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Putra Mosque

The pink-domed Putra Mosque is constructed with rose-tinted granite and can accommodate 15,000 worshippers at any one time. The basement wall of the mosque resembles that of the King Hassan Mosque in Casablanca, Morocco.

The mosque consists of three main functional areas - the prayer hall, the Sahn, or courtyard, and various learning facilities and function rooms. The prayer hall is simple and elegant, supported by 12 columns. The highest point below the dome is 250 feet above ground level.
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<td>0848 – 0857</td>
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VID 01

Three-dimensional Laparoscopic Radical Prostatectomy (LRP): An Early Experience and Preliminary Report from University Malaya Medical Centre

Kit Ling Seng, Kyaw Phyo Aung, Ahmad Nazran Fadzli, Shanggar Kuppusamy, Teng Aik Ong
Urology Unit, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

Introduction: Laparoscopic radical prostatectomy (LRP) has been an option since 1990s for localized prostate cancer. However, with the development of robotic surgery, there has been a shift away from LRP. Despite longer learning curve, LRP remains a feasible option due to high cost of acquiring the robotic system with maintenance and higher cost of consumables. This report aims to present our experience with three-dimensional (3D) LRP.

Materials and methods: We retrospectively analyzed 13 consecutive patients who underwent 3D LRP between April 2017 and August 2018 in our centre. We recorded all data, which included patient demography, total operating time, length of hospital stay, transfusions, conversions to open and any complications. We also registered the postoperative functional outcomes and final histology.

Results: The mean age of patients was 65-years old (range 53 – 73 years). Mean operating time was 371 minutes (range 280-555 minutes). Blood transfusion was required in 4 of 13 patients. Average duration of hospital stay was 5.2 days. Positive surgical margin was noted in only 1 of 13 patients. There was no conversion to open surgery recorded. All patients had successful removal of catheter. Unilateral ureteric injury was encountered in one patient who had successful ureteric reimplantation subsequently.

Conclusion: The 3D laparoscopic system gives superior intraoperative visual field with added depth perception to a laparoscopic surgeon in comparison to conventional 2D laparoscopic technique. This may contribute to shorter learning curve. Our initial experience indicates that this operative modality is a viable option in the era of conservative healthcare cost.

VID 02

Laparoscopic Right Radical Nephrectomy with IVC Thrombectomy – A Video Description of Surgical Technique

SYX Tan, RA Idi, GC Teh
Department Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction and objectives: Performing an inferior vena cava (IVC) thrombectomy laparoscopically is challenging and requires advanced laparoscopic skills. We highlight the key steps required as well as the challenges in its safe performance.

Materials and methods: We performed laparoscopic right radical nephrectomy and IVC thrombectomy on a 47 year-old man who had been diagnosed with a T3b upper pole renal tumour with thrombus extension into the subdiaphragmatic IVC. He had presented with an episode of painless gross haematuria associated with colicky right lumbar pain. His ECOG status was 1 with a good Karnofsky performance score.

The patient was placed in a left lateral decubitus position. The posterior aspect of the right kidney was dissected outside the Gerota fascia to expose the IVC. The renal artery was dissected and transected at the hilum level, posterior to the IVC. The infrarenal IVC was mobilized for a length of 3–5 cm, and the lumbar veins were ligated and transected. The left renal vein and suprarenal IVC were exposed by continuing the dissection along the IVC. Intraoperative ultrasonography was done to delineate the extension of the thrombus, and a vessel loop was encircled around the suprarenal IVC at a site proximal to the thrombus for subsequent occlusion. The infrarenal IVC, left renal vein, and suprarenal IVC were clamped. The IVC was then incised at the right renal vein ostium, and the thrombus was completely removed. The IVC incision was closed with intracorporeal suturing, and venous blood flow was restored.

Results: The patient made an uneventful immediate postoperative recovery and was discharged on day 5 after surgery. His final histopathology was a Fuhrman 4 pT3b, Clear Cell Carcinoma with all margins free from tumour.
Hydrocelectomy: Re-establishing von Bergmann’s Technique

MN Aziz, P Nagappan
Department of Urology, Kuala Lumpur Hospital, Malaysia.

Introduction: Current operative techniques for adult hydroceles include eversion (Jaboulay’s procedure) or plication (Lord's procedure) of the sac. Both techniques are widely described but may not be applicable in multi-loculated or large hydroceles due to complications.

Objectives: To present the results of a survey conducted to determine the current practice of Malaysian urologists on adult hydrocele surgery and to demonstrate the von Bergmann's technique.

Materials and Methods: 38 urologists attending the Section of Uro-Oncology Forum (SURF 2018) were surveyed on their preferred hydrocelectomy technique, complications and if they were aware of the Bergmann’s technique. The video demonstrates our modification of the Bergmann’s technique. A median raphe incision is made and the hydrocele sac is mobilized and then excised leaving a margin of 1-2 cm. The edges are oversewn with a running absorbable suture.

Results: 80% chose Jaboulay’s and 38.7% chose Lord’s as their most and second most preferred technique respectively. Only 16.7% preferred excision of sac and edges oversewn. The complication rates included: (1) hematoma: 73.7%, 29.4% and 28%, (2) recurrence: 10.5%, 0% and 2%, (3) wound infection: 15.8%, 11.8% and 8%, and (4) infected hematoma: 15.8%, 5.9% and 8% for Jaboulay’s, Lord’s and Bergmann’s techniques respectively. Only 3 respondents were aware of the Bergmann’s technique.

Conclusion: We demonstrate a lesser known but useful operative technique for adult hydroceles. This technique may reduce post-operative complications and is useful in multi-loculated or large hydroceles.
Batu Caves

Site of a Hindu temple and shrine, Batu Caves attracts thousands of worshippers and tourists, especially during the annual Hindu festival, Thaipusam. A limestone outcrop located just north of Kuala Lumpur, Batu Caves has three main caves featuring temples and Hindu shrines. Its main attraction is the large statue of the Hindu God at the entrance, besides a steep 272 climb up its steps to finally view the stunning skyline of the city centre. Monkeys frolic around the caves, and it is a popular spot for rock climbing enthusiasts. Paintings and scenes of Hindu Gods can also be seen in the Ramayana Cave.

Batu Caves is a place where you should not miss on your next visit to Malaysia!
## ORAL PRESENTATION (Non Trainees)

**24th November 2018**

**Melaka Room, Basement II, Shangri-La Hotel Kuala Lumpur**

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<td>Antegrade Ureteric Stenting: Revisited</td>
<td>0900 – 0907</td>
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<td>Ezamin1, I Azril1, Omar Fahmy2, J Asri3, J Harliati1, 1. Department of Imaging, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia 2. Department of Urology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia 3. Putrajaya Hospital, Malaysia</td>
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<td>Prospective Evaluation of Using Multiparametric MRI in Cognitive Fusion Prostate Biopsy Compared To Standard Systematic 12-Core Biopsy in the Detection of Prostate Cancer</td>
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<td>LY Lim1, GH Tan1, BM Zainuddin1, XI Fam1, EH Goh1, SS Othman1, A Yahya1, P Singam1</td>
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<td>POD 10</td>
<td>Recent Trends of Newly Diagnosed Prostate Cancer in Asia: An Interim Comparative Analysis between the J-CaP and M-CaP Registries</td>
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<td>Jasmine Lim1, Hideyuki Akaza2, Rohan Malek3, Siew Hong Chan1, Bing Chi Chang1, Say Chuan Khoo1, Wei Jun Koh1, Sivaneswaran Lechmiannandan1, Noor Azam Nasuha1, Ing Soon Ngui1, Shamsuddin Omar1, William Ong1, Mizuki Onozawa1, Karthikaynee Ramasamy1, Azad Hassan Abdul Razack1, Nurul Zuhaidah Shahul Hameed1, Murali Sundram1, Shankaran Thevana1, Guan Chou Te1, Boon Wei Teoh1</td>
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</table>
Antegrade Ureteric Stenting: Revisited.

Ezamin1, I Azril1, O Fahmy2, K Asri2, J Hariati3

1. Department of Imaging, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia
2. Department of Urology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia
3. Putrajaya Hospital, Putrajaya, Malaysia

Introduction and objectives: Retrograde double J stents are routinely inserted by urologist in the treatment of obstructive ureteral disease. However in the event of difficult or failed retrogrades approach, an antegrade percutaneous insertion using fluoroscopy guidance by radiology interventionist may be considered. The aim of this manuscript is to assess the success rate and complications of antegrade ureteral stenting performed in a tertiary urology center.

Materials and methods: Retrospective cross-sectional analysis was performed whereby data was obtained from the Radiology Department Hospital Serdang, from January 2015 to December 2017. We included all patients who underwent fluoroscopic-guided antegrade (percutaneous) double J stents insertion. The patients who were not suitable or contraindicated for the procedure were excluded.

Results: A total of 67 patients underwent fluoroscopic-guided antegrade (percutaneous) double J stents insertion. Of these 8 patients were excluded (5 demonstrated the infected pelvicalyceal system, 1 demonstrated haematoma within the pelvicalyceal system while the other 2 patients showed a non-dilated or non-visualized pelvicalyceal system). From 58 patients who were included, the age range varied from 23 years old to 80 years old with a mean age of 59.9 years. In terms of indications, almost half of the included patients (49%) who underwent this procedure were due to urolithiasis, while the other half (49%) were due to pelvic malignancies. In less than 2% of the patients; the indication for ureteric stenting was due to stricture of the pelvicalyceal system. Our study demonstrated a convincing success rate; 53 out of 59 patients (90%) successfully underwent this procedure without any complications. The remaining 6 patients who were unsuccessful were all due to difficult cannulation of the interested ureter(s) and of these, 1 patient was complicated with a ureteric injury. Half of the failed procedures were cases of obstructive ureteral pathology secondary to urolithiasis while the other half was due to pelvic malignancies.

Conclusion: Antegrade percutaneous ureteric stenting is a safe procedure with a low complication rate. Further studies are warranted to reduce the failure rate in near future.
Prospective Evaluation of Using Multi-parametric MRI in Cognitive Fusion Prostate Biopsy compared to Standard Systematic 12-core Biopsy in the Detection of Prostate Cancer

LY Lim, GH Tan, ZM Zainuddin, XI Fam, EH Goh, SS Othman, A Yahya, P Singam
1. Urology Unit, Department of General Surgery, Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
2. Department of Radiology, Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
3. Department of Pathology, Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Objective: To determine the accuracy of multi-parametric MRI (mpMRI) of prostate with Prostate Imaging Reporting and Data System (PI-RADS) version 2 in detecting prostate cancer (PCa) prior to transrectal ultrasound biopsy of prostate. We also compare the cancer detection rates between systematic 12-core transrectal ultrasound prostate biopsy and cognitive fusion prostate biopsy (CFB).

Material and methods: 69 men underwent multi-parametric MRI of prostate followed by transrectal ultrasound biopsy. In addition to the systematic 12 cores biopsy, cognitive fusion biopsy was performed on abnormal lesions the detected on MRI.

Results: The median PSA was 10.0 ng/ml. Abnormal lesions were identified in 98.6% of the patients, with an average number of 2 lesions found in each patient. 59.4% of patients had the highest PI-RADS score of 3 or more. With the use of PI-RADS 3 as cut-off, the sensitivity, specificity, positive predictive and negative predictive values of MRI for detection of PCa were 91.7%, 57.8%, 53.7% and 92.8% respectively. With the use of PI-RADS 4 as cut off, the sensitivity, specificity, positive predictive value and negative predictive value of mpMRI were 66.7%, 91.1%, 80% and 83.7% respectively.

Systematic biopsy detected more PCa compared to CFB (29% vs 26.1%), but CFB detected more cases of significant (Gleason grade ≥7) PCa (17.4% vs 14.5%) (p<0.01). Per core analysis revealed CFB cores had higher PCa detection rate as compared to systematic cores (p<0.01).

Conclusions: Multiparametric MRI has good predictive ability for PCa. CFB is superior to systematic 12-core biopsy in detection of significant PCa.

Keywords
Biopsy, image-guided biopsy, Magnetic resonance imaging, prostate, Prostatic neoplasms
Recent Trends of Newly Diagnosed Prostate Cancer in Asia: An Interim Comparative Analysis between the J-CaP and M-CaP Registries

Jasmine Lim¹, Hideyuki Akaza², Rohan Malek³, Siew Hong Chan⁴, Bing Chi Chang⁵, Say Chuan Khoo⁶, Wei Jun Koh⁶, Sivaneswaran Lechmiandan¹, Noor Azam Nasuha⁵, Ing Soon Ngu⁴, Shamsuddin Omar⁶, William Ong⁸, Mizuki Onozawa⁹, Karthikayenee Ramasamy¹⁰, Azad Hassan Abdul Razack², Nurul Zubaidah Shahul Hameed⁴, Murali Sundram¹¹, Shankaran Thevarajah¹⁰, Guan Chou Teh⁴, Boon Wei Teoh⁶, Teck Meng Tham¹⁰, Rohana Zainal¹⁰, Teng Aik Ong¹

1. Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia.
2. Strategic Investigation on Comprehensive Cancer Network, Interfaculty Initiative in Information Studies / Graduate School of Interdisciplinary Information, University of Tokyo, Japan.
3. Department of Urology, Selayang Hospital, Selangor, Malaysia.
4. Department of Urology, Sarawak General Hospital, Kuching, Malaysia.
5. Department of Surgery, Raja Perempuan Zainab II Hospital, Kota Bharu, Malaysia.
6. Department of Urology, Penang Hospital, Penang, Malaysia.
7. Department of Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Malaysia.
8. Department of Urology, Sultanah Aminah Hospital, Johor Bahru, Malaysia.
9. Department of Urology, School of Medicine, International University of Health and Welfare, Japan.
10. Department of Surgery, Sultanah Bahiyah Hospital, Alor Setar, Malaysia.
11. Department of Urology, Kuala Lumpur Hospital, Kuala Lumpur, Malaysia.

Objectives: To compare the clinical, pathological tumour characteristics and treatment patterns of prostate cancer (CaP) between Japanese and Malaysian populations.

Materials and methods: Data were compared between newly diagnosed CaP patients between 2016 till June 2018 in the Japanese Cancer of the Prostate (J-CaP) registry and Malaysian Prostate Cancer (M-CaP) databases. Clinical and pathological tumour variables including age, prostate-specific antigen (PSA), biopsy Gleason score, disease stage and comorbidities were evaluated using logistic regression model. Initial treatment of CaP patients were examined across various disease stages.

Results: There were 11,715 (J-CaP) and 1,057 (M-CaP) new CaP cases included in the interim analysis. Men in J-CaP were older than M-CaP subjects (mean age 71.5 years versus 69.7 years; \( p < 0.001 \)). The proportion of stage IV disease was larger in the M-CaP (59%) than J-CaP (14%). Comparing to the J-CaP, M-CaP patients were significantly associated with higher PSA at diagnosis (PSA < 4 ng/ml versus PSA ≥ 10 ng/ml), increased disease stage (stage I versus stage ≥ II) and higher comorbidities burden (comorbidity = 0 versus comorbidity ≥ 1) \( p < 0.001 \); multivariable logistic regression model). J-CaP patients were less likely to be diagnosed with tumour of Gleason score > 6 than M-CaP patients \( p < 0.001 \); multivariable analysis). Primary treatment of stages I & II disease was prostatectomy amongst Japanese whilst 1/3 of M-CaP patients opted for active surveillance at stage I.

Conclusion: Late stage at presentation remains a challenge in developing Asian countries, raising the significance of early detection and treatment in CaP.
Risk of Metabolic Syndrome among Multi-ethnic Renal Stone Formers

Seow Huey Choy1, Jasmine Lim1, Selvalingam Sothilingam1*, Rohan Malek2, Murali Sundram3, Shakirin Kamaruzaman1, Selina Ann Nyanatay1, Ong Teng Aik1, Azad Hassan Abdul Razack1
1. Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia.
2. Department of Urology, Selayang Hospital, Selangor, Malaysia
3. Department of Urology, Kuala Lumpur Hospital, Kuala Lumpur, Malaysia.
1*. Pantai Hospital Kuala Lumpur, Kuala Lumpur, Malaysia.

Objectives: To access the prevalence of metabolic syndrome (MetS) and its associated factors among renal stone formers of a multi-ethnic Asian population.

Material and methods: We conducted a cross-sectional study involving patients underwent percutaneous nephrolithotomy in Kuala Lumpur Hospital, Selayang Hospital and University Malaya Medical Centre between May 2015 to July 2018. Kidney stone samples were collected and analysed semi-quantitatively using infrared spectroscopy. Patients were identified as having MetS if ≥3 of the following conditions were fulfilled: blood pressure ≥130/85 mmHg; fasting glucose ≥5.6 mmol/L; fasting triglycerides ≥1.69 mmol/L; fasting HDL-cholesterol <1.03 or <1.29 mmol in males and females, respectively; or on medical treatment for these conditions; waist circumference >89 or 102 cm in females and males, respectively (NCEP ATP-III guidelines, 2005 revision). Univariable and multivariable analyses were performed to explore the potential factors associated with MetS.

Results: We evaluated 683 patients from a multi-ethnic background (Malays 67.2%, Chinese 17.4%, Indians 14.3% and others 1.0 %) with mean age of 54 ±12.4 years (range 17–84 years). The prevalence of MetS among stone formers was 64.9% (443/683). Three most common stone types were calcium oxalate (45.1%), infection stone consisting of struvite, ammonium urate, and carbonate apatite (18.2%) and uric acid stone (13.2%). Multivariable analysis revealed that stone formers with MetS were associated with increased age (adjusted odds ratio [aOR] 1.02, 95% confidence interval [CI] 1.01-1.04), ethnicity (aOR for Chinese = 0.52, 95% CI 0.33-0.82, compared to Malays), female (aOR 1.86, 95% CI 1.30-2.65), reduced renal function (aOR 1.71, 95% CI 1.10-2.65), elevated serum uric acid level (aOR 2.03, 95% CI 1.37-3.02) and uric acid stone (aOR 2.14, 95% CI 1.16-3.93).

