Purpose: To determine whether inflammatory bowel syndrome (IBS) is associated with an increased risk for the subsequent erectile dysfunction (ED).

Materials and methods: We identified 1,845 patients who were diagnosed with IBS between 2000 and 2011 from the Taiwan National Health Insurance Research Database (NHIRD) as the study cohort, and randomly extracted the data of 7,380 patients matched by sex, age, and baseline year for the comparison cohort. The follow-up period was terminated after erectile dysfunction development, withdrawal from the national health insurance (NHI) system, or at the end of 2011. Cumulative incidences and hazard ratios (HRs) of ED development were determined.

Results: During the first 12 years of follow-up, the subsequent ED incidence rates in the IBS and comparison cohorts were 2.23 and 1.29 per 10,000 person-years, respectively (adjusted HR, 1.64; 95% CI, 1.07–2.53; p = 0.001). Furthermore, relative to the non-IBD cohort without any comorbidity, the IBD patients with any comorbidity were at a much higher risk of erectile dysfunction (adjusted HR = 8.93, 95% CI = 3.83–20.8) compared to patients with comorbidities alone (adjusted HR = 3.35, 95% CI = 1.54–7.28) or with IBD alone (adjusted HR = 1.78, 95% CI = 0.74–4.27).

Conclusions: This study is to investigate the long-term risks of ED in patients with IBD. It demonstrates that the patients with IBD was at a 1.64-fold higher risk of developing ED than non-IBD control group after adjusting age and comorbidities.

MPI-3. THE EFFECT OF AUTOSOMAL GENETIC ABNORMALITIES ON FERTILITY OUTCOME IN INFERTILE MEN

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Purpose: To investigate the general characteristics of infertile males with autosomal genetic abnormalities and discuss the effect of autosomal genetic abnormalities on spermatogenesis.

Materials and methods: Totally 26 of 850 infertile males had autosomal genetic abnormalities were studied for the clinical characteristics, including levels of LH, FSH, testosterone, prolactin and testicular volume at physical examination. The other 109 age-matched NOA patients with normal karyotyping were selected as control group. The sperm retrieval rate, pregnancy rate were compared between these two groups.

Results: The prevalence of sex chromosomal abnormalities was 29.6% (252/850). Among them, Klinefelter syndrome (46, XXY) was 6.4% (55/850). The independent autosomal chromosomal abnormalities was 3% (26/850), including 17 were azoospermia (14 were with NOA). In 14 NOA patients, 9 had received microdissection testicular sperm extraction (micro-TESE). The sperm retrieval rate was 22.2 % in patients with NOA and autosomal chromosomal abnormalities, while it was 27.8% for the controlled NOA group. The other 9 of this 26 patients were with oligozoospermia (OAT syndrome). The most frequently seen autosomal chromosomal abnormality was increase in lengths of the stalks on the short arm of chromosome (pstk+) (n = 7), followed by translocation (n = 6). There was a significant increase in serum FSH levels and decrease in testicular volume when comparing azoospermic patients with the NOA control (p < 0.05).

Conclusion: This study provides a recent experience in a tertiary hospital. The result showed that infertile NOA males with normal karyotyping are prone to have smaller testes and higher serum FSH levels when

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MP1-4
FROM CLINICAL PRESENTATIONS OF NOA MALES TO PREDICT THE OUTCOME OF MICRODISSECTION TESE

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Purpose: To understand the predictive value of clinical presentation of infertile patients with non-obstructive azoospermia (NOA) on the outcome of microdissection testicular sperm extraction (micro-TESE) in Taiwan.

Materials and methods: We retrospectively reviewed the database of Taipei Veterans General Hospital from January 2012 to December 2014. Totally 200 patients with NOA who had undergone micro-TESE surgery were enrolled. The etiology, pathologic findings and sperm retrieval rate (SRR) of different etiologies and pathologic findings were reviewed in this study.

Results: In our study, 30.8% of our patients had genetic disorders; 7.7% with unilateral varicocele; 6.4% with hypogonadotropic hypogonadism or Kallmann syndrome; 6.4% with undescended testes (UDT) history; 46.2% belonging to idiopathic etiology. During this period, 123 patients had undergone testicular biopsies, and the pathology results were as followed: SCOS (65.9%), EMA (9.1%), hypospermatogenesis (22.7%), tubular hyalinization (4.5%). The SRR of micro-TESE from each pathology group were SCOS (77.6%), EMA (0%), hypospermatogenesis (88.9%), tubular hyalinization (0%). The SRR of each clinical presentations of patients were as followed: UDT histories (80%), prominent varicoceles (33.3%), hypogonadotropic hypogonadism or Kallmann syndrome (100%), genetic related disease (20.8%).

