

AH which allows time for observation and prevents emergent or unnecessary surgery.

**NDP113:**  
**ADRENAL TRAUMATIC HEMATOMA MIMICS ADRENAL TUMOR: CASE REPORT AND REVIEW OF THE LITERATURE**

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**Case Report:** A 67-years old woman presented to our outpatient department with a chief complaint of left adrenal tumor found after a traffic accident six months ago. There was no severe trauma in the traffic accident except multiple abrasion and contusion. She denied headache, palpitation, hypertension, sweating, or muscle weakness. There was no moon face, thin skin or buffalo hump. The lab data of VMA, aldosterone, renin, potassium and cortisol level were all within normal limit. The CT done after traffic accident revealed left adrenal mass 3.2 x 2.2cm with slight post-contrast enhancement. Non-functional adrenal incidentaloma was suspect and either surgical resection or follow up was suggested. The patient preferred follow up since there was no symptoms. The follow-up CT revealed gradually decreased size of left adrenal mass at 6 months and 12 months. CT at 48 months showed totally regression of left adrenal mass.

**Conclusion:** There are two most important questions about the evaluation and treatment decision making of adrenal incidentaloma: Is the tumor malignant? Is the tumor functional? If the tumor size is more than 4 cm, malignancy should be considered. In this situation, surgical resection should be considered. If the tumor is functional with symptoms, such as primary aldosteronism, Cushing's syndrome, or pheochromocytoma, surgical resection should also be considered. Otherwise, adrenal incidentaloma could be treated conservatively.

In this patient, the adrenal tumor was found in the CT after traffic accident. There were no associated symptoms and nonfunctional incidentaloma was suspect. After two-year follow up the adrenal tumor disappeared completely. Therefore, it was assumed as hematoma related to trauma. However, adrenal trauma is usually accompanied with other related organ injury and indicated major trauma. Isolated adrenal trauma is rare and could be confused with adrenal tumor easily. History taking and different diagnosis are important to avoid unnecessary surgery.

**NDP114:**  
**NEW APPLICATION OF THE URINE COLLECTION BAG CONTROL VALVE TWO CASE REPORTS**

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This 69-year-old male patient has the history of DM with poor control. He suffered from scrotal swelling with pus formation for several days. He was sent to our emergency department for help. Fournier's gangrene was diagnosed and he received antibiotics treatment, several times of debridement and suprapubic cystostomy for the Fournier's gangrene. The patient's proximal to distal penile urethra and tunica albuginea of right corpora cavernosa were involved by the severe infection. Then the patient's urethra was closed in proximal penile urethra and the wound was closed layer by layer. The patient's wound healed well.

Due to the patient's daily activity was well, the urine collection bag connecting to cystostomy tube bothered him very much. So we used the urine control valve of the urine collection bag to connect with the cystostomy tube directly, then the patient could control the urine drainage from the urinary bladder by the urine control valve. The patient revealed that the urine control valve improved his daily life and social activity.

Another 58 y/o male patient suffered from difficult voiding for a long time. He received cystoscopy and distal penile urethral stricture was noted. He received dilation of urethra by sounding and 22 Fr. Silicone Foley tube was inserted for stenting of urethra.

Due to the patient worked at the traditional market, he didn't want to use the urine collecting bag. We used the urine control valve of the urine collection bag to connect the Foley tube directly. Then the patient could do his usual work without embarrassment. Besides, the urine control valve was also helpful in the patients suffering from acute urinary retention with the Foley tube indwelling.

Some commercial urine control valves have been developed. But these devices were expensive. The urine control valve was cheap. This new application of the urine collection bag control valve may be helpful for the patient with good daily activity needed for Foley tube indwelling.

**NDP115:**  
**UROSEPSIS LEADING TO FINGER GANGRENE: CASES REPORT AND LITERATURE REVIEW**

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**Purpose:** Post-sepsis syndrome is a condition that affects up to 50% of sepsis survivors. They are left with physical and/or psychological long-term effects. For some patients, the cause of their PSS is obvious. Blood clots and poor blood circulation while they were ill may have caused gangrene and the need for amputations of fingers, toes, or limbs.

We would like to introduce a rare case of Urosepsis leading to finger gangrene in our hospital.

**Case report:** This is a 61 y/o female with history of DM and HTN. This time, the patient suffered from right flank pain for 2 days. The patient visited our GU OPD and right ureteral stone was suspected. The patient was transferred to our ER for further evaluation. At ER, malaise and low BP was found. Lab data showed pandemic and abdominal CT showed right lower third ureteral stone with hydronephrosis. Under the impression of urosepsis, the patient was admitted to SICU for further care.

Right PCN was done for decompression and infection control. However, aggressive hemodynamic support with fluid replacement and high dosage of Levophed+Dopamin was need for keep vital stable. General condition stabilized gradually. However, right finger (finger1-finger4) gangrene change was noted, and we consult P.S Dr. Bokey, Pletaal, PGE1 and Infrared Radiation was suggested. Further amputation will be needed after gangrene margin became clear. However, sever leukocytosis (WBC >40000) was noted for days. Thus, we kept infection control first. Clinical condition got stable gradually. Operation with amputation was done after general condition got more stable.

**Conclusion:** Post-sepsis syndrome is a condition that affects up to 50% of sepsis survivors. They are left with physical and/or psychological long-term effects. The risk of having PSS is higher among people who were admitted to an intensive care unit (ICU) and for those who have been in the hospital for extended periods of time.

We would like to share our cases and compare with literatures published to give a whole picture of the disease in diagnosis, treatment and Prognosis.

**NDP116:**  
**ENDOUROLOGICAL MANAGEMENT OF IATROGENIC URETER INJURY AFTER ABDOMINAL AORTIC ANEURYSM SURGERY: REPORT OF 2 CASES AND LITERATURE REVIEW**

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**Purpose:** Acute ureteral injury results from external trauma, open surgery, laparoscopy, and endoscopic procedures Urinoma, abscess, ureteral stricture, urinary fistula, and potential loss of an ipsilateral renal unit were complication of ureter injury. The incidence of ureteral injury varies between 0.5% and 10%. The iatrogenic cause were hysterectomy (54%), colorectal surgery (14%), other pelvic procedures like ovarian tumor removal (8%), transabdominal urethropexy (8%), and abdominal vascular surgery (6%). Endovascular stent grafts for the acute treatment was successful since 1996.