Conclusions: MetS was prevalent amongst kidney stone formers. Age, ethnicity, gender, kidney function, serum uric acid level and uric acid stone are associated with MetS in urolithiasis.
**Stone wars - High power vs low power in flexible ureterorenoscopy (Furs)**

S Biligere, MK Reshma, CT Heng, V Gauhar
Ng Teng Fong General Hospital, Singapore

**Introduction and objective:** Advancements in powerful laser systems has improved our knowledge on dusting and pop-corning techniques. With more than 500 FURS performed annually at our institute, we did a match pair subset analysis of patients who underwent FURS with high power (120 watt) and low power (30 watt) Ho: YAG laser. We share our experience, outcomes and lessons learnt.

**Materials and methods:** Data was collected for 54 patients (27 in each arm) with similar demographics and stone characteristics who underwent FURS by Modified Ergonomic Lithotripsy technique (MEL) between June 2015 & June 2018 by a single set of surgeons to eliminate any bias. Standardised laser settings applied. Intra-operative outcomes assessed as mentioned in tables. Difficulties encountered, specific complications, stone free rate (SFR) and post-op sepsis were assessed.

**Results:**
Table 1 - Demographics and stone characteristics
Table 2 - Comparison of outcomes
Table 3 - Differences in properties of laser

**Conclusion:** We found that higher SFR were achieved in almost half the time for patients in the high power category along with lower sepsis rates. We believe this may set a new benchmark for treatment of large stones. In our experience 2 scopes were damaged which we attributed to the burnback effect and vibration of laser fiber. With every new technology comes a learning curve and although high power laser machines may be superior in terms of overall results, one must exercise caution during their usage.

**Table 1. Demographics and stone characteristics**

<table>
<thead>
<tr>
<th></th>
<th>High power</th>
<th>Low power</th>
</tr>
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<tbody>
<tr>
<td>Stone size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1.5cm</td>
<td>19 (70.4%)</td>
<td>19 (70.4%)</td>
</tr>
<tr>
<td>&lt;1.5cm</td>
<td>8 (29.6%)</td>
<td>8 (29.6%)</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUJ/Pelvis</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Upper pole</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Midpole</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Lower pole</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Pre-stented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19 (70.4%)</td>
<td>11 (40.7%)</td>
</tr>
<tr>
<td>No</td>
<td>8 (29.6%)</td>
<td>16 (59.3%)</td>
</tr>
<tr>
<td>Complex Anatomy</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 (14.8%)</td>
<td>5 (18.5%)</td>
</tr>
</tbody>
</table>

**Table 2. Comparison of Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>&lt;1.5cm</th>
<th>&gt;1.5cm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Laser Time (min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High power</td>
<td>9.76</td>
<td>32.1</td>
</tr>
<tr>
<td>Low power</td>
<td>34.9</td>
<td>55</td>
</tr>
<tr>
<td>SFR 1st sitting</td>
<td>18/19 (94.7%)</td>
<td>7/8 (87.5%)</td>
</tr>
<tr>
<td></td>
<td>16/19 (84.2%)</td>
<td>4/8 (50%)</td>
</tr>
<tr>
<td>Sepsis</td>
<td>1/19 (5.26%)</td>
<td>2/19 (10.52%)</td>
</tr>
<tr>
<td></td>
<td>2/19 (10.52%)</td>
<td>1/8 (12.5%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/8 (25%)</td>
</tr>
</tbody>
</table>

**Table 3. Differences in properties of Laser**

<table>
<thead>
<tr>
<th></th>
<th>High power</th>
<th>Low power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser generator</td>
<td>Dusting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2-0.4J, 60-80Hz</td>
<td>0.4J, 10-20Hz</td>
</tr>
<tr>
<td></td>
<td>Popcorning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-1.5J, 20-30Hz</td>
<td>1-1.5J, 10-15Hz</td>
</tr>
<tr>
<td>Laser fiber</td>
<td>Vibration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seen at high energy and &gt;50Hz</td>
<td>not seen as max. frequency is 20Hz</td>
</tr>
<tr>
<td>Backburn effect</td>
<td>Pronounced</td>
<td></td>
</tr>
<tr>
<td>Potential for scope damage</td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td>Fragmentation technique</td>
<td>Dusting</td>
<td>Superior</td>
</tr>
<tr>
<td>Popcorning</td>
<td>Faster and efficacious with backburn</td>
<td>Similar but better controlled</td>
</tr>
<tr>
<td>Laser duration</td>
<td>Faster</td>
<td>Slower</td>
</tr>
</tbody>
</table>
Immediate Curative and Permanent Treatment for Premature Ejaculation (Alana Aglan Operation)

Alaa Abd El Aziz Aglan
Alaa Clinic Hospital, Cairo, Egypt

Premature ejaculation (PE) is a common male sexual disorder. Although there are medications used for this problem, there is no definite medical treatment. Current surgical options are not so effective with high recurrence and low success rate. The present study shows the effectiveness of cutting the bulbospongiosus muscle bilaterally and frenular delta excision for the treatment of premature ejaculation and delayed time of ejaculation in normal persons. This study was started since 6/4/2011 till 6/4/2016 whereby 60 patients were operated. The success rate was 96.6% with immediate results after the first intercourse, usually 3 weeks after surgery. The intra-vaginal ejaculation latency time increased up from 200 till 1000%. Patients with time less than 2 minutes usually reached 8 minutes and some of them even reached 20 minutes whereas in patients whose time was more than 5 minutes, this increased up to 15 – 20 minutes and some of them up to 30 minutes. These results are permanent. In this study we also explain why some patients do not respond to local anesthesia applied to glans and approved that clinically.
Thean Hou Temple

This magnificent Chinese temple has golden roofed pagodas and strings of lanterns. Located inside are three majestic statues of deities, including the main deity Thean Hou. Within its grounds are statues of the 12 animals of the Chinese zodiac.
<table>
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<tr>
<th>Session No</th>
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<th>Time</th>
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Leeching the Dead Back to Life? A Retrospective Analysis of Leech Oil in Penile Augmentation

RR Krishnamurthy1, M.S Bathusha2, S Thevarajah2
1. Urology Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Malaysia
2. Plastic and Reconstruction Unit, Department of General Surgery, Queen Elizabeth Hospital, Kota Kinabalu, Malaysia

Introduction: Penile length and its association with virility has fascinated mankind throughout ages. It is therefore not surprising to hear the depths one would go to achieve anatomic utopia despite the dangers and lack of scientific data. Injection of foreign materials and chemicals to augment the penis for sexual satisfaction has become a trendy phenomenon in certain countries. The emergence of unregulated leech oil therapy with other known foreign material such as silicon and liquid paraffin oil has brought more pandemonium and managing these cases and the corrective surgery can be challenging.

Materials and methods: Of the patients who visited to our urology department from January 2014 till July 2017, we identified 30 patients who had experience in using leech oil therapy and other foreign body substance mainly liquid paraffin and silicone. We conducted a retrospective analysis of the following data: general characteristics of patients, reason for usage, duration of usage till development of symptoms, type of foreign body used, method of application, source of information regarding the treatment, complications and management options chosen.

Results: The average age of these patients was 40 years. The main reason for injecting was dissatisfaction with penile length and girth. 80% of them underwent the procedure by traditional healers and shamans. 50% had complications within 3 months of injection to 1 year and the rest after 1 year. The main presenting complaint includes erectile dysfunction (10%), penile disfigurement resulting in inability to achieve penetration (40%), penile ulcer and discharge due to foreign body granuloma (40%) and painful erections and intercourse (10%). The substance used include leech oil (20%), paraffin oil (10%), silicone (10%) and combination (60%). 80% of patients underwent excision of granuloma and penile reconstruction with either split skin graft (SSG) or full thickness graft (FTG) with good functional and cosmetic outcomes. 10% of patients underwent multiple corrective surgeries including corporotomy and partial glansectomy for severe ventral curvature.

Conclusion: Because of the serious aesthetic and psychologic consequences caused by penile augmentation using foreign body material, its use must be strongly discouraged by increasing public awareness on the detrimental effects of such injections. In an ideal world, strict legal action would limit unethical procedures such as this taking place, but this calls for continuous widespread education and enforcement from various organisations. Public and individuals promoting and performing this procedure should be warned against its harmful effect.
Outcome of Bladder Preservation Therapy (BPT) in Non-metastatic Muscle Invasive Bladder Cancer. Analysis of the Hospital Sultanah Aminah experience.

K. Alagappan1, S Omar1, PK Han1,Tan HCL1, Sheng YW1, Arshad M1, Arun A1, CW Oh3
1. Department of Urology, Hospital Sultanah Aminah, Johor Bahru, Malaysia
2. Gleaneagles Medical Hospital, Johor Bahru, Malaysia
3. National Pharmaceutical Regulatory Agency, Petaling Jaya, Malaysia

Introduction: Radical cystectomy with urinary diversion is the gold standard treatment for muscle invasive bladder cancer. However there are a subsection of patients who are either not fit for this major surgery or strongly wish to preserve their native bladder.

Objective: To retrospectively report clinical outcomes of this trimodality treatment in patients with non-metastatic muscle invasive bladder cancer.

Materials and methods: Retrospective evaluation of the clinical data of 40 patients with cT2-4 disease who underwent bladder preservation therapy consisting of maximal transurethral resection of bladder tumour (TURBT), followed by radiotherapy (64gys/ 32 fractions) alone or with chemotherapy (cisplatin or gemcitabine plus cisplatin) between 2010 and 2017 in Hospital Sultanah Aminah. Statistical analysis was performed with STATA version 14 where overall survival (OS), disease specific survival (DSS), locoregional recurrence-free survival (LRRFS) and distant metastasis-free survival (DMFS) estimated using Kaplan Meier method and Cox regression.

Results: Median follow up for this study group was 2.9 years. Three-year OS, DSS, LRRFS, DMFS were 74.3%, 47.2%, 58.6%, and 63.3% respectively. In terms of prognostic factors as determined by multivariable Cox regression, presence of hydronephrosis had a poorer overall survival (HR: 4.75; 95% CI 1.01 – 22.37; p=0.048). Interestingly presence of CIS was associated with a favourable DFS and LRRFS (p=0.045 and p=0.025, respectively). However, dwelling deeper revealed that CIS negative patients had more comorbidities. Comparison of interventions group showed that patients who received combination of gemcitabine and cisplatin with EBRT had better OS, LRRFS, and DMFS compared to EBRT alone. (p< 0.002, 0.016, 0.022 respectively). On the other hand, neither age, tumour stage nor grade, nodal grade, completeness of TURBT was associated with OS, DSS, LRRFS, and DMFS.

Conclusions: Our study has a shorter median follow-up compared to the many papers published on BPT. The relatively small sample size imposed difficulty to show statistically significant prognostic factors and estimated hazard ratios. Bladder preservation therapy still cannot be regarded as gold standard for MIBC but it is an acceptable treatment modality in patients who refuse major surgery and are keen to preserve the native bladder with an acceptable survival benefit. A multi- institutional prospective study is required to determine the most effective chemoradiation protocol. In the future a randomized control trial to compare head to head radical cystectomy and BPT may address this issue.

Keywords: Bladder preservation therapy, muscle invasive bladder cancer, radical cystectomy, transurethral resection of bladder tumour, carcinoma in situ.
POD 03
1014 – 1021

Outcome of Laparoscopic Approach for Salvaging Tenckhoff Catheter Malfunction in CAPD Patients

PD Kamal, YK Goh, GC Teh
Department of Urology, Sarawak General Hospital, Sarawak, Malaysia

Introduction and objective: Tenckhoff catheter (TC) insertion for continuous ambulatory peritoneal dialysis (CAPD) can be done using various methods such as percutaneously, open method or laparoscopically. The two most common complications are catheter migration and obstruction, which are surgically correctable. The aim of this study is to determine the outcome of laparoscopic approach to TC salvage.

Material and methods: Patients who underwent TC insertion either by open method or percutaneously between February 2016 and Jun 2018 were reviewed retrospectively for primary failure, which needed laparoscopic revision. We studied the causes of malfunction, laparoscopic surgical techniques and its outcome.

Results: 149 TC were inserted. The total incidence of primary failure of TC was 25 (16.7%). The causes of TC malfunction were blocked catheter in 21 patients (84%) and migrated catheter in 4 patients (16%). The mean age of patients who underwent revision surgery was 40.9 (SD: 15.01) years old and the mean BMI was 23.7 (SD: 3.63). The mean primary latency was 6.9 (SD: 9.03) months. There were 3 reported secondary failures where the patients converted to hemodialysis post operatively; one was due adhesion and another two were due to peritonitis. At median follow up duration of 10 months, 23 (88%) TC maintains patency while 3 (22%) secondary failure was reported in two patients due to peritonitis and severe intraperitoneal adhesions respectively. Survival of TC after laparoscopic revision was analysed using Kaplan Meier curve indicates that 88% of TCs were able to maintain patency at 12 months and 24 months.

Conclusion: Laparoscopic TC salvage is a worthwhile endeavor to prolong patency for CAPD.

POD 04
1021 – 1028

ERAS Protocol for Open Nephrectomy Improves Surgical Outcomes: A Prospective Study with Historical Control in Malaysia

S. Lechmiannandan1, WW Teng2, Nadirah S3, LM Cheah1, SC Khoo1, S Thevarajah2
1. Department of Urology, Penang General Hospital, Penang, Malaysia
2. Urology Unit, Queen Elizabeth Hospital, Sabah, Malaysia
3. Clinical Research Centre, Queen Elizabeth Hospital, Sabah, Malaysia

Introduction: Enhanced recovery after surgery (ERAS) protocol is an evidence based peri-operative pathway designed to reduce surgical stress, facilitate post-operative recovery and reduce post-operative complications. Open nephrectomy is associated with significant postoperative morbidity such as fever, pain and ileus, thereby prolonging hospitalization. Our study, a pilot trial looks to evaluate the benefits of ERAS for patients undergoing open nephrectomy.

Materials and methods: This is a two-center, non-randomized, prospective study with historical control comparing the outcomes of open nephrectomy in ERAS and non ERAS (nERAS) group of patients. The protocol includes short duration of fasting with no bowel preparation, intraoperative fluid restriction to 3 ml/kg/hr, target urine output of 0.5 ml/kg/hr, use of epidural analgesia, early mobilization, early feeding and postoperative analgesics with non-opioids. Patient outcomes were compared using Fischer’s Exact Test. 15 ERAS and 10 nERAS patients were required to power this study.

Results: There were 23 ERAS and 11 nERAS patients, with a median length of stay of 5 and 7 days respectively (P=0.001). The ERAS group had gut function return within 24 hours compared to nERAS group of 48 hours (P < 0.001). The average intraoperative fluid used was significantly lower in the ERAS group (2000 ml vs. 3000 ml, P < 0.001). Though post-operative pain score was similar in the first 24 hours, ERAS showed superiority at 36 to 72 hours.

Conclusion: Application of ERAS protocol results in excellent surgical outcomes and should be recommended for incorporation into the Malaysian Clinical Practice Guidelines in managing open nephrectomy.
POD 05

Derivation and Validation of The Malaysian Ureteral Stent Length Guide

Introduction: The choice of stent length remains subjective despite the maturity of the procedure and incorrect stent length adversely affecting quality of life. We aim to determine the ureteral length of the Malaysian population using CT measurement and to derive an ideal stent length guide based on body height.

Materials and methods: Phase 1 enrolled 118 patients. Bilateral ureteral lengths were measured by CT scan from the level of the renal vein to VUJ. They were grouped according to body height and median length for each were obtained. Phase 2 was a prospective randomised trial involving 60 patients undergoing ureteral stenting. 6 Fr Double-J stents were used and choice of length in Group A was based on the devised guide; and using intraoperative ureteral length measurement with 5 Fr catheter in Group B. Fluoroscopy time was recorded. Intravesical position of stent was determined by postoperative X-ray. USSQ score, were analysed two-weeks post-operatively.

Results: The median right and left ureteral length for male patients were 20.9cm (18-27) and 21.3cm (17-27); for female patients they were 20.7cm (16-24) and 22.0 (17-25) respectively. Phase 1 concluded that double-J stents of 22cm in length were suitable for all but men ≥170cm and women ≥160cm where a 24cm stent is more appropriate. In Phase 2, median age was 49 (17-71) and median height of male and female patients were 165cm (152-175) and 149cm (140-172) respectively. Fluoroscopy time is significantly shorter in Group A (3.03 vs 6.43 seconds, p=0.001) and incidence of the distal loop crossing the midline was lower (0 vs 11, p<0.001). Total USSQ score was better in Group A (60 vs 83, p=0.001) particularly in urinary symptoms (p=0.004) and pain (p<0.001) subdomains.

Conclusions: The devised ideal ureteral stent length guide for Malaysian adults is reliable, reduces procedural fluoroscopy time and curtails the incidence of post-procedural stent-related symptoms.

POD 06

A Comparison of MRI and Post-operative Histopathological T-staging in Prostate Cancer: A 5 Year Audit of Radical Prostatectomies in Hospital Selayang

Introduction and objectives: MRI imaging plays a crucial role in staging of localised prostate cancer, as well as mapping out the surgery. This audit looks to review its accuracy in our practice.

Materials and methods: The electronic medical records of all patients undergoing radical prostatectomy in Hospital Selayang from January 2013 to December 2017 were reviewed.

Results: 45 patients underwent open radical prostatectomy with available preoperative MRI reports during the 5 years. 12 patients were over-staged by MRI, 19 were under-staged, and 13 were accurate. Of the 15 that were over-staged by MRI, 4 had reported extra-capsular extension, 7 had reported seminal vesicle involvement. Of the 19 that were under-staged by MRI, 4 had missed bilobar involvement, 10 missed seminal vesicle involvement, 5 had missed extracapsular involvement. Of the 13 that were accurate, 7 were T2, 3 had shown involvement of seminal vesicles and 3 were accurate with extra-capsular extension.

Discussion: General discrepancies can be attributed to the lack of the correct equipment. The AUA recommends that MRI be done with a 3 Tesla machine or a 1.5Tesla machine and endorectal coil. Post-biopsy changes can also affect the accuracy of the reporting, perhaps leading to the over reporting.

Conclusion: In 71% of the cases, the MRI reports did not reflect the surgical HPE, the most incorrectly reported feature was involvement of Seminal Vesicles: missed in 22% of cases, over reported in 15% of cases.
Introduction: Multi-parametric MRI (mpMRI) plays a significant role in diagnostic pathway of prostate cancer. Various methods of MRI-targeted biopsy have been described including cognitive fusion biopsy.

