEMIC LUPUS ERYTHEMATOSUS A CLUE TO OCCULT RENAL CELL CARCINOMA? – A CASE REPORT**

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**Purpose:** Patients with systemic lupus erythematosus may involve in renal disorders, such as persistent proteinuria or cellular cast in urine, and followed by lupus nephritis. An association between systemic lupus erythematosus and the development of renal cell carcinoma has been reported in a case report. Systemic lupus erythematosus is described as a paraneoplastic syndrome associated with renal cell carcinoma. Actually the nature of the relationship between those two diseases remains unclear.

**Materials and Methods:** We report that a 29-year-old female presented to the emergency department with acute abdominal pain and vomiting sudden onset. Spontaneous rupture of the left kidney with massive hematoma over left retroperitoneum was depicted in a computed tomography scan. She had a history of systemic lupus erythematosus for 16 years (diagnosed in the age of 13), followed by the development of lupus nephritis in the age of 17. Simultaneously she initialized hemodialysis due to end-stage renal disease. Besides, she received surgical intervention for Mallory-Weiss tear several years ago. We try to clarify the association between renal cell carcinoma and systemic lupus erythematosus.

**Conclusion:** The incidence of renal cell carcinoma among patients with systemic lupus erythematosus is rare. The survey of occult renal cell carcinoma may be helpful for those patients involve in end-stage renal disease, rather than systemic lupus erythematosus.

**NDP12:**
**CASE REPORT – SURGICAL REPAIR OF COMPLEX RENAL ARTERY ANEURYSM BY BENCH SURGERY AND AUTOTRANSPLANTATION**

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**Materials and Methods:** A 58-year-old woman has underlying disease of hypertension under medication control, who had incidentally found of left renal artery aneurysm (RAA) via chest computed tomography (CT) because of one episode of sudden onset chest pain. The aneurysm measured 1.5 cm in diameter with some mural thrombus in the left distal main renal artery, bifurcation level. Interval enlargement about 0.4cm in diameter was noted between six-month period. Endovascular intervention was not feasible because of complex RAA pattern. She hospitalized and received hand-assisted laparoscopic nephrectomy, ex-vivo repair of the RAA and autotransplantation into the left iliac fossa. The following pathological report disclosed arteriosclerosis. Her postoperative course was smooth and uncomplicated and she tolerated the procedure well.

**Conclusion:** Endovascular surgery or in vivo aneurysm resection with angioplasty reconstruction maybe a surgical challenge for complex RAA sometimes, kidney sparing is also taken into consideration. We here reported a case of complex RAA received hand-assisted laparoscopic nephrectomy combined with backbench ex vivo repair, followed by autotransplantation, which is a feasible and safe procedure and combines the advantage of minimally invasive surgery with the effectiveness of ex vivo aneurysm repair.

**other**

**NDP13:**
**INITIAL EXPERIENCE USING BALLOON DILATOR DURING PERCUTANEOUS NEPHROLITHOTOMY**

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**Purpose:** The endoscopic management of urolithiasis have been proven to provide stone clearance for almost all of patients. The choice of management depend on location and size of the calculi. For large symptomatic renal calculi, percutaneous nephrolithotomy (PCNL) provide the highest stone clearance rate. The method of establishing percutaneous nephrostomy tract have evolved through the years. Balloon dilators provide a fast one-step method in establishing tract. Here, we present our initial 1 year experience with balloon dilator.

**Material and Methods:** Our hospital started using balloon dilator for nephrostomy tract since August 2014. From August 2014 to July 2015, we performed 154 PCNL procedures at our hospital under C-arm guidance. We retrospectively review the medical records and record the peri-operative and post-operative data and complications. We analyze the data and review the related complications. Clavien-dindo classification was used to analyze the post-operative complication.

**Results:** One hundred fifty-four patients underwent PCNL procedure from August 2014 to July 2015. The men to women ratio is 2:1. The average stone burden from KUB is 771 mm². The main puncture are senior residents (R4 to Fellow). The stone free rate of 78%. Patients with residual stone are the ones with higher stone burden on KUB (average: 1500 mm²), which is twice the average of the whole patient population. Total patient experienced post-operative complication is 48% (n = 64). Most of the complication is Clavien grade 1–2. There were 7 patients with Clavien grade 3–4 and no mortality.

**Conclusion:** The initial experience with balloon dilator has been very positive. The complication rate has been similar to other reported from CROES studies. Future randomized trials are needed to establish the benefit of balloon dilator.

**NDP14:**
**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 15 months. The ureteral anastomosis healed well. All of the obstructions were alleviated.

**Conclusions:** 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.