stay, recurrence rate and complication rate between two groups. The length of the sub-umbilical wound was the same in both groups. The result of cosmesis was not compared because of the limited data.

**Conclusion:** The current meta-analysis revealed that LESS TEP is a feasible alternative to MP-TEP in experienced hands with comparable surgical efficacy and morbidity in selected patients. Potential advantages of LESS-TEP including better cosmesis, less post-operative pain and less trocar-associated complications were not clearly shown.

**MP3-7.**
**ROBOTIC PARTIAL NEPHRECTOMY FOR RENAL TUMORS USING INDOCYANINE GREEN WITH NEAR INFRA-RED FLUORESCENCE IMAGE: PRELIMINARY RESULT**

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**Purpose:** Minimally invasive partial nephrectomy is an alternative of surgical management for small renal mass. Robotic partial nephrectomy has become a popular option. Near infra-red fluorescence image (NIRF) with indocyanine green (ICG) has been described to be useful in robotic partial nephrectomy to delineate the vascular structure and resection margin. We, herein, report our preliminary experience with this technology.

**Material and method:** Six robotic partial nephrectomies (RPNs) were performed with NIRF with ICG. The dosage of injection was 2.5mg as test dose and 5mg before resection and completion of renorrhaphy except for the first case. Transperitoneal approach was employed in 5 cases and retroperitoneal approach in 1 case. The peri-operative parameters were collected.

**Results:** All 6 RPNs were successfully performed without conversion. The mean operative time was 3.8 (3–5) hours. The warm ischemia time was 26.7 (12–49). No intra-operative complication was noted. ICG was used without side effects and NIRF image was well functioned. The doses of ICG used in the first case were 1.25mg and 2.5 mg (2 doses) and in the second case were 2.5mg, 5mg and 5mg (3 doses). Renal artery and vein were clearly identified with NIRF with ICG in all 6 cases. The pathological report revealed 4 renal cell carcinoma (RCC), 1 angiomylipoma (AML) and 1 oncocytoma. The 4 RCCs were not enhanced under NIRF with ICG and other 2 benign tumors were weakly enhanced. The completion dose demonstrated well for the parenchymal perfusion after renorrhaphy.

**Conclusion:** RPN under NIRF with ICG is useful in identifying the vascular structure and post-remorrhaphy perfusion status. For tumor characteristic and margin status identification, this technology may be possible to provide information. More experience is required for verifying the advantages of the NIRF image with ICG in RPN.

**Renal transplantation**

**MP3-9.**
**CRYPTOCOCCAL MENINGITIS AFTER RENAL TRANSPLANT – A CASE REPORT AND REVIEW OF LITERATURE**

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Infections are major determination of outcome in organ transplantation. Opportunistic infections are common in patients who is under immunosuppression medication after renal transplantation. Invasive fungal infection has been reported to be an important cause of morbidity and mortality in renal transplant recipients. We report a case of Cryptococcus neoformans related meningitis two years after renal transplantation. This is a 66-year-old female patient who received renal transplantation in 2012/12 and receiving immunosuppressive therapy. The initial presentation were progressive general weakness and anorexia for one month. There was no obvious febrile episode nor other neurologic signs. The laboratory test showed no leukocytosis and no evidence of bacterial infection. However, spiking fever was noted after admission. After empiric antibiotic treatment, the fever persisted. Rapid diagnosis was based on blood sample of Cryptococcus spp antigen and cerebrospinal fluid culture showed Cryptococcus neoformans. After antifungal medication, her symptoms improved and still followed up in outpatient clinics.

The initial presentation of invasive fungal infection is a challenge to clinical physician. Physician should always consider the possibility of invasive fungal infection in patients under immunosuppressive medication.

**Urinary tract infection**

**MP3-10.**
**BLUNT RENAL TRAUMA PRESENTED WITH SEPTIC PULMONARY EMBOLISM, A CASE REPORT**

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**Purpose:** A patient with blunt renal trauma is usually presented with flank pain and acute hemodynamic instability. Sometimes, emergent surgical exploration is indicated for bleeding control. However, we present a rare case with initial presentation as fever and septic pulmonary embolism, which turned out to be a delayed diagnosis of renal trauma with subsequent renal infarct and acute supplicative inflammation.

**Case report:** The case is a 71-year-old female patient with history of diabetes mellitus and bladder urethral carcinoma status post trans-urethra tumor resection. She fell down with her left waist hitting to the ground about two weeks before being transferred to our emergency department. She ever visited other hospital for evaluation after the falling episode, and was discharged due to negative finding on X ray. She got some pain control