Objective: To report the outcomes of MRI-TTPB from a single local institution.

Materials and methods: Between April 2017 and May 2018, we retrospectively evaluated 48 patients with clinically suspicion of prostate cancer in whom mpMRI detected PI-RADS 3-5 lesions. who then underwent transperineal prostate biopsy at Kuala Lumpur Hospital. A template grid and a modified Barzell template were used. Systemic and MRI cognitive fusion-targeted biopsies of suspicious lesions were taken.

Results: The mean age was 66 years and mean PSA was 18.8 ng/mL. 85.4% had prior negative TRUS biopsy, 14.6% were biopsy-naïve and 12.5% were in active surveillance and had re-staging biopsy. Mean prostate volume was 67.3 ml and mean biopsy cores were 62. Overall cancer detection rate (CDR) was 50%, of which 25.1% had Gleason ≥7. CDR for patients with prior negative transrectal ultrasound biopsies, Biopsy-naïve and re-staging were 29.2%, 10.4% and 10.4% respectively. Lesion-based analysis revealed 75.8% discordance rate between PI-RADS and transperineal biopsy. We reported low complications rate: hematuria (18.8%), urinary retention (4.2%) and infection (2.1%).

Conclusion: Our initial experience in utilizing MRI-TTPB revealed CDR of 50% with low complication rates. However more samples and experiences are needed to improve the clinical-pathologic correlation between PI-RADS and transperineal biopsy results.
Central Market Kuala Lumpur

Central Market Kuala Lumpur is a must-visit destination offering visitors a unique shopping opportunity where they can relish not just a retail experience but also a heritage experience offering a wonderful visual treat and appreciation of Malaysia heritage and architecture in a glance as they step into its doors.

Under its stunning art-deco structure, you will find more than 300 shops featuring local handicrafts, textiles, souvenirs, collectibles and restaurants. With its distinctive Malaysian flavor, Central Market Kuala Lumpur offers an excellent place to showcase the true Malaysian culture and heritage values attracting both locals and foreign tourists to its doors.
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<td>3. Centre for Kidney Disease Research and School of Biomedical Sciences, University of Queensland, Brisbane, Australia</td>
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<td>1. Department of Urology, Hospital Serdang, Selangor, Malaysia. 2. Department of Urology, Fakulti Perubatan, Universiti Putra Malaysia, Serdang, Selangor, Malaysia</td>
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<td>1. Department of Surgery, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia. 2. Centre for Kidney Disease Research, University of Queensland, Brisbane, Australia.</td>
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<td>Hospital Sultanah Bahiyah, Alor Setar, Malaysia.</td>
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Zainal Adwin ZA1, Wan Omar WD1, H Jaman2, Z Zainuddin2
1. Department of Surgery, Surgical Sciences Cluster, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
2. Urology Unit, Department of Surgery, Universiti Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

Introduction: Percutaneous nephrolithotomy has been the standard of care for large renal stones for many years. Renal access has been in discussion and usage of fluoroscopy is widespread. New methods for renal access are continuously developed with endoscopic combined intrarenal surgery (ECIRS) increasingly being utilized.

Objectives: We share our experience in utilizing this technique for treatment of large kidney stones.

Materials and methods: We reviewed patients who underwent ECIRS at our center. Patient demographics, stone size and location, perioperative serum creatinine and hemoglobin were recorded. We also looked at the duration of surgery and postoperative hospital stay.

Results: ECIRS was performed on 2 patients. The mean age for the patients was 62.5 years. Mean perioperative serum creatinine and hemoglobin was 79.05 umol/L and 11.2 g/dL respectively. The mean maximum stone diameter was 31.5 mm. Operating time was recorded and showed a mean of 155 minutes. Post-operatively, both patients stayed an average of 2 days.

Conclusions: ECIRS is an evolution of PCNL and is often associated with increased safety and efficacy. It transforms a rather static procedure to a dynamic operation and should be continually explored to improve its utility and outcome.

Trial without Catheter Service for Urology Patients in Universiti Kebangsaan Malaysia Medical Centre

N Masri1, R Abdull Raffar1, H Md Ali1, H Jasman2
1. Department of Nursing, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2. Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Introduction: Trial without catheter (TWOC) is a common urological procedure to determine the ability of a patient to void normally following removal of an indwelling urinary catheter.

Materials and methods: The TWOC service is provided by the Urology Daycare Ward at our centre. Patients with urinary retention and those who fail to void following removal of catheter (hence requiring re-insertion) were recruited. The ward is equipped with an uroflowmetry machine and a portable bladder scanner. Urology staff nurses follow the standard protocols for the procedure. A clinical specialist is responsible for the final management outcome.

Results: We have gathered monthly cumulative data on this procedure looking at the overall number of patients (according to gender) and compared the rate of success with failure. Between January 2014 and July 2018, a total of 1132 men were subjected to the procedure. We found that 543 men (48%) had successful procedure as compared to 589 (52%) who failed. Within the same period of observation, a total of 342 women were recruited with 217 (63%) who were successful in comparison to 125 (37 %) who failed. There were differences between the outcomes observed in men as compared to women with an overall better success rate found in women following the procedure.

Conclusion: The data collected provided a basis for better management of TWOC by improving our standard of practice and protocols. It also provided a good landmark for future research pertaining to the reasons for failed TWOC among the female population as well as the risk factors for failed TWOC among the male population.
Urology Patient Health Education Posters, Pamphlets and Flip Charts

R Abdull Raffar1, N Masri1, H Md Ali1, H Jasman2
1. Department of Nursing, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
2. Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Introduction: Health education includes verbal and non-verbal communication targeted to either specific groups of individuals or to the public in general.

Material and methods: We created two posters each to relay important information regarding ‘urinary catheter, nephrostomy tube and ureteral stent care’, and also information on ‘benign prostate hyperplasia’. Two pamphlets on ‘care after transurethral resection of prostate (TURP)’ and also ‘urinary catheter, nephrostomy tube and ureteral stent care’ were produced. Two flip charts on ‘urinary stones’ and ‘clean intermittent self-catheterization’ were invented. They are easily accessible in the ward and are informed to the patients and relatives upon admission to the ward.

Results: The posters, pamphlets and flip charts facilitate nurses in providing specific information to patients and relatives for effective care and subsequently serve as reference materials for standardized nursing health education. Furthermore, patients and relatives do benefit from the information provided by gaining more understanding on disease process and treatment procedures. Patients had received in writing and were aware of the dates to change their urinary catheters, nephrostomy tubes, and ureteral stents. The flip chart on ‘clean intermittent self-catheterization’ had also received a honourable prize during the Universiti Kebangsaan Malaysia Medical Centre Innovation Day.

Conclusion: It is hoped that the posters, pamphlets and flip charts would assist in patients’ understanding of urological diseases and procedures through simple non-verbal health education. They will serve as platforms in generating urology-nursing research.

A Meta-analysis of Adiponectin as a Prediction Marker in Renal Cell Carcinoma

Ning Yi Yap1, Foo Ngan Yap2, Komathi Perumal1, Retnagowri Rajandram1
1. Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
2. Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

Introduction: Obesity is a risk factor of renal cell carcinoma (RCC) and metabolic imbalance in obesity and RCC can lead to abnormal levels of adipokines, including adiponectin.

Objective: The aim of this meta-analysis was to analyse the significance of adiponectin as a detection or prediction marker for RCC.

Material and methods: A comprehensive search in PubMed, Web of Science (WOS) and CINAHL was performed. Shortlisted case-control or cohort studies reported circulating adiponectin levels in RCC cases versus controls, RCC T/N/M stages, Fuhrman grades or different RCC subtypes. Statistical analyses were performed using RevMan version 5.3 for Windows (The Cochrane Collaboration).

Results: Seven studies with a total of 1942 RCC cases and 2191 controls compared the circulating adiponectin levels between RCC cases and controls. These studies were divided into pre-diagnosis, pre-operative and post-operative subgroups with blood for adiponectin analysis taken at these three time points. Adiponectin level was significantly lower in RCC cases compared to controls for the pre-diagnosis (mean difference -0.60µg/ml, 95% CI -0.29 to -0.05, p=0.005) and pre-operative (-2.12µg/ml, 95% CI -3.96 to -0.28, p=0.02) subgroups. In the post-operative study, adiponectin level was significantly higher in RCC cases compared to controls (1.36µg/ml, 95% CI 0.77 to 1.95, p<0.01). RCC cases with different T and N stages did not affect circulating adiponectin levels. Patients without metastasis had a higher but non-statistically significant adiponectin level compared to those with metastasis (1.58µg/ml, 95% CI -0.32 to 3.47, p=0.10). There was no significant difference between RCC patients with G1-2 and G3-4 and different subtypes of RCC.

Conclusion: This meta-analysis found that circulating adiponectin is significantly lower in RCC cases compared to controls, in pre-diagnosis and pre-operative phases. Low circulating adiponectin could be a possible predictive or risk factor for RCC.
Experience with First Line Pazopanib in Patients with Metastatic Renal Cell Carcinoma in a Single Tertiary Centre: A Case Series

AL Kumarappan, NA Nasuha
Department of Urology, Hospital Raja Perempuan Zainab II, Kota Bahru, Malaysia

Introduction: Sunitinib is the widely used first line targeted therapy for metastatic renal cell carcinoma (mRCC) in Malaysia. There are limited data on use of pazopanib in this group of patients.

Objectives: To describe the experience in using pazopanib as a first line targeted therapy for metastatic renal cell carcinoma. To examine the tolerability and response towards pazopanib.

Materials and methods: Retrospective review of data from 9 patients with mRCC treated with pazopanib in Hospital Raja Perempuan Zainab II from 2015 to 2018.

Results: Nine patients with metastatic renal cell carcinoma were identified. Median age was 60 years with males being 88%. All these patients were treatment-naive. Comorbidities include diabetes mellitus in 55% patients, hypertension in 77% patients and hyperlipidemia in 33% patients. Common metastatic sites were lungs (88%), liver (11%), and bone (11%). Median time on treatment was 15 months (range 1 to 21 months). Median progression free survival was 7 months (range is 1-19). With respect to the side effects of pazopanib, most had gastrointestinal disturbances (44%), headache (44%), followed by asthenia (33%), hair depigmentation (22%), worsening of hypertension (22%), palmar-plantar erythrodysaesthesia syndrome (11%) and skin depigmentation (11%). Five patients are still alive, three of them are not longer on pazopanib due to disease progression meanwhile another two of them are still benefiting from pazopanib.

Conclusion: In this small retrospective series of patients with mRCC who were treated with pazopanib, outcome is fairly favourable and adverse events were acceptable. Future prospective trials are needed to compare the clinical benefit that of sunitinib.

Clinical Significance of Prostate Biopsies with Caseating Granuloma: A Case Series

SA Salauddin, J.R Sathiyananthan, Rohan Malek
Department of Urology, Selayang Hospital, Selangor, Malaysia

Introduction: Granulomatous prostatitis is a rare histopathology outcome from TRUS biopsies. The diagnosis ranges from non-specific, infectious causes, and connective tissue diseases. Presence of caseous necrosis and Langhan's giant cell are pathognomonic of tuberculosis infection. We present three patients with ranging presentation and management of similar caseating granuloma with Langhan's cell detected on TRUS biopsy of prostate.

Case series: The first patient presented with significant loss of weight, seizure and left epididymo-orchitis. Both the second and third patients presented with acute urinary retention requiring temporary bladder catheterization and a course of antibiotics. All patients underwent TRUS biopsy after a suspicious nodule detected per digital rectal examination. The prostatic serum antigen (PSA) levels for patient 1 and 2 were less than 4ng/dl. Patient 1 was diagnosed as disseminated tuberculosis and treated with long course of anti-tuberculosis medication. Patient 2 was treated as having tuberculous prostatitis and patient 3 was diagnosed with non-specific granulomatous prostatitis not requiring anti-tuberculosis drug.

Conclusion: Despite being rare, the detection of granulomatous caseous necrosis and Langhan's giant cell in prostate biopsies should alert urologists to exclude tuberculosis infection and tailor management accordingly.
**POS 07**

1448 – 1451

**Single Stage Buccal Mucosa Urethroplasty for Anterior Urethral Strictures: An Early Experience**

S.A.M Zainuddin¹, C. Vicknesh¹, M. Sundram²

1. Department of Urology, Hospital Serdang Selangor, Malaysia
2. Department of Urology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

**Objectives:** To report the technique and early results of single stage buccal mucosa graft for repair of anterior urethral strictures.

**Materials and methods:** A total of 10 males with anterior urethral stricture ≥ 2.5 cm not amenable for excision and primary anastomosis were included. All patients underwent one-stage buccal mucosa graft (BMG) urethroplasty. Five patients had dorsal onlay BMG urethroplasty, two had ventral onlay BMG urethroplasty, two had augmentation urethroplasty and one had a double face BMG urethroplasty. Their ages ranged from 24 to 67 years (mean of 35.5 years).

**Results:** The stricture was idiopathic in 5 (50%) cases; iatrogenic in 3 (30%), and both BXO and inflammatory had 1 (10%) case each. The most common complication was orchitis (30%), followed by urinary tract infection (20%). One patient complained of post void dribbling. Another patient with CKD 5 on regular hemodialysis had oral bleeding at day-3 post-operation, which required wound exploration and hemostasis. All patients returned to normal diet within 48-72 hours without oral complications.

**Conclusion:** Repair of anterior urethral strictures using buccal graft is technically feasible with high success rate. Buccal mucosa graft harvesting is simple and easy procedure with fast learning curve. A prospective study is needed for the assessment of long-term outcome of single stage buccal mucosa urethroplasty.

**Keywords:** Urethral stricture; Buccal mucosa urethroplasty

**POS 08**

1451 – 1454

**The Evaluation of Leptin as an Appropriate Biomarker for the Early Detection of Renal Cell Carcinoma (RCC): A Systematic Review and Meta-analysis**

Komathi Perumal¹, Huin Weng Kit², Yap Ning Yi¹, Ong Teng Aik¹, Glenda Gobe³ and Retnagowri Rajandran¹

1. Department of Surgery, Faculty of Medicine, University Malaya, 50603 Kuala Lumpur, Malaysia
2. Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia
3. Centre for Kidney Disease Research and School of Biomedical Sciences, University of Queensland, Brisbane, Australia

**Introduction:** Renal cell carcinoma (RCC) the most common form of kidney cancer is often diagnosed late. Leptin, a common adipokine that is secreted from adipose tissue and acts as regulatory hormone in regards to energy expenditure has also been studied as a biomarker for RCC and obesity. Here, a systematic review and meta-analysis of the diagnostic and prognostic values of leptin in RCC as a potential biomarker were evaluated.

**Materials and methods:** Electronic databases (PubMed, CINAHL, Web of Science, Science Direct and Google Scholar) were searched to determine the value of leptin in RCC in accordance to PRISMA guidelines and analysis for systematic review & meta-analysis. The bias assessment for both case control and cohort groups was done using Newcastle-Ottawa Scale. All studies that qualified were evaluated for the diagnostic and prognostic value leptin in RCC patients with RevMan version 5.3 software.

**Results:** Overall, 6 original research studies were included for meta-analysis. Presence of serum leptin levels was not associated with RCC, (mean difference = 1.39, 95% CI = -3.32 – 6.10, P=0.56). Leptin level does not give any prognostic value in comparing early (stage I and II) and late stage (III and IV) of RCC (mean difference = 0.82, 95% CI = -1.68 – 3.32, P = 0.52). However, level of leptin was significant in clear cell RCC (ccRCC) compared with non-ccRCC (mean difference = -6.41, 95% CI = -11.14 - -1.68), P < 0.01).

**Discussion:** Leptin level in a patient with RCC is unlikely to be associated with development or progression of RCC and act as a biomarker for early detection in RCC patients. Nevertheless, there are still unclear underlying mechanisms and limited studies on leptin in RCC that requires further investigation.

**Conclusion:** Leptin may not serve as an early marker for RCC hence other adipokines may serve better value.
Prophylactic Ureteral Stents in Colectomies: Is it Really Required?

Azinai Advin1, Suzliza Shukor2, Hafidzul Jasmani, Zulkifli Zainuddin2
1. Department on Surgery, Surgical Sciences Cluster, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
2. Urology Unit, Department of Surgery, Faculty of Medicine, University Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

Introduction: Identification of the ureter during colectomies is essential to prevent iatrogenic injuries to the ureter from occurring. The usage of ureteric stents to aid identification has been and still is a hotly debated topic. The prophylactic insertion of ureteral stents may facilitate identification of the ureter and allows early recognition of ureteric injuries in colectomies.

Materials and methods: All patients who underwent colonic resection in University Kebangsaan Malaysia Medical Center between January 2015 and August 2018 were analyzed. Demographic data, operative details and post-operative laboratory data were collected. The primary outcomes of ureteral injury were compared between patients who underwent colonic resection with prophylactic insertion of ureteral stent and patients who underwent colonic resection without prophylactic insertion ureteral stents. Secondary outcomes of duration of operation, perioperative white cell count and perioperative serum creatinine were also compared. Statistical analyses were performed by the Student’s t-test as appropriate and statistical significance was indicated by p<0.05.

Results: Between January 2015 and August 2018, a total of 526 colectomies were performed with a larger number of patients not submitted to prophylactic ureteral stent insertion (490 [93.2%] vs 36 [6.8%]). The amount of emergency and elective operations were similar (271 [51.5%] vs 255 [48.5%]) with more open procedures were performed as opposed to laparoscopic resection (357 [67.8%] vs 169 [32.1%]). Two ureteral injuries occurred and both these cases did not have prophylactic insertion of ureteral stents (0.4%). We found that there was no significant difference in mean perioperative serum creatinine (81.8 [7.5] vs 86.6 [2.3]; p = 0.5921). There was a significance in difference in perioperative white cell count (32.4 [15.3] vs 12.54 [0.2]; p = <0.05) and operating time (in minutes) (329.9 [22.4] vs 213 [4.5]; p = <0.05) which may be due to a reaction to foreign body insertion and extra time needed to place stents respectively.

