Risk Factors Associated with Urethral Strictures after Transurethral Resection of Prostate Using The Gyrus Plasmakinetic System

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Introduction and Objectives: Transurethral resection of prostate using the Gyrus plasmakinetic system (pk-TURP) is relatively new. Such bipolar systems are thought to cause a higher rate of urethral strictures (US). This study aimed to determine the rate of US after pk-TURP and factors associated with US formation.

Materials and Methods: This was a case-control study of US formation after pk-TURP. All patients who had undergone pk-TURP in the years 2003 to 2009 were included. The US that occurred in this cohort were included as cases. Controls were patients without US, chosen at random from the same cohort. Factors associated with US after pk-TURP were determined by comparing them with the control group.

Results: A total of 373 pk-TURP were performed in the study period. There were 13 (3.5%) cases of US that were identified at the time of data collection in 2013. Fifty-five patients were selected as controls. The median time to US diagnosis was 8 (range: 2-80) months after pk-TURP. Most (76.9%) of the US presented within 24 months of surgery. About 85% of US formed in the bulbar urethra. The mean [standard deviation] prostate size of the cases was significantly smaller (case: 37.5 [6.12] g vs control: 46.0 [19.34] g; p=0.018). The resection rate of the cases was also found to be slower (case: 0.23 [0.18] g/min vs control: 0.40 [0.30] g/min; p=0.052).

Conclusion: The US rate after pk-TURP is 3.5%, and most will present within 2 years of the surgery. Smaller prostate size and slower resection rate are associated with US formation.

Keywords: TURP; bipolar TURP; plasmakinetic TURP, urethral stricture

Supine Percutaneous Nephrolithotomy (SPCNL) in A Single Surgeon Tertiary Centre in Sabah: A Preliminary Report

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Introduction and Objectives: Supine PCNL (sPCNL) was first introduced by Valvidia in 1998. It offers advantages such as shorter operating times, reduced risk of injuries due to repositioning of patients to prone position and better airway access. The surgeon is more comfortable operating and has access for simultaneous antegrade and retrograde procedures. The learning curve is steep and patient selection is important. We present our initial experience in performing sPCNL.

Materials and Methods: This is a prospective observational study that started in May 2013. Patients undergoing PCNL for renal pelvis or partial staghorn calculi were offered sPCNL. Patients with full staghorn calculi or stones involving the upper calyceal systems were not taken into account. Patients whom have had previous open renal surgeries were also not included. Body mass index (BMI) was checked. Stone size was assessed with an intravenous urogram (IVU) or CT urogram. End points included time of surgery, length of hospital stay post-operatively, stone clearance rates (SCR), blood loss and transfusion requirements as well as complications.

Results: A total of 11 patients underwent sPCNL of which 2 had to be converted because access was difficult. Mean operating time was 114.0 minutes (SD 4.3). SCR was almost 100%. Blood loss was negligible. Mean hospital stay was 4 days (SD 2.9). There was a single Clavien grade 1 complication i.e. hematuria.

Conclusion: Supine PCNL remains a feasible and safe approach in management of renal stones. Comparisons with prone PCNL outcomes are currently ongoing at our centre.

Keywords: Supine percutaneous nephrolithotomy
Effectiveness of Pre-Emptive Analgesia During Extracorporeal Shock Wave Lithotripsy for Treatment of Urinary Stones

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Introduction and Objectives: Extracorporeal shock wave lithotripsy (ESWL) is a well established non-invasive way for the treatment of urinary tract stones. ESWL causes significant pain and is done in an outpatient setting. Therefore the choice of analgesia should be of those that provide optimal pain control, minimal side effects, easy administration that does not require active monitoring and cost effective. The aim of this study is to evaluate the benefit of pre-emptive analgesia using Etoricoxib 120mg.

Materials and Methods: This is a prospective single blinded study in which eligible patients were divided into 2 groups. Group A patients received pre-ESWL oral Etoricoxib 120mg 1 hour before the treatment and group B without pre treatment oral analgesia. However, both groups received standard opioids as analgesia during the ESWL. The Visual Analog Score (VAS) for pain was assessed at the beginning of ESWL, at 1000 shots and upon completion of the ESWL. Statistical analysis using SPSS (ver 15) was performed. Non parametric test with p value of <0.05 was considered to be statistically significant.

Results: A total of 103 patients were included in this study in which 53 patients receive pre-emptive analgesia and 50 patients without pre-emptive analgesia. The mean VAS was significantly lower in the Etoricoxib group at the beginning, after 1000 shots and upon completion of ESWL. (p value <0.01). Other parameters analyzed included age, sex, location and size of stone, presence of stent, duration of ESWL, number of shots given and energy delivered.

Conclusion: Preemptive analgesia should be considered as treatment protocol to reduce pain during treatment of ESWL.

Keywords: ESWL, Preemptive analgesia, Etoricoxib
Pre-Operative Renal Volume Predicts Risk of Chronic Kidney Disease (CKD) After Radical Nephrectomy

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Introduction and Objectives: Recent studies relate kidney volume with renal function. We used a programme called ImageJ to measure pre and post-operative contralateral kidney volume for patients undergoing radical nephrectomy and studied its association with kidney function pre and post-surgery.

Materials and Methods: A retrospective review of 75 consecutive patients (29.3% females) who underwent radical nephrectomy for renal cell carcinoma (Sept 2000-Aug 2008) was performed. Each patient’s CT scans were opened in ImageJ and the area of the normal kidney tissue computed in each slice, excluding renal vessels and central sinus fat. eGFR was determined using the MDRD equation pre and post operatively. CKD was defined as an eGFR<60ml/min/1.73 m².

Results: Mean parenchymal volume of the normal kidney for this population (Mean age 55.4±12.5(SD)) was 150.7 ± 36.4cc. At baseline, 21% (n=20) of patients had CKD. Over a median follow-up of 36 months, progression to CKD occurred in 42.6% (n=32) patients. On multivariable analysis, pre-operative eGFR (p=0.008, HR 0.96 95% CI 0.94-0.99) and pre-operative renal volume <144cc (p=0.02, HR 2.41, 95% CI 1.14-5.09) are significant predictors for post-operative CKD. On Kaplan Meier analysis, median time to CKD after nephrectomy was 12.7 (0.03-69.16) months for renal volume less than 144cc (log rank p=0.004) but this is not achieved if renal volume is more than 144cc.

Conclusions: Parenchymal volume of the normal kidney <144cc and pre-operative eGFR are predictive factors for post-operative CKD after radical nephrectomy. Partial nephrectomy should be attempted when pre-operative renal volume is less than 144cc.

Keywords: Baseline renal function, post-operative risk, chronic kidney disease, radical nephrectomy, renal volume
The Distribution of Prostate-Specific Antigen (PSA) Levels in Men Aged 40-80 Years in A Multiethnic Population

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Introduction and Objectives: To study the distribution of PSA values in a heterogeneous population across different ages in Malaysia as well as its relationship with both clinical and demographic data.

Materials and Methods: This study was conducted as part of the prostate awareness campaign involved seven general hospitals in the Klang Valley, Malaysia, inviting the participation of men above 40 years. Data on basic demography and clinical profiles were collected, using a written form (proforma) based on the input from subject interviews and clinical examination. Blood sample of each individual was collected for PSA analysis. Permission for the anonymous analysis of all human blood samples was granted from the regional research ethics committee. Statistical comparisons of continuous and categorical variables employed univariable and multivariate logistic regression as appropriate. Two-tailed P value < 0.05 was termed as statistically significant.

Results: There were 1202 men participated in the study, of which most of them were Chinese (610; 50.7%), followed by Malay (423; 35.2%), Indian (148; 12.3%) and others (21; 1.8%). The average age of the subjects was 59.37 ± 8.22 years (range 23 – 84 years) whilst the median PSA levels of Malay, Chinese and Indian were 1.07ng/ml, 1.31ng/ml and 0.83ng/ml respectively. In a multivariate logistic regression model, we examined the association between variables with p < 0.05 in the univariate analysis which include age, ethnicity, weight, presence of LUTS, DRE and prostate volume. Together, age, ethnicity (Indian) and prostate volume were the significant predictors for men having PSA level higher than 4 ng/ml with a cumulative OR of 1.6.

Conclusion: We present the profile of PSA across different age groups in a multiethnic population and its significant association with age, prostate volume and ethnicity. Men with or without known prostate condition were included in the study, reflecting the actual population-based study of PSA levels. Together, the findings suggest that these variables could potentially be the predictors of men with PSA above 4 ng/ml and prostate cancer risk in some cases, at least in our population setting.

Keywords: PSA, Prostate cancer
Outcomes in Open Versus Laparoscopic/Needlescopic Insertion of Tenckhoff Catheter for Peritoneal Dialysis

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Introduction and Objectives: Peritoneal dialysis (PD) is an important modality in renal replacement therapy and its success depends on a functioning catheter. The optimal technique for the surgical insertion of the Tenckhoff catheter still remains debatable. Our objective is to compare early and late complications between open versus laparoscopic/needlescopic insertion of the Tenckhoff catheter.

Materials and Methods: A retrospective review of Tenckhoff insertions performed from 2009 to 2012 was carried out. All surgical procedures were done in National University Hospital of Singapore. Only patients aged 18 years and above were included. All the statistical analysis was performed using IBM SPSS Statistics for Windows, Version 19.0 (Armonk, NY: IBM Corp). Procedural complications were divided into early complications (<30 days) and late complications (≥30 days). All laparoscopic/needlescopic procedures were done under general anaesthesia while open procedures were done under local anaesthesia. Early complications included malposition/poor flow, wound infection/haematoma, exit site infection/haematoma, pericatheter leakage and early peritonitis while late complications included were late peritonitis, malposition/poor flow and scrotal swelling.

Results: From 2009 to 2012, 123 open and 33 laparoscopic/needlescopic Tenckhoff insertions were performed. The mean age of those who underwent open insertion versus laparoscopic/needlescopic insertion was 64 years and 61 years respectively. The rate of early complications was higher in the open insertion group compared to laparoscopic/needlescopic insertion group (24.4% vs 3.0%, p=0.006). Malposition of catheter was the most frequent early complication in both groups. The rate of early complications in patients without previous abdominal surgery was lower in laparoscopic/needlescopic insertion group compared to open insertion group (4.2% vs 24.1%, p=0.025). However, there were no significant differences in late complications between the two groups.

Conclusion: Laparoscopic/Needlescopic insertions of Tenckhoff catheters are associated with a lower early post-operative complication rate when compared to open technique.

