PHILIPPINE UROLOGICAL ASSOCIATION, INC.

EXECUTIVE COUNCIL 2019

Samuel Vincent G. Yrastorza, M.D.
   President
Harry G. Longno, M.D.
   Vice President
Ernesto L. Gerial, Jr., M.D.
   Secretary
Aristotle Bernard M. Roque, M.D.
   Treasurer
Eli Paulino F. Madrona, M.D.
   Auditor

Diosdado C. Limjoco, M.D.
Paul Anthony L. Sunga, M.D.
   Council Members

Wilfredo S. Tagle, M.D.
   Adviser

PHILIPPINE JOURNAL OF UROLOGY

Patrick H. Tuliao, M.D.
   Editor-in-Chief

Neddy L. Lim, M.D.
   Managing Editor

RESEARCH COMMITTEE

Michael Eufemio L. Macalalag, M.D.
   Chairman

Aristotle Bernard M. Roque, M.D.
   E.C.M. In-charge

MEMBERS
   Sigrid M. Agcaoili, M.D.
   Roderick P. Arcinas, M.D.
   Victor D. Cabrera, Jr., M.D.
   Paulo Jesus F. Fernandez, M.D.
   Godofredo Victor B. Gasa, M.D.
   Kathleen R. Gonzales, M.D.
   Angelo L. Linawagan, M.D.
   Chito M. Semblante, M.D.
   Norman V. Valera, M.D.

Supported by:

Natrapharm
Does Addition of Routine Systematic Biopsy to Targeted Multiparametric MRI-Ultrasound Fusion Guided Prostate Biopsy Improve the Detection of Prostate Cancer?
Ralph Albert Patrick C. Uy, Jr., MD; Jason L. Letran, MD; German Jose T. Albano, M.D.
University of Santo Tomas Hospital
PHILIPPINES

Comparison of Multiparametric MRI Fusion-Guided and Transrectal Ultrasound-Guided Prostate Biopsy for the Detection of Prostate Cancer in Biopsy-naïve Men
Patrick P. Blaza, MD; Jason L. Letran, MD; German Jose T. Albano, MD
University of Santo Tomas Hospital
PHILIPPINES

Mini-Percutaneous Nephrolithotomy vs. Standard Percutaneous Nephrolithotomy for Stones 2 cm and above: A Meta-Analysis
Nytte Celle Janne M. Mascarinas, MD; Marc Vincent T. Trinidad, MD; Ishan Malla, MD; Oyayi A. Arellano, MD; Joseph Michael A. Ursua, MD
East Avenue Medical Center
PHILIPPINES

Clinical Scoring System for Predicting Recurrent Urinary Tract Infection in Toilet-Trained Children
Kirk Andrew R. Lipana, MD; David T. Bolong, MD
University of Santo Tomas Hospital
PHILIPPINES

Diagnostic value of intraoperative stone and pelvic urine culture vs preoperative urine culture in the prediction of postoperative systemic inflammatory response syndrome in percutaneous nephrolithotomy: a prospective study in a tertiary hospital
Marc Vincent T. Trinidad, MD; Ronan C. Cuaresma, MD; Paulo Jesus F. Fernandez, MD
East Avenue Medical Center
PHILIPPINES

The Efficacy and Safety of Thulium Laser Enucleation of the Prostate (ThuLEP) as a Treatment Modality for Benign Prostatic Hyperplasia: A Two-Year Experience in a Single Institution in the Philippines
Nicolo F. Buenaventura, MD; Oyayi A. Arellano, MD; Ronan C. Cuaresma, MD; Paulo Jesus F. Fernandez, MD
East Avenue Medical Center
PHILIPPINES

Design and Validation of a non-biological 3D printed pelvocalyceal system (RIRS Box) for simulation-based training of flexible ureteroscopy: a Stage 2A surgical innovation study
Rajiv H. Kalbit, MD; Enrique Ian S. Lorenzo, MD; Juan Godofredo R. Baldelosa, III, MD; Edgardo L. Reyes, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Low-Power Holmium: YAG Laser Visual Internal Urethrotomy For the Management of Urethral Stricture Disease In a Tertiary Government Hospital: A Descriptive Study
Ryan Josef D. Tuazon, MD; Karl Marvin M. Tan, MD
Veterans Memorial Medical Center
PHILIPPINES

Prevalence of Erectile Dysfunction among Motorcycle Riders: A descriptive Cross-Sectional Study
Lei Carlo L. Macalinsang, MD; Michael Jonathan R. Latayan, MD
Southern Philippines Medical Center
PHILIPPINES