Conclusion: In this cohort of 526 patients undergoing bowel resection, prophylactic ureteral stent insertion was associated with increased operating duration and white cell count. The rate of ureteral injury was significantly low and it occurred in a patient without ureteral stents. Ureteral injury is a serious complication in colorectal surgery and utility of prophylactic ureteral stents are still controversial.

Radical Nephrectomy and Thrombectomy in Advanced Renal Cell Carcinoma with Extensive IVC Thrombosis: A Single Centre Experience

Azrul Eimirul1, CKS Lee2, Saiful Azli1, Mohd Ghani Khairul-Asri2, Omar Fahmy2
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, Universiti Putra Malaysia (UPM), Selangor, Malaysia

Introduction: Radical nephrectomy is the mainstay in the treatment of advanced renal cell carcinoma (RCC) even with venous involvement. Such vascular invasion imposes a surgical challenge during the course of treatment.

Materials and methods: Retrospectively, a total number of 4 cases (3 males and a female) with advanced RCC and inferior vena cava (IVC) thrombosis underwent radical nephrectomy and thrombectomy between April 2017 and March 2018. All cases operated by a multidisciplinary surgical team including urology, cardiothoracic, and hepatobiliary surgeons.

Results: The age of the patients varied between 33 to 63-years. 3 cases had extension of tumour into the right atrium and 1 of them had pulmonary embolism that required pulmonary embolectomy. The fourth case had tumour extending into the contralateral renal vein and the IVC until the level of the diaphragm. 2 cases had metastases, to the liver and the bone, respectively. During surgery, 3 patients required cardiopulmonary bypass and circulation arrest by the cardiothoracic team. One patient had intraoperative transection of the abdominal aorta, that was repaired immediately by the vascular team. However this patient died after 10 days because of post-operative sepsis. The other 3 patients were discharged well after surgery and referred to the oncology team for further adjuvant treatment. Two patients survived for 3 and 4 months, respectively eventually dying of disease progression. One patient has a disease-free survival of 11 months and is still under regular follow-up.

Conclusion: Surgical treatment for complex RCC with IVC thrombosis is known to be high risk but yet it is still beneficial for some selected cases. Despite the technical demand and high morbidity, radical nephrectomy and IVC thrombectomy can be performed with reasonable outcomes. However, proper patient selection is crucial.

Keywords: renal cell carcinoma, inferior vena cava thrombosis, nephrectomy
Bilateral Laser Lithotripsy for Ureteric and Renal Stones[Blurs]: Outcomes and Lessons of a Single Asian Centre

S Biligere, MK Reshma, CT Heng, V Gauhar
Ng Teng Fong General Hospital, Singapore

Introduction and Objectives: At our institute we analysed the feasibility, outcomes and safety of BLURS which is traditionally attempted as a staged procedure.

Materials and methods: From July 2015 till August 2018, 45 patients underwent BLURS with or without prior stenting. Patient and stone characteristics were assessed along with outcomes, safety and post-operative complications. Stone free rate (SFR) was recorded based on CT and x-ray imaging.

Results: SFR - 38/45 cases was 84.4%. Overall sepsis rate was 2.22%. Overall stricture rate was 4.44%. Table 1 Demographics, Stone Characteristics and Outcomes Overall

Conclusion: With a high cumulative SFR of 84.4%, we have demonstrated that BLURS can be performed in an effective manner even in large or multiple stones accounting for expertise and experience of the surgeon. Low complication rate comparable with current studies reiterates feasibility and safety of the procedure. Paucity of literature in this field suggests that multicentric studies are needed in this era where endourology is truly miniaturised and minimally invasive.

Table 1 - Demographics, Stone Characteristics and Outcomes

<table>
<thead>
<tr>
<th>TOTAL CASES = 45</th>
<th>Bilateral RIRS - n(%)</th>
<th>Bilateral URS - n(%)</th>
<th>URS+Contralateral RIRS - n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>26 (57.8%)</td>
<td>13 (28.9%)</td>
<td>6 (13.3%)</td>
</tr>
<tr>
<td>Females</td>
<td>9 (34.6%)</td>
<td>2 (15.4%)</td>
<td>2 (33.4%)</td>
</tr>
<tr>
<td>&gt;50y age</td>
<td>16 (61.5%)</td>
<td>6 (46.2%)</td>
<td>2 (33.4%)</td>
</tr>
<tr>
<td>&lt;50y age</td>
<td>10 (38.5%)</td>
<td>7 (53.8%)</td>
<td>4 (66.6%)</td>
</tr>
<tr>
<td>&gt;1cm</td>
<td>8 (30.8%)</td>
<td>5 (38.5%)</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>&lt;1cm</td>
<td>18 (69.2%)</td>
<td>8 (61.5%)</td>
<td>1 (16.7%)</td>
</tr>
<tr>
<td>Pre-stented</td>
<td>20 (76.9%)</td>
<td>3 (23%)</td>
<td>1 (16.7%)</td>
</tr>
<tr>
<td>Access sheath used</td>
<td>25 (96.2%)</td>
<td>NA</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>Basket used</td>
<td>11 (42.3%)</td>
<td>2 (15.4%)</td>
<td>2 (33.4%)</td>
</tr>
<tr>
<td>Post op sepsis</td>
<td>1 (3.84%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stricture</td>
<td>0</td>
<td>2 (15.4%)</td>
<td>0</td>
</tr>
<tr>
<td>Ancillary procedures</td>
<td>4 (15.4%)</td>
<td>4 (30.8%)</td>
<td>1 (16.7%)</td>
</tr>
<tr>
<td>Post op raised creatinine</td>
<td>2 (7.7%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SFR 1st sitting</td>
<td>84.6%</td>
<td>84.6%</td>
<td>83.3%</td>
</tr>
</tbody>
</table>
Patching The Plumbing: The Role of Tranexamic Acid in Reducing Post-operative Bleeding following Transurethral Resection of Prostate (TURP)

AP Joshua1, V Chandrashekaran1, M Pushpanathan1, SA Zainuddin1, KA Abdul Ghani2
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, Fakulti Perubatan, Universiti Putra Malaysia, Serdang, Selangor, Malaysia

Introduction: A common complication in prostate surgery is post-operative hemorrhage. This phenomenon is linked to the increase in urinary fibrinolytic activity. Tranexamic acid is a potent inhibitor of plasminogen and urokinase activators, and is excreted virtually unchanged in the urinary tract.

Objective: To investigate the role of tranexamic acid in reducing blood loss post-TURP

Materials and methods: This study investigates the effects of the medication in thirty (30) patients in a tertiary centre. The patients were randomized following a set exclusion criteria into 2 groups of 15 patients each, with one group receiving the treatment and the other being the control group that received no treatment. The treatment group received a dose of tranexamic acid by intravenous route immediately following TURP and the control group received no medication. Serum haemoglobin was measured before and after the surgery. P-value was tabulated using the standard T-test with the level of significance set at p < 0.05 (p = 0.016).

Results: The mean loss of haemoglobin per gram of resected prostate tissue was 1g in the tranexamic acid group and 2.5g in the control group. Mean length of hospital stay was 3 days.

Conclusions: Tranexamic acid administration can reduce morbidity, and as a consequence facilitates better recovery and shorter duration of hospital stay in post-TURP patients.

Comparison of TRUS Biopsy Gleason Score and Post-radical Prostatectomy Gleason Score: A 5 Year Audit of Radical Prostatectomies in Hospital Selayang

DL Jethwani, Chi'ng LS, J R Sathiyananthan, Toh CC, R Malek
Department of Urology, Hospital Selayang, Selangor, Malaysia

Introduction: D’Amico’s risk stratification groups were initially developed to assess the 5-year risk of treatment failure to assist the physicians and patients in deciding their treatment options. However the post-operative histopathologic examination (HPE) is of critical importance with regards to actual prognosis.

Materials and methods: The electronic medical records of all patients undergoing radical prostatectomy in Hospital Selayang from January 2013 to December 2017 were reviewed.

Results: A total of 52 patients underwent radical prostatectomy during the 5 years. More than half (27) showed the same Gleason score patterns as the TRUS biopsy. 6 patients showed a decrease in their overall Gleason score patterns. 19 patients showed a more aggressive pattern: 7 remained as intermediate risk, changing from 3+4 to the 4+3 pattern. 11 were reclassified from low to intermediate risk, 1 from intermediate to high and 1 from low to high risk.

Based on TRUS biopsy, MRI and clinical T-stage findings, we operated on 5 patients that were low risk, 16 that were intermediate risk and 31 that were high risk. Taking into account their post-operative HPE with the preoperative PSA, there is a clear shift in the distribution of risk stratification groups: only 4 were low risk, 6 were intermediate and 42 were high risk

Conclusions: In 36% of the cases, more aggressive patterns were demonstrated in their final Gleason Score. Taking into account the histopathological T-staging, there was evidence of more patients actually having high risk disease rather than intermediate or low risk disease.
POS 14
1509 – 1512

Conservative Treatment with Ureteric Stenting Feasible in Managing Emphysematous Pyelonephritis: The Penang Experience

GK Ooi, HY Khor, L. Sivaneswaram L., SC Khoo
Department of Urology, Hospital Pulau Pinang, Penang, Malaysia

Introduction: Emphysematous pyelonephritis (EPN) is an infrequent, life threatening necrotizing infection of renal parenchyma characterised by the presence of intraparenchymal gas. Emphysematous pyelonephritis is diagnosed radiologically by plain x-rays, ultrasonography and/or computed tomography (CT). There is no general consensus on the management of EPN. However, several studies suggested percutaneous drainage with medical management is an effective way in treating EPN.

Materials and methods: 10 cases of EPN were reported in Hospital Pulau Pinang Malaysia from January 2018 until August 2018. We systematically analysed the hospital records of these patients. Severity of the EPN was classified according to Huang classification.

Results: 5 patients were diagnosed to have EPN class 2, 3 patients with EPN class 3 and 2 patients with EPN class 4. In our series, 9 patients underwent ureteric stenting (DJ stent) and 1 patient underwent open drainage. Until the day of discharge, none of the patients required additional surgical intervention. The overall survival rate is 100%.

Discussion: Ureteric stent (DJ stent) with aggressive medical treatment is another option in treating emphysematous pyelonephritis class 4, as open nephrectomy carries higher risk of mortality and morbidity.

Keywords: emphysematous pyelonephritis, ureteric stent (DJ stent)

POS 15
1512 – 1515

The Demographic and Clinico-Histological (or Clinicopathological) Trends of Bladder Cancer in University of Malaya Medical Centre

Rebecca Anthony1, Yap Ning Yi1, Glenda Gobe1, Ahmad Nazran1, Ong Teng Aik1, Azad Hassan Bin Abdul Razack1, Retnagowri Rajandram2 and Shanggar Kuppusamy1
1. Department of Surgery, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia
2. Centre for Kidney Disease Research, University of Queensland, Brisbane, Australia

Introduction: Bladder cancer is the ninth most common cancer in the world, and the sixth most common cancer among men in Malaysia. The epidemiological and histological trends of bladder cancers in Malaysia are still ambiguous. This preliminary study aimed to evaluate the clinical and histological trends of bladder cancer in a single centre.

Materials and methods: Retrospective data of patients treated as transitional cell carcinoma (TCC) at University of Malaya Medical Centre were analysed. Patients’ demographic, clinical and pathological data were recorded in a standardised pro-forma.

Results: There were 109 patients with a mean age of 66.7±11.8 years. In this cohort, there were 92 (84.4%) males and 17 (15.6%) females. Non-muscle invasive bladder cancer (NMIBC) was noted in 70 (64.2%) whereas 39 (35.8%) were presented with muscle invasive bladder cancer (MIBC) at first presentation. Carcinoma-in-situ (CIS) was present in 4 (3.7%) cases. Among the cases with NMIBC, we found that 50 (78.1%) of them were of low-grade compared to 14 (21.9%) high-grade. High-grade pT1 disease was seen in 35 (54.7%) of the NMIBC patients. Throughout the follow-up of these patients, it was noted that 4 (6.3%) cases of NMIBC had progressed to MIBC (T2). Of these cases, 1 had CIS component at initial histology. This progression was seen without the use of additional therapy.

Conclusions: This is a preliminary report, which includes demographic and histology trends of TCC patients in Malaysia. Further investigation is required using a multicentre cohort to analyse mortality and survival rates which may improve management of these patients.
Evaluating The Effectiveness and Safety of Probing with Urinary Catheter vs Cystourethroscopy in The Diagnosis of Urethral Stricture in Clinical Practice

SYX Tan, SH Chan, MS Lim, GC Teh
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction: Urethral strictures are a common entity, presenting with symptoms mimicking other urological conditions. AUA Guidelines state that the diagnosis of urethral stricture requires radiographic or endoscopic evidence. In local practice, strictures are often confirmed by cystourethroscopy followed by urethrography to determine stricture anatomy before definitive management.

Objective: We seek to determine if probing with urinary catheters can be used to safely confirm strictures thus obviating cystourethroscopy.

Materials and methods: This study recruited patients undergoing cystourethroscopy solely for the confirmation of urethral stricture based on symptoms and suggestive uroflometry. Prior to cystourethroscopy, gentle probing with 14-Fr urinary catheter was conducted and the length at which resistance was felt was recorded. This was compared with cystourethroscopic findings. Additionally, cystourethroscopy noted any trauma caused by probing. The patients were then followed-up to see if cystourethroscopy resulted in management changes.

Results: The study enrolled 20 patients. 7/20 (35%) were found to have urethral strictures. 20/20 (100%) showed identical findings of whether a stricture was present and the urethral length at which the stricture was encountered comparing probing against cystoscopy. None showed probing induced urethral trauma. Of the 13 patients who did not have stricture, 7/13 had normal cystoscopy, 5/13 had prostatic enlargement and 1/13 showed a trabeculated bladder with no obvious cause. Cystourethroscopy altered clinical management for 1/13 patient.

Conclusion: This study suggests that gentle probing with urinary catheters can safely confirm the diagnosis of urethral stricture. This may translate in a reduction in unnecessary cystoscopies thus saving cost and time in a public healthcare setting.

Clinical Response to Everolimus in a Case Series of Renal Angiomyolipoma: A Single Centre Early Experience

Kisheaan DS, Sivaneswaran L, SC Khoo
Department of Urology, Penang General Hospital, Penang, Malaysia.

Introduction: Renal angiomyolipoma (AML) is the most common benign renal tumor composed of vessels, muscles and fat tissue. It can be found sporadically or in association with neurocutaneous syndromes; commonly tuberous sclerosis. Despite being benign in nature, significant complications in terms of bleeding or ruptured tumor have been reported. Everolimus is a mammalian Target of Rapamycin (mTOR) inhibitor, which is found to be an effective form of immunotherapy in renal AMLs. Inhibition of mTOR by Everolimus has been shown to reduce cell proliferation, vascular-endothelial growth factor-dependent and independent angiogenesis and glucose uptake; hence regress and halt tumor progression.

Case reports: Since June 2017, three patients with computed tomography (CT) – confirmed AMLs were commenced on tablet Everolimus 10 mg once daily. Two out of three patients (one with underlying tuberous sclerosis) had CT reassessment done which revealed regression in size of lesions. Both these patients have also remained clinically asymptomatic with no evidence of complications. The other patient reported significant oral ulcers within the first three months on Everolimus; hence opted to withhold treatment.

Discussion: The experience in our centre corresponds to the consensus on effectiveness of Everolimus in renal AMLs. We have also reported one case of stomatitis, which is a known adverse effect. Incidences of adverse reactions to Everolimus may occur in up to 30% of cases. The most common being stomatitis (44-78%); followed by amenorrhea, urinary tract infections, abdominal pain, pruritus, gastroenteritis, myalgia and pneumonia. Despite its vast adverse adverse effect profile, when tolerated it is proven to be an effective treatment; enabling deferment of surgical intervention.

Keywords: Renal angiomyolipoma, Everolimus, mTOR inhibitor
Quality Assurance in Urodynamics: A Retrospective 5-year Audit of Consecutive Urodynamic Traces

RA Idi, RHB Chua, SYX Tan, GC Teh
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction: Ensuring the quality of the performance of urodynamic investigations are imperative in providing the clinician with an accurate clinical picture.

Objectives: To review the performance of urodynamic studies (UDS) done in our unit for the past 5 years.

Materials and methods: Consecutive urodynamic traces from the year 2014 to 2018 were retrospectively reviewed. Data was retrieved from the UDS electronic record kept within the department of urology. In addition to demographics, quality aspects were assessed and compared to the International Continence Society Guidelines on good urodynamic practices.

Results: 163 patients underwent urodynamic studies during the audit period. 67 were male, 96 were female (range: 14-84 years old) and 8 were from the paediatric age group (range: 8-13 years old). 63.19% (n:103) of traces were referred from the urology department, while gynaecology 23.92% (n:39); orthopaedic 3.68% (n: 6); neurosurgery 2.95% (n: 5) were the other referral sources. In all traces, indications for performing the test were documented. In traces analyzed, 53% of the patients had a starting baseline intravesical and intrabdominal pressure of 5-20 cmH2O while in 42% of the traces, the baseline pressures were within 15-40 cmH2O. Cough signals were recorded during filling in all of the traces reviewed.

Conclusion: Most of the traces assessed met the quality criteria defined. However, information such as positioning and events during the UDS were not consistently documented. As a result, measures have been identified to improve the quality of the UDS traces in our unit for future re-audit.

Case Series: Nephrocutaneous Fistula

BC Chang, IC Tiong, R Zainal
Hospital Sultanah Bahiyah, Alor Setar, Malaysia

Introduction: Nephrocutaneous fistulae may occur as a result of chronic infection, especially in the setting of calculous disease. Nephrocutaneous fistulae usually develop in patients with previous renal surgery, trauma, tumors, and chronic urinary tract infection such as xanthogranulomatous pyelonephritis and tuberculosis of kidney. We report a case series of 5 patients who presented with urine leak and pus discharge from previous percutaneous nephrolithotomy (PCNL) scars after an average of 4 years. To our knowledge, no similar case series has been reported in the literature.

Objectives: To review the etio-pathogenesis, clinical and diagnostic approach in cases of nephrocutaneous fistula in post-PCNL patients with residual stones.