Conclusion: This study gives a useful information of prognosis in NOA patients based on the picture of clinical presentation. The prediction may be more informative if further pathological data from testis biopsy are available.

MP1-5
IS PERIODONTITIS ASSOCIATED WITH ERECTILE DYSFUNCTION IN YOUNG MALE?

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Purpose: The aim of the study was to evaluate the potential association between periodontitis and erectile dysfunction in Taiwanese young male.

Materials and methods: It was a cross-sectional study in a random consecutive sample of military male (mean age: 21.62 ± 2.61 years) attending to the Army Training Center. There were 2133 subjects included in the study, excluding subjects with comorbidities and subjects who had not engaged in sexual intercourse. All participants underwent detailed physical assessment including peridontal status and history taking. Clinical sexual function was evaluated with the International Index of Erectile Function–5 (IIEF-5) questionnaire.

Results: The existence of periodontitis showed statistically significant correlation with IIEF-5 severity. (P < 0.0001).

Conclusion: The present data supported there was a significant association between periodontitis and erectile dysfunction in young male. A possible explanation was that periodontitis may contribute to the systemic inflammatory burden, which increased the likelihood of having erectile dysfunction.

Other
MP1-6
ONE HAND CONTROLLED AUTOMATIC SURGICAL LIGATION AND CLOSURE DEVICE FOR BLOOD VESSELS AND TISSUES

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Purpose: We report here a new instrument device that provides automatic suture ligation and closure device for blood vessels and tissues

Materials and methods: To evaluate the efficacy of this instrument, 6 surgeons performing surgery tied 3 knots using classical method and then using the automatic ligation and closure device. The times required to tie each knot and the knot strength were recorded and compared statistically.

Results: Comparing the 2 knotting methods, the time spent tying the knots was shorter with the knot-tying instrument in all 3 trials and the knot strength was statistically higher with the knot-tying instrument.

Conclusion: This automatic ligation and closure device can be used for all knots in surgery when classical knotting is difficult.

MP1-7
MANAGEMENT OF NON-PARASITIC CHYLURIA USING 50% GLUCOSE INSTILLATION: EXPERIENCE IN KUO GENERAL HOSPITAL

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Purpose: The characteristic symptom of chyluria is intermittent or persistent milky urine, mostly painless, which may accompany fatigue, malaise, body weight loss, or malnutrition owing to loss of nutrients. Chyluria is more common in tropical and subtropical zones, especially in endemic areas of parasites such as filariae. In high latitudes, chyluria is rarely seen, and is usually non-parasitic. There are only sporadic case reports in Taiwan in the era of 21st century, and none of them has mentioned about parasitic infection.

Diagnosis: To make the diagnosis, take urine sample in the morning or after high-fat diet, and observe for the milky urine, which may coagulate, separate into layers, or remain suspended minutes later. Elevated levels of urine triglyceride (often higher than serum sample) is the key finding. Image studies such as X-ray, ultrasound, CT scan, intravenous urography are of little help, however MRI may detect some lymphatic abnormality around the kidney. One can identify the affected side by observing the milky outflow from ureter under cystoscopy, and ipsilateral retrograde pyelography may reveal backflow into renal parenchyma. Sometimes the contrast medium may result in obstruction of lymphatic fistula, but one should avoid false positive finding and potential retrograde infection due to high instilling pressure.

Management: Parasitic chyluria may subside after proper medication. For non-parasitic cases, treatment options include non-surgical (diet, medication, or sclerosing agent instillation) and surgical modalities (nephrolysis, peritoneal wrapping, renal autotransplantation, or nephrectomy). Sclerosing agent instillation is a minimal invasive therapy, which is more effective than diet or medical treatment. Silver nitrite solution, aqous betadine, contrast medium, and 50% glucose solution are some agents with favorable results. Kuo General Hospital use 50% glucose for chyluria treatment since 2004, the seven treated patients responded well to this therapy. 50% glucose water is an ideal sclerosing agent because it is common, cheap, non-toxic, non-irritative, and comes in sterile packages. We designed a flowchart and a tubing design to provide constant pressure during treatment, and to improve safety and success rate.

MP1-8
IS IT POSSIBLE FOR PERITONEAL DIALYSIS UREMIC PATIENTS WHO CONTINUE TO DO PD AT PERI-NEPHTREXOMY DURATION?

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