cohort was compared with the non-IC/BPS cohort among the three subgroups by Cox regression after adjusting for confounding factors.

Results: In addition to the representative middle age, subgroup 2 had similar rates of comorbidities as the general population. The study was both externally and internally valid. The risk of hysterectomy in the IC/BPS cohort (n = 536) was significantly higher than in the non-IC/BPS cohort (n = 103846) in subgroup 2 (HR = 1.701, 95% CI 1.056–2.740). The mean time to hysterectomy after diagnosis of IC/BPS was 2.97 years. In this nationwide study, we found that IC/BPS has a causal impact on hysterectomy in the middle-age subgroup in LHID 2010. The possibility of a woman having IC/BPS should be evaluated prior to hysterectomy to avoid inappropriate surgery.

Conclusion: IC/BPS has a causal impact on hysterectomy in middle age female; the possibility of IC/BPS should be evaluated prior to hysterectomy to avoid inappropriate surgery.

NDP092: ACUTE URINARY RETENTION DURING PREGNANCY – A NATIONWIDE POPULATION-BASED COHORT STUDY IN TAIWAN

Jeng-Sheng Chen 1, Chin-Li Lu 2, Hsin-Yi Yang 3, Panchali Wang 4, Li-Chung Huang 5, Solomon Chih-Cheng Chen 6, Fu-Shun Liu 7, 1 Department of Urology, Sinying Hospital, Ministry of Health and Welfare, Sinying, Taiwan; 2 Department of Public Health, Medical College, National Cheng-Kung University, Tainan, Taiwan; 3 Department of Medical Research, Ditmanson Medical Foundation Chia-Yi Christian Hospital, Chia-Yi, Taiwan; 4 Department of Gynecology, Ditmanson Medical Foundation Chia-Yi Christian Hospital, Chia-Yi, Taiwan; 5 Department of Psychiatry, Ditmanson Medical Foundation Chia-Yi Christian Hospital, Chia-Yi, Taiwan; 6 Department of Pediatrics, Ditmanson Medical Foundation Chia-Yi Christian Hospital, Chia-Yi, Taiwan; 7 Department of Emergency, Ditmanson Medical Foundation Chia-Yi Christian Hospital, Chia-Yi, Taiwan

Purpose: To study the epidemiology and risk factors of acute urinary retention (AUR) during pregnancy.

Materials and Methods: We included all cases of pregnancies with AUR reported in Taiwan’s Longitudinal Health Insurance Database from January 1, 1998, to December 31, 2011. Cases of AUR onset one day before delivery were excluded. The Cochrane-Armitage trend test and logistic regression analysis were used to evaluate the age distribution and types of deliveries of pregnant women. Chi-squared tests and Fisher’s exact test were performed to examine the association among all covariates. The odds ratios (OR) and 95% confidence intervals (CI) were estimated.

Results: We identified 308 cases of AUR in 65,490 pregnancies. The risk of AUR during pregnancy was 0.47%. The peak incidence occurred between the 9th and 16th gestational weeks. Patients who experienced preterm delivery exhibited the highest risk for AUR (2.18%). Those with post-term delivery had the second highest risk (0.46%), and patients with a normal delivery exhibited the lowest risk (0.33%). Compared with normal delivery, preterm delivery carried a higher risk of AUR (OR: 6.33, 95% CI: 4.94–8.11). The AUR risk was higher for patients with advanced maternal age (>35 years-old) than it was for those in the younger group (<20 years-old) (OR: 2.62, 95% CI: 1.18–5.81). Within the normal delivery group, higher incidences of uterine tract infection; inflammation of the pelvis, cervix, vagina, and vulva; genital herpes, previous abortion; and abnormal pelvis were noted in women with AUR than in those without AUR (all p values <0.05).

Conclusion: Women with advanced maternal age and those who experienced preterm delivery had an increased risk for AUR. The peak incidence of AUR in normal pregnancies occurred between the 9th and 16th gestational weeks. Urogenital infection, previous abortion, and abnormal pelvis were associated with AUR in women who underwent a normal delivery.