Material and methods: We reviewed a series of patients who had undergone PCNL complicated with residual stones. These patients have presented with discharge from previous PCNL scars, and they eventually ended up with nephrectomy due to either malignancy or chronic infection.

Results: We reviewed four males and one female with an average age of 57.2 years, who had history of PCNL with residual stones with variable duration of follow-up, from 3 to 17 years, or no follow up since then. Four patients had persistent pus discharge and 1 patient presented with urine leak from their PCNL scars. Four of them had hypertension and none had diabetes mellitus. CT urography was performed in all patients and revealed stones within dilated calyces. Four patients had nephrectomy due to pyonephrosis in a non-functioning kidney. Histology revealed xanthogranulomatous pyelonephritis in two patients and chronic pyelonephritis in the other two. In one patient, unhealthy tissue was noted intraoperatively during PCNL. Biopsy of this tissue showed squamous cell carcinoma and nephrectomy was performed. All patients were discharged well and their fistulae healed completely.

Conclusion: Nephrocutaneous fistula is a rare condition. Most of the cases are associated with non-functioning kidneys due to damage of functioning parenchyma by long standing inflammation. The cause of formation of nephrocutaneous fistulae from previous PCNL scars, is unknown, probably due to weakened, relatively less vascular fibrotic tissue, ie the weakest point with least resistance. Early surgical intervention in the form of nephrectomy and removal of the sinus tract in these patients can prevent long term morbidity and mortality. Long term follow up is essential in stone disease and post-PCNL patients with residual stones for early detection of complications such as loss of renal parenchyma, chronic infection and rarely malignancy.
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**Spindle Cell Carcinoma of the Penis—A Rare yet Malignant Histological Entity**

WLK Ong, S Omar
Department of Urology, Hospital Sultanah Aminah, Johor Bahru, Malaysia

**Introduction:** Spindle cell carcinoma of penis is a rare, high grade and aggressive tumor consisting of the squamous cell carcinoma admixed with the malignant spindle cell elements. It is relatively uncommon in the genitourinary system and particularly in the penis.

**Case report:** We are reporting a case of spindle cell carcinoma of penis in our hospital. Clinical history, physical examination findings, hematoxylin and eosin-stained and immunohistochemical slides were all reviewed. This patient underwent partial penectomy after initial wedge biopsy confirmed the penile lesion as a malignancy. Macroscopically, this tumor presented as a fungating, ulcerated mass over the glans penis. The tumour had invaded the underlying corpus spongiosum and carvernosum. Histology showed a mixture of high-grade squamous cell carcinoma and spindle cell neoplastic components in different proportions. The spindle cell components were positive for vimentin but negative for CD34, CD117, SMA, desmin and pancytokeratin stains. The non-spindle cell components were strongly positive for vimentin, Bcl2 and CD34 stains. Staging computed tomography demonstrated the presence of multiple inguinal lymphadenopathies. Despite being counselled for inguinal lymphadenectomy, the patient refused operation and defaulted subsequent follow up.

**Conclusion:** Spindle cell carcinomas of the penis are uncommon tumors with aggressive behavior. They often carry poor prognosis and are associated with lymph nodes metastases, especially in the case of delayed diagnosis. The rarity of this histopathological tumour makes it difficult diagnosis. A thorough morphological study is of great importance for the staging of the disease, treatment and follow up of patients.

**Keywords:** spindle cell carcinoma, partial penectomy, sarcomatoid, lymphadenopathy

POS 21

**A Rare Diagnosis in Disguise – Ovarian Vein Syndrome**

WS Lim
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

**Introduction:** Ovarian vein syndrome (OVS) is an uncommon condition of which, the dilated ovarian vein compresses the ureter resulting in notching, dilatation or obstruction of the ureter. This condition was first reported by Clark in 1962 whereby, 129 patients with OVS were reported. To date, limited studies have reported the diagnosis of OVS.

**Case Report:** A 54 year-old multiparous lady presented with right loin pain for one week, associated with a deranged renal profile. A CT urogram done demonstrated a right ureteric calculus with features of obstructive uropathy. However, subsequent ureteroscopic examination and retrograde pyelogram (RPG) revealed the absence of a ureteric calculi. A multidisciplinary meeting with the radiological team was held, leading to the diagnosis of OVS.

**Discussion:** Clark1, Hodgkinson3 and a later study by Southwell and Bourne4, together concluded that increased venous pressure caused dilatation of the ovarian veins and compressed the ureter, resulting in OVS. In addition, it is believed that changes in circulating oestrogen and progesterone alter the elasticity of the blood vessels resulting in its dilatation. OVS is difficult to diagnose solely on clinical grounds. In recent years, various forms of imaging methods (i.e. enhanced CT imaging) have been developed to aid in the establishment of the diagnosis. Unfortunately, as per this case study, many patients have undergone unnecessary surgeries and various types of treatment with a misconception of having ureteric calculi instead of OVS.

**Conclusion:** Together with clinical symptoms and today’s advanced imaging and laboratory technology, OVS could be diagnosed earlier and treated effectively, thus improving a patient’s quality of life.

**References:**
Phaeohyphomycosis-aureobasidium Pullulans Infection in a Healthy Native Patient - A Case Report

CY Lee¹, Alfarina Mustafa¹, Syed Omar¹, WL Tam¹, Islah Munjih², Mohd Nazli², Hamid Ghazali¹
1. Department of Urology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia
2. Department of Surgery, International Islamic University Malaysia, Kuantan, Malaysia

Introduction: Aureobasidium pullulans is a causal agent of phaeohyphomycosis, occasionally found in men and animals. Aureobasidium pullulans is a black yeast-like dematiaceous fungus. Most of these infections occur by traumatic inoculation; however, post instrument inoculation is extremely rare. Here, we report a case of phaeohyphomycosis caused by A. pullulans in a healthy native female suffering from bilateral complex renal stones. This is the first documented report of a post-operative A. pullulans infection in Malaysia after a thorough literature review.

Case Report: A 29 year-old native lady, with underlying bilateral renal parenchyma disease, was referred by a district hospital for right staghorn calculi and left ureteric stone with bilateral hydronephrosis. She underwent right percutaneous nephrolithotripsy (PCNL) and left ureteroscopic surgery (URS). Stone clearance for the right kidney was 90% and left ureter was stented in view of incomplete stone clearance. Blood urea and serum creatinine levels were raised at 8.1umol/l and 200 umol/l respectively. There was no growth in the urine culture obtained intra-operatively.

Post-operatively, DTPA scan showed moderate impaired right kidney function with a non-functioning left kidney. Her condition and renal function has been closely monitored during her follow-up in the urology clinic.

A computed tomography urography (CTU) reassessment showed multiple right renal stones with hydronephrosis and resolved left hydronephrosis. She was scheduled for a second PCNL and left URS. Unfortunately, her right kidney stones were not assessible and the left residual ureteric stone was pushed back to kidney and she was restented.

Subsequently, she underwent right retrograde intrarenal surgery (RIRS) and right ureteric stenting. Intraoperatively complete stone clearance for right upper and middle pole stones was achieved. There were a few blackish tubular foreign bodies seen at right lower pole, which were extracted and sent for investigations. Histopathology (HPE) reported as blood clots while the fungal PCR done by Institute for Medical Research (IMR) detected Aureobasidium pullulans DNA.

Discussion & conclusion: Phyaehyphomycosis caused by A. pullulans secondary to instrumentation is a rarely reported. Improvements in mycological diagnostic methods and the standardization of antifungal therapy are necessary for the appropriate management in order to minimize morbidity and mortality.

Keywords: Phaeohyphomycosis, Aureobasidium pullulans
**POS 23**

**Amyloidosis of the Urinary Bladder**

M. Subramaniam, P Singh  
Department of Urology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

**Introduction:** Amyloidosis consists of extracellular deposition of amyloid, a protein with a fibrillary structure, in one or more body sites. The organs commonly involved are urinary bladder, lung, larynx, skin, tongue and the region around the eye. In the urinary tract, amyloid deposition usually starts from the kidney to renal pelvis, ureters, urinary bladder and urethra. The kidney is nearly always involved in secondary amyloidosis and in approximately 50% of the cases of primary amyloidosis. However, in primary amyloidosis urinary bladder is usually involved. Understanding of this condition is of clinical interest because primary amyloidosis affecting only the bladder may be easily confused with an infiltrating tumour because of its appearance on imaging as well as on cystoscopy. Accurate diagnosis depends on the biopsy of the bladder lesion with immunostaining with Congo red stain, showing negative malignant cells on histopathology and presence of amyloid fibrils on Congo red staining. Immunostaining of the biopsy material is the key for the diagnosis. Treatment is usually with transurethral resection. Long-term follow-up with imaging and cystoscopy is required.

**Case report:** A 62 year-old female with underlying hypertension presented with gross haematuria and irritative urinary symptoms. Further history taking showed the patient had multiple episodes of gross haematuria for the past 3 years but did not seek any treatment. Cystoscopy revealed multiple bladder lesions at the anterior bladder wall and bladder neck. We proceeded with transurethral resection of the bladder tumour and radiological imaging post-op did not show any significant findings. The histopathology was negative for malignancy and positive for amyloid deposition. This was further confirmed with Congo red stain. Post-operatively, the patient remained asymptomatic and subsequent follow-up showed no recurrence.

**Conclusion:** Primary bladder amyloidosis of urinary bladder is a rare disease, presenting as painless gross haematuria. Radiological imaging is usually misleading, mimicking malignancy. Cystoscopy shows a mass and cannot exclude amyloidosis. Histopathology is mandatory to exclude the malignancy. Immunostaining the biopsy with Congo red stain is the only means to reach the correct diagnosis. Transurethral resection or coagulation and conservative treatment are best treatment options. Long-term follow up is required.

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**POS 24**

**A 5 Year Audit of Radical Prostatectomies in Hospital Selayang: Demographics**

DL Jethwani, LS Ch'ng, CC Toh, J R Sathiyananthan, R Malek  
Department of Urology, Hospital Selayang, Selangor, Malaysia

**Introduction:** Hospital Selayang is one of the main Urological centres under the purview of the government of Malaysia. We share our experience of operating on gentlemen with prostate cancer over the last 5 years.

Materials and methods: The electronic medical records of all patients undergoing radical prostatectomy in Hospital Selayang from January 2013 to December 2017 were reviewed and tabulated.

**Results:** Over the 5 years, 52 men underwent radical prostatectomy in our centre. The ethnic distribution showed that more than half of the men were Chinese (30). 6 men were Indians and 16 were Malays. The average age of patients undergoing surgery was 69 years, with a range of 52 to 78 years. 73% of the men were above the age of 65. According to the D’Amico classification, 5 patients were low risk, 16 patients were intermediate risk and 31 were high risk.

**Discussion:** In comparison to international papers, where the mean age of patients undergoing radical prostatectomy is typically less than 65 years, we find that our average population is older. This could be due to delayed presentation, which is often seen in urological disease amongst our population. The ethnic distribution is not reflective of the population distribution. According to the national census, the Chinese ethnicity makes up 30% of the population of the state of Selangor. This may suggest that the Chinese population are more inclined for surgery; however we would need to compare this to data of all patients diagnosed with localised prostate cancer at our centre to accurately make that inference.
A Rare Case of Polyorchidism: Four Testes

P. Vijaya, K. Suriaraj, William LK Ong, S Omar
Department of Urology, Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia

Introduction: Polyorchidism is a rare type of developmental anomaly and its etiology is unknown. It is defined as the presence of more than two testes in an individual. Less than 200 cases have been reported in the literature. Approximately 50% of the cases are detected between the age of 15 and 25 years. There is an increased risk of testicular malignancy in these patients and common associations such as cryptorchidism, inguinal hernia, testicular torsion, hydrocele and varicocele.

Case Report: We report a 17 year old boy with polyorchidism; a case of four testes. He presented with painless swelling at the right perineal region for 8 months. Physical examination revealed non-tender discrete masses, which were palpable at the right perineal region. Tumour markers such as alpha fetoprotein, beta-hCG, and LDH were normal. Ultrasonography of scrotum showed two oval homogeneous structures in the right perineal region having the same echogenicity and appearance as the normal testes. Colour doppler study and magnetic resonance imaging (MRI) also confirmed the masses as ectopic testes. The testes were left in situ and the patient was managed conservatively.

Conclusions: The etiology of polyorchidism is thought to be accidental division of the genital ridge before 8 weeks of gestation. Recent evidences support that these cases may be followed conservatively with the interval of 3, 6 and 12 months when the clinical findings and imaging techniques detect no complications or suspicion of malignancy, torsion, hernia or cryptorchidism.

Keywords: Polyorchidism, testes, ultrasonography, magnetic resonance imaging

Anuria due to Jering Beans Poisoning or Djenkolism

Simran Sidhu1, SHSM Hadi2, CKS Lee1, Salful Azli1, Mohd Ghani Khairul-Asri2, Omar Fahmy2
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, Universiti Putra Malaysia (UPM), Selangor, Malaysia

Introduction: Jering or djenkol beans (Archidendron pauciflorum) is a local delicacy consumed in Malaysia and other regions of Southeast Asia. Symptoms of jering poisoning can occur within 2–24 hours of bean ingestion in the form of spasmodic flank or suprapubic pain, urinary obstruction and acute kidney injury. The underlying pathology is an obstructive nephropathy, which is usually responsive to aggressive hydration and diuretic therapy, however patients may require urgent ureteric stenting. We present a case of djenkolism following ingestion of jering beans.

Case Report: A healthy 41-year-old man with no previous medical illness presented with sudden onset of anuria, abdominal pain at the suprapubic region and vomiting for two days. The symptoms developed after he ate a plate of jering beans. Systemic clinical examination was unremarkable. An indwelling urinary catheter was placed and there was minimal haematuria. Blood investigation results revealed a high white cell count (17.9x10^9/L) and acute kidney injury with a raised urea (7.3mmol/L) and creatinine (225umol/L). His renal function worsened a few hours later with increasing urea (16.4mmol/L) and creatinine (578umol/L). CTU on the following day revealed no renal or ureteric calculus and no obstructive uropathy bilaterally. He was managed conservatively with aggressive hydration and analgesics. His urine output subsequently improved to 3 litres per day with hydration alone and his renal function started to normalise while in ward. The patient was discharged three days later and advised to avoid jering beans.

Conclusion: As jering or djenkol beans are consumed in Malaysia, healthcare providers need to recognize djenkolism as a cause of acute kidney injury and have an understanding of the clinical presentation to guide appropriate management.

Keywords: Anuria, acute renal failure, jering, djenkolism
POS 27  

Thyroid Gland Metastasis as the Initial Presentation of an Asymptomatic Clear Cell Renal Cell Carcinoma

Simran Sidhu\textsuperscript{1}, SHSM Hadi\textsuperscript{1}, CKG Lee\textsuperscript{1}, Saiful Azli\textsuperscript{1}, Mohd Ghani Khairul-Asri\textsuperscript{2}, Omar Fahmy\textsuperscript{1}

\textsuperscript{1} Department of Urology, Hospital Serdang, Selangor, Malaysia
\textsuperscript{2} Department of Urology, Universiti Putra Malaysia (UPM), Selangor, Malaysia

Introduction: Metastases to the thyroid gland is not commonly found in clinical practice. Bones, lungs and lymph nodes are the most common metastatic sites of renal cell carcinoma (RCC). We present a case of thyroid gland metastasis as the initial presentation of an asymptomatic RCC.

Case Report: A 62-year-old lady with underlying hypertension was referred to our centre for further management of her left renal mass. She had initially presented with a painless anterior neck swelling for a duration of two months. She denied any obstructive or constitutional symptoms. Ultrasound of the thyroid gland showed a multinodular goiter with a left dominant nodule. Ultrasound guided fine needle aspiration of the left nodule showed metastatic clear cell RCC. She then underwent left hemi-thyroidectomy and the histopathological examination revealed malignant clear cell epithelial neoplasm in favor of metastatic renal clear cell carcinoma. CT scan post left hemithyroidectomy revealed a large heterogeneous mass in the posteromedial aspect of the upper and mid poles of the kidney but no other evidence of distant metastases. Subsequently she underwent left open radical nephrectomy. Histopathological examination confirmed a clear cell RCC, Fuhrman's grade 4 and negative surgical margins for malignancy. She was discharged well postoperatively and planned for a repeat surveillance CT TAP in six months time. Currently, after 1-year follow-up, the patient is doing well, with no evidence of recurrence or malignancy.

Conclusion: This case should alert clinicians to include metastatic RCC in the differential of a new thyroid mass. Surgical treatment including radical nephrectomy and metastasectomy are successful treatments for such a case, however longer follow-up is mandatory.

Keywords: Renal cell carcinoma, metastatic RCC, thyroid tumour, radical nephrectomy

POS 28  

A Rare Case of Sarcomatoid Renal Cell Carcinoma: Good Survival with Surgical Resection Alone

KSuriaraj, P Vijaya, A Arun, S Omar
Department of Urology, Hospital Sultanah Aminah, Johor Bahru, Malaysia

Introduction: Sarcomatoid variant of renal cell carcinoma (RCC) is very rare and accounts for only 5% of all RCCs. It is highly aggressive. It is not uncommon for patients with sarcomatoid RCC to have distant metastasis at presentation. Sarcomatoid RCC has the poorest prognosis of all RCCs with a mean survival time of 4-9 months after diagnosis as reported in majority of the case series.

Case Report: We report a rare case of sarcomatoid RCC. A 43-year old Malay lady presented to our urology clinic in June 2014 with right loin pain and hematuria. Computed Tomography (CT) Renal 4 phase revealed T1b midpole right renal tumour with no local infiltration or distant metastasis. She had an open right nephrectomy done. Histopathological examination (HPE) of the tumour showed sarcomatoid renal cell carcinoma with extensive areas of sarcomatoid differentiation (positive for Vimentin, PANCK, focal positivity for CK7 immunohistochemical stain). The margins were clear. The patient was offered adjuvant doxorubicin based chemotherapy but she refused. Subsequent surveillance CT showed tumour recurrence at the right renal bed with liver involvement 8 months post-resection. Patient had Resection of the tumour and partial hepatectomy was done. The HPE was also reported as sarcomatoid RCC with liver involvement. Her latest CT in June 2018 showed no local recurrence or distant metastases. The patient is currently still well 4 years from initial diagnosis and surgery contrary to most reported cases of 4 to 9 months survival.