Comparing the Efficacy of Periprostatic Nerve Block alone vs Periprostatic Nerve Block plus Oral Tramadol + Paracetamol Tablet for Pain Control of Patients During and After TRUS Biopsy of the Prostate Gland: A Randomized Control Trial
Eric Roudel C. Ecalnir, MD; Kathleen G. Gonzales, MD; Fercival B. Sabino, MD; Eduardo M. Añonuevo, MD
Victoriano Luna Medical Center
PHILIPPINES

Artemis 3D Semi-Robotic Prostate Fusion Biopsy Biopsy-A Single Center Initial Experience in the Philippines
Raul Carlo Andutan, MD; Ishan Malla, MD; Andrew Bonae Estanislao F. Valdez, MD; Pedro L. Lantin, III, MD; Christopher D. Taguba, MD; Juvido P. Agatep, Jr., MD
East Avenue Medical Center
PHILIPPINES
Enhanced Super Mini Percutaneous Nephrolithotomy in the Treatment of Renal Stones; can the "Small" overcome the "Big" in the world of Endourology?
Vincent Emanuel F. Malonzo, MD; Albert T. Aquino, MD
Philippine Alliance for Urolithiasis (Urology Center of the Philippines, Inc.)
PHILIPPINES

Differences in Cystoscopic findings between Patients with Macroscopic and Microscopic Hematuria
Leynard Manuel Marrero, MD; Phyo Aung, MD; Amit Mukherjee, MD; Tow Poh Lim, MD; Molly Eng, MD; Cheuk Fan Shum, MD
Khoo Teck Puat Hospital
SINGAPORE

Renal cell carcinoma: Survival and Outcome in Pre-era of targeted therapy - The result from the southern tertiary center of Thailand
Teeranop Choorit, MD; Choosak Pripatnanont, MD; Worapat Attawetttayanon, MD; Virote Chalieopanyarwong, MD
Prince of Songkhla University
THAILAND

Moving towards a promising prostate biopsy approach: A meta-analysis of cancer detection rate and complications between transperineal and transrectal prostate biopsy
Made Adi Wiratama, MD; Lukman Hakim, MD
Dr. Soetomo Hospital, Universitas Airlangga
INDONESIA

Smoking History, Smoking Intensity and Type of Cigarette as a Risk Factor of Bladder Cancer: A Systematic Review
Sawkar Vijay Pramod, MD; Ferry Safradi, MD; Bethy S. Hernowo, MD; Baskara Batista, MD
Universitas Padjadjaran
INDONESIA

Risk Factors Orchietomy in Testicular Torsion Patients in Indonesian Referral Center
Rulianov, MD; Kuncoro Adi, MD
Universitas Padjadjaran, Hasan Sadikin Hospital
INDONESIA

A New Standard of Percutaneous Nephrolithotomy (PCNL): A Meta-analysis of Ultrasonography-guided versus Fluoroscopy-guided for PCNL
A. Kusumaputra, MD; S. Soetojo, MD
Airlangga University
INDONESIA

Y-Chromosomal Microdeletion and Sperm-Retrieval Successful Rate in Men with Azoospermia
Eko Arianto, MD; Ponco Birowo, MD; Nur Rasyid, MD
Dr. Cipto Mangunkusumo National Central General Hospital - Universitas
INDONESIA

Predictor Factors for Severity Degree of Pediatric Hydronephrosis in Tertiary Hospital
Hamdan Yuwafi Naim, MD; Besut Daryanto, MD; Pradana Nurhadi, MD
Universitas Brawijaya
INDONESIA

Comparative Analysis of Donor and Allograft Outcomes Based on Laterality of Kidney Donation: Proof of Equivalence of the Safety and Efficacy of Laparoscopic Left vs. Right Donor Nephrectomy
Dinno Francis A. Mendiola, MD; Ernesto L. Gerial, Jr., MD; Jose Benito A. Abraham, MD
National Kidney and Transplant Institute
PHILIPPINES

The Outcome of Transperitoneal Versus Retroperitoneal Laparoscopic Nephrectomy
Al-Widzin M. Jupli, MD; Herman L. Sorongon, Jr., MD; Michael Jonathan R. Latayan, MD
Southern Philippines Medical Center
PHILIPPINES

Evaluation of Erectile Function and Sexual Satisfaction in Patients with Penile Paraffinoma: A Case Series
Andrew Bonae Estanislao F. Valdez, MD; Ronan C. Cuaresma, MD; Paulo Jesus F. Fernandez, MD
East Avenue Medical Center
PHILIPPINES