NDP093: EVALUATION OF URINARY BLADDER FIBROGENESIS IN MOUSE MODEL OF LONG-TERM KETAMINE INJECTION

Cheng-Huang Shen 1, Shou-Chieh Wang 2, Shou-Tsing Wang 3, Shou-Mei Lin 4, Jiaan-Der Wu 5, Chang-Te Lin 6, Yi-Wen Liu 7, 1 Department of Urology, Chiayi Christian Hospital, Chiayi, Taiwan; 2 Division of Nephrology, Department of Internal Medicine, Kaohsiung Tien General Hospital, Taichung, Taiwan; 3 Department of Microbiology, Immunology and Biopharmaceuticals; 4 Department of Food Science, National Chiai University, Chiai, Taiwan; 5 Department of Pathology, Chiayi Christian Hospital, Chiayi, Taiwan

Purpose: Long-term ketamine abuse has been shown to affect the lower urinary tract and result in interstitial cystitis-like syndrome. However, the causative mechanism of ketamine-induced dysfunction is still not clear. This present study was to investigate the physiological and histological changes on ketamine-associated cystitis (KC) in a mouse model.

Materials and Methods: Both male and female Balb/c mice were separately distributed into the control (normal saline) and ketamine groups which received ketamine hydrochloride (100 mg/kg/day) daily by intra-peritoneal injection for a total period of 20 weeks. In each group, the urine was analyzed by GC-MS to measure the concentration of ketamine and its metabolites. Urinary frequency and urine volume were examined to investigate the urinary voiding functions. Mice bladders were excised for cDNA microarray and HE stain.

Results: The voiding interval was decreased at the male mice group after 20-week ketamine administration. Moreover, the result of cDNA array analysis revealed a number of gene expressions involved in chronic wound healing response and collagen accumulation, which were closely related to fibrosis progression in the connective tissue. In HE stain of bladder tissue, the ketamine-injected mice showed prominently denser blood vessel distribution in the submucosal layer.

Conclusion: Based on the evidence in our experiment, we may build up a mechanism that delineates fibrosis formation of urinary bladder induced by the pathogenesis of ketamine abuse.

NDP094: PRELIMINARY EXPERIENCE OF TRANSOBTURATOR TAPE FOR FEMALE URINARY INCONTINENCE IN TAINAN MUNICIPAL HOSPITAL

Chih-Kai Hsu, Ting-Jui Chang, Shih-Liang Chen. Divisions of Urology, Tainan Municipal Hospital, Tainan, Taiwan

Purpose: Mid-urethral sling is the gold standard as surgical treatment for female urinary incontinence. Transobturator tape (TOT) is the fashion method in recent decade, with a comparable dry rate for incontinence and lower complication rate to other sub-urethral sling procedures, such as TVT. Of the complications, the most unpredictable one is the post-operative urine retention. To prevent this complication, careful patient selection is required to exclude complicated SUI, those have bladder dysfunction and neurological deficit. Therefore, most physicians in medical center will arrange video urodynamic studies for screening patient’s underlying bladder function. In local hospitals, because of lacking urodynamic instruments, complete VUDS is not available for pre-operation screening. In this study, we used clinical assessment and post voiding residual urine (PVR) as screening tools, and report the surgical outcome and complication of TOT.

Materials and Methods: Female patients with stress urinary incontinence as a chief complaint was targeted. Detailed medical history and incontinence questionnaire was taken. Those have significant neurological deficits clinically was excluded, and PVR was check for every patient. PVR more than 200ml was considered as bladder dysfunction and an exclusion criteria for TOT surgery. TOT with AMS MONARC system was performed by single surgeon with general anesthesia and based on inpatient. Foley was removed at post-OP day 1, and PVR was checked. Patient will be discharged if no urine retention was observed. At outpatient follow up, PVR will be measured at day 7, and day 28. Remission rate of stress and urgent incontinence was analyzed at day 28. Adverse events and complications were recorded.