Conclusion: Treating sarcomatoid RCC is a challenge as many series have reported poor response rate to chemotherapy and cytokines. Surgical resection remains the mainstay of treatment and our case is a good example of patient that benefited from good tumour resection. It is a rare case of sarcomatoid RCC with good survival despite no adjuvant systemic therapy.
2 Fast 2 Furious: A Pitfall in Immune Checkpoint Blockade?

Hadi AJ, Marniza S, Adlinda A. 
Department of Clinical Oncology, University Malaya Medical Center, Kuala Lumpur, Malaysia

Introduction: In recent years, immunotherapy has become the standard of care in many solid tumours with a significant improvement in overall survival. However, pseudoprogression and hyperprogression have been reported in patients treated with immunotherapy. Nivolumab is an anti-PD-1 immune checkpoint inhibitor that was approved for second line advanced renal cell carcinoma. We report a case of hyperprogression with nivolumab.

Case report: A 56-year-old man was diagnosed with stage IV renal cell carcinoma with mediastinal lymphadenopathy, pleural nodules and adrenal metastasis. He underwent cytoreductive nephrectomy and subsequently first line treatment with tyrosine-kinase inhibitor was commenced. He had partial response and clinical benefit for more than 36 months on first line therapy with manageable side effects before the disease progressed. CT scan restaging showed enlarging previous lesions with new left pleural lesions and bone metastasis at level of C7/T1. He was started on nivolumab 3mg/kg intravenously every 2 weeks. Three days after the first cycle, he complained of pain on the left chest wall and left arm associated with mild weakness and numbness in his fingers. The pain was controlled on opioid analgesics. Subsequently the second cycle was given. The symptoms worsened after three days of infusion with progressive weakness and worsening pain in his left arm. An urgent CT scan reassessment showed worsening C7/T1 metastasis causing cord compression and pleural lesions causing rib destruction. In view of significant rapid radiographic & clinical progression, we decided this was highly likely to be hyperprogression. Nivolumab was withheld. He was treated with stereotactic body radiotherapy to C7/T1 and left ribs and he was subsequently switched to a third-line treatment. His symptoms improved on treatment.

Conclusion: Hyperprogression on immune checkpoint inhibitor is a rare event but can be potentially disastrous. Therefore, clinicians should be aware of it so optimum management can be delivered when it occurs.

References:

Urachal Adenocarcinoma: Out of Site but Not Out of Mind

Bing Chi Chang, K Saravana, Rohana Zainal
Hospital Sultanah Bahiyah, Alor Setar, Malaysia

Introduction: Urachal carcinoma is an extremely rare but aggressive tumour that accounts for less than 1% of all bladder cancers. It is a malignant epithelial neoplasm arising from urachal remnants. Ninety percent of them are adenocarcinomas. Urachal carcinoma usually presents with gross hematuria, whilst benign etiologies, including abscesses and cysts, most commonly present with a palpable abdominal mass.

Case report: We report a case of a 50 year-old diabetic lady, presenting with a large anterior abdominal swelling 2 months duration in sepsis. We proceeded with CT abdomen, which revealed a large anterior abdominal abscess and presence of communication into the bladder, suggestive of an infected urachal cyst. The patient was then planned for drainage of abscess with excision of the urachal cyst. Cystoscopy performed detected presence of fistula surrounded by a mass at the dome of bladder, which was suggestive of an urachal tumour. Exploratory laparotomy revealed an anterior abdominal wall abscess with pus tracking into the bladder. A solid mass was seen at the dome of the bladder. Abdominal wash-out was followed by partial cystectomy. Histopathology examination revealed an urachal adenocarcinoma of enteric type with clear surgical margins. Post-operative CT staging did not reveal any regional nor distant involvement. She recovered from surgery uneventfully.

Discussion: Urachal carcinoma presenting in sepsis is rare. Guidelines for diagnostic workup and treatment are based on a limited body of evidence comprised primarily of case reports and retrospective series due to its rarity. Patients with urachal adenocarcinoma require additional evaluation for disease monitoring as it carries a particularly grave prognosis in most circumstances.
A Rare Case of Spontaneous Ureteral Rupture Caused by a Ureteric Stone

YW Sheng, Suriaraj K, LKW Ong, S Omar
Department of Urology, Hospital Sultanah Aminah, Johor Bahru, Malaysia

Introduction: Spontaneous ureteral rupture is a rare urological emergency, which can be caused by ureteral stone, ureteral stricture, ureteral tumor, urinary retention and endourological procedures.

Case report: We report a case of a 64 year-old gentleman with underlying diabetes who presented with one day history of severe right iliac fossa pain radiating to the back, worsened by movement. He was unwell and his abdomen was soft but tender over the right iliac fossa. His full blood count showed leukocytosis. Patient was treated with antibiotics and an urgent CECT abdomen was performed showing moderate amount of fluid in right retroperitoneal region and pelvis with right moderate hydronephrosis and hydroureter. Contrast accumulated in the right perinephric region, where there was an abrupt cut off of contrast at proximal ureter at level of L2/L3 and reopacification of contrast distally suggesting right ureteral rupture. A distal right ureteral stone measuring 0.6cm was also identified. A right retrograde pyelogram done confirmed a filling defect at the right distal ureter with moderate right hydronephrosis and hydroureter with extravasation of contrast. A right ureteric stent was inserted and patient recovered well. A CT IVU a month later showed mild residual right hydronephrosis with the stent in situ and resolution of free retroperitoneal fluid. The right ureteric stent was removed and a repeated ultrasound showed resolution of right hydronephrosis.

Conclusion: Ureteral rupture is a urological emergency that should always be kept in mind when attending patients presenting with acute abdominal pain. Antibiotic and insertion of an ureteric stent have good outcome in managing ureteral rupture.

A Rare Inflammatory Pseudotumour in Scrotum - A Case Report and Literature Review

Lee CY1, Tam WL1, Syed Omar1, Hafliza2, Islah Munjih3, Mohd Nazli3, Hamid Ghazali1
1. Department Of Urology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia
2. Department Of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia
3. Department Of Surgery, International Islamic University Malaysia, Kuantan, Malaysia

Introduction: Inflammatory pseudotumours (IPTs) are uncommon benign tumor-like growths, which are diagnostically challenging. They are composed of myelofibroblastic spindles cells with an associated chronic inflammation background. They are commonly found in lung and abdomen. We report a rare inflammatory pseudotumour in right scrotum.

Case report: A middle-aged man presented with a rapidly growing right scrotal mass of two months duration. He had past history of a right inguinal hernioplasty performed in 2014. Physical examination showed a non-tender right semi-solid testicular mass. On ultrasound a large cystic scrotal lesion with sediments within with no normal testicular structures were seen. Alpha-fetoprotein and human chorionic gonadotrophin levels were not elevated. Thoraco-abdomino-pelvic CT revealed a large mass at the superior pole and an encysted hydrocele at the lower pole of the right testis. The patient underwent a radical orchidectomy. Histology showed myelofibroblastic cells, fibrin, necrotic tissue and haematoma.

Discussion and Conclusion: The majority of cases reported in the literature were treated by radical orchidectomy as the diagnosis of a malignant tumour was suspected at presentation or on imaging by ultrasound. The pathophysiology of IPTs is considered to represent a benign reactive inflammatory proliferation in response to previous infection or trauma. Since this is a benign tumour, testicular-sparing surgery with complete local resection of the mass, confirmed with a frozen section biopsy is one of the treatments of choice. Histopathology and immunohistochemistry help to confirm the diagnosis.

Keywords: Inflammatory pseudotumour, scrotum, high inguinal ligation
POS 33

**Body Armor Suit Usage in Downhill Cycling: A Guard that Induces Disaster**

Hanis M1, S Kamariah Che Mohamed2, MN Kamarulzaman1

1. Department of Surgery, IIUM Medical Centre, Kuantan, Malaysia
2. Department of Radiology, IIUM Medical Centre, Kuantan, Malaysia

**Introduction:** Downhill mountain bike is considered as an extreme sport. The most commonly injured body sites were the lower leg (27%) followed by the forearm (25%). Most frequent injury types were abrasions (64%) and contusions (56%). Main causes of injury reported by the riders were riding errors (72%) and bad trail conditions (31%). Renal injury is rare but may happen if there is high velocity impact. We report a case of grade 4 renal injury in a patient who is a cyclist.

**Case Report:** An 18-year-old girl who is a professional athlete was participating in a downhill mountain bike tournament in Sabah and had a fall while riding downhill. She was wearing a body armor suit during the incident. She had right loin pain but no obvious loin bruises or hematoma were noted. The patient had hematuria while she was warded. In view of gross hematuria, renal protocol computed tomography scan was performed. The imaging showed a grade IV right renal injury. The hematuria subsided after 2 days and her pain gradually improved. Blood investigations including renal profile were normal and urine test was negative. When we reviewed the video of the incident we concluded that spontaneous disassembly of body armor caused the flank injury in this patient as the bike and her body had fallen in different directions.

**Conclusion:** Grade 4 renal injury in mountain bike accidents is rare but can still happen. Increased awareness and development of protective equipment in this area need to be improved to ensure safety in this extreme sport.

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POS 34

**Massive Lower Gastrointestinal Bleeding in Advanced Testicular Cancer: Challenges in Management**

Hanis M1, Irfan S1, Yusof S1, MN Kamarulzaman1, Faisal E1, Azmi M1, Razali M2

1. Department of Surgery, IIUM Medical Centre, Kuantan, Malaysia
2. Department of Radiology, IIUM Medical Centre, Kuantan, Malaysia

**Introduction:** Massive lower gastrointestinal bleeding in advanced testicular cancer is uncommon. We report a case of advanced testicular carcinoma complicated with lower gastrointestinal bleeding.

**Case report:** A 20 year-old man presented to us with right testicular discomfort of a month duration. Systemic review was unremarkable. Clinical examination revealed a huge right testicular swelling about 5 times larger as compared to the left side with mild discomfort on palpation. There was a vague abdominal mass suggesting retroperitoneal lymphadenopathy. Full blood count, renal profile and liver function tests were normal. AFP and HCG were raised (117.8 IU/mL) and (49.5 IU/L) respectively. Ultrasonography showed a right testicular mass and there were multiple abdominal nodes with the largest at the para-aortic region. Right high orchidectomy was performed and histopathological examination revealed embryonal carcinoma with lymphovascular invasion. Computed tomography of thorax, abdomen and pelvis showed that the tumour had metastasized into both lungs, liver and aortocaval lymph nodes with distal IVC thrombosis (T2N3M1). He was then planned for adjuvant chemotherapy but treatment was delayed for 6 months as the patient requested to complete his studies first. Upon the fifth session of the first of cycle of BEP regime, he developed febrile neutropenia and septic shock, which was complicated with uremia and uncontrolled lower gastrointestinal bleeding. Various imaging was done to locate the site of bleeding including CTA and angiography. Coil angiembolisation was done at 3 places. The bleeding stopped initially, however recurred again after 2 days. In view of the risk of bowel gangrene from another embolisation, the patient underwent exploratory laparotomy with on table enteroscopy. Left hemicolectomy done in view of persistent pooling of blood in left colon. Post-operatively patient had an uneventful recovery.

**Conclusion:** A multidisciplinary approach is important in managing advanced and complex complications of malignant diseases.
An Unusual Presentation of Urachal Abscess in an Adult – A Case Report and Literature Review

WL Tam1, CY Lee1, Mohd Zahir1, Islah Munjih2, Mohd Nazli2, Hamid Ghazali1
1. Department of Urology, Hospital Tengku Ampuan Afzan, Kuantan, Malaysia
2. Department of Surgery, International Islamic University Malaysia, Kuantan, Malaysia (IIUM)
3. Department of Surgery, Hospital Serdang, Selangor, Malaysia

Introduction: The urachus is a vestigial remnant of the allantois. Infected urachal cyst forming abscess is rarely seen in adults. An urachal abscess, which was located at the right iliac fossa with a fistula tract connected to caecum, is the world first reported case.

Case Report: A 30 year-old gentleman, with no known medical illness, presented with severe right iliac fossa pain for 4 days duration. He had no history of bowel-related symptoms, fever, or umbilical discharge. Physical examination revealed a tender ill-defined mass at the right iliac fossa and his white cell count (WCC) was elevated at 19.1x10^3 /L with neutrophils predominance.

Contrasted computed tomography (CT) of abdomen showed a well encapsulated loculated abscess measuring at the ileocaecal junction adherent to adjacent bowel wall with terminal ileitis but unsure of origin. CT-guided biopsy showed an inflamed urachal remnant evidenced by the presence of urothelial cell lining. He was treated conservatively with cefuroxime and metronidazole. Colonoscopy revealed an inflammatory area at the cecal mucosa close to the ileocecal junction.

As his symptoms did not resolved despite adequate antibiotic treatment and repeated CT abdomen 4 months later showed persistent abscess, he underwent a laparotomy. Intra-operatively, the encapsulated abscess was located at the right iliac fossa and was attached to the caecum without fibrous cord connection to the bladder. Right hemicolectomy was done, as there was no plane between the cyst and cecum. The laid-open specimen showed a fistulous connection between the abscess cavity and caecum. Histopathology (HPE) confirmed that the inflamed urachal cyst had fistulated into the cecum.

Discussion & conclusion: An infected urachal cyst typically presents with umbilical discharge, pain, and fever and is commonly located at the midline or slight lateral to the umbilicus. Conservative treatment with antibiotics is a temporary measure. An urachal abscess, which had fistulated into the caecum, is the world first reported case. Complete excision of the urachus is the standard treatment of choice. However, in this patient, the fistulation rendered cyst excision impossible and right hemicolectomy was the most appropriate surgical treatment. The patient had full recovery after surgery.

Keywords: Infected Urachal cyst, urachal abscess, fistula, right hemicolectomy

Primary Mucinous Adenocarcinoma of the Bladder: A Case Report and Literature Review

Eu Wei Lee
Queen Elizabeth Hospital, Kota Kinabalu, Malaysia

Case report: Primary adenocarcinoma of the bladder is very rare type of tumour with an aggressive behaviour and carries a poor prognosis. The mainstay of treatment is surgery. Complete gastrointestinal and gynaecological workup is necessary to exclude any primary lesions. We hereby present a rare case of mucinous adenocarcinoma with signet ring cells, confined to the urinary bladder. The diagnosis was made after transurethral resection of bladder tumour. Complete body imaging was done after to exclude any primary lesions. The patient underwent radical cystectomy with construction of a urostomy. He presented at Stage T3M0N0. He is currently 9 months post operatively and is well with no signs of recurrence.
Chylous Ascites Post-laparoscopic Radical Nephrectomy. What is the Duration of Conservative Management?

PD Kamal, Eng MML, GC Teh
Department of Urology, Sarawak General Hospital, Sarawak, Malaysia

Introduction: Chylous ascites, which is the accumulation of chyle in the peritoneal cavity, is mostly caused by diseases that interfere with the abdominal or retroperitoneal lymphatic glands. This was a rare complication prior to the development of laparoscopic surgery but has become more common in this era. Most of the cases were treated conservatively with therapeutic paracentesis, dietary modification, total parenteral nutrition, and the use of somatostatin analogs. The success rate of conservative treatment ranges from 50% to 100%.

Case report: We are reporting a case of a 52 years old gentleman with a background of end stage renal disease and acquired cystic renal disease which later turned out to be a left renal cell carcinoma. He underwent laparoscopic left radical nephrectomy and para-aortic lymph node dissection. Post-operatively, this was complicated with chylous ascites. He was successfully treated conservatively with therapeutic paracentesis, dietary modification, total parenteral nutrition, and the use of somatostatin analogs for the duration of 16 weeks.

Successful Abdominal-perineal Urethroplasty for Long Pelvic Fracture Urethral Distraction Defect

M. Sundram1, GC Hood1, SAM Zainuddin2
1. Department of Urology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
2. Department of Urology, Hospital Serdang, Selangor, Malaysia

Introduction: Posterior urethral stricture or pelvic fracture urethral distraction defect (PFUDD) is relatively uncommon in young adults. Treating posterior urethral strictures is difficult, specifically for the patient with a long segment stricture. We report a successful perineal urethroplasty for a long segment PFUDD in a 24-year-old man.

Case report: A 24-year-old man sustained a pelvic fracture and posterior urethral disruption caused by a road traffic accident. He also sustained colonic injury in which a colostomy was created. Given the severity of the combined injuries, he underwent suprapubic cystostomy in the acute phase management. A few months later, urethrogram and cystoscopy were performed and it was found that the urethral distraction defect extended from the bulb till the posterior urethra. After the closure of colostomy, abdominal-perineal urethroplasty was then performed. In view of the difficulty to increase the perineal space and urethral length, midline intercrural incision and inferior pubectomy were done. The last step included re-routing of the urethra, which is rarely performed in most cases. We placed a 16 Fr Foley catheter through the urethra into the bladder and performed an end-to-end anastomosis. The operation lasted for six hours, and the blood loss was 500 ml. One month after the operation, the Foley catheter was removed. Retrograde urethrogram and cystogram were done whereby no post-operative complications were found. The patient recovered well. Urinary incontinence and urethral diverticula were not observed. Currently, the patient has normal urination and does not need any urethral dilatation.
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Aggressive Recurrent Urachal Adenocarcinoma : A Case Report and Review of the Literature

Zainal Adwin1, Mohamed Arif Hameed Sultan2, Hafidzul Jasman3, Zulkifli Zainuddin4
1. Department on Surgery, Surgical Sciences Cluster, Faculty of Medicine, Universiti Teknologi MARA, Selangor, Malaysia
2. Department of Surgery, Faculty of Health and Medical Science, University Malaysia Sabah, Kota Kinabalu, Malaysia
3. Urology Unit, Department of Surgery, Faculty of Medicine, University Kebangsaan Malaysia Medical Center, Kuala Lumpur, Malaysia

Introduction: Recurrent urachal adenocarcinomas are rare. It is commonly associated with a poor prognosis.