Microsurgical Reconstruction of Male ductal system in the Philippines - a Single Surgeon Experience
Harris Lim, MD; Rogerson D. Tiangco, MD; Dennis G. Lusaya, MD; Avelyn Lim, MD
University of Santo Tomas Hospital
PHILIPPINES
Normal Urinalysis but with Infection? A Retrospective Study on the Presence of Chlamydia Trachomatis and Its Correlation to Urinalysis Results
Lyndoon G. Loo, MD; Michael Eufemio L. Macalalag, MD; Evelina W. Lagamayo, MD; Jethro M. Salvaña, MD
St. Luke’s Medical Center
PHILIPPINES

Translation and Validation of the Overactive Bladder Symptom Score into its Tagalog Version for Filipino Patients with Urinary Tract Symptoms
Ian Paolo C. Oballo, MD; Fidel Tomas M. Manalaysay, III, MD; Mark Joseph J. Abalajon, MD; Patricia Anne P. Tagle, MD
East Avenue Medical Center
PHILIPPINES

Correlation of Urinary Incontinence and Overactive Bladder Syndrome with Anxiety among Military Trainees - A Cross Sectional Study
Robert Leeh E. Pedragosa, MD; Antolyn E. Exconde, Jr., MD; Kathleen T. Gonzales, MD; Bennie Dick C. Catangay, MD
Victoriano Luna Medical Center
PHILIPPINES

Prostatic Block vs. Intrarectal Topical Anesthesia: A Randomized Control Trial to Assess the More Effective Pain Control and Safer Mode of Local Anesthesia for Transrectal Ultrasound-Guided Prostate Needle Biopsy in a Public Tertiary Hospital in the Philippines
Ralph N. Rabanal, MD; Eli Paulino F. Madrona, MD; Karl Marvin M. Tan, MD
Veterans Memorial Medical Center
PHILIPPINES

Single Institution Experience on Supine Percutaneous Nephrolithotomy
Romeo Lloyd T. Romero, MD; Karl Marvin M. Tan, MD; Sid C. Sergio, MD
Veterans Memorial Medical Center
PHILIPPINES

Adaptation to Filipino Version of the Overactive Bladder Symptom Score
Janssen Dion T. Unas, MD; David T. Bolong, MD
University of Santo Tomas Hospital
PHILIPPINES
UP 18

Practice of Percutaneous Nephrolithotripsy (PCNL) and Outcomes at the Philippine General Hospital (PGH)
Joan Marie S. Flor, MD; Ana Melissa H. Cabungcal, MD; Marie Carmela M. Lapitan, MD
University of the Philippines – Philippine General Hospital
PHILIPPINES

UP 19

Bacteriology and Antibiotic Sensitivity Pattern of Isolates in Patients Who Underwent Percutaneous Nephrolithotripsy (PCNL) at the Philippine General Hospital (PGH)
Joan Marie S. Flor, MD; Marie Carmela M. Lapitan, MD
University of the Philippines – Philippine General Hospital
PHILIPPINES

CASE REPORT

UP 20

Bilateral Obstructive Uropathy Secondary to Pelvic Lipomatosis: A Case Study
Joan Marie S. Flor, MD; Michael John Francis V. Gaston, MD
University of the Philippines – Philippine General Hospital
PHILIPPINES

UP 21

A Rare Case of A 38 Year Old Female with Multiple Uterine Myoma, a Family History of Uterine Myoma, & a Right Renal Mass Encasing the Right Renal Artery
Walter Ian Lim, MD
East Avenue Medical Center
PHILIPPINES

UP 22

Renal Cell Carcinoma and Angiomyolipoma in a 75 year-old Female: Case Report
Ravi James Buxani, MD
East Avenue Medical Center
PHILIPPINES

UP 23

Primary Signet Ring Cell Adenocarcinoma of the Urinary Bladder in a 34-year old Male: A Case Report
Jeremiah I. Fe, MD
East Avenue Medical Center
PHILIPPINES

UP 24

Leiomyoma of the Urinary Bladder in a 31 Year Old Female: A Case Report
Argee A. Alonsabe, MD; Julian Salvador A. Vinco, MD
Corazon Locsin Montelibano Memorial Regional Hospital
PHILIPPINES

UP 25

Leiomyosarcoma of the Spermatic Cord, A Rare Paratesticular Neoplasm
Anne Lorraine N. Daulat, MD; Ricardo Paulo J. Yusay, MD
Corazon Locsin Montelibano Memorial Regional Hospital
PHILIPPINES