Key words: Open laparotomy Tenckhoff insertion technique, laparoscopic/needlescopic Tenckhoff catheter insertion technique, Peritoneal Dialysis

Safety and Efficacy of Upper Pole Puncture for Percutaneous Nephrolithotomy - A Single Center Experience

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Introduction and Objectives: Upper pole puncture in percutaneous nephrolithotomy (PCNL) has been established as a safe and efficacious procedure. The aim of this retrospective study was to evaluate the safety and efficacy of upper pole puncture in PCNL for renal stone in Penang General Hospital.

Materials and Methods: From 1st August 2012 to 31st August 2013, a total of 64 patients underwent PCNL in Penang General Hospital via upper, middle, lower or combined upper and lower pole puncture. All procedures were performed by either the urologist or urology trainee with guided supervision. The data were analysed for stone clearance and complications associated with the sites of puncture.

Results: In the upper-pole puncture, result findings comprised of 3.1% thoracic complication, 3.1% urosepsis, 4.7% blood transfusion, 7.8% post operation pyrexia, 1.6% pseudoaneurysm and 4.7% of other non thoracic complications.

Conclusion: Upper-pole puncture is a safe option and associated with minimum morbidity for all renal stones. The stone-clearance rate if not better is comparable with all other punctures sites.

Keywords: Percutaneous nephrolithotomy, renal calculi, upper pole puncture, complications
IPSS – Clinical Relevance in Malaysian Population

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Introductions and Objectives: The IPSS is a well-known tool for evaluation of patients with Benign Prostatic Enlargement (BPE) with LUTS. This prospective study aims to study the reproducibility of IPSS in Malaysian clinical setting.

Materials and Methods: 50 patients from the Urology Clinic of Sarawak GH who are diagnosed BPE with LUTS were recruited. Inclusion criteria: 1) Stable combination medical therapy for more than twelve months. 2) No history of previous prostatic surgery. 3) Conversant in English. Self-administered IPSS were given to these patients, and repeated after a one month period (blinded to 1st questionnaire). None of these patients reported change in concurrent medications, lifestyle modifications or change of urinary complaints during this period.

Results: Patients' ages ranged from 57 to 87 years (mean 71.9 ± 7.8); under treatment for an average of 32 ± 14 months. 36% of patients recorded a change of IPSS ≥ 4 while 28% of the subject study displayed a change in symptom class severity. 46% of the patients showed either a change of IPSS ≥ 4 or change in class severity. Age, severity of LUTS and flow rate were not indicative of such variability of observed results in IPSS, p > 0.05 (Student's T-test)

Conclusion: IPSS is not entirely reproducible among patients with BPE with LUTS. Its relevance as a clinical tool for measuring response and efficacy of treatment in the Malaysian population needs to be re-evaluated.

Keywords: IPSS, Malaysian population, Reproducibility, Sarawak, Relevance

Banding for Access Related Ischaemia; Kuantan’s Experience

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Introduction and Objectives: Since it was first recognized in 1969 by Storey, access related ischaemia has been a significant problem. Reported incidence is between 2-20%. The treatment goals are to reverse the ischaemia and salvage the access. One of the recognized treatment strategies is banding of the fistula. We would like to present our result for the past year in employing this strategy in our local community in Kuantan.

Materials and Methods: All banding procedures were identified from theatre lists and cross-referenced with the theatre logbook. We performed our banding using PTFE graft, placed around the access and sutured in a tapered manner using a non-absorbable material. Resolution of symptoms and salvage of access were reviewed using medical notes supplemented with a phone call to the patient. Statistical analysis was performed using SPSS® v15.

Results: We performed 4 banding procedures in 4 patients, 2 men (mean age 48.5 years) between June 2012 and June 2013. All had presented with grade II steal syndrome. Complete symptoms resolution and salvage access occurred in all cases.

Conclusion: In our experience, employing banding as a flow limiting procedure has been a success in dealing with access related ischaemia.

Keywords: Access related ischaemia; flow limiting procedures; PTFE banding
**Assessment of Time To Diagnosis and Incidence of Surgical Diseases for Patients Presented with Hematuria**

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**Introduction and Objectives:** Hematuria is a common finding that may be a sign of serious underlying urologic disease. The incidence of urological malignancies in patients presenting with macroscopic and microscopic hematuria are between 18.9% to 24.2%, and 3.3% respectively. Timely diagnosis allowed for early treatment and prevention of disease progression. The aim of this study is to assess the time to diagnosis (time from referral till date of investigations and diagnosis) and the incidence of urological diseases among them.

**Material and Methods:** Retrospective data collection was done on outpatients who underwent cystoscopy from July 2012 till December 2012. A total of 40 cases were reviewed. Parameters analysed included clinical characteristics, time mapping from referral to investigations and diagnosis, and final diagnosis.

**Results:** Studies included 19 females and 21 males with an average age of 54.2 years. Among them, 60% had macroscopic hematuria. The median time from referral to diagnosis for those who had imaging prior to cystoscopy was 160 days (IQR 222 days) and for those who had imaging after cystoscopy, 210.5 days (IQR 16 days). 22.5% of patients defaulted follow up. The commonest diagnoses were renal cysts (15.6%), radiation cystitis (12.5%), bladder tumour (6.3%), cystitis (6.3%) and calculi (6.3%).

**Conclusion:** This study revealed that our present referral system and evaluation of patients with hematuria is wanting. To address this, our study forms a foundation to setting up a dedicated hematuria clinic in order to expedite the evaluation and diagnosis of patients with hematuria in keeping with established cancer guidelines.

**Keywords:** Hematuria, Malaysia, Urinary Bladder Neoplasms

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**Pathological Changes of The Urinary Tract from Oral Ketamine and Its Reversibility in A Rat Model**

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**Introduction and Objectives:** Prolonged ketamine abuse can cause urinary tract damage but the reversibility of these damages is still unclear. Using rat models, we aim to determine the histopathological effects of oral ketamine in the urinary tract and the reversibility of these changes after ketamine cessation.

**Materials and Methods:** Rats were fed with 200mg/kg of pure ketamine for 4 and 12 weeks, respectively. Half of the rats were sacrificed immediately after the feeding period for examination. The remaining rats were taken off ketamine for 8 weeks before necropsy. Histopathological examination was performed on the bladder and kidney.

**Results:** Rats treated with ketamine for 4 weeks showed inflammatory changes in the bladder but not in the kidney. After ketamine cessation, no inflammation was seen in all rats. Rats treated with ketamine for 12 weeks showed bladder submucosal inflammatory changes and interstitial nephritis. These pathological changes were also reversed after ketamine cessation.

**Conclusion:** Inflammatory changes in the bladder precede the changes in the kidneys. Pathological changes from short and intermediate ketamine exposure were reversible upon ketamine cessation.
Radical Prostatectomy and The Outcome in A Regional Centre

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Introduction and Objectives: Studies have showed that radical prostatectomy is one of the optimal treatments for localized prostate cancer. Most of our local patients used to present late with metastatic disease. However, with the recent trend of screening and higher health awareness, more patients now present with earlier and localized disease. This study is based on a case series of our own experience in managing localized prostate cancer with radical prostatectomy.

Material and Methods: All prostate cancer cases that had undergone radical prostatectomy which took place in our centre from January 2012 – August 2013 (20 months) were included. Information was obtained from patient notes, operative notes, histopathology and imaging.

Results: A total of 8 radical prostatectomies were performed during our study period, and they were all low risk cases. Lymphadenectomy was performed on 50% of patients. Mean age for these patients was 68.28 years. Mean operative time was 3 hours. Out of all these patients, there were no major perioperative morbidity, 5 (62.5%) patients were complicated with mild urinary incontinence requiring no diapers and no impact on their quality of life. Erectile dysfunction was more difficult to access as most of the elderly patients were not sexually active. Oncological outcome was satisfactory as well.

Conclusion: All the operations had good intraoperative and perioperative outcome. Radical prostatectomy can be safely done in dedicated regional centers.

Keywords: Radical prostatectomy, outcome of radical prostatectomy
Prostate-Specific Antigen Density (PSAD) Increases PSA Sensitivity in Detection of Prostate Cancer: A Single Center Experience

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Introduction and Objectives: Since the early 80's, prostate-specific antigen (PSA) has been an essential tool in diagnosing prostate cancer (PC). However, there have been some controversial issues about its sensitivity as an ideal marker for PC. We have looked into PSAD as a potential tool to increase sensitivity of PSA in diagnosing PC at Penang Hospital.

Materials and Methods: Prostate volume, PSA and histopathological analysis (HPE) results for all patients who underwent prostate biopsies at the urology unit in Penang Hospital were traced and recorded for an interval period of one year from 1st of June 2012 to 30th of June 2013. PSAD was calculated and noted. All patients with positive biopsies were identified and recorded.

Results: Among 194 patients who underwent prostate biopsies, 19 percent were diagnosed with PC, 39 percent with BPH and 29 percent with prostatitis. 83.8 percent PC patients with PSAD higher than 0.15 demonstrated more aggressive PC.

Conclusion: PSA remains as a useful tool in detecting PC. When complemented with PSAD, it gains much better sensitivity.

Keywords: Prostate-specific antigen, Prostate-specific antigen density, Prostate cancer
Repair of Iatrogenic Posterior Urethral Injury During Laparoscopic Abdominoperineal Resection with Levator Ani Flap: A Novel Approach

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Case Report: The incidence of urethral injury during abdominoperineal injury is reported to be around 2 – 3%. These injuries normally occur during the perineal resection due to a multitude of factors. The injuries tend to involve the posterior urethra, commonly the membranous urethra, rarely the prostatic urethra. Majority of these injuries can be repaired with simple closure over a continuous bladder drainage catheter. Defects larger than 2 centimetres usually require some form of vascularized flap to bridge the defect. Simple closure may be ill advised in patients who had received prior neoadjuvant radiotherapy or in damaged areas where an excessive amount of electrocautery is used during the perineal dissection of the rectum. We present a case of iatrogenic posterior urethra injury that was repaired primarily with an overlying levator ani flap.

Keywords: Urethral injury, levator ani flap

The Challenges in Supporting Patients in Decision Making for The Treatment of Early Prostate Cancer: A Qualitative Study of The Views of Health Care Professionals

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Introduction and Objectives: We aim to explore the challenges and needs of healthcare professionals (HCPs) in supporting patients when deciding about treatment options in the management of early prostate cancer.