Results: From Sep. 2014 to Jan. 2016, total 21 patients received TOT. Age: 60.8 (29–80). Children with vaginal delivery: 3.42 (0–6). All 21 patients complained of stress urinary incontinence, 10 of 21 (47.6%) also has problem of urgent incontinence. 4 of 21 have diabetes, and 1 has history of old stroke. PVR measured at pre-operative: mean: 30.4 (0–116)ml, at post-OP day 1: mean: 91.1 (0–700)ml, day 7: mean: 39.6 (0–100)ml, day 28: mean: 32.76 (0–194)ml. Total dry rate: 81%, with SUI complete resolved in 20 of 21 (95.2%), and UUI cured in 6 of 10 (60%). Only 2 patients (9.5%) experienced AUR, but resolved in one week. No serious complication as bladder or vessel injury was noted. No statistical significant was noted between pre-operative PVR and post-operative PVR and AUR.
Conclusions: In our series as an experience of local hospital based practice. There is no statistical relationship between pre and post PVR. But when using PVR<200ml as a selection criteria, safety and excellent outcome of TOT is comparable to other studies.

Urinary tract infection

NDP05:
ANTEPARTUM URINARY TRACT INFECTION AND POSTPARTUM DEPRESSION IN TAIWAN: A NATIONWIDE POPULATION-BASED STUDY

Jui-Ming Liu1, Hsun-Hao Chan2, Ren-Jun Hsu3. 1Division of Urology, Department of Surgery Taoyuan General Hospital, Ministry of Health and Welfare; 2Division of Urology, Department of Surgery, Yumin medical corporation Yumin hospital, Nantou, Taiwan; 3Department of Pathology and Graduate Institute of Pathology and Parasitology, the Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Purpose: Urinary tract infections (UTI) are one of the most common bacterial infections in pregnant women. Antepartum UTI can cause adverse pregnancy outcomes that may induce mental stress. In the present study, we aimed to investigate the association between antepartum UTI and postpartum depression (PPD)

Materials and Methods: We used the 2000–2013 National Health Insurance Research Database (NHIRD) of Taiwan. A total of 55,939 singleton pregnancies were enrolled including 552 newly diagnosed women with PPD in the first 6 months postpartum. The association between PPD and antepartum UTI or other risk factors was examined by multiple logistic regression analysis.

Results: After using the logistic regression analysis, PPD was shown to be associated with antepartum UTI (odds ratio [OR] 1.475; 95% confidence interval [CI] 1.079–2.017; p = 0.015). The risk of PPD was higher in women with upper antepartum UTI (OR 2.702 (1.081, 6.750); p = 0.035) than those with lower antepartum UTI (OR 1.386 (1.004, 1.912); p = 0.033). The higher risk of PPD in women with lower monthly income was also noted.

Conclusion: Antepartum UTI is significantly associated with PPD, particularly upper antepartum UTI.

NDP06:
A RARE CYSTITIS RESULTING FROM SCHISTOSOMIASIS: CASE REPORT

Wei-Ting Kuo1, Henry Y. Lin1, Victor C. Lin1,2. 1Department of Urology, E-Da Hospital, Kaohsiung, Taiwan; 2School of Medicine for International Students, I-Shou University, Kaohsiung, Taiwan

This article is about a 34-year-old African man without underlying disease presenting to urology clinics for intermittent hematuria for 1 year. Burning sensation while voiding and frequency were also complained in recent weeks. The patient was in afebrile status during this period of time. The physical examination revealed mild lower abdominal tenderness. The basic urinalysis and blood panel were checked and showed non-specific finding. However, we found sandy patches over posterior wall of bladder and multiple red patches over bladder wall. We performed bladder cold cup biopsy for pathology confirm. The specimen showed bladder tissue with schistosoma egg in lamina propria. Schistosomiasis related cystitis was impressed, so Praziquantel 2.4g/day was prescribed for parasite infection control. The symptoms improved.

Pediatrics

NDP07:
URETHRAL HEMANGIOMA IN PREPUBERAL FEMALE: A RARE CASE REPORT

Chiao-Ching Li1,2, Ching-Heng Yen1,2, Wen-Chuan Tsai1,2, En Meng1. 1Division of Urology, Department of Surgery, Tri-Service General Hospital, Taipei, Taiwan; 2Department of Pathology, Tri-Service General Hospital, Taipei, Taiwan

Hemangioma is usually found in the skin and liver. It is rather less lesion in the genitourinary tract. Miscellaneous genitourinary locations, such as perineum, urethra, prostate, bladder, ureter and kidney have been depicted. The urethra is hardly affected, and most reported cases have occurred in the male urethra. There are sporadic cases presented for urethral hemangioma in female. We present an urethral hemangioma in prepuberal female.

