tumor was manipulated. The bladder tumor was resected under close monitor and careful control of blood pressure. The final pathology report was bladder paraganglioma, a rare bladder tumor.

**Conclusion:** Paragangliomas are rare neuroendocrine tumors that arise from the extra-adrenal autonomic paraganglia, small organs consisting mainly of neuroendocrine cells that are derived from the embryonic neural crest and have the ability to secrete catecholamines. Sympathetic paragangliomas usually secrete catecholamines and are located in the sympathetic paravertebral ganglia of thorax, abdomen, and pelvis. In contrast, most parasympathetic paragangliomas are nonfunctional and located along the glossopharyngeal and vagal nerves in the neck and at the base of the skull. Catecholamine-secreting paragangliomas often present clinically like pheochromocytomas with hypertension, episodic headache, sweating, and tachycardia. In the genitourinary tract, the urinary bladder is the most common site for paragangliomas. Bladder paraganglioma consisted only 0.05% of all bladder tumors. According to literature, bladder paraganglioma had similar characteristic as pheochromocytoma, but high recurrence rated than pheochromocytoma, even with benign or small tumors. Thus, if bladder paraganglioma was highly suspected, especially with a large tumor size, partial or radical cystectomy with life-long follow-up is strongly recommended.

**LUTS**

**NDP048:** **MIRABEGRON (25MG) IN PATIENTS WITH OVERACTIVE BLADDER IS EFFECTIVE AND SAFE IN REAL LIFE PRACTICE**

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**Purpose:** Antimuscarinic (AM) agents are the mainstay of oral pharmacotherapy for overactive bladder (OAB), however, AM-associated adverse events or insufficient efficacy limited its clinical persistence. Mirabegron is a potent and selective β3-adrenoceptor agonist that could exert an inhibitory effect on bladder afferent and OAB symptoms. We conducted a postmarketing study to evaluate the efficacy and safety of Mirabegron (25mg) in patients with OAB.

**Materials and Methods:** The study was a retrospective consecutive cohort of 73 OAB patients (50 male and 23 female) treated with Mirabegron 25 mg. The outcomes were initially assessed and re-evaluated 4 weeks later using the uroflow study, post-void residual urine and questionnaire with International Prostate Symptom Score (IPSS), Overactive Bladder Symptom Score (OABSS), Urgency Severity Score (USS) and Quality of Life (QOL).

**Results:** At 4 weeks post-treatment, Mirabegron usage was associated with a statistically significant decrease in OABSS, USS, IPSS-V and IPSS-S (Shown in Table1). Furthermore, the nocturia scoring in IPSS questionnaire was also decrease from 2.8 ± 1.7 to 2.2 ± 1.3 (p = 0.006). Table 2 showed no compromise of uroflow rate and no increase of post-void residual urine. Three out of 21 patients (14%) with hypertension was found with elevated blood pressure, and discontinue Mirabegron treatment after one month of initial treatment.

**Conclusion:** This post-marketing surveillance study confirms that Mirabegron (25mg) improves clinical outcomes in patients with OAB and the adverse effects was low.

**NDP049:** **THE RESULTS OF TRANSURETHRAL VAPORIZATION OF PROSTATE USING THE REVOLIX LASER: CHI MEI HOSPITAL, LIOUYING**

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**Purpose:** Benign prostate hyperplasia (BPH) is a common disorder of men over the age of fifty. A number of laser based procedures have been developed to treat the disorder. The titanium potassium phosphate (KTP) laser has been used for vaporization of the prostate. The Revolix 2 micron continuous wave laser has been specifically designed to vaporize and incise the prostate with good hemostasis.

**Materials and Methods:** This paper reviews the results of 217 patients that were treated over a 12 month period with the new Revolix Laser. The age ranged from 52 to 84 with a mean 67.2 years. The size of the prostate ranged from 32.0 to 187.6 with a mean 68.2 grams. Prior to laser treatment patients were examined, 47 patients had acute urine retention, 67 patients had diabetes mellitus and 89 patients were on anticoagulants. Follow-up was from 12 to 16 months. The Revolix Laser was used at a power level from 60 to 90 watts. An endfire 550 micron fiber was used with a continuous flow 26F cystoscope. VapoResection is a protocol whereby the laser is used to resect and vaporize pieces of prostate similar the traditional transurethral resection of prostate. Some pieces were flushed out of the bladder with the morcelation.

**Results:** All patients experienced 1 to 9 days of mild dysuria and mild hematuria. 11 of 217 (5.1%) patients required catheterization in the first after treatment. The one year after transurethral VapoResection of Prostate (TUVRP) the mean international prostatic symptom score (IPSS) decreased from 23.2 to 11.8, the mean peak uroflow rate (UFR) increased from 7.5 to 16.2 ml/sec. Only one of 217 (0.4%) patients needed to check bleeding after operation. 13 of 217 (6.0%) patients had urethral stricture or bladder neck contracture 3–32 months later after TUVRP.

**Conclusion:** However, the results encourage to transurethral vaporization of prostate using the Revolix Laser for the treatment of BPH.