Materials and Methods: Four in depth individual interviews and three focus group discussions were conducted with urologists (n= 10), urology trainees (n= 5), oncologists (n= 3) and policy maker (n= 1) in Malaysia in 2012-2013. A semi-structured interview guide was used to facilitate the interviews which were audio-recorded, transcribed verbatim and checked. Thematic approach was used to analyse the data.

Results: Three main challenges to HCPs were identified as health system, HCP factor and patient factor. Health system challenges include: lack of support staff and limited time. HCP factors include uncertainty of the best treatment options, and variation of HCPs’ views. HCPs also had difficulty in explaining treatment options to less educated patients. For patient factors, the challenges include: patients’ reluctance to ask sexually related issues to female HCPs, poor awareness of treatment options, mistrusting HCPs, preoccupation with own ideas, wanting unavailable treatment options, having wrong information, comparing with peers, being emotionally disturbed and viewing prostate cancer as a taboo.

HCPs suggested to develop a team with other HCPs and trained nurses, and a centre with audio-visual media in helping patients to make decision.

Conclusion: HCPs faced various challenges in the support of treatment decision making for patients with prostate cancer. Development of a resource centre may overcome these challenges.

Keywords: prostate cancer, treatment decision, challenges.
Descriptive Computed Tomography (CT) Assessment of Safe Puncture Site for Percutaneous Nephrolithotomy (PCNL) Using Radio-Opaque Marker at Posterior Axillary Line; Comparison Between Complete Supine and Elevated Supine Position

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Introduction and Objectives: Percutaneous nephrolithotomy (PCNL) is conventionally performed in prone position. One advantage in this position is the larger surface area for access that the prone position offers. Supine PCNL offer few advantages including reduce operative time, better airway and cardiopulmonary supports and surgeon comfortably seated during the procedure. Despite of the advantages, its popularity among urologists is still low in view of potential complications during targeting, puncture and tract dilation. The procedure can be performed in Complete Supine (CS) or Elevated Supine (ES) positions. The objective of this study is to estimate safe puncture zone in both positions using computed tomography (CT) scans.

Materials and Methods: Patients needing routine CT assessment for stone evaluation were enrolled into this study. CT was performed in CS and ES positions with a radio-opaque marker attached to the posterior axillary line.

Results: The results showed a larger and safer working angle for puncturing in ES compare to CS position. This working angle gave a vertical axis of about 4 to 7cm length from the posterior axillary line measured on the patient's flank which can be drawn by surgeon at the beginning of the procedure to mark his safe worming zone.

Conclusion: In conclusion, safer puncture area is better in ES position. This can be estimated by skin marking of the vertical axis from posterior axillary line, estimated after defining the limits of safe puncture angle from CT scans.

Keywords: Percutaneous nephrolithotomy, supine, supine elevated, posterior axillary line
Renal Artery Angiogram Guided Microwave Ablation of Renal Cell Carcinoma

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Introduction and Objectives: CT guided radio frequency or microwave ablation is a known mode of treatment for small renal cell carcinoma. In certain patients, this may cause derangement of renal function due to the large amount of contrast used. This is a case of a patient with renal impairment who had microwave ablation of renal tumor with the use of angiogram guidance to minimize the use of contrast media.

Case Report: A 72-year-old man, with history of right-sided open nephrectomy in the 1960s for stone disease presented with an incidental finding of left sided renal tumor measuring 5.1cm. He was fit and well with no renal impairment. Creatinine was 91 umol/L. The patient refused operation. Instead he underwent radiofrequency ablation to treat the renal tumor. Three days after the procedure, the creatinine level increased to 162 umol/L. Repeated renal profile one month later showed increased creatinine to 127 umol/L.

CT renal 4 phase after four months showed possibility of residual left renal tumor. Subsequent follow up after six months showed that the creatinine remained high at 126 umol/L. One year later the creatinine was 120 umol/L. Conservative management was adopted at that point. Repeated CT renal 4 phase scans at one year after the radiofrequency ablation confirmed recurrent left renal tumor. In view of impaired renal function, a ‘selective’ left renal artery angiogram via femoral artery cannulation was commenced to minimize the usage of contrast, which might have contributed to the increasing creatinine previously. After identification of left renal artery and its tributaries that supplied the left sided renal tumor, microwave treatment was performed. Creatinine level prior to procedure was 115 mcml/L. Recovery after the procedure was uneventful. The creatinine level a day after procedure was 120 mcml/L. One year after, the creatinine level remained unchanged at 115 mcml/L.

Conclusion: This case highlights a minimally invasive ablative therapy for renal tumor with selective angiogram to reduce the possibility of renal impairment post procedure especially in patients with single functioning kidney. This option can be considered for similar patients in the future.

Keywords: Angiogram guided, radio frequency ablation, renal cell carcinoma, creatinine level, single functioning kidney

Outcome of Patients with High Prostate Specific Antigen (PSA) Level but Negative Transrectal Ultrasound (TRUS) Biopsy Result for Prostate Cancer

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Introduction and Objectives: Patients with high Prostate Specific Antigen (PSA) levels are subjected for transrectal ultrasound (TRUS) guided biopsy to identify presence of prostate cancer. Patients with negative results will be followed up accordingly with serial PSA level. A number of them with increased PSA level were subjected to subsequent TRUS biopsy.

Materials and Methods: This is a retrospective study, which included all patients who had undergone TRUS biopsy at University Malaya Medical Centre in 2009. PSA level upon TRUS biopsy were identified. Subsequent follow ups either those with positive or negative biopsies result were recorded.

Results: 187 patients with mean age of 68.9 years old were identified. Majority were Chinese, followed by Malays and Indians. 33 (17.6%) of them were positive at first TRUS biopsy. The remaining 154 patients were followed up with serial PSA. 95 (61.7%) of them were still on follow up as long as 3 years after the first TRUS biopsy. 13 (13.7%) of them had subsequent TRUS biopsy due to increasing PSA level and noted to be prostate cancer positive.

Conclusion: Scheduled follow up with serial PSA for patients who are diagnosed negative for prostate cancer at first TRUS biopsy is recommended because at subsequent biopsy a number of them were diagnosed with prostate cancer.

Keywords: Prostate Specific Antigen, Transrectal Ultrasound guided biopsy, follow up, prostate cancer
Preliminary Result on The Prospective Serum Prostate Specific Antigen (PSA) and Testosterone Monitoring in Patients Requiring Hormonal Treatment by Degarelix (firmagon®) Injection or Surgical Castration for Prostate Cancer

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Introduction and Objectives: To compare the efficacy of up-front Degarelix injection to surgical castration (BSO) in patients with carcinoma of prostate on the change in serum testosterone and PSA.

Materials and Methods: From March to September 2013, all prostate cancer patients indicated for hormonal treatment were allowed a free choice of surgical or medical castration. Ten patients opted for Degarelix injection and five for BSO. Their serum PSA and hormonal profile (LH, FSH, testosterone) at baseline and on post treatment day 1, 3, 7 were prospectively reviewed.

Results: The mean age of the 15 patients was 75 year-old (range = 71-90 year-old). The indication of castration in eight patients was M1b disease (including 3 with spinal cord compression) and N1 disease in two patients. Two patients were excluded due to 1) previous exposure to LHRH agonist, and 2) high PSA level beyond 5000 ng/mL such that exact PSA value was not available in our local laboratory.

The mean PSA level was 947ng/mL and 108ng/mL, and testosterone level was 8.3nmol/L and 10.2nmol/L for the degarelix and BSO group respectively. Percentage of residual PSA and testosterone level was compared on day 1, 3, and 7. Independent t-test showed no significance difference in the drop of PSA and testosterone level between both groups.

One case of wound infection was reported after BSO and one case of injection site skin reaction was reported after third maintenance Degarelix injection.

Conclusion: The effects of Degarelix is comparable with surgical castration in our preliminary study. The use of Degarelix may be safe, especially in patients with no histopathological diagnosis or cord compression requiring urgent treatment, to enable a quick suppression of testosterone and PSA.

Keywords: prostate cancer, androgen deprivation, antagonist
The Role of MRI in Local Staging in Penile Cancer

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Introduction: To describe the MR findings in penile cancer and the role of MRI in local staging of the penile cancer.

CASE REPORTS:

Case 1: A 50 year-old man, presented with penile gland swelling and ulcer for 4 months with scrotal swelling for the past 2 months. He was able to pass urine and had no constitutional symptoms. Examination revealed an enlarged and hard penis with an ulcer with irregular borders at the base. The scrotum was swollen. There were also large, fixed and hard left inguinal lymph nodes. Biopsy done revealed well-differentiated squamous cell carcinoma. MRI showed an ill-defined soft tissue mass involving the corpus cavernosum and spongiosum along the penile shaft with anterior urethral involvement. There were bilateral inguinal, iliac and pelvic lymphadenopathy and bone metastasis with possible lung metastasis. With the MRI, bone scintigraphy and CT thorax findings of advanced disease, he was referred to the oncologist and treated conservatively with palliative chemotherapy.

Case 2: A 35-year-old man, initially presented with a small growth over the penis for one year duration. The lesion was progressively increasing in size and became hard in consistency. Later, the penis was in a bent position even during passing urine and erection. He was seen by a plastic surgeon whereby excision of the lesion and release of fibrotic bands with skin grafts was done. However, histopathological revealed moderately differentiated squamous cell carcinoma. He was then referred to the urologist for further management. Unfortunately he defaulted. He came back a year later complaining of an ulcerative lesion over the penis with intermittent hematuria. Examination revealed an irregular ulcer over the shaft of the penis with bilateral fixed enlarged inguinal lymph nodes. CT TAP and MRI were done for further evaluation. MRI showed graft tissues with a lobulated soft tissue mass at the base of penis arising from the crura of the left corpora cavernosum suggestive of local involvement associated with nodal and bony metastasis. With advanced penile cancer, he was also treated with palliative chemotherapy.

Conclusion: Penile MRI is highly accurate in the local staging of the penile cancer. In the absence of corpora cavernosal infiltration, conservative surgical management can be offered to the patient. However, in the presence of local infiltration and distance metastasis, palliative chemotherapy is the option to the patient as in these two cases.

Perception and Differentiation of ED and PE in Asian Population: The Result of SCOPE (Sexual Concerns On Premature Ejaculation)

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Introduction and Objectives: Premature ejaculation (PE) is a common medical condition affecting men and their sexual partners, affecting up to 30% of general population. The objective of this study is to identify the level of knowledge on PE and differentiation of the condition from erectile dysfunction (ED) in a socio-economically diverse nation in Asia.

