the stone negative group. This prevalence rate in the ED population is higher but not statistically different from previous study of the general population of southern Taiwan. The average age, IIEF score, prevalence of HTN, DM, dyslipidemia, smoking and obesity were compatible between the two groups without difference. By contrast, 8 (38.1%) patients in the stone positive group have low serum testosterone level, which is significant higher compared to 20 (12.1%) from the stone negative group ($P = 0.005$).
Conclusions: In patients with ED, we found a higher incidence of stone prevalence. For ED patients with urolithiasis, higher prevalence of low serum testosterone level was found compared to those without urolithiasis.

MP4-2:
COMPARISON OF THE POST-OPERATIVE INFECTION BY USING DIFFERENT TYPE OF PROPHYLACTIC ANTIBIOTICS AND PLACEBO IN HEALTHY ADULT PATIENTS WHO UNDERWENT URETERORENOSCOPIC SURGERY

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Purpose: To compare the efficacy of prophylactic antibiotics in reduction of post-operative infections in patients undergoing ureterorenoscopy (URS) as the intervention.
Materials and Methods: The study is a open-labeled, prospective, randomized controlled trial. Between 2013 to 2014, 63 patients with preoperative sterile urine undergoing URS were randomly and equally allocated by the randomization to three groups, and each group received prophylactic antibiotics with single-dose intravenous cefazolin (1gm), oral cefuroxime (500mg) or placebo (control group), respectively. The Urine analysis and urine cultures were obtained around postoperative day 5 to 7. We defined pyuria as WBC≧ 10/HPF at urine sediment study, and significant bacteriuria was defined as ≧105 CFU pathogens/ml in the urine.. Febrile urinary tract infection (fUTI) was defined as body temperature more than 38 Celsius degree with pyuria or significant bacteriuria within 7 days post-operatively.
Results: Total 61 patients were recruited for the analysis. The postoperative pyuria were significantly lower in patients with prophylaxis than the placebo group. Patients receiving prophylactic antibiotics with cefazolin and oral cefuroxime were subjected to significantly lower risks of pyuria compared with the control group (23.8% and 30% vs. 60.%, $p<0.05$). There are the trends that the rate of bacteriuria was lower in patients underwent prophylaxis, though it was not statistically significant (12.2% vs 30%, $p = 0.15$) There was no significant difference in rate of fUTI between patients with abx prophylaxis and the placebo group. (1% vs. 0%, $p = 1$).
Conclusions: Antibiotic prophylaxis significantly reduces the incidence of pyuria following URSL and tends to decreased the risk of bacteriuria.

MP4-3:
ROBOTIC-ASSISTED URETEROURETEROSTOMY/URETERONEOCYSTOSTOMY FOR THE TREATMENT OF INTRINSIC URETERAL ENDOMETRIOSIS RELATED OBSTRUCTIVE UROPATHY – A PRELIMINARY EXPERIENCE OF A SINGLE ACADEMIC CENTER

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Purpose: Endometriosis occurred in 10–15% of women of childbearing age. Ureteral involvement is a rare manifestation of endometriosis and occurs in only about 0.1% of women. The diagnosis is challenging since up to 50% of patients are asymptomatic and may cause silent kidney or progressive renal function loss. There is no high evidence based treatment protocol available currently. Literature is limited in case series and laparoscopic resection of the endometriosis tissue seems to be the preferred management now. Robotic-assisted management of ureteral endometriosis is a viable option but was scarcely reported. We reported 4 cases of ureteral endometriosis with severe obstructive uropathy successful treated by robotic-assisted segmental resection and ureteroureterostomy or ureteroneocystostomy (RUU or RUC).
Materials and Methods: From January 2013 to September 2015, 3 women received RUU and 1 woman received RUC due to ureteral endometriosis related obstructive uropathy were reviewed.
Results: Mean age was 36.25 year old (range 29–48), with mean follow-up time 12.5 months (range 3–32). One patient was incidentally found to have hydronephrosis, and 3 patients were initially presented with ipsilateral flank pain. All patients had normal serum creatinine (range 0.62–0.97mg/dl) preoperatively. Diagnosis was proved by MRI imaging. The mean time of hydronephrosis to definitive treatment was 29.25 months (range 2–75). Left lower third ureter was involved in 3 patients, right lower third ureter was involved in 1 patients. All 4 patients had previous treatment failure by double-J stenting with or without medical treatment. Pre-op ureteroscopy had been performed in all 4 patients, but only 1 patient had endometriosis tissue invasion confirmed by ureteroscopic biopsy. Double-J stenting was performed for all the patients intraoperatively and was removed 4–6 weeks after the operation. The proximal and distal ureter cut ends were examined by frozen section during the operation to ensure free of endometriosis tissue. Permanent pathology reports all confirmed endometrial glands in the ureteral wall. One patient received myomectomy together, and another patient received hysterectomy and left oopherectomy simultaneously. The mean blood loss was 132.5cc (range 30–250). No complication occurred. All patient received diphereline treatment for 6 months after the operation. Follow-up sonography at post-op 3 months all showed resolves of hydronephrosis. Two patients with follow-up of more than one year were free of hydronephrosis.
Conclusion: Our experiences proved the feasibility and efficacy of robotic-assisted approach in this rare situation. The preliminary results seemed promising and prospective patient enrollment is undergoing.

MP4-4:
A COHORT STUDY OF INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME (IC/BPS) AND HYSTERECTOMY IN TAIWAN: A NATIONWIDE POPULATION-BASED, PROPENSITY SCORE–MATCHED COHORT STUDY

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Purpose: Symptoms of Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) are often confused with uterine conditions. Gynecologists may therefore recommend hysterectomy for these patients. We investigate if IC/BPS increases the risk of hysterectomy in a large nationwide cohort study.
Materials and Methods: We performed a retrospective cohort study of Longitudinal Health Insurance Database 2010 with newly diagnosis of female IC/BPS from 2002 through 2013. After limiting our sample to female patients with IC/BPS diagnosis (ICD-9 code 595.1 at least once during the study period), we identified the IC/BPS cohort. We then excluded female patients who had been received hysterectomy (ICD-9 procedures codes, 68.4, 68.41, 68.49, 68.51, 68.59) before IC diagnosis. We defined the logit of predicted probability of hysterectomy as a propensity score using the confounding factors including age and five comorbidities. Subjects with IC/BPS were matched on a one-to-one basis with subjects without IC/BPS by propensity score. The primary outcome was the event of hysterectomy after the entry dates. The hazard ratio (HR) of hysterectomy in the IC/BPS cohort was compared with the non-IC/BPS cohort by Cox regression after adjusting for confounding factors.
Results: After matched by propensity score, we identified an IC/BPS cohort with 1507 female subjects and a matched non-IC/BPS cohort with 1507