Case Presentation: A 51 year-old lady underwent a partial cystectomy for urachal cancer in 2014. She was well throughout follow-up with annual cystoscopies. She then presented with a 1-month history of a rapidly progressive suprapubic mass and hematuria. A contrasted computed tomography scan of the thorax, abdomen and pelvis showed a large mixed solid cystic tumor at the right lumbar region measuring 13.6 x 12.9 x 15.0 cm, a large lobulated solid cystic mass at the suprapubic region measuring 8.5 x 8.3 x 12.5 cm and also large multi-loculated solid cystic lesion at the Pouch of Douglas measuring 6.3 x 10 x 2.7 cm. She refused surgical extirpation and is now on chemotherapy.

Discussion: Urachal adenocarcinoma is rare and resection is commonly advocated, usually no standard adjuvant therapy is advocated. Recurrent cancers represent a management dilemma and no standard follow-up protocols exist.

POS 40

Genital Beading and Penile Paraffinoma – A Bad Combination for Penile Augmentation

SAM Zainuddin1, Mohd Ghani Khairul-Asri2, Omar Fahmy2, Christopher KS Lee2
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, University of Putra Malaysia, Selangor, Malaysia

Introduction: Penile paraffinoma occurs after injection into the penis with foreign bodies for penile augmentation. In the mistaken belief that it could increase penile size, is not uncommon practice among Malaysian males. Paraffin, oil and other materials have been injected into the penile skin and predictably this is followed by a lot of complications. Foreign body granuloma, disfigurement, chronic and unhealed ulcers, painful erections and the inability to achieve sexual activities are among these complications. Penile pearling or genital beading is a form of practice of permanently inserting small beads made of various materials beneath the skin of the shaft or foreskin of the penis. This is usually intended to enhance the sexual pleasure of partners during sexual intercourse.

Case report: We present a case of a 50 year-old male with a history of penile oil injections two years ago. The patient was also found to have had genital beads inserted beneath his penile skin around the corona during reconstructive surgery. He underwent a one-stage wide local excision and removal of the genital beads. He was reconstructed using a pedicle scrotal flap with skin bridge. Both functional and cosmetic goals without any major complications were achieved in this patient.

Keywords: paraffinoma, genital beads, pedicle scrotal flap with skin bridge
Intratesticular Leiomyosarcoma
Syafiq Idris, Ahmad Nazran, Azad Hassan Abdul Razack
University of Malaya Medical Centre, Kuala Lumpur, Malaysia

Case Report: Intratesticular leiomyosarcoma is a rare type of malignancy. We illustrate a case of a 53-year-old male, who presented with painless right scrotal mass for 3 months. It was clinically measuring about 15 x 8 cm. Ultrasound of the scrotum revealed a paratesticular tumour, instead of a tumour arising from the testis. He underwent right inguinal orchidectomy. However the ultrasound findings contradicted the operative findings. Intraoperatively, a testicular tumour was found. On histopathological examination, the tumour was noted to be a high-grade leiomyosarcoma. A review of the literature on testicular leiomyosarcoma is done.

Post-partum Spontaneous Ruptured Pelvi-ureteric Junction Obstruction
IS Ngu, HK Sia, RA Idi
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction: Dilatation of the urinary collecting system commonly occurs during pregnancy. However, spontaneous rupture of the renal parenchyma is extremely rare, especially with the intact renal pelvis. To our knowledge, this is the second case reported in the literature. Herein, we report a case of ruptured left pelvic-ureteric junction obstruction (PUJO) with hematoma during postpartum with presumed, underlying, and undiagnosed congenital obstruction. We believe that the cause for this case is due to sudden increase in intrapelvic pressure attributable to maternal delivery force.

Case Report: A 20-year-old female, para one, with underlying ventricular septal defect (VSD) which was not corrected, presented with left hypochondriac pain, nausea and fever spikes on day 2 post preterm spontaneous vaginal delivery secondary to urinary tract infection. She had frank haematuria with a dropping haemoglobin trend on post-partum day 6. As a bedside ultrasound scan noted free fluid at pouch of Douglas and large left renal mass, she was subjected to CT abdomen, which showed features suggestive of spontaneous ruptured left PUJO with hematoma. Furthermore, there was left gross hydronephrosis with no renal arteriovenous malformation, tumour or stone seen. Retrograde pyelogram revealed left gross hydrenephrosis with abrupt tapering just distal to renal pelvis. However, there was contrast extravasation from the left kidney away from the renal pelvis. Double J ureteral stent was inserted to control symptoms and eliminate extravasation, followed by laparoscopic left Anderson-Hynes dismembered pyeloplasty a week apart due to persistent hematuria despite stent insertion. Intraoperatively noted hematoma externally over lateral aspect of left kidney mid-pole portion. There was left PUJO with anteriorly crossing vessels.

Conclusion: Spontaneous renal rupture should be considered as one of the differential diagnosis of patients presenting with moderate to gross hydronephrosis manifesting with sudden onset of acute abdomen showing clinical deterioration. Prompt evaluation, appropriate imaging and treatment should be the aim to ensure a good outcome.
**POS 43**

**The Chain Chronicles: A Case Report on Foreign Body Insertion into Urethra**

M Afif E1, M Zainul A1, Anand Pj1, Vicknesh C1, O Fahmy2, C Lee2, Sainul Azli1, K Abdul Ghani1
1. Department of Urology, Hospital Serdang, Selangor, Malaysia
2. Department of Urology, Universiti Putra Malaysia, Selangor Malaysia

**Introduction:** Foreign bodies in lower genitourinary tract are self-inserted via urethra as a result of sexual curiosity or autoerotism. This case report entails our experience in managing such a case.

**Case report:** A 29-year-old gentleman with no known medical illness was referred to our centre for potential bladder calculi. He had initially presented with acute urinary retention. Initial investigations were consistent with the provisional diagnosis. Post cystoscopy, an open vesicotomy was planned for the removal of the foreign body.

**Conclusion:** The management of these cases depends on the size, shape, location and mobility of the foreign body. A minimally invasive approach is preferable to minimize damage to the urethra and bladder. As a last option, surgical exploration will be the modality if the foreign body cannot be removed endoscopically. Our aim is to facilitate the learning process in management of such cases.

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**POS 44**

**Single Stage Substitution Urethroplasty using Buccal Mucosa Graft in the Management of Urethral Stricture in Balanitis Xerotica Obliterans (BXO)**

MZ Dzubir, SAM Zainuddin
Department of Urology, Hospital Serdang, Selangor, Malaysia

**Introduction:** Urethral strictures are difficult to manage and when associated with balanitis xerotica obliterans (BXO), it is more resistant to all types of treatment and stricture recurrence is the most common complication. Buccal mucosa graft (BMG) dorsal on-lay urethroplasty is one of the surgical treatment modalities available for treating BXO related strictures.

**Case Report:** We present a 57-year-old man who underwent a single-stage dorsal on-lay buccal mucosa graft substitutional urethroplasty in February 2018. He had earlier presented with gradual onset of lower urinary tract symptoms, which eventually progressed to acute urinary retention. He was on a suprapubic catheter for almost 4 years. Intra-operatively a double free dorsal on-lay BMG graft was used in this patient. Post-operative uroflowmetry showed good flow. The patient was followed up post-operatively at 3 and 6-month intervals. Currently, the man has normal urination and does not need urethral dilatation. He is satisfied with his urine flow and has a good quality of life.

**Conclusion:** Single stage buccal mucosa graft urethroplasty is a good surgical option for BXO patients with good successful results and less complications. Hopefully this early experience can be applied to other patients in the future as a good treatment modality for such patients.

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**POS 45**

**A Rare Case of Para-testicular Malignant Mesothelioma**

HY Khor, L. Sivaneswaran, GK Ooi, SC Khoo
Department of Urology, Hospital Pulau Pinang, Penang, Malaysia

**Introduction:** A mesothelioma can occur from any tissue that has mesothelial membranes including the testis, where it can arise from the tunica vaginalis, epididymis, spermatic cord or tunica albuginea. Paratesticular mesotheliomas are rare, accounting for 0.3% to 1.4% worldwide.

**Case report:** We hereby present a rare case of a 34 year-old Malay man who initially presented to us with a right inguinal-scrotal mass in 2016. He underwent exploration and excision of the mass. Intra-operatively, the mass did not involve the right testis but was adherent to the right spermatic cord. Subsequently, patient failed to follow up with us and re-presented in July 2018 for recurrent right inguinal-scrotal mass that has progressively increased in size over 1 year. Clinically, there was a hard mass involving the right inguinal-scrotal region with the right testis being pushed away. Contrasted CT staging showed no distant metastases. Patient is planned for tumour debulking surgery.

**Conclusion:** The mainstay of treatment of para-testicular malignant mesothelioma is surgery, radiotherapy and chemotherapy. In advanced cases, inguinal lymph node dissection may be required. Para-testicular malignant mesothelioma is an aggressive tumour with high recurrence and mortality rates.

**Keyword:** paratesticular malignant mesothelioma
POS 46

**Not So Rare After All: Case Series of Extra-Mammary Paget’s Disease of the Scrotum**

HY Khor, L. Sivaneswaran, GK Ooi, SC Khoo
Department of Urology, Hospital Pulau Pinang, Penang, Malaysia

**Introduction:** Extra-mammary Paget’s disease is a rare, intra-epithelial malignancy that arises in areas with apocrine glands such as perineum, vulva, axilla, scrotum and penis. It may present as rashes that appear similar to eczema.

**Case series:** Herein, we report 2 cases of extra-mammary Paget’s disease in Hospital Pulau Pinang. The first patient presented to us in 2016 with skin rashes over the right scrotum and penis while the second patient presented in 2017 with skin involvement of the right scrotum. The former patient underwent total penectomy and right hemi-scrotectomy in 2016. Unfortunately, he succumbed to his severe lung disease in 2017. The latter underwent right hemiscrotectomy with clear margins and had no recurrence or distant metastases to this date.

**Conclusions:** Primary treatment of extra-mammary Paget’s disease is wide local excision. Interestingly, Rosa Guerra et al reported a case of successful treatment with radiotherapy after failed local excision. Prognosis of this disease is good if the disease only affects the epidermis and the surgical margin is clear from the disease.

**Keywords:** extra-mammary Paget’s disease

POS 47

**Comparison of Running Subcuticular and Simple Interrupted Suturing Methods for Circumcision: A Pilot Single-Surgeon Randomised Trial**

YK Goh, MLM Eng, GC Teh
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

**Introduction:** Improper suturing technique and associated complications may affect the overall cosmesis post-circumcision which has significant physical and psychological morbidity.

**Objective:** A pilot study to compare the cosmetic outcome and complication rates of simple interrupted suturing (SIS) and running subcuticular suturing (RSS) in circumcision

**Materials and methods:** This study was a prospective randomised trial comprising 20 male subjects aged between 3 to 34 years who underwent circumcision from January to June 2018 in a tertiary hospital. The subjects were prospectively randomised into two groups of 10 each: Group A underwent circumcision with SIS and Group B who underwent circumcision with RSS. Sleeve-technique circumcision were performed by a single surgeon and undyed Vicryl 4/0 reverse-cutting sutures were used for all subjects. Outcomes were assessed in terms of complication rates and aesthetic outcome though the Overall Opinion component of the Patient and Observer Scar Assessment Scale (POSAS) during follow-up one week and one month postoperatively.

**Results:** There was no statistically significant difference in haematoma, wound dehiscence, infection and late complication rates between two groups. The mean surgical time in Group B was shorter than that in Group A and the difference was statistically significant (23.7±4.39 vs 28.8±4.66, Student T-test p= 0.022). The median overall outcome POSAS score reported by subjects for Group A was 8 (range 8-9) and 9 (range 8-10) for Group B; and was reported to be equal by observer (8, range 7-9).

**Conclusion:** Running subcuticular suturing technique in circumcision had no detrimental effect on the early and late complication rates and has the advantage of shorter surgical duration and higher patient-reported aesthetic score. Limitations of this study are small number of participants and Observer POSAS was reported by one assessor.
A Differential Diagnosis for Testicular Malignancy: Intratesticular Arteriovenous Malformation

NF Ariffin, MML Eng, YK Goh, MS Lim, GC Teh
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction: An arteriovenous malformation (AVM) is a congenital disorder of blood vessels characterized by a complex, tangled web of abnormal arteries and veins connected by one or more fistulas. Though infamous due to occurrence in the central nervous system, AVM may form in any vessel and intra-testicular location are extremely rare. We hereby report a case of intra-testicular AVM confirmed following orchiectomy for suspected testicular tumour.

Case report: A 19-year old man presented with a neglected slow-growing left testicular swelling for 2 years which had become symptomatic in the previous two weeks. Clinical examination revealed a 6x6 cm hard left testicular mass. Sonographic examination revealed a lobulated heterogenous lesion at the upper pole of the left testis with peripheral vascularity and absent doppler flow. Left inguinal orchidectomy was performed and was confirmed via histopathological examination to be a thrombosed left testicular AVM resulting in infarction of the left testis.

Conclusion: Intra-testicular AVM is an extremely rare benign lesion which closely mimics testicular malignancy. Colour doppler sonographic examination may help rule out malignancies, however in thrombosed AVM such as in our case, will be inconclusive. Surgical intervention should be reserved for symptomatic patients or when faced with a diagnostic dilemma.

Painting The Town Red: A Case of Bowel Ischemia Complicating Paroxysmal Nocturnal Hemoglobinuria

AP Joshua, V Chandrasekaran, SA Zainuddin
Department of Urology, Hospital Serdang, Selangor, Malaysia

Introduction: Paroxysmal nocturnal hemoglobinuria (PNH) is a rare haematological disorder that can be complicated by vessel thrombosis and intestinal ischaemia or even necrosis. This case report explores our journey in managing such a case.

Case Report: A 43-year-old man who was a known case of paroxysmal nocturnal hemoglobinuria presented to our team with vague abdominal pain and gross hematuria, which progressively increased in intensity over a few hours. Further investigations were done including imaging before diagnosing this patient with mesenteric infarction. Diagnosis of multiple regions of bowel ischemia can pose a major problem as the therapeutic approach depends on the range and number of segments that require resection and potential risk of recurrence of new ischemic lesions. Segments of the bowel were resected as they weren’t salvageable

Conclusion: Mesenteric infarction is a serious matter and early diagnosis can minimize morbidity. This case report aims to aid in our journey in managing such a case.
POS 50

Transurethral Ureterolithotomy – A Novel Approach to a Stone at the Vesico-Ureteric Junction

DL Jethwani, Ch’ng LS, Rosli F, J R Sathiyananthan, Toh CC, R Malek
1. Department of Urology, Hospital Selayang, Selangor, Malaysia
2. Department of General Surgery, Hospital Selayang, Selangor, Malaysia

Introduction: The advancement of endourology has dramatically changed the treatment of ureteral calculi. Although open or laparoscopic surgery is still common place for large burden stone, endourology remains as an option.

Case report: We present a 61 year-old gentleman with a collection of more than 10 stones in the distal ureter, collectively measuring 5cm x 2.8cm. He had presented with emphysematous pyelitis and renal abscess secondary to the obstructive collection of stones in his distal right ureter. Initial treatment was with antibiotics, percutaneous drainage and ureteric stenting.

Subsequently, he underwent nuclear imaging which revealed a differential function of 34% for the affected kidney (GFR: 25ml/min). We counselled for open or laparoscopic ureterolithotomy, however because he had a history of previous multiple abdominal surgeries and a poor cardiac status, he was not keen for invasive surgery. Hence we proceeded with an endourological approach.

Rigid cystoscopy was performed, which revealed a bulging, oedematous right ureteric orifice (UO) with stones visible proximally. A Collins Knife was used to incise the UO at the 12 o’clock position. The stones were then easily trawled into the bladder and vesicolitholapaxy was performed. He was discharged well after an uneventful post-operative recovery. 6 weeks later, his stent was removed and cystoscopy revealed a wide open ureteric orifice. Follow-up at 4 months on revealed no new stones, and a normal serum creatinine.

Discussion: Having resected the ureteric orifice, he may predisposed to vesico-ureteric reflux. However conventional laparoscopic and open ureterolithotomy is more technically challenging and further confounded by the history of infections, past surgeries, poor comorbidities and the patient’s wish for a non-invasive approach.

POS 51

The Expression of H3 Lysine 27 (H3K27) Demethylases in Clear Cell Renal Cell Carcinoma (ccRCC): A Preliminary Report

Rebecca Anthony, Yap Ning Yi, Mun Kein Seong, Retnagowri Rajandram and Shanggar Kuppusamy
1. Department of Surgery, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
2. Department of Pathology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

Introduction: The predominant subtype of renal cell carcinoma (RCC) is clear cell RCC (ccRCC). Abnormal histone H3 lysine 27 (H3K27) methylation has been implicated in carcinogenesis though expression of H3K27 demethylases in RCC is still unclear. H3K27 demethylases, ubiquitously-transcribed tetratricopeptide repeat, X chromosome (UTX) and jumonji domain-containing protein 3 (JMJD3) are important enzymes that regulate gene expressions by altering H3K27 methylation status, which could promote cell proliferation and carcinogenesis. Therefore, this study aimed to investigate the expression patterns of UTX and JMJD3 in ccRCC FFPE tissues.

Materials and methods: UTX and JMJD3 expressions were optimized in expression rich sample, colon tissue, which served as positive control to establish ideal laboratory technique. Archived ccRCC FFPE tissues of nephrectomy specimens from patients of University of Malaya Medical Centre (2011 – 2018) were available for analysis. The expression of 35 FFPE slides for UTX and JMJD3 were assessed by immunohistochemical analysis comparing tumor and its adjacent normal tissue.

Results: Of the ccRCC group, 24 (68.6%) were males and 11 (31.4%) were females. The mean age for both male and female of this study was 58.3±9.3 years. According to the Fuhrman grade, 4 (11.4%), 21 (60.0%), 10 (28.6%) were grades 1, 2, and 3 respectively. Stage I group was 11 (31.4%), stage II 6 (17.1%), stage III was 16 (45.7%) and stage IV was 2 (5.7%) patients. UTX and JMJD3 were highly stained in ccRCC cancerous site compared to adjacent normal tissue of the same specimen. Both enzymes were localized mainly in the nucleus.