Materials and Methods: Subjects from both urological and non-urological clinics are recruited to complete non-validated part questionnaires on their perception towards ED and PE and the treatment modalities. The age, gender, income and economic backgrounds were identified.

Results: A total of 1541 subjects (792 men and 749) completed the study, of which 66% believed PE is more common than ED and 65% considered having poor knowledge of the condition. Forty percent of the respondents agreed PE and ED are difficult to be differentiated and 30% considered ED and PE are essentially the same and a third thought both conditions should be treated with the same therapeutic modality. A significant number of the respondents (82%) considered ED to be a medical condition, while 77% perceived PE to be psychological.

Conclusion: Sexual dysfunction is a taboo in many Asian cultures, and this may lead to lack of knowledge about common sexual health. Although many understand PE is a more prevalent sexual dysfunction compared to ED, our study revealed difficulties in the differentiations of the two conditions. Such confusion may lead to unsatisfactory treatment seeking behavior and failure of therapeutic interventions. Sub-analysis of the population studied may ensure targeted patient educations.
**Perception and Attitude Towards PE and Treatment Seeking Behavior: The Result of SCOPE (Sexual Concerns On Premature Ejaculation)**

**Li Hong Chiu¹, Mun Wai Lam², Jane Loh³, Teng Aik Ong³, George Eng Geap Lee¹**

1. Monash University; 2. International Medical University; 3. University Malaya

**Introduction and Objectives:** Premature ejaculation (PE) is a common medical condition affecting men and their sexual partners, affecting up to 30% of general population. The objective of this study is to identify the level of knowledge on PE and the treatment seeking behavior of population in a socio-economically diverse nation in Asia.

**Materials and Methods:** Subjects from both urological and non-urological clinics are recruited to complete non-validated part questionnaires on their perception towards PE and the treatment modalities. The age, gender, income and economic backgrounds were identified.

**Results:** A total of 1541 subjects (792 men and 749) completed the study, of which 77% believed PE is common and 61% consider it to be a medical condition. More than 80% of the respondents agree PE can negatively affect the quality of life of the sufferers and their partners. A third of the participants find it difficult to discuss issues of PE and 28% would avoid the discussion mainly due to embarrassment (42%). Of the population studied, more than 90% would discuss the dysfunction with their doctors and 80% would accept medicine as the first line treatment.

**Conclusion:** Sexual dysfunction is a taboo subject in many Asian cultures, and this may lead to poor treatment seeking behavior. Although many understand PE is a prevalent sexual dysfunction with negative impact of sufferers and partner quality of lives, our study revealed embarrassment, avoidance and difficulties in the discussion of the subject matters. We also identify the willingness of subjects to approach physicians and accept medications and the therapeutic modality. Sub-analysis of the population studied may ensure targeted patient educations for clinicians.

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**Discrepancies Between Grading of Initial TRUS Biopsy and Subsequent Grading of Prostatectomy Specimen**

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**Introduction and Objectives:** Gleason score (GS) is the current standard for grading adenocarcinoma of prostate. It is the single strongest prognostic factor for clinical behaviour and treatment response, thus important in treatment decision-making. It is well known that the histopathology from the TRUS biopsy may not be the true reflection of the actual clinical grading. The aim of this study is to ascertain the level of discrepancies between the grading of the TRUS biopsy and those of the final prostatectomy specimens.

**Material and Methods:** Retrospective data collection was done on 210 patients who underwent robotic assisted radical prostatectomy at Hospital Kuala Lumpur from April 2008 till March 2013. Parameters analysed included clinical characteristics, GS of TRUS biopsy and GS of prostatectomy specimen.

**Results:** At initial TRUS biopsy, 47.2% of patients had GS of ≤6, 43% had GS of 7, and 9.8% had GS of 8-10. However, final histopathology showed that 15.5% of patients had GS of ≤6, 72% had GS of 7, and 12.4% had GS of 8-10. Comparing the grading of initial biopsy and final histopathology revealed a GS upgrading in 44.6% of patients and downgrading in 11.9% of patients. It is noted that majority of upgrading occurred in patients with GS of ≤6 at TRUS biopsy. Among them, 78% had GS upgrading.

**Conclusion:** There is a significant upgrade in the GS between initial biopsy and final specimen especially in patients with GS of ≤6. This information is important for counselling of treatment options, in particularly when offering active surveillance and watchful waiting.

**Keywords:** Prostate neoplasm, Gleason score, Adenocarcinoma.
Effectiveness of Medical Therapy in Treating Benign Prostatic Hyperplasia:- Experience of Hospital Universiti Sains Malaysia

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Introduction and Objectives: Benign prostate hyperplasia is a common benign disease in men after the age of 50. Its prevalence is about 19 to 30%. It is not a life threatening disease, but it does significantly reduce the quality of life in both men as well as their opposite partner. This condition affects men in their daily routine activities, as well as their sexual lifestyle. The symptoms bothering the patients and disturbing their sleep are termed as Lower Urinary Tract Symptom (LUTS). These symptoms are recorded by using an objective scoring system, International Prostate Symptoms Score (IPSS) which was validated by World Health Organization (WHO). Although it is a bothersome disease, it is also a treatable disease. It can be treated either medically or surgically.

Materials and Methods: It is a cross sectional study, the patients diagnosed as BPH from year 2006 to 2009 were recruited. A total of 307 who fulfilled the inclusion and exclusion criteria were included in the study. Patients who were recruited were contacted by phone and appointments were given. A new set of IPSS, PSA (prostate specific antigen) and uroflow rate (Qmax) were obtained and recorded during the interview. The data was compared with the data prior to initiation of treatment and the results were analyzed using SPSS version 19.

Results: The medical treatment outcome was compared pre and post treatment using IPSS, Qmax. The data was analyzed using two means paired t-test and the results were significantly different in the two test groups. The mean of IPSS improved significantly from 15.55 to 5.53 (p<0.001) and mean Qmax from 11.74 to 14.51 (p <0.001). The results also showed that serum prostate specific antigen levels decreased in patients on medical treatment from 4.69ng/ml to 3.33ng/ml ( p=<0.001).

Conclusion: Benign prostatic hyperplasia although a benign condition, interferes with the normal life style of the patients as well as the other partner. By initiating medication, it significantly reduced the lower urinary tract symptoms as well as improved the urine flow rate. From these results, it showed that medical therapy is an effective treatment in treating benign prostatic hyperplasia, hence improving the patients' as well as their partners' quality of life.

Keywords: Benign prostatic hyperplasia, Lower urinary tract syndrome (LUTS), International Prostatic Symptom Score (IPSS).

Recurrence Squamous Cell Carcinoma of Left Renal Pelvis

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Case Report: Renal squamous cell carcinoma (RSCC) is an uncommon renal malignancy. We report a case of a 38-year old male who presented with abdominal mass and hematuria. He had a background history of chronic long-standing left nephrolithiasis since 29 years of age, that had progressed to a non-functioning left kidney. Intravenous urogram and CT abdomen and pelvis revealed poorly functioning left kidney with a heterogenous mass within and local infiltration of the psoas muscle. He underwent radical nephrectomy. Histopathological examination revealed squamous cell carcinoma. Subsequent clinic follow-up a month later detected a recurring abdominal mass with lung metastasis.

Keywords: Squamous cell carcinoma, calculi, renal
What Do Patients with Prostate Cancer Want To Know at Diagnosis? Healthcare Professionals’ Views

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Introduction and Objectives: This study aimed to identify the questions commonly asked by men with prostate cancer immediately after diagnosis.

Materials and Methods: Four in depth individual interviews and three focus group discussions were conducted with urologists (government (n=6), private (n=4)), urology trainees (n=5), oncologists (n=3) and policy maker (n=1) in Malaysia in 2012-2013. Semi-structured interview guide was used to facilitate the interviews, which were audio-recorded, transcribed verbatim and checked. Thematic approach was used to analyse the data.

Results: Common questions patients asked at diagnosis of prostate cancer were related to prognosis, treatment and side effects, food choices, impact on lifestyle and cost. Patient wanted to know whether they could be cured, the chance of metastasis, familial transmission and their lifespan. For treatment and side effects, most were concerned about incontinence but not erectile dysfunction. Family members were concerned whether older men could tolerate the treatment. Chinese patients were more concerned about the duration of operation and food abstinence. Most patients were concerned about the impact of the treatment on their work, exercise and religious obligation. Patients attending private health care were worried about the cost of treatment.

Conclusion: Prognosis, treatment side effects, food choices, impact on lifestyle and cost were the common concerns of patients diagnosed with prostate cancer. Healthcare professionals’ must explore and address these issues with patients as part of decision support for prostate cancer treatment.

Keywords: prostate cancer, common patients concern

Renal Cell Carcinoma Presented with Cutaneous Lesion

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Case Report: Renal cell carcinoma accounts for 3% of all adult malignancies. It is an aggressive lethal tumour with one third of the patients presenting with metastasis at the time of diagnosis. Cutaneous metastasis is rare and presentation as a result of skin lesion is even more unusual. Skin metastasis is usually associated with distant metastasis and poor prognosis. We report a case of renal cell carcinoma with a cutaneous lesion over the face.

Keywords: Renal cell carcinoma, RCC, cutaneous metastasis, skin lesion
Paraganglioma

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Case Report: Paraganglioma is a neoplasm that originates from the paraganglion cells of the urinary bladder and is the same as paraganglioma at other sites. It arises from the ganglion cell in the bladder wall, accounting for less than 0.1% of all bladder tumors. Rarely, paraganglioma of the urinary bladder is associated with neurofibromatosis and urothelial carcinoma. Paraganglioma does not related to any familial syndrome. It occurs in all age groups.

A 60 years old gentleman presented with painless haematuria with no history of headache, sweating, tremulousness, anxiety, and micturition syncope. Otherwise there were no significant findings on physical examination. Ultrasound showed a fungating mass in the urinary bladder. Cystoscopy and TURBT noted presence of a lobulated, solid looking, very vascular tumour of 3 cm in size at the right anterior wall of urinary bladder but blood pressure raised up to 270/147 during resection. Histopathology result came back as paraganglioma. Further imaging by CT scan showed residual bladder mass and a left adrenal gland lesion which may represent an adenoma. PET scan showed no evidence of somatostatin receptor and disease in the pelvis or elsewhere. Partial cystectomy was done.

