

A 66 year-old female with a history of radical hysterectomy for uterine corporeal cancer visited our department on March 1<sup>st</sup> 2014 because she pointed out a shadow defect in vena cava of right renal hilum appeared in follow-up CT three years after the surgery. Physical examination revealed no mass in the abdomen. The results of CBC, chemistry and urinalysis were all within the normal including CEA, CA19-9, CA125, NSE, sIL-2R, and IgG4. Abdominal CT identified a shadow defect of 35mm in diameter in the inferior vena cava (IVC) continuing to a 35mm mass of retroperitoneum at the level of ovarian vein. The mass showed an early phase enhancement followed by a delayed enhancement. By the abdominal MRI, the tumor showed a high signal intensity at T2-weighted images and slightly high signal at the diffusion-weighted images. The laboratory and image diagnosis indicated a tumor of vascular origin including epidermoid endothelial granuloma, however we could not exclude angiosarcoma or tumor thrombus originated from prior cancer. Therefore, we performed a tumor removal. During the surgery, we identified an intravascular tumor of dumbbell like shape presenting from right ovarian vein to IVC. With the aid of vascular surgeon, we removed the mass together with the wall of ovarian vein and IVC. The defect of IVC was closed by using a graft of saphenous vein. Though we prepared extracorporeal circulation before surgery, the temporary blocking of IVC beneath the renal veins derived no reduction of blood pressure and we did not use the equipment. Microscopically, the tumor consisted of microcapillaries which formed reticular structure. Though the endothelial cells of them were relatively dense, there was no atypical cell or mitotic cell. Immunostaining of specimens identified positive CD31, CD34 and Factor 8, negative Glut-1 in all cells. Ki67 antibody was positive at 2–3% of all cells. These findings suggested the tumor was intravenous pyogenic granuloma. To the best of our knowledge, 67 cases with the intravenous pyogenic granuloma were reported to date. However, a tumor of intracaval site is the first one among them.

#### IPD33:

##### SEMINAL VESICULAR CALCIFICATIONS: OUR EXPERIENCE

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**Purpose:** Seminal vesicular (SV) calcification is a rare condition, and to the inexperienced eye, it may initially present as pelvic calcifications on a plain X-ray film. Previous studies suggest that SV calcification may be related to diabetes, infertility, tuberculosis or other infections. Given the paucity of cases reported in Taiwan, we would like to present our recent experience of three cases with SV calcifications.

**Case 1:** A 23-year-old patient presented with right scrotal pain for two years. Physical exam showed bilateral smaller testes and enlarged right vas with tenderness. Lab data suggested hypogonadism and abnormal sperm analysis. However, tests for bacterial and tuberculosis infections were negative. He was managed conservatively.

**Case 2:** A 42-year-old uremic patient on regular hemodialysis presented with painless gross hematuria. His urinalysis showed hematuria. Bilateral retrograde pyelography and ureteroscopy revealed a normal urinary tract, but incidental bilateral SV calcification was noted. His hematuria subsided spontaneously.

**Case 3:** A 40-year-old patient with diabetes mellitus and psoriasis vulgaris complained of left hypogastric pain with radiation to the right scrotum. Acute urinary frequency and painless gross hematuria were noted, and intravenous urography suggested left upper renal pelvis lesion, however, left retrograde pyelography was unremarkable. Incidentally, bilateral SV calcifications were discovered on the plain films. Under the diagnosis of UTI, his symptoms subsided after one month of antibiotic therapy.

**Conclusion:** One case had diabetes, one case had hypogonadism, and the remaining case was incidentally diagnosed; the epidemiology was roughly coherent with current literature. All cases were young, and were managed conservatively. This is a condition that may be under-reported in Taiwan, and a larger case number is needed to aid us understand this disease better.

#### IPD34:

##### CHRONIC PROSTATITIS: THE ROLE OF AZITHROMYCIN

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**Purpose:** Best strategies about antimicrobial agents for chronic prostatitis (CP) are still indeterminate according to the reviewed literature. The aim of this study presents the clinical outcome data on Azithromycin in a cohort of patients with CP.

**Materials and Methods:** We identified 33 patients treated with Azithromycin between September 2007 and July 2013. All of them received antimicrobial agents before usage of Azithromycin. The following parameters were assessed at baseline and after a follow-up period of 4 weeks after the end of therapy: laboratory findings, National Institutes of Health Chronic Prostatitis Symptom index (NIH-CPSI), International Index of Erectile Function (IIEF), International Prostate Symptom Score (IPSS), and The Pelvic Pain and Urgency/Frequency Patient symptom scale (PUF).

**Results:** The mean age was  $48.42 \pm 18.46$  years. The mean follow-up duration was  $32.28 \pm 23.26$  months and the mean symptom-improved duration was  $0.63 \pm 0.56$  months. After the Azithromycin treatment, the patients had statically significant improvement in NIH-CPSI, IPSS, and PUF.

**Conclusion:** From our preliminary data, it is evident that Azithromycin can provide excellent improvements of genitourinary pain, voiding symptoms, and quality of life in men with CP.

#### IPD35:

##### INTRAURETHRAL BUDDING – CAUSED BY INCIDENTAL SEEDING ASSOCIATED WITH STONE OBSTRUCTION OF BLADDER OUTLET

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**Purpose:** Plants in urethra was hard to see, and there was no case report in human until now. We showed an special case about this.

**Materials and Methods:** This report is to present a rare case with intra-urethral budding. A 56 year-old male voided one budding about 3cm in length from the urethra, accompanied with one dark-brown colored stone with 1.1 cm in size at one day.

**Results:** The most possible way was retrograde implant the plant seed into the urethra initially and ureteral stone blocked the urinary outlet when it passed into the bladder from the ureter which lead to the subsequent budding and growth of seed in the urethra.

**Conclusion:** We present an unusual case of impacted bladder stone accompanied with urethral plant seeding incidentally, and it was also the first case been reported in human.

#### IPD36:

##### BULBOURETHRAL TOTAL DISRUPTION WITH COMPLICATED STRICTURE – A SURPRISING OUTCOME AFTER BALLOON DILATATION PLUS INTRALESIONAL STEROID INJECTION

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**Purpose:** To present a case of complicated urethral stricture due to complete bulbourethral disruption with excellent healing after combination therapy of Laser ablation, balloon dilatation and intralesional triamcinolone injection

**Materials and Methods:** A 68-year-old man had accidentally fallen into the ditch about a meter in depth with acute urinary retention and perineum bruising. Retrograde urethrogram revealed extravasation of contrast at injury site for about 2 cm in length and without the enhancement of bladder. The diagnosis of bulbourethral complete rupture was made.