Conclusion: UTX and JMJD3 proteins could be involved in the development of ccRCC. Significance could be established once the strength of expression has been quantified.
Effects of Anxiety on Pain Score during Extracorporeal Shockwave Lithotripsy (ESWL): A Single-Centre Report

Vethunan Tamalvanan¹, Azad Hassan Abdul Razack¹,², Retnagowri Rajandram² and Shanggar Kuppusamy¹,²
¹. Division of Urology, Department of Surgery, University Malaya Medical Center, Kuala Lumpur, Malaysia
². Department of Surgery, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia

Introduction: It is common clinical experience that anxiety about pain can exacerbate the pain sensation. Patients undergoing extracorporeal shock wave lithotripsy (ESWL) experience anxiety due to various reasons. Some reasons include procedural anticipation and movement restriction. This current report investigates the effect of anxiety on pain score in ESWL patients.

Materials and methods: A prospective observational study of all new patients who underwent ESWL at University Malaya Medical Centre (UMMC) from Jun 2017 to Jun 2018 were performed. Anxiety was assessed prior to procedure for all of them with the Hospital Anxiety and Depression Score (HADS) and pain was scored using NRS-11 within 30-minutes of the procedure. The data collection processes were repeated for the subsequent visit. Data was grouped and compared into pain score ≤3 or > 3 and was statistically analysed using SPSS software. A p value ≤ 0.05 was considered significant.

Results: For the aforementioned study period, 100 patients attended ESWL, with 64 of them returning for a second session. The median pain score for the first session was 4.5 with an anxiety score of 3. Patients who had a pain score >3 had statistically significant higher anxiety score, 5 when compared to patient with pain score ≤3 who had an anxiety score of 2 (p < 0.05). For patients attending the second session, there was significant reduction in the median pain score from 4.5 to 4 (p < 0.05). The anxiety score also showed significant reduction in the second ESWL session from score of 3 to 2 (p = 0.05).

Conclusions: Anxiety influences the pain patients experience during ESWL. Patients with higher anxiety score experience significantly greater pain. Future multi-centre-initiated studies in the form of questionnaires may help to determine the reasons for these findings.

Iatrogenic Ureteric Injuries: Aetiology and Management

P. Vijaya, K. Suriaraj, LK Ong, S Omar.
Department of Urology, Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia

Introduction: Ureteric injury is relatively uncommon, but it is a serious event that can result in intra-abdominal sepsis, renal failure and loss of the ipsilateral renal unit. Compared with injury to other genitourinary (GU) organs, ureteral injury tends to be more often iatrogenic, occurring during pelvic surgery (gynecologic, urologic or colorectal surgery).

Objective: To define the nature of iatrogenic ureteral injuries in patients who were referred to us in our hospital.

Materials and methods: From July 2017-July 2018, we, prospectively analysed eight (8) consecutive adult patients, who were operated in the various departments of our hospital and had iatrogenic injuries which were identified during intra-operatively or post-operatively. These patients have all been referred to us.

Results: Our study showed the injuries were predominantly due to gynaecological surgery (62.5%), of which abdominal hysterectomy was the major contributor (80%). Also the timing of identification of injury was also most often during the intra-operative period. Upper ureter was the most common site of injury, and complete transection (62.5%) was the most predominant type of injury.

Conclusion: The key to diagnosing and managing a ureteric injury is to have a low threshold for suspecting its presence. Diagnosis can be achieved using retrograde pyelography, ureteroscopy, CT or intravenous urography. Initial management should involve ureteric stent placement or percutaneous nephrostomy drainage. In selected patients, surgical reconstruction might be the optimal approach. Good recovery of urinary function was achieved in all cases after the urological intervention, usually with ureteric re-implantation.

Keywords: ureter, injury, iatrogenic, re-implantation
**Case Report: Fat-Invisible Angiomyolipoma and the Management Conundrum**

RHB Chua1, SYX Tan2, RA Idi2, SH Chan2, PF Ng3, GC Teh2
1. Department of General Surgery, Sarawak General Hospital, Kuching, Malaysia
2. Department of Urology, Sarawak General Hospital, Kuching, Malaysia
3. Department of Histopathology, Sarawak General Hospital, Kuching, Malaysia

**Introduction:** Angiomyolipoma (AML) belongs to the family of benign perivascular epithelioid cell tumors (PEComa) which are typically composed of adipose tissue and are hence easily diagnosed on cross-sectional imaging.² Fat-poor AML are an uncommon entity, in one series of 496 biopsied small renal masses, only 7.3% were fat-poor AML. We present a case of a ‘fat invisible AML’ masquerading as a renal cell carcinoma and discuss therapeutic challenges.

**Case report:** We report a case of a 34 year-old woman presenting with right lumbar pain and haematuria. CT renal protocol revealed a right lower pole soft tissue mass with heterogeneous enhancement suspicious of renal cell carcinoma. As fatty tissue could not be identified, AML was not included in the differential diagnosis. She underwent an open partial nephrectomy and was discharged well. Histopathological examination showed predominantly sheets of epithelioid smooth muscle cells with scattered thick walled dystrophic blood vessels. Although no adipose tissue component was demonstrated, the absence of CKAE1/AE3 and presence of melanocytic marker (HMB45 and diffuse Melan A) & smooth muscle marker (SMA) in these neoplastic smooth muscle cells were consistent with fat-invisible AML.²

**Discussion:** This case demonstrates the failure of imaging to accurately diagnose fat-invisible AML. Despite earlier reported concerns of bleeding risks associated with percutaneous biopsy of vascular enhancing lesions such as AML, several studies have suggested that biopsy is safe and effective in the diagnosis of AML which may prevent unnecessary nephrectomy.¹ ⁴ ⁵ However, in a small minority of patients, non-representative biopsy samples may pose a further management dilemma.

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**A Case of Mistaken Identity: Urethral Lymphoma**

Hou Kee Sia, SH Chan, GC Teh, Noraini Mohamad
Hospital Umum Sarawak, Kuching, Malaysia

**Introduction:** Urethral caruncles are benign, distal urethral lesions that are most commonly found in postmenopausal women. Occasionally, these lesions may be malignant. This case report highlights that the obvious diagnosis may not always be what it is.

**Case Report:** A 72 year-old lady presented with poor urine output for two weeks, associated with dysuria, haematuria and incomplete voiding. Investigations revealed acute kidney injury likely secondary to bladder outlet obstruction. Physical findings noted a 1.5cm non-fungating urethral growth. diagnosis of urethral caruncle with bladder outlet obstruction was established. A urinary catheter was inserted, after which the renal function improved. Elective cystoscopy and excision of caruncle was later performed. Intra-operatively, a 1.5cm urethral lesion was noted, with the base distal to the external sphincter. HPE revealed high grade B-cell lymphoma, favouring diffuse large cell type. Unfortunately, the patient passed away shortly after due to an unrelated cause before other investigations could be carried out.

**Conclusion:** Urethral lymphoma is a rare cause for distal urethral lesions in female with only 7 reported cases in literature.
Successful Penile Reimplantation Post Psychosis Induced Self-mutilation

A. Arun, K. Suriaraj, W. Ong, S. Omar
Department of Urology, Hospital Sultanah Aminah, Johor Bahru, Malaysia

Introduction: Although penile amputation is a rare urological emergency, it carries major functional and psychological consequences in regard to patient’s overall quality of life. There is paucity of case report of traumatic penile amputation during circumcision; however, most cases reported with self-mutilation are result of severe substance induced psychosis or underlying psychiatric disorder.

Case report: A 41 year-old gentleman presented with self-mutilation of his penis where he allegedly took a machete and cut it off after having an auditory hallucination telling him to do so. He was first brought to a nearby district hospital where haemostatic suturing was done. Subsequently he was referred to our centre where a suprapubic catheter was inserted for urinary diversion. This case was then referred to the plastic and reconstructive surgery team in Hospital Kuala Lumpur. Penile reimplantation was done on the same day. He was seen by the psychiatric team and was treated as having a brief psychotic disorder. His Foley catheter and suprapubic tube remained in place till a voiding cystourethrogram (VCUG) demonstrated a patent urethra without evidence of urinary leakage or stricture. At the time of his VCUG, he experienced return of distal penile sensation and partial erections. He was discharged home well without catheter.

Conclusions: There is limited clinical data describing the surgical repair techniques employed in a penile reimplantation as well as their long-term outcomes and functional success. Historically, successful penile reimplantation is commonly measured by restoration of intact penile sensation, recovering erectile function, and/or absence of urethral strictures or urinary problems. Nevertheless, the primary goals for successful penile reimplantation are to minimize ischemia time, proper transport of distal penile segment, and transportation to a hospital with the surgical expertise.

Penile Fibrosis following Self-injection of Foreign Material: A Single Centre Experience

Syed Omar1, WL Tam1, I. Munjih2, Mohd Nazli2, Hamid Ghazali1
1. Department Of Urology, Hospital Tengku Ampuan Afzan (HTAA)
2. Department Of Surgery, International Islamic University Malaysia (IIUM)

Introduction: Penile fibrosis due to self-injection of foreign material to augment penile size is common in South East Asia. We have encountered 10 such cases at our centre that have successfully undergone surgical excision with desirable outcome.

Case series: A total of 9 patients were managed at our centre from April 2016 to May 2018. Mean age was 41.4 years (range 25-75 years). Various types of foreign materials (oils, silicon) were used to augment their penile size by injecting into the subcutaneous layer of penis. These procedures were performed by non-medical personnel. The most common presentation was pain and swelling with painful erection and as a result, disturbance in sexual activity. One patient presented with a painless ulcer mimicking penile cancer, which resulted in a diagnostic dilemma. We prescribed vitamin E supplements, which had a positive outcome in these patients. However, surgical excision remains the mainstay of treatment either as a single-stage or two-stage procedures. Penile reconstruction with scrotal bridge flap was most commonly performed. Post-operative complications were mainly edema. Post-operative outcome were successful in all cases as it managed to alleviate pain and deformity of penis with return to normal sexual activity.

Conclusion: Penile fibrosis as a result of self-injection may lead to considerable physical and psychological side effects to both patients and their partners. Penile dysmorphophobia is seen as the main reason to undergo such a risky procedure, which is performed by non-medical personnel. Vitamin E supplements may aid in the treatment process, however surgical excision with reconstruction in extensive fibrosis remains the mainstay treatment with good outcomes in experienced hands.

Keywords: penile fibrosis, penile reconstructive surgery.
POS 58 Should Urethroplasty be the Choice in Patients with Urethral Strictures? A 4-year Experience

IS Ngu, R Anthony, HK Sia, SH Chan, GC Teh
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction: The management of urethral strictures continues to pose a challenge for the urologists. Recurrent strictures are the major concern. Here we present our 4-year series of patients who had undergone urethroplasty at the Sarawak General Hospital.

Material and methods: This was a retrospective review on patients who had undergone urethroplasty from 2015 to 2018. Data was sourced from the outpatient clinical records as well as from the hospital’s Computerized Operating Theatre Database (COTDS).

Results: 30 patients had undergone urethroplasty during this period. The mean age of patients were 44 years old. Stricture aetiology was traumatic in 43% and non-traumatic in 57%. 33% of stricture length was intraoperatively measured less than 2 cm; 23% measured between 2 to 5 cm while 16.7% measured more than 5 cm. 30% of the strictures were located in the posterior urethra, 56.7% were located in the anterior urethra while 13.3% at the bulbar-membranous junction. Anastomotic urethroplasty was done in 8 of the patients while 22 patients underwent substitutional urethroplasty whereby a buccal mucosa graft was utilized. Mean postoperative stay was 3 days. The mean time to catheter removal was 32.8 days. Mean Qmax was 16.2 ml/s following catheter removal. The median follow up in these series was 32.5 days.

Conclusion: Urethroplasty is not associated with a significant morbidity as well as mortality in the short term. Current practices are leaning more towards primary surgical urethral reconstruction rather than repeated urethrotomies due to its durable outcome but a longer follow up is needed.

POS 59 Permanent Nephrostomy for Urinary Diversion in University Malaya Medical Centre (UMMC)

JA Mosiun, KL Seng, KD Nadesalingam, TA Ong
University Malaya Medical Centre, Kuala Lumpur, Malaysia

Introduction: Percutaneous nephrostomy is a recognized method of decompression of an obstructed urinary system and is sometimes employed as a permanent means of urinary diversion.

Objective: The aim of this study is to assess the use of long-term nephrostomy in University Malaya Medical Centre (UMMC) and consequent patient morbidity and effect on quality of life.

Materials and methods: This is a single-center retrospective analysis of patients requiring permanent nephrostomy in UMMC. Information was collected from the medical records of patients on regular nephrostomy change from January 2015 and August 2018. Patients were asked to answer a questionnaire on their quality of life after nephrostomy insertion.

Results: A total of 25 patients were identified for analysis. There was equal sex distribution. The mean age was 67 years old (37 – 94 years old). The indications for insertion included benign causes such as urolithiasis, genitourinary tuberculosis and ureteric stricture after radiotherapy. Other indications were obstructive uropathy in malignancies involving the ureter, bladder, prostate, cervix, rectum, as well as pelvic leiomyosarcoma and lymphoma. The mean number of hospital readmissions was 6 times (1 - 17 times), with the mean number of days admitted being 30 days (3 - 140 days). Reasons for emergency admission were urosepsis, blocked or dislodged catheters, failed bedside catheter change, and traumatic catheter insertion with hematuria. The mean number of unscheduled hospital visits that did not require admission was 2 visits (1 - 18 visits).

Conclusion: A patient who requires long-term relief of an obstructed urinary system has the option of a permanent percutaneous nephrostomy. However, the associated morbidities and expected quality of life with permanent nephrostomy should be explained.
Penile Cancer: Report of 5 Local Cases and Literature Review

Jaspreet C, Shankaran T
Department of Urology, Hospital Queen Elizabeth, Sabah, Malaysia

Introduction: Penile cancer is a rare malignancy, with the age-standardized incidence rate by the world standard population at 0.84 cases per 100,000 person-years. Fear, embarrassment, and social stigma result in delay in seeking treatment or refusing treatment at an early stage. Squamous cell carcinoma account for the vast majority of cases. The most common site for penile cancer is the glans (48%), prepuce (21%), glans and prepuce (9%), coronal sulcus (6%), and least commonly the shaft (<2%). Several risk factors have been recognized for penile cancer, which include phimosis, smoking, lichen sclerosis, ultraviolet A phototherapy, low socio-economic status, HPV infection, and condylomata acuminate.

Materials and methods: The hospital’s operating theatre records were searched for the patients who were operated on for the diagnosis of penile cancer between January 2017 till August 2018. We hereby describe five cases of penile cancers treated at our centre during the period mentioned.

Results: The mean age of patients was 50 years (range 39–64 years). The average time for consultation was 9 months. 4 patients were uncircumcised, while 2 were smokers. All 5 patients underwent total penectomy for the primary lesion, with histology showing squamous cell carcinoma. There were 4 patients who underwent lymph node dissection, 2 unilateral and 2 bilateral. 3 of the patients had stage 2 disease, 1 stage 3a, and another stage 4. The patient with stage 3a disease received adjuvant chemotherapy, while the patient with stage 4 disease eventually succumbed to his disease.

Discussion and conclusions: Despite being a rare tumour, penile cancer has been seen more commonly in East Malaysia as compared with Peninsula Malaysia. Patients with penile cancer often present late. The prognosis of the cancer depends on the TNM stage, histological type, grade, and lymphovascular invasion. Aggressive surgical treatment of primary disease and lymph nodes remain the cornerstone of management.

Malakoplakia Mimicking Muscle-Invasive Bladder Cancer (MIBC): A Case Report

Edmund S, SH Chan, GC Teh
Department of Urology, Sarawak General Hospital, Kuching, Malaysia

Introduction: Malakoplakia is a very rare and infrequently seen chronic inflammatory disease. In the bladder, it can resemble malignancy and lead to serious misdiagnosis. Herein we report an unusual case of malakoplakia of the bladder in an elderly female patient.

Case Report: A 65-year-old lady presented with acute urinary retention and prior history of intermittent painless visible hematuria. Ultrasound of the abdomen revealed features of MIBC with bilateral obstructive uropathy, while blood analysis indicated active infection and renal impairment. Infection was evident on urinalysis too. She underwent bilateral nephrostomies before a contrasted tomography (CECT) scan was done. Cystoscopy displayed a posterior bladder polypoidal mass. The final diagnosis was established by biopsy and ensuing microscopic findings of acidophilic, Hansemann cells with Michaelis-Gutmann inclusions which are pathognomonic for malakoplakia. The patient was then commenced on long-term oral antibiotics and antegrade bilateral ureteric stenting was successfully performed. She is due for a re-assessment CECT later.

Discussion: Malakoplakia could appear as an aggressive bladder mass with great potential to cause obstructive uropathy and kidney failure. Early histology is crucial to establish diagnosis and commence treatment. Urinary bladder malakoplakia should be strongly considered in patients with recurring macrohematuria and tumor mass at cystoscopy.

Keywords: Malakoplakia, MIBC
Introduction and objectives: Studies have shown that obesity is associated with increased risk of renal cell carcinoma (RCC). Obesity is defined as having a body mass index (BMI) of 30 kg/m² or above. Objectives: The aim of this study was to examine the link between obesity and the clinical or pathological characteristics of RCC patients in a Malaysian tertiary referral centre.

Material and methods: A retrospective analysis of patients with RCC who underwent nephrectomy between 2012 and 2017 at University of Malaya Medical Centre was performed. The patients were divided into two groups according to the WHO classification: non-obese (BMI<30 kg/m²) and obese (BMI≥30 kg/m²). Differences in the clinicopathological variables between BMI groups were analysed using the chi-squared test and t-test.

Results: Of the 96 RCC patients, 76% were classified as non-obese and 24% were obese. The mean age of non-obese group (59.4±12.4 years) and obese group (61.4±10.4 years) were similar (p=0.486). Obesity was significantly associated with lower tumor grade (p=0.040) and the absence of distant metastases (p=0.030). When comparing sex (p=0.669) and ethnicity (p=0.112), no statistically significant differences were seen. Similarly, obesity was not significantly related to histological subtype (p=0.590), tumor size (p=0.959) and pathological T stage (p=0.334).

Conclusions: The findings of the study showed that obese patients were more likely to have lower tumor grade and less incidence of distant metastases. This warrants further investigations into the effects of obesity or BMI on the survival of our patient cohort.