UP 26

Reconstructive Surgery for Untreated Bladder Exstrophy in Young Adult Woman: A Case Report
Reza Maulana, MD; Jufriady Ismy, MD
Universitas Padjadjaran / Hasan Sadikin General Hospital;
Universitas Syiah Kuala / Zainoel Abidin Hospital
INDONESIA

UP 27

Spontaneous Perirenal Hemorrhage due to Ruptured Renal Arteriovenous Malformation: A Case Report and Literature Review
Richardo R. Handoko, MD; Ferry Safriadi, MD
Hasan Sadikin Hospital - University Padjadjaran
INDONESIA

UP 28

A Large bladder Leiomyoma: A Case Report and Literature Review
Rangga Adhazi Ksatiapraja, MD; Sawkri Vijay Pramod, MD
Universitas Padjadjaran; Hasan Sadikin Hospital
INDONESIA

UP 29

Hanging Bladder Stone due to Misplaced Surgical Suture Several years after Hysterectomy
Andrey Satria Julian, MD; Ahmad Agil, MD
Universitas Padjadjaran / Hasan Sadikin General Hospital
INDONESIA

CINEMA UROLOGY

V1

Supine PCNL in the Morbidly Obese
Romeo Lloyd T. Romero, MD; Eli Paulino F. Madrona, MD; Meliton D. Alpas, III, MD; Karl Marvin M. Tan, MD; Sid C. Sergio, MD; Ralph N. Rabanal, MD
Veterans Memorial Medical Center
PHILIPPINES

V2

Holmium LASER Enucleation of the Prostate (HoLEP)
Juan Emmanuel T. Montañá, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES
Game Changer: Retzius-Sparing Robot-Assisted Laparoscopic Radical Prostatectomy
Juan Emmanuel T. Montaña, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Sheathless RIRS
Michael Dave N. Mesias, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Extraperitoneal Radical Prostatectomy: A Step-by-Step Technique Demonstration by a Single Surgeon
Rajiv H. Kalbit, MD; Jade Kenneth G. Lomansoc, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Laparoscopic Radical Prostatectomy versus Robotic-Assisted Laparoscopic Radical Prostatectomy: Single Surgeon, Similar Technique, Similar Results?
Rajiv H. Kalbit, MD; Jade Kenneth G. Lomansoc, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

A Stepwise Approach to Backdoor Entry in Adrenalectomy: Retroperitoneoscopic Adrenalectomy
John Mark Garcia, MD; Juvido P. Agatep, Jr., MD
St. Luke’s Medical Center
PHILIPPINES

Inflatable Penile Prosthesis Implantation for Erectile Dysfunction
Rogerson D. Tiangco, MD; Jonathan S. Mendoza, MD; Michael E. Chua, MD; Josefino C. Castillo, MD
St. Luke’s Medical Center
PHILIPPINES

Transobturator Midurethral Synthetic Mesh Sling for Female Stress Urinary Incontinence
Rogerson D. Tiangco, MD; Jonathan S. Mendoza, MD; Michael E. Chua, MD; Josefino C. Castillo, MD; Maria Anna Vanessa A. Geron, MD
St. Luke’s Medical Center
PHILIPPINES

Retroperitoneoscopic Pyeloplasty, Right
Patrick Vincent P. Tanseco, MD; Juvido P. Agatep, Jr., MD; Marvin Castillo, MD
St. Luke’s Medical Center
PHILIPPINES

Laparoscopic Partial Nephrectomy in a Patient with “Toxic” Fat and No Intra-operative Ultrasound
Joy Castillo, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES
ABSTRACTS

RESEARCH PODIUM PRESENTATION

PP1 ANALYTICAL

PP1-1 Does Addition of Routine Systematic Biopsy to Targeted Multiparametric MRI-Ultrasound Fusion Guided Prostate Biopsy Improve the Detection of Prostate Cancer?
Ralph Albert Patrick C. Uy, Jr., MD; Jason L. Letran, MD; German Jose T. Albano, M.D.
University of Santo Tomas Hospital
PHILIPPINES

Objective: The utilization of Multiparametric Magnetic Resonance Imaging (MPMRI) of the prostate fused with real time ultrasound image to guide prostate biopsy is rapidly gaining acceptance among urologists as the preferred diagnostic procedures in suspected cases of prostate cancer (PCa). Local and international data support its superior detection rate. Urologists were trained in, and are familiar with the ‘routine’ systematic sextant biopsy of the prostate using the TRUS biopsy system. It therefore comes as no surprise, that urologists are reluctant to simply discard systematic biopsy in spite of the clear delineation of the suspected tumor provided by the MRI. This proclivity is reinforced by random and arbitrary experiences that indicate the presence of tumors in areas of the prostate otherwise indicated in the MRI report. This study is conducted to determine the value of adding systematic biopsy in the detection of csPCa to MPMRI-UTZ fusion guided prostate biopsy.

