

management for urolithiasis. Complications of ureteroscopic procedures are often mild and need only conservative treatment, while there are still some severe and fatal complications. Renal subcapsular hematoma is not an uncommon complication after extracorporeal shock wave lithotripsy, trauma, renal angiographic procedures and spontaneously in patients of malignancy and in patients on anticoagulation. But only few cases of subcapsular hematoma after ureteroscopy has been mentioned in literature.

Conclusion: In this article, we presented a rare case of SRH after URSL with lithocast. This 55 year-old female patient visited urology clinic due to persisted left flank pain after URSL 1 month ago. Serial image study revealed residual left lower ureter stone with hydronephrosis. Repeated left ureteroscopic stone manipulation with lithoclast was arranged then. However, she returned to emergent department due to severe left flank pain and reduced hemoglobin level. Computed tomography showed a 12*6.6*1.5cm hematoma over subcapsular space of left kidney. Clinical spectrum of subcapsular hematoma following ureteroscopy varies and management options depend upon the severity of hematoma. We discussed the possible risk factors, causative mechanism and management of this patient and also reviewed literatures concerning incidence, proposed mechanism, prevention and management of subcapsular hematoma following ureteroscopic procedures.

NDP064:

URINARY BLADDER BLOOD CLOT TAMPONADE WITH PROSTATIC URETHRAL BLEEDING RELATED TO CONTINUAL MASTURBATION IN A SHORT PERIOD

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Purpose: To present a case of bladder blood clot tamponade after continual masturbation in a short period.

Materials and Methods: This report depicts a case of bladder blood clot tamponade in a 27-year-old male who presented to our outpatient clinic after continually masturbating more than 10 times in one night.

Results: The patient was discharged one day after surgery, following bladder blood clot evacuation and transurethral prostate hemostasis. No hematuria, hematospermia or erectile dysfunction was noted during follow-up.

Conclusion: Early bladder ultrasonography, Foley insertion with irrigation and transurethral hemostasis facilitate the diagnosis and treatment of bladder blood clot tamponade and prostatic urethral hemorrhage due to continual masturbation in a short period.

NDP065:

THE DIAGNOSIS AND MANAGEMENT OF URETER STONES IN NORTHERN MALAYSIA

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Purpose: This study is to introduce the presently clinical practice in regarding diagnosis tool and management of the ureter stones in northern Malaysia single hospital urology department.

Materials and Methods: Total 634 cases of ureter stones were enrolled in this study during June, 2011 to February 2016. Presenting S/S including: renal colic, hematuria, dysuria, etc. Average age of patients was 46.76 years old (15 years old to 88 years old). Male to female ratio were 462: 172. Mostly Renal Ultrasound and CT scan without enhancement and few KUB were used for diagnosis. Concerning lab tests and urine tests were done. All patient received ureteroscopic stone extraction by lithoclast with or without JJ stenting (Fr 6 X 26/24 cm JJ stent) under spinal anesthesia or general anesthesia.

Results: All the imaging study revealed obstructive hydronephrosis while obstructive uropathy was noted in 121 cases. Lab data revealed hyperuricemia in 261 cases. Urine test revealed hematuria in 322 cases. Left side ureter stone was noted in 301 cases while right side stone were 300 cases whereas bilateral side stones were 23 cases. 6 cases were ureteropelvic junction stones whereas 10 cases had concomitantly bladder stones (a 80

years old male received cystolithotomy for huge bladder stone 4 cm X 3 cm and right URSM + JJ stent concomitantly) and 1 had penile urethral stone whom received cystoscopy lithotripsy simultaneously. 2 cases had incidentally noted of papillary bladder TCC and bladder papilloma whom received biopsy with close surveillance. Average hospitalization was 1–2 days with minimal complication. Foley was kept for 1 day. Average JJ stent was left for 1–2 weeks whereas 1 month for renal pelvic stone.

Conclusion: Idiopathic uric acid nephrolithiasis appears to be increasing in prevalence as in our urolithiasis cases. Ultrasound is mostly used for the first line diagnostic tool in detecting nephrolithiasis or obstructive hydronephrosis. While CT scan without enhancement is more sensitive to detect ureter stone especially uric acid stone (radiolucent) without renal toxicity consequences.¹ Further, CT scan is cheap (about NT 3500), fast and convenient. While it has long been known that low urine pH is associated with uric acid stones, alkalization treatment will provide benefit in mostly cases.²

NDP066:

EXPERIENCE OF PCNL WITH ONE STAGE TRACT DILATION USING BARD X-FORCE[®] N30 BALLOON CATHETER IN TAINAN MUNICIPAL HOSPITAL

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Purpose: Percutaneous nephrolithotomy (PCNL) had replaced open nephrolithotomy as a standard treatment for large renal stones and staghorn stones for decades. But the complications during this operation still bothering surgeons, such as bleeding and failure of nephrostomy tract. In the traditional fashion, this procedure was separated into two stages, the access tract was created by a radiologist at their department, and then the patient was transported to operation room. Urologists completed the tract dilating and stone was retrieved. The access tract sometimes wound lost during the transportation, thus one stage puncture and dilatation method can prevent this embarrassing situation. The traditional dilating method will use sequential dilators, directly creating the tract to the required size, or use a balloon dilator after a 10–12Fr tract was created. But lost tract and massive bleeding still problems when the sequential dilators was used. We reported our experience of PCNL with the new designed balloon dilator, that need no more sequential dilators with one stage method.

Materials and Methods: Patients with renal stones larger than 2cm, or failed to previous ESWL were included. Ureteral catheter was inserted first for artificial hydronephrosis. Patient was positioned at prone position and ultrasound or fluoroscopic guided renal puncture was made by a 18G Chiba needle. Bard N30 balloon dilator was introduced directly after safety guidewire was secured. The tract was dilated by the balloon at 10 atm for 5 minutes, Amplatz sheath inserted and stone retrieval was accomplished by pneumatic lithotripter and grasping forceps. Peri-operative event was recorded and the hemoglobin and hematocrit change was observed. Stone free was defined as no visible stone by KUB.

Results: From Apr. 2015 to Mar. 2016, total 18 patients received PCNL with Bard N30 balloon dilator. Age: 54.4 (35–74)y/o. Mean stone size: 34.9 (11–57)mm, included 2 diverticular stones. All procedure was completed in one stage method with total operation time: 138 (100–210)min. None of all patients had experienced massive bleeding or needed blood transfusion perioperatively. Hgb changed from 14.2 to 12.9, whereas Hct from 41.7 to 38.2 on next day, with no clinical significant. The mean hospital stay is 4.9 days. 3 (16.7%) cases have infection and fever after PCNL with hospital stay up to 8 days. No delayed bleeding or renal function deterioration noted at the follow up.

Conclusion: In our series, one stage tract balloon dilation technique is reliable and time saving method for PCNL tract creation. But equipment like fluoroscopy and ultrasound guiding system are indispensable. More cases are needed for compares to other tract creation methods.

NDP067:

FACTORS TO PREDICT THE OUTCOME OF EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY

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