Paraganglioma of the urinary bladder is a rare tumor which features less than 0.1% of all bladder tumors. Other than haematuria, the patient may present with more specific symptoms such as persistent hypertension, headache, sweating, tremulousness, anxiety, and micturition syncope as paraganglioma secretes cathecolamines. It also can be misdiagnosed as urothelial carcinoma. Histologically, the tumor cells grow in a Zellballen pattern and are embedded in a fibrous network that is rich with blood vessels. The tumor cells are positive for neuroendocrine markers, such as Chromogranin and Synaptophysin, but are negative for epithelial markers, including Cytokeratin and EMA. Up to 15% of paraganglioma of the urinary bladder cases can develop metastasis. Vascular invasion, a deeply invasive growth pattern, and recurrence are associated with a poor prognosis. Additional risk factors for malignancy include young age, extensive local disease and micturition attacks. The best treatment of choice is partial cystectomy.

Is It Really T4 Renal Cell Carcinoma (RCC)?

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Introduction and Objectives: Renal malignancy occurs more commonly in the age of 60 to 70 years old with a predilection towards the male gender. Triad of presentations includes flank pain, gross hematuria and palpable abdominal mass. Renal sarcomas are rare tumors. They constitute only 1-2% of malignant renal tumors. Metastasis is common and yield of poor prognosis. The possibility of individual ipsilateral renal and suprarenal gland undergoing different malignant transformation is highlighted in this case report.

Case Report: We present a case of a 62 year old lady with initially suspected T4 left renal cell carcinoma who was admitted for symptomatic anaemia secondary to gross haematuria. She had a palpable tender left sided abdominal mass. CT scan showed a huge left renal mass with infiltration to the enlarged left suprarenal gland. Patient was posted for laparotomy and left nephrectomy within same admission. Intraoperative findings showed two different masses with individual blood supply which provisionally was thought to be left renal cell carcinoma with infiltration to the left supra renal gland. However histopathological examination (HPE) showed that both the left kidney and adrenal gland harboured different types of malignancies. The HPE showed left renal leiomyosarcoma and left adrenal adenosarcoma.

Conclusion: Renal sarcoma and adrenal adenocarcinoma are two extremely rare malignancies of the kidney and adrenal gland respectively, which have an aggressive behaviour. Clinically they can be mistaken as a T4 RCC, which requires prompt investigation. Management includes radical nephrectomy and adjuvant or palliative chemotherapy.
Complex Pseudohypospadias

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Introduction and Objectives: Penile urethro-cutaneous fistula usually develops following chronic urinary obstruction distal to the fistula or as a result of a traumatic urethral injury. A rare cause would be due to strictured neglected hypospadias. Chronic obstruction tends to precipitate stone formation, which can later get infected, and produce an abscess. Pseudohypospadias can develop following self-mutilation, which can be mistaken for neglected hypospadias. Thorough history and clinical examination are mandatory. Complications following both conditions are almost similar and appropriate treatment should be instituted.

Case Report: We present a case of a hypospadias as the result of self-mutilation during childhood. It was complicated with stricture at the meatal opening later in life in which precipitating the development of the penile urethrolithiasis. As the urinary obstruction worsened, he presented to us with infected penile urethrogenous fistula. Patient underwent urethrotomy, urethral lithopexy and fistulectomy. Post procedure the patient was satisfied with his urination. He was then planned for urethroplasty repair. Unfortunately he was not keen for further intervention.

Conclusion: In Malaysia, self-mutilation is rare. Most common complications would be penile or gland amputation. However, partial amputation can happen and cause pseudohypospadias. Natural history of the disease is similar to chronic obstruction of the penile urethra.

An Audit on Outcome of Screening Program in Prostate Awareness Campaign in Hospital Taiping 2013

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Introduction and Objectives: To determine the prevalence and demographic data of respondents with Lower Urinary Tract Symptoms (LUTS) and outcome of the screening program of the Prostate Awareness Campaign Hospital Taiping 2013.

Material and Methods: A retrospective study of all men aged 50 years and above attending screening during Prostate Awareness Campaign in Hospital Taiping on 18 May 2013.

Results: A total of 117 respondents were recorded. 51% (n=60) were of Malay ethnicity, 28% (n=33) were Chinese and 21% (n=24) were Indians. Mean age was 60.9 years and median age was 60. Age distribution showed highest in 50-59 years of age (45%), followed by 60-69 years of age (44%) and 70-and-above (11%). 4% of respondents had severe LUTS (score 20 or more), 13% had moderate LUTS (score 8-19) and 83% had mild LUTS (score 7 or less). The commonest bothersome LUTS were urgency (15%), followed by nocturia (13%) and frequency (12%). The prevalence of glycosuria, proteinuria, mixed glycosuria/proteinuria and haematuria were 12.8%, 5.9%, 4.3% and 4.3% respectively. Out of the 80 respondents with voided urine greater than 150 mL, 19% (n=15) had peak flow of <10mL/s, 47% (n=38) had peak flow 10-14.9mL/s and 34% (n=27) had peak flow > 15mL/s. 82.1% of the total respondent had prostate volume >20 cm3. 7.9 % of the total respondents had serum Prostate-Specific-Antigen (PSA) > 4. Out of the 117 respondents, 11.1% (n=13) were reassured and discharged as the IPSS score was ≤ 7, or prostate volume from ultrasound was ≤ 20cm3; 59.8% (n=70) diagnosed as benign prostatic enlargement (BPE) with mild LUTS and planned for watchful waiting. 18.8% (n=22) were diagnosed significant BPE and was counseled regarding diagnosis, started α-blocker and planned review in clinic in one-month duration. 3.4% (n=4) had urinary tract infection, 0.9% (n=1) had bladder stone, 3.4% (n=4) had unexplained microscopic hematuria and 1.6% (n=2) had abnormal per rectal examination of prostate, which were planned to be reviewed in clinic for further investigations and 1% (n=1) were treated for overactive bladder.

Conclusion: The screening program had identified 28.5% of respondents who had LUTS and required follow up or further investigation.

Keywords: Prostate awareness campaign, benign prostatic enlargement, Lower Urinary Tract Symptoms, Prostate-Specific-Antigen
Paratesticular Liposarcoma: A Case Report

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Introduction: Paratesticular liposarcomas are rare. These tumours usually originate either from the spermatic cord, testicular tunics, epididymis or from the retroperitoneum and develop in the inguinal region. Treatment recommendations are based on case reports and small series as no standardized guidelines are available. Surgical excision remains the mainstay of treatment.

Case Report: We report a case of a patient, who was a 66 year-old Indian man with ischemic stroke and ADL who was partially dependent 3 years ago. He presented with a left testicular swelling for two years, gradually increasing in size and was painful for the last 2 months. There were no skin changes, penile discharge or constitutional symptoms. Examination showed a hard mass over the scrotum measuring 15x15 cm. We were able to get above it, with no cough impulse and negative translumination test. Per abdomen showed no significant findings or any lymphadenopathy. Tumour markers; AFP, β-hCG and LDH were within normal range. Ultrasound studies confirmed a large heterogeneous echogenic mass in the scrotum with minimal vascularity. There is a testes with normal appearance displaced by the mass at the right paramedian of the scrotum. Staging CT scan suggested a heterogeneous mass arising within the visualized left testis measuring 10.5 x 12.6 cm. An area of hypodensity in keeping with central necrosis was seen. No lymph nodes or distant metastases were noted. Patient underwent radical orchectomy with high ligation of the spermatic cord. Hemiscrotectomy was performed, as the tumour could not be extracted from the inguinal orifice. The mass was lobulated measuring 17x11x12.5cm. Histology study confirmed dedifferentiated liposarcoma of the paratesticular tissue and spermatid cord. Patient had an uneventful post-operative recovery and was planned by oncologist for surveillance follow-up.

Conclusion: Dedifferentiated paratesticular liposarcoma type has a less favorable prognosis with a local recurrence rate of 41% and metastatic rate of 17%. Therefore, long-term surveillance is needed in this patient for early detection of possible local recurrence and metastasis.

Keywords: Paratesticular Liposarcoma, radical orchectomy, hemiscrotectomy

Embryonal Rhabdomyosarcoma of The Adult Urinary Bladder: A Case Report of Misclassification as Inflammatory Myofibroblastic Tumour

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Case Report: Embryonal rhabdomyosarcoma (ERMS) of the adult urinary bladder is a rare malignant tumour. Inflammatory myofibroblastic tumour (IMT) of the bladder is a benign genitourinary tumour that may appear variable histologically but usually lacks unequivocal malignant traits. Differentiating these two tumours may require the use of techniques such as flow cytometry and immunohistochemistry (that includes MyoD1 or myogenin). The use of clinical judgement is also necessary to come up with an accurate diagnosis as the treatment approaches to each are dissimilar.

Our patient, a 46 year old male, had rapidly recurring lower urinary tract symptoms after two transurethral resections of the prostate. He subsequently underwent a transvesical prostatectomy which showed IMT on histology. However, his symptoms did not resolve and an open resection done at our institution revealed a 6cm tumour arising from the right bladder neck. This time, histology was ERMS with diffuse anaplasia of the bladder, with clear resection margins.

Extrapolating results of paediatric ERMS from the Intergroup Rhabdomyosarcoma Study (IRS), treatment is often radical excision of tumour with either chemotherapy or radiotherapy. Inflammatory myofibroblastic tumour, on the other hand, tends to have a more indolent course, with most authors choosing surgical extirpation with preservation of normal tissues and close surveillance.

Rapid recurrence of urinary symptoms with prostate regrowth after surgery is unusual and differential diagnoses of uncommon bladder malignancies should be considered. A histological diagnosis of IMT should be viewed with caution if the clinical course is inconsistent.

Keywords: Embryonal rhabdomyosarcoma, adult bladder, inflammatory myofibroblastic tumor
**P21 Rare Presentation of Leukemia**

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**Case Report:** Leukaemia usually presents with vague and nonspecific symptoms, which may be similar to those of influenza or other common illnesses. Skin manifestation in leukaemia is only about 10% in the form of leukemia cutis. However, leukaemia presenting with penile lesion alone is very rare. A non-healing ulcer or progressive wound should be highly suspicious of a malignant ulcer which can be a masquerading presentation of leukaemia.

We present a case of a 40 year-old Malay gentleman with pancytopenia referred for evaluation of penile cellulitis which later progressed into a large non healing ulcer that had failed to respond to different antibiotics and proper wound care. Penile ulcer debridement was done and tissue biopsy came back as chronic fungal infection. Full blood picture showed pancytopenia with presence of 10% of blasts. We then proceeded with bone marrow aspiration, which showed acute myeloid leukaemia. This case report highlights the importance of high index of suspicion for non-healing ulcer or progressive wound in making early diagnosis of leukaemia.