Methods: This is a cross-sectional study involving 128 men who underwent MPMRI-UTZ fusion guided prostate biopsy. All patients underwent both targeted and systematic biopsy performed by a single operator. Targeted biopsy was performed first, wherein a minimum of 3 prostate cores were taken per lesion. This was followed by performing systematic biopsy, obtaining two prostate cores from the following areas of the prostate: right anterior, right mid, right posterior, left anterior, left mid, and left posterior.

Results: Among the 128 patients who underwent prostate biopsy, 81 (63%) turned out to have PCa, and 60 (74%) of which were clinically significant. Out of the 60 patients with csPCa, targeted biopsy alone detected 55/60 (92%), while systematic biopsy was able to detect 2/60 (3%) patients who on targeted biopsy showed a benign result. Three 3/60 (5%) patients were upstaged to csPCa by systematic biopsy who on targeted biopsy showed clinically insignificant PCa. Considering only all patients with PCa, targeted biopsy detected 55/81 (68%) patients with csPCa, while systematic biopsy detected 13/81 (16%). Targeted biopsy missed a total of 7/81 (9%) patients on systematic biopsy turned out to have PCa. Among the 7 patients missed by targeted biopsy, only 2 (2%) were of clinical significance. In terms of patients with clinically insignificant PCa, targeted biopsy detected only 19/81 patients (23%), while systematic biopsy detected 33/81 (41%).

Conclusion: Overall, of the 128 patients included in the study, the addition of systematic biopsy was only able to detect 5 (4%) additional patients and is unnecessary in 123 (96%). Targeted biopsy alone have no significant statistical difference in detecting csPCa over both targeted+systematic biopsy while systematic biopsy showed a statistical significant difference in detecting more clinically insignificant PCa than targeted+systematic biopsy.

PP1-2 Comparison of Multiparametric MRI Fusion-Guided and Transrectal Ultrasound-Guided Prostate Biopsy for the detection of Prostate Cancer in Biopsy-naïve Men
Patrick P. Blaza, MD; Jason L. Letran, MD; German Jose T. Albano, MD
University of Santo Tomas Hospital
PHILIPPINES

Objectives: Transrectal ultrasound-guided prostate biopsy (TRUSPBx) is the recommended method for the histopathologic confirmation of prostate cancer. However, the overall cancer detection rate is low; hence, patients are potentially exposed to multiple biopsies and their attendant morbidity. Multiparametric MRI of the prostate followed by MRI fusion-guided prostate biopsy (FBx) is an emerging diagnostic pathway that has been established and recommended in men with a persistently elevated PSA despite a previous negative biopsy. However, evidence regarding its value in the biopsy-naïve setting is scarce. Our objective is to compare the diagnostic accuracy of MRI fusion-guided prostate biopsy against TRUSPBx in biopsy-naïve men.

Materials and Methods: This is a retrospective cohort study involving biopsy-naïve men with a PSA of 3 – 20 ng/mL. Primary outcomes of the study include overall cancer detection rate (CDR) and detection of clinically significant prostate cancer (csPCa). Subgroup analyses were performed based on PSA level and prostate volume. Independent t-test, Mann Whitney U test and Chi square test were used in the statistical analysis.

Results: A total of 185 biopsy-naïve men with a PSA level of 3 – 20 ng/mL were included in the study. Median pre-biopsy PSA level was 7.07 ng/mL (5.06 – 11.0) and 9.02 ng/mL (5.8 – 13.8) in the FBx arm and TRUS-guided biopsy arm respectively. Ninety-nine (n=99; 53%) underwent MP-MRI of the prostate followed by MRI fusion-guided prostate biopsy and eighty-six (n=86; 46%) underwent the standard TRUS-guided prostate biopsy. Compared to TRUSPBx, FBx significantly detected more prostate cancer (CDR: 68% vs 30%, p<0.0001*) and csPCa (46% vs 22%, p=0.001). The diagnostic yield of FBx was distinctly superior in the subgroup of men with a PSA of 4 – 10 ng/mL (CDR: 64% vs 7%, p=0.0001*; csPCa: 43% vs 2%, p<0.0001*) and a prostate volume of <40 grams (CDR: 82% vs 36%, p<0.0001*; csPCa: 53% vs 21%, p=0.006*).