Case report: The 8-year-old girl was a healthy female without other hereditary diseases. She was brought to our genitourinary outpatient department for treatment because of bloody show and disgusting odor from perineum. In addition, she had painful sensation from urethra. The 1 cm compressible red nodule appears from 10–2 o’clock direction of distal urethra on physical examination. Urethral hemangioma was impressed. We planned to do wide excision. Preoperative laboratory data were within normal range. CystourethrosCOPY was performed before excision. It revealed normal bladder mucosa, bladder neck and erythematous mucosa on distal urethra. The nodule was removed thoroughly. Subsequently, we sutured the urethral mucosa with 3–0 chromic catgut interruptedly. Foley catheterization was done smoothly at last. Grossly, the specimen was measured up to 0.8 x 0.5 x 0.3 cm in size. It was red in color and soft in consistence. Microscopically, a few proliferative thin wall dilated blood vessels were found. It was compatible with the diagnosis of urethral hemangioma. We removed Foley catheter at the second postoperative day. The wound healed well after 1 week of operation. Normal micturition and no more complaints of bloody show, disgusting odor and painful sensation were noted at 1-month follow-up.

Urinary tract infection

NDP08:
PAINFUL BLADDER SYNDROME WITH SECONDARY URINARY BLADDER CONTRACTURE AND BILATERAL VESICoureTERAL REFLUX WITH HYDRONEPHROUETERS ASSOCIATED WITH KETAMINE ABUSE

Ken-J Chien-Hsuan Huang1,2,3, Allen W. Chiu1,2. 1Division of Urology, Department of Surgery, Taipei City Hospital, Zhongxiao branch, Taiwan; 2Department of Urology, School of Medicine, National Yang-Ming University, Taiwan; 3Graduate Institute of Medical Sciences, Taipei Medical University, Taiwan

Purpose: Ketamine is a drug used in human for general anesthesia in pediatric and trauma situations. It is classified as a non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist and induced the disassociative anesthesia as a recreational drug. In Taiwan, it has been abused and increases the cases number for several years. The ketamine abusers often visited emergency for their urinary tract problems or lower abdominal pain. Herein, we reported a young man who presented the painful bladder syndrome with secondary urinary bladder contracture and bilateral hydronephropreuters caused by grade V vesicoureteral reflux and he is a ketamine abuser off & on for more than 1 year.

Case report: A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+), microscopic hematuria (red blood cell: > 100/hpfp) and pyuria (white blood cell: >100/hpfp). Laboratory data showed normal renal function and mild leukocytosis (white blood cell: 9.57 x 10^9/l). A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+) and he is a ketamine abuser off & on for more than 1 year.

Case report: A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+), microscopic hematuria (red blood cell: >100/hpfp) and pyuria (white blood cell: >100/hpfp). Laboratory data showed normal renal function and mild leukocytosis (white blood cell: 9.57 x 10^9/l). A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+) and he is a ketamine abuser off & on for more than 1 year.

Case report: A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+), microscopic hematuria (red blood cell: >100/hpfp) and pyuria (white blood cell: >100/hpfp). Laboratory data showed normal renal function and mild leukocytosis (white blood cell: 9.57 x 10^9/l). A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+) and he is a ketamine abuser off & on for more than 1 year.

Case report: A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+), microscopic hematuria (red blood cell: >100/hpfp) and pyuria (white blood cell: >100/hpfp). Laboratory data showed normal renal function and mild leukocytosis (white blood cell: 9.57 x 10^9/l). A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+) and he is a ketamine abuser off & on for more than 1 year.

Case report: A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+), microscopic hematuria (red blood cell: >100/hpfp) and pyuria (white blood cell: >100/hpfp). Laboratory data showed normal renal function and mild leukocytosis (white blood cell: 9.57 x 10^9/l). A 27-year-old young man presented to the emergency department with the lower urinary tract syndrome and gross hematuria. No hydronephrosis was found by the intravenous pyelography. The urine analysis revealed proteinuria (protein: 2+) and he is a ketamine abuser off & on for more than 1 year.