**P22 Data Analysis from A Public Prostate Screening Campaign in Batu Pahat**

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Department of Urology, Hospital Sultanah Aminah Johor Bahru

**Introduction and Objectives:** To present our findings from a public prostate screening campaign in a regional town, Batu Pahat.

**Materials and Methods:** Demographic data, completed International Prostate Symptom Score (IPSS) and prostate size of volunteers, aged 40 and above, who attended the prostate health awareness campaign were analyzed.

**Results:** 94 volunteers attended the campaign. Among of the respondents, 43% were aged between 40-60 years, and 57% between 60-80 years old. The differences from the ethnic groups were Malays 72%, Chinese 23% and Indians 5%. The prevalence of abnormal PSA (>4ng/ml) was 19% and the majority about 60% was found in Malays and another 40% among Chinese. Most of the respondents had IPSS between 0-7 which represents about 73%, 23% had IPSS between 9-19 and another 4%, IPSS between 20-35. Clinical DRE revealed about 33% of respondents has prostate volume > 30g, 20% less than 30g, 37% normal prostate volume and another 10% was not consented for examination. In general, about 47% of respondents had bothersome symptoms and overall the prevalence of benign prostate hyperplasia (BPH) was 55%.

**Conclusion:** There is a high prevalence of LUTS suggestive of benign prostatic obstruction in Malaysian aged 40 and above attending the prostate health awareness campaign. The campaign has successfully increased the awareness of prostate disease among the respondents.

**P23 Primary Synovial Sarcoma of Prostate**

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Department of Urology, Penang General Hospital

**Case Report:** Primary prostatic synovial sarcoma is very unusual and was first reported in literature in 1999. To date only seven cases have been reported worldwide. We describe a primary synovial sarcoma of prostate seen in a 21 years old patient who presented with acute urinary retention. We believe he is the youngest patient being reported with this disease. Prior to this, he had presented with lower urinary tract symptoms for 2 months duration and DRE revealed a large hard prostate. Flexible cystoscope showed large occlusive prostate with intravesicle protrusion. His serum PSA was 5.0 ng/dl. A transrectal-ultrasound (TRUS) guided biopsy was done and histologically consistent with Monophasic Synovial Sarcoma. Staging CT and MRI revealed a T4 prostatic tumour infiltrating into obturator internus muscle bilaterally. Due to his poor social background and family support, he refused surgery and option of radiotherapy was given by the oncologist.

Synovial sarcomato is a malignant mesenchymal tumour typically arises from the articular soft tissues of extremities in younger adult. It may occur in other unusual locations but rarely involving the genitourinary tract. Renal involvement has been reported in literature but primary prostatic sarcoma is extremely rare. Histologically, in this case the tumour tissue was formed by masses of spindle cells embedded within fibrocollagenous stroma. Immunohistochemical positive expression for bcl-2 and MIC 2 gene product supported the diagnosis of synovial sarcoma. In conclusion, no definitive treatment protocol has been established due to rarity of synovial sarcoma.

**Keywords:** Prostate, Monophasic Synovial Sarcoma
Primary Neuroendocrine Tumour of The Kidney

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Case Report: Primary neuroendocrine tumours (NETs) of the kidney are rare and most common in patients around 50 years old. They occur both in the renal parenchyma and pelvis. Renal NETs includes renal carcinoid, atypical carcinoid, small cell carcinoma (SCC) and large cell neuroendocrine carcinoma (LCNEC).

We present a case of a 79 years old man, with a left non-functioning kidney secondary to staghorn calculi who underwent left nephrectomy in September 2013. Intra-operatively, there were dense perinephric adhesions with pus within the renal pelvis consistent with an infective non functioning kidney. However histopathology report revealed a mass at the lower pole of the left kidney; consisting of large fusiform cells with irregular nuclei, coarse chromatin and extensive necrosis. Immunohistochemistry studies showed that the tumour cells were diffusely positive for Chromogranin A, CD56, CD10 and Synapthophysin. This was consistent with poorly differentiated large cell renal neuroendocrine tumour with Gerota’s fascia and margin involvement (pT4).

Clinical manifestation of this tumour remains undetermined. Renal carcinoid tumour is the most common and is a low grade tumour while SCC and LCNEC are aggressive tumours. Diagnosis is based on immunohistochemical neuroendocrine markers (Synapthophysin, CD 56, Chromogranin A). Synapthophysin is the most sensitive marker. Primary large cell neuroendocrine tumour (LCNEC) of kidney is rare and to the best of our knowledge less than 5 cases has been reported worldwide. In this case the diagnosis of LCNEC was made based on cytological features of large cell and positive immunohistochemical staining for at least one or more neuroendocrine markers. Surgical resection is the mainstay of treatment and outcome is poor.

Keywords: Large cell neuroendocrine carcinoma

Transitional Cell Carcinoma of The Ovary

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Introduction: Primary transitional cell carcinoma (TCC) of the ovary is a rare and recently recognizable entity that morphologically resembles urothelial TCC. Pure TCC accounts for 1% of all surface epithelial tumours, 3% of mixed tumours with a predominant TCC component and 5% of mixed tumours with a minor TCC component. It is important to differentiate a primary ovarian TCC from a secondary metastatic deposit from the urothelium. We report a case of primary ovarian TCC after further investigation showed no evidence of urinary tract malignancy.

Case Report: A 39-year-old lady presented with lower abdominal discomfort and foul smelling vaginal discharge. Physical examinations were unremarkable. A contrast enhanced CT Thorax/ Abdomen/ Pelvis revealed a lobulated heterogeneous enhancing right adnexal mass measuring 9.6 x 6.6 cm, multiple para-aortic lymph nodes and ascites. She underwent total abdominal hysterectomy bilateral salpingo-oophorectomy, omentectomy, appendicectomy and pelvic lymph node dissection. Histologically, the tumour was consistent with transitional cell carcinoma and there was no malignant Brenner tumour component. Immunohistochemical studies were used to distinguish transitional cell from other serous carcinomas of ovary and to confirm the origin of the transitional cells. Further investigations with urine cytology, rigid cystoscopy and bilateral retrograde pyelogram (RPG) however did not show any evidence of urinary tract malignancy. She is currently undergoing Cisplatin-based chemotherapy.

Conclusion: Primary ovarian TCC is a rare subtype of ovarian surface epithelial carcinoma, which has similar appearance to urothelial carcinoma. A secondary carcinoma, however has to be ruled out. Surgical resection is the mainstay of treatment and has a better prognosis after chemotherapy than other types of epithelial ovarian tumours.

Keywords: Transitional cell carcinoma ovary
An Audit on Flexible Cystoscopy Done in District Hospital

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Introduction and Objectives: Flexible cystoscopy is currently the standard method used in diagnostic evaluation of bladder symptoms such as hematuria, acute urinary retention, recurrent urinary tract symptoms and lower urinary tract symptoms. Our aim was to evaluate the role of flexible cystoscopy as a diagnostic and surveillance tool in a district hospital.

Materials and Methods: Data was taken from 321 consecutive patients who have attended our day care procedure unit for diagnostic flexible cystoscopy for evaluation of bladder symptoms such as hematuria, acute urinary retention, recurrent urinary tract symptoms and lower urinary tract symptoms.

Results: Out of 321 patients, 40 patients had urethral strictures and 20 patients were biopsied for suspicious bladder growth.

Conclusion: Early detection of bladder cancer, multiple bladder calculi and urethral strictures enables early intervention and referral to tertiary centres for further management and subsequently reduces delay in management.

Keywords: Flexible cystoscopy, urethral stricture, bladder cancer, lower urinary tract symptoms

Tubulocystic Renal Cell Carcinoma Presenting as Spontaneous Subcapsular Haematoma

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Case Report: Tubulocystic renal cell carcinoma is a rare form of renal cell carcinoma, not included in the 2004 WHO classification. We report a case of Mr G who presented in November 2012 with haematuria. Imaging showed left spontaneous subcapsular renal haematoma. Angiogram showed chronic left renal vein thrombosis and he was treated conservatively. However, on repeat CT Scan a large renal mass was found with associated liver metastasis. Biopsy showed tubulocystic renal cell carcinoma. A literature review on both spontaneous renal haematoma and tubulocystic renal cell carcinoma is done.
Renal Cell Carcinoma Metastasis Presenting as LUTS

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Introduction: Renal Cell Carcinoma (RCC) metastasis to both the bladder and urethra are rare occurrences. We would like to report two cases of RCC metastasis to the lower urinary tract system.

Case Report:

Case 1: A 59 year-old man had left radical nephrectomy for renal cell carcinoma in 2002. Three years later he developed local recurrence and metastasis to the ipsilateral adrenal, contralateral kidney and lung. He subsequently underwent partial nephrectomy and adrenalectomy. He was then started on Sunitinib followed by Sorafenib due to disease progression.

Two years ago flexible cystoscopy done to investigate LUTS and hematuria revealed a loosely attached urethral mass that was removed with a grasper and histology showed clear cell RCC. Surveillance cystoscopy didn’t show any recurrence. Three months ago he had recurrence of symptoms. Flexible cystoscopy revealed recurrence of urethral metastasis. A CT scan showed an enhancing urethral mass. Subsequently, transurethral resection of urethral metastasis was performed and reported as clear cell RCC. The patient has improved and is continuing on Sorafenib and surveillance cystoscopy.

Case 2: A 90 year-old man had left kidney radiofrequency ablation (RFA) in 2011 for left kidney clear cell RCC. Follow up with CT scan showed response to treatment. Two years later he presented with LUTS and ultrasound revealed a bladder mass. A formal TURBT revealed metastatic clear cell RCC. Postoperative CT scan showed no other metastases. The patient is planned to undergo surveillance cystoscopy and CT scans.

RCC metasteses to the lower urinary tract typically occur years after primary diagnosis. Most patients have widespread metasteses at diagnosis. Postulated mechanisms of metastasis are; transluminal “Drop metastasis”, retrograde venous embolization, lymphatic spread and arterial embolization. Treatment varies from transurethral resection to partial cystectomy and penectomy. The prognosis, however, remains poor regardless.

Microneurovascular Penile Replantation Post Self-Mutilation

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Case Report: Penile amputation is a rare urological condition. The commonest causes being acts of self-mutilation secondary to psychiatric illness followed by industrial accidents. However it is also seen as an act of rage among wives against philandering husbands especially in Thailand.

Various penile replantation techniques have been described and refinements have taken place over the years since 1927 when Ehrlich in 1929 first described penile replantation following which many techniques have been developed. Milestone in management was achieved in 1977 when Cohan et al described microvascular replantation.

Previously the repair was done considering distal stump as composite graft. Advancement in microsurgical techniques allows anastomosis of small caliber vessels and nerves allowing near ideal recovery. In our case we would like to highlight the advantage of anastomosing deep corporal vessels as a method of improving the vascularity and the usage of anti-androgens as an anti-erection measure to protect the anastomosis.
**BK Virus Associated Hemorrhagic Cystitis Treated with Intravenous Immunoglobulin**

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**Introduction:** Hemorrhagic cystitis is one common complication after allogeneic transplantation. Early occurrence is associated with cyclophosphamide while later occurrence is usually associated with viral infections especially polyomavirus BK (BK virus) and adenovirus. Hemorrhagic cystitis although rarely life threatening, is associated with significant morbidity.

**Case Report:** A 15 year old male, with acute myeloid leukaemia in complete remission, underwent an HLA-matched siblings donor allogeneic peripheral blood stem cell transplant. Post transplant, he was started on Methotrexate 15mg/m2 which was complicated with febrile neutropenia. At day +19, he developed hematuria while cystoscopy showed multiple hemorrhagic spots with no active bleeding. Ultrasound only showed thickened bladder wall suggestive of cystitis. Cytomegalovirus PCR was positive (2800 copies/mL) and he was started on IV Ganciclovir 250mg OD. This patient however had persistent hematuria which did not completely resolve with intravenous hydration, correction of coagulopathy, bladder irrigation and intravenous antibiotics with antiviral therapy. Subsequently, a urine sample was sent for BK virus PCR and it detected 27 million copies/mL. He was given intravenous immunoglobulin 0.49g/kg/day which showed a dramatic improvement in reduction of hematuria. As the antiviral drug Cidofovir is very expensive and not available in Malaysia, we are trying to obtain it through the appropriate channels.

BKV is a ubiquitous virus that is detected in 85% of adults serologically, suggesting the presence of an asymptomatic infectious phase. After allogeneic transplant, immunosuppressive state and proinflammatory cytokines stimulate BKV viral replication leading to hemorrhagic cystitis. Most of the cases reported showed successful treatment with Cidofovir. The role of intravenous immunoglobulin was reported as a treatment for BK virus associated nephropathy in post renal transplant patients. Our patient with BK virus associated hemorrhagic cystitis responded to this treatment alone with no episodes of recurrent hematuria so far.

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**Massive Penoscrotal Hematoma Complicating Goodpasture Syndrome**

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**Introduction:** Goodpasture Syndrome is defined as the triad of glomerulonephritis, pulmonary hemorrhage, and anti-GBM antibody formation. Despite this triad of clinical findings, patients with anti-GBM disease may present with a spectrum of conditions ranging from pulmonary hemorrhage with minimal or no renal involvement to full-blown renal failure with limited or no pulmonary involvement. We present a case where the diagnosis of Goodpasture Syndrome was made in the presence of a massive penoscrotal hematoma.

**Case Report:** A 31 year old man, non smoker, presented with sudden onset of right sided painful testicular swelling associated with high grade fever for 2 days. He gave history of hemoptysis, loss of weight and recurrent fever for the past 2 months. No history of hematuria was present. Examination revealed a tender swollen right testis and thickened epididymis. Lung auscultation showed bilateral crepitations in lower zones. He was treated for pneumonia and right epididymoorchitis. Patient however developed hemorrhage the next day with penile and scrotal hematoma which worsen over 2 hours to become massive. There was no history of trauma to the genital region. His condition worsened with respiratory failure and appearance of multiple cutaneous sites of vasculitis as well as distal digital gangrene. After diagnosis was confirmed by positive titres of anti GBM, corticosteroid therapy, intravenous immunoglobulins and plasma exchange transfusion were started in an intensive care setting. Patient's condition improved after exchange transfusion but subsequently deteriorated and succumbed to illness following multiple secondary infections after a prolonged ICU care.

**Conclusion:** Pulmonary renal syndrome diagnosis needs a detailed history and clinical examination with different serology tests to identify specific subtypes. This case highlights the different presentations of Goodpasture Syndrome which was massive penoscrotal hematoma that may delay diagnosis and subsequent therapy. Early involvement of different specialities in the management of this disease will achieve a better outcome.
P32 Self-Gratifying Per Urethral Electrical Wire Insertion

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Introduction: Self-insertion of foreign bodies into the urethra and bladder for sexual gratification and autoeroticism during male masturbation is an unusual but important condition which urologists encounter. We report an adolescent presenting with a foreign body in the urinary bladder.

Case Report: An 18 year-old male presented with two months history of dysuria, frequency, incomplete voiding and urge incontinence. He repeatedly denied any per urethral insertion of foreign body. Clinical examination was unremarkable. An X-ray of his pelvis revealed a ribbon like material from prostatic urethra extending into the bladder. Patient underwent open vesicolithotomy where the foreign body was removed. It was identified to be an encrusted electrical wire.

The most common reason for self-insertion of a foreign body per urethra is for autoeroticism during masturbation or sexual gratification. This condition almost exclusively involves male patients. A wide range of foreign bodies has been reported. The delayed presentation is attributed to the personal embarrassment experienced by the patient to seek medical attention. As a consequence the presentation is usually fraught with complications such as encrustation and infection. Psychoanalytic theories have postulated that the initiating event to be one of coincidental discovery of pleasurable urethral stimulation. This act is then repeated oblivious to the dangers of infection and injury. Patients with autoeroticism should undergo psychiatric assessment, as this act is an indication of impulsive self-punishing behaviour that may escalate to intentional bodily harm and suicide.

P33 Spontaneous High-Flow Renal Arteriovenous Fistula Presenting with Renal Failure

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Introduction: A renal arteriovenous fistula (AVF) is an anomalous connection between the arterial and venous systems. It is usually acquired from percutaneous renal procedures, but 20% are congenital or idiopathic. Our case reports a rare presentation of renal AVF.

Case Report: A previously well 39-year-old lady presented with renal failure. An ultrasonography demonstrated bilateral hydrenephrosis. The right kidney showed very thin cortex. She underwent urgent left nephrostomy, which resulted in improvement of renal function. A follow up CT urography revealed a right renal arteriovenous fistula causing obstructive uropathy leading to gross hydrenephrosis of the kidney. This patient underwent successful transcatheter embolization to occlude a high flow fistula.

Renal AVFs are rare and can be classified as congenital or acquired. They are usually asymptomatic and diagnosed incidentally on scans performed for other indications. Most renal AVFs are clinically silent. Symptomatic AVFs present with gross hematuria, abdominal bruit, high-output cardiac failure, hypertension or abdominal pain. First line treatment is transcatheter embolization with various materials. However high flow fistulas are considered technically challenging due to danger of venous embolization into pulmonary vasculature. Surgical treatment may be performed using various techniques, including branch artery dissection, vessel ligation, or nephrectomy for high-flow fistulas.
### Renal Lymphangiectasia – Rare Cause of Bilateral Ballotable Flank Masses

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**Introduction:** Renal lymphangiectasia is a very rare clinical entity. A literature review by Upreti et. al. revealed only 46 reported cases in 2008. We present the only reported case in Malaysia.

**Case Report:** A 56-year Malay male was referred with upper gastrointestinal discomfort. He had underlying ischaemic heart disease with perirenal masses. Examination revealed bilateral nontender ballotable flank masses. Computed tomography of the abdomen showed bilateral perirenal masses. Both kidneys and collecting system was unremarkable. Initial impression considered the diagnosis of lymphoma and amyloidosis. Review of the computed tomography revealed likely dilated lymphatics in the para-aortic region and diagnosis of bilateral renal lymphangectasia was made.

Renal lymphangiectasia is postulated to arise from the failure of developing renal lymphatic tissue to establish continuity with the greater lymphatic system. Abnormal lymphatic channels may dilate to form localized or generalized cystic masses. Diagnosis is established by histopathological examination of a nephrectomy specimen or aspiration of the lymphatic fluid with confirmatory analysis. However sensitivity of the modern diagnostic imaging technology by means of computed tomography (CT) and magnetic resonance imaging (MRI) obviates the necessity of biopsy or aspiration. The disease remains largely unchanged, however it may exacerbate in a condition termed as “decompensated lymphangiectasis”. It is occasionally reported to be self-limiting with regression noted in follow up imaging. Complicated renal lymphangiectasis can cause renal impairment, and refractory hypertension requiring intervention. Treatment options for complicated enlarging lesions are percutaneous or laparoscopic aspiration, marsupialization, and nephrectomy in cases not responding to conservative approach.

### ‘Sex In The City’ – How Not To

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**Introduction:** Erotic practices involving interpersonal dynamics is a subculture that is on the rise. Kink sexual identity can range from one-time experimentation to a lifestyle. Sex toys are used to enhance sexual pleasure. One such device is the cock ring which is used to maintain an erection. We highlight two cases in recent years and the measures taken to prevent a damaging outcome.

**Case Report:** Two adult males between the ages of 35 and 40 years were brought to the hospital in distress after a penile toy malfunction. Both used homemade cock rings placed at the penile base, one form nuts and the other, a hard alloy ring. They were unable to remove the device after intercourse due to severe penile engorgement. Both presented late, after more than 72 hours. Fortunately the penises were still salvageable after metal cutters were used to remove the devices. Psychoeducation was recommended for both these individuals.

**Conclusion:** Risk aware consensual kink (RACK), where each participant is responsible for his or her own well-being has to be better understood. Therapists should be open to learning more about sadism and masochism, to show comfort in talking about kink sexual issues, and to understand and promote “safe, sane, consensual” practices.

**Keywords:** Cock rings, sexual perversion, sadism, masochism.
Pelvic Arteriovenous Malformation in Female: Uncommon Cause of Hematuria

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Introduction: Hematuria is a commonly encountered symptom of a wide spectrum of diseases, including calculi, tumors, and vascular abnormalities. In rare cases, hematuria is caused by life-threatening vascular diseases. Arteriovenous malformations (AVMs) of the pelvis are relatively rare and difficult to treat because of multiple and extensive feeding vessels.

Case Report: We report the case of a 69-year-old lady with pelvic congenital AVM that was detected during investigation for hematuria. Multidetector computed tomography and MRI demonstrate large and medium size vessels suggestive of right pelvic AVM, followed by pelvic angiography which shows many medium and small feeder arteries extending mainly from the right internal iliac artery. She was diagnosed as having congenital pelvic AVM and was successfully treated via endovascular techniques.

Metastatic Gastric Cancer Presenting as Lower Urinary Tract Symptoms

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Introduction: Malignant seminal vesicle tumours are rare. Its presentation may mimic prostate cancer. We present a rare case of seminal vesicle metastasis from gastric adenocarcinoma.

Case Report: A 66-year-old man was referred to our unit for lower urinary tract symptoms (LUTS) for six months. A hard prostate left lobe was noted on physical examination. He had a relatively low serum prostate specific antigen (PSA) level of 1ng/mL. He underwent subtotal gastrectomy 7 years ago for cancer of stomach incisura. Histopathological examination showed well-differentiated adenocarcinoma without lympho-vascular permeation, and the resection margin was clear; there were eight positive lymph nodes, out of twenty-one. Pathological staging was pT2bN2. He received adjuvant chemotherapy with fluorouracil (5-FU) and folinic acid (FA), and radiotherapy. He had regular upper endoscopy and was free of local recurrence. Magnetic resonance imaging (MRI) revealed a 5.1cm cystic lesion with enhancing internal septa and thick wall at the left seminal vesicle. For better assessment of intra-abdominal metastases, contrast computed tomography (CT) of the abdomen and pelvis region was performed, and showed a small hypodense mass at peritoneum indenting the liver. Transrectal ultrasound-guided biopsy (TRUS Bx) of the left seminal vesicle and prostate was subsequently performed, and histopathological examination showed carcinoma with mucinous feature in the left seminal vesicle and all left prostate lobe cores; further immunohistochemical staining was positive for CK7, CA125 and negative for PSA, P504S and CK20. Slide review of previous gastrectomy and lymph node specimen confirmed adenocarcinoma with mucinous feature, which resembled our biopsy specimen. He will receive a trial of chemotherapy.

To our knowledge this is the first reported case of gastric adenocarcinoma metastasis to the seminal vesicle.
Case Report: Low Back Pain, Thinking “Out-of-The-Box”

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Case Report: Ms ZR a 32/F/assistant pharmacist presented with acute localized low back pain for one week duration which had been progressively increasing over 2 years. The pain was colicky in nature with no radiation. It was associated with dysuria and frequency. She had no history of trauma and was afebrile during all presentations. For 25 years she had multiple encounters with health care staff for her problem. Most of the time she was given symptomatic treatment and was treated as musculoskeletal pain.

An MRI was reported as multiple small anterior indentations of the thecal sac at L2/L3, L3/L4 and L4/L5 levels. Her urine microscopy revealed pus cells and cast cells while the urine culture yielded E-Coli on two occasions. In spite of vigorous analgesic treatment, her symptoms worsened. Eventually analgesic control led to morphine and she underwent a Technetium 99 Bone Scan to identify malignant deposits in the spine. The excretory phase yielded the true diagnosis of a horseshoe kidney with left obstructed system.

Horseshoe kidney occurs in 1 in 500 people, with flank pain, abdominal pain and gastrointestinal symptoms as the typical presentation. The horseshoe kidney was not diagnosed despite having multiple encounters with health care practitioners. We elicited a positive Rovsing’s sign (i.e. abdominal pain, nausea, and vomiting with hyperextension of the spine) retrospectively. Overdependence on the MRI spine created a “Red Herring”. Clinicians should rely on a thorough physical examination including eliciting the Rovsing’s sign in order to diagnose horseshoe kidneys.

Keywords: Nuclear Bone Scan, Horse shoe kidney, Prolapsed intervertebral disc, Rovsing’s Sign

Novel Use of Omental Patch in Bladder Neck Injury

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Introduction: Bladder injury from blunt trauma is rare due to the protected position of the bladder deep in the bony pelvis. Bladder neck injuries pose a unique problem in repair and long-term outcome. We present a challenging case of bladder neck injury.

Case Report: A Nepali foreign worker was involved in an industrial accident sustaining high-energy impact complex pelvic fracture. CT scan confirmed the diagnosis of extraperitoneal bladder rupture. He underwent surgery via the extraperitoneal approach, which revealed a partial bladder neck injury anteriorly measuring 5cm.

Initial surgery was complicated by persistent urinary leakage via the surgical incision. Patient underwent repeat surgery, tissue loss was observed at the previous repair site. Mobilization of the unhealthy adherent bladder neck was not possible. The bladder neck was approximated vertically and omental patch was applied to the bladder neck. Patient was maintained on the suprapubic cystoscopy and urethral catheter. This resulted in successful repair, which allowed the urethral catheter to be removed on postoperative day 14 and eventual healing of abdominal wound.

Bladder neck injuries pose a challenge for early open repair. A narrow male pelvis may impede adequate access for repair. Failure of initial repair poses a difficulty for repeat surgery. Bladder wall substitution becomes a viable option when tissue loss is encountered.

Omental flap is easily obtained as compared to other biological pedicled flaps to be used in complicated bladder wall repair.
P40 Transurethral Resection of Prostate (TURP) – Is It Still A Gold Standard Treatment for Benign Prostate Obstruction?

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Introduction and Objectives: TURP is the main surgical treatment of Benign Prostatic Obstruction (BPO). This retrospective study aims to study safety and surgical outcome of TURP in Sarawak General Hospital, SGH

Materials and Methods: This study consisted of 133 TURP cases taken from the operating record books from 2009 to 2012. 93% of records were traced from Medical Records. 4 patients with pre-operative diagnosis of prostate cancer were excluded. The total cases included in this study were 119. Patients’ demographic data, co-morbidity, prostate volume, operative time and 30-days surgical complications and readmission were analyzed with SPSS v. 20.

Results: Patients’ age ranges from 54 to 85 years (mean age 70.6 ± 8). They were Malays (37.8%), Chinese (34.5%), Iban (15.1%), Bidayuh (10.9%) and others (1.7%). The main indication for operation was BPO on catheter (69.7%). 64 patients (53.8%) had one or more co-morbidities: hypertension (51.1%), diabetes (16%), respiratory diseases (13.8%), renal impairment (7.4%). Prostate volume ranged from 18g to 183g. (mean 65.8g). Bipolar TURP was used under spinal anaesthesia. Transurethral enucleation resection of prostate was performed in 39.5% cases. Operative time was 25 to 250 minutes (median 90 minutes). Concomitant vesicolithotripsy was performed in 17.6% patients. Post-op hospital stay was 1 to 16 days (mean 2.2days). There was zero mortality. The main complications were: clot retention (6.7%), failed trial off catheter (0.8%), transfusion rate (11%) %, and re-admission rate (2.5%).

Conclusion: As a conclusion, TURP is a safe procedure in SGH with low morbidity and mortality that is comparable to modern published series.

Keywords: TURP, TUEP, BPO benign prostatic obstruction, retention, SGH

P41 Port Site Metastasis after Laparoscopic Radical Cystectomy and Intracorporeal Neobladder: A Case Report

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Introduction: Port site metastasis following laparoscopic surgery is a rare complication. The incidence of port site metastasis after laparoscopic surgery for malignant disease is estimated to be approximately 1-2%. There are various hypotheses as to the cause of port site metastasis but it is likely to be multifactorial.

Case Report: We report a case of port site metastasis after laparoscopic radical cystectomy and intra-corporal neobladder for invasive urothelial carcinoma. In the present case, port site metastasis developed 6 months after the surgery and occurred in conjunction with extensive intra-abdominal and distant metastases.

Conclusion: Port site metastasis mostly occurs in the setting of concurrent intra-abdominal and distant metastasis, it is likely to be a reflection of tumour aggressiveness and surrogate of advanced disease.

Keywords: Laparoscopy; port site metastasis, urologic neoplasms, neoplasm metastasis
Renal Cell Carcinoma and Inferior Vena Cava Thrombosis – A Single Centre Experience

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Introduction and Objectives: Renal cell carcinoma (RCC) with inferior vena cava (IVC) thrombus is a surgical challenge. Studies have shown that 5-10% of RCC are complicated with IVC thrombosis. Surgical techniques employed in such cases have been widely published. We present a case series looking at our local experience in managing RCC with IVC thrombosis in a regional centre.

Material and Methods: This is a retrospective case-series done in a single urology centre in Johor Bahru. All RCC cases undergoing nephrectomies were included from January 2012 – August 2013 (20 months). Information was obtained from inpatient notes, operative notes, histopathology and imaging reports.

Results: A total of 35 nephrectomies were performed for malignancy during our study period. Out of these, 4 cases of RCC with IVC thromboses were identified (11.4%). Level of tumour thrombus in our study group was 25% each for Levels 1 to 4 respectively. Mean age for these patients were 56.75 years with a median tumour size of 11.25cm. Mean operative time was 283.7 minutes. The mean length of stay postoperatively was 9.5 days (range 4-14). Complication rates were minimal, with no cases of pulmonary embolism intra/perioperatively were reported.

Conclusion: There were overall good perioperative outcomes with no cases of mortality in the early postoperative period (within 30 days). There is an avenue for another review over a longer follow up period and also to look at oncological outcomes of these patients.

Keywords: Renal cell carcinoma, IVC thrombus

Outcome of Radical Cystectomy in A Regional Centre

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Introduction and Objectives: Radical cystectomy remains the standard treatment for organ confined invasive bladder cancer. Globally, in 2010, bladder cancer resulted in 170,000 deaths up from 114,000 in 1990. An individual's prognosis depends on type and stage of cancer, as well as their age and general health at the time of diagnosis. However, radical cystectomy remains as a surgery with high mortality, 2% -3% and morbidity, 20% -30%. Our objective is to review the outcome of radical cystectomy in a regional centre of Malaysia.

Materials and Methods: We collected cases that had undergone radical cystectomy in our regional centre from January 2012 till September 2013. The total number of cases was 16 patients. Out of 16 cases, 4 patients underwent emergency radical cystectomy. The others underwent elective radical cystectomy.

Results: Out of 16 cases of elective radical cystectomy, there was 1 mortality. Out of the 4 emergency radical cystectomies, 2 patients survived and another 2 died (50%). There was no major morbidity encountered post operatively. Most of our patients were discharged home in 1 week. Only one patient developed ureterostomy stenosis.

Conclusion: Elective radical cystectomy is feasible in a regional centre. As expected, emergency radical cystectomy had a poorer outcome with the patient being more ill and with more advanced disease.