Conclusion: Compared to the current standard, the diagnostic yield of MRI fusion-guided prostate biopsy is significantly better in biopsy-naïve men. FBx detected more men with prostate cancer, with a higher proportion of men having clinically significant disease. This advantage is strongly evident in men with a PSA level of 4 – 10 ng/mL and an average prostate volume of 40 grams. Hence, Multiparametric MRI of the prostate followed by MRI fusion-guided prostate biopsy is an efficient first-line diagnostic modality for prostate cancer in men presenting with elevated PSA levels.

PP1-3 Mini-Percutaneous Nephrolithotomy vs. Standard Percutaneous Nephrolithotomy for stones 2 cm and above: A Meta-Analysis
Nytte Celle Janne M. Mascarinas, MD; Marc Vincent T. Trinidad, MD; Ishan Mallia, MD; Oyayi A. Arellano, MD; Joseph Michael A. Ursua, MD
East Avenue Medical Center
PHILIPPINES

Objective: The current standard in the management of large burden renal stones is conventional percutaneous nephrolithotomy. Mini-percutaneous nephrolithotomy (mini-PCNL) is a procedure developed to decrease complications of standard PCNL by decreasing the size of access. Recent studies have shown high stone free rates with minimal complications in utilizing mini-PCNL in larger stones. This
study aims to assess the safety and efficacy of mini-PCNL for stones with sizes 2 cm and above versus standard PCNL.

**Materials and Methods:** This is a meta-analysis comparing mini-PCNL and standard PCNL in the management of renal stones 2 cm and above. A PubMed search was done to acquire randomized controlled trials (RCTs), prospective and retrospective studies of mini-PCNL and standard PCNL assessing large burden renal stones, defined as 2 cm and above. Two authors independently assessed the studies for selection.

**Statistical Analysis:** Comparison of mini-PCNL and standard PCNL was done according to following parameters: stone-free rate, operative time, post-operative decrease in hemoglobin levels, length of hospital stay, rate of transfusion, occurrence of fever, post-operative pain scores, and occurrence of urine leakage.

**Results:** Results of this meta-analysis showed that standard percutaneous nephrolithotomy has an advantage over mini-percutaneous nephrolithotomy only in terms of having a shorter operative time for larger stones (MD: 8.44 min, 95% CI 6.36 – 10.52 min, p = <0.00001). No difference was found in the outcomes of post-operative pain scores (MD 0.19 VAS score, %CI 0.16 – 0.54, p = 0.29), occurrence of post-operative fever (OR 0.33, 95% CI 0.18 – 0.61, p = 0.06) and the stone-free rate (OR 0.97, 95% CI 0.67 – 1.41, p = 0.88). Mini-percutaneous nephrolithotomy has advantage over standard percutaneous nephrolithotomy for large burden stones in terms of shorter length of post-operative hospital stay (MD 1.44 day, 95% CI 1.22-1.66, P < 0.00001), lower hemoglobin drop (MD 0.48 mg/dl, 95% CI 0.39–0.66, p < 0.00001), lower rate of transfusion (OR 0.40, 95% CI 0.20 – 0.99, p = 0.01), urine leakage (OR 0.11, 95% CI 0.03 – 0.39, p = 0.0008) and an overall lower occurrence of complications (OR 0.42, 95% CI 0.28 – 0.62, p < 0.0001).

**Conclusion:** Mini-percutaneous nephrolithotomy is a safe and effective intervention in large-burden stones 2 cm in size and above.

---

**PP2 DESCRIPTIVE**

**PP2-1 Clinical Scoring System for Predicting Recurrent Urinary Tract Infection in Toilet-Trained Children**

Kirk Andrew R. Lipana, MD; David T. Bolong, MD

University of Santo Tomas Hospital

PHILIPPINES

**Objective:** To develop a clinical scoring system to predict recurrent urinary tract infection (UTI) among toilet-trained children aged 2 to 15 years old. To determine the diagnostic accuracy of the predictive scoring system for recurrent UTI in toilet trained children using frequency voiding chart and ultrasound parameters.

**Methods:** A retrospective cohort using a total of 80 subjects was done. Participants were divided into 2 groups namely the control group and the recurrent UTI group. The recurrent UTI group were toilet-trained aged 2 to 15 years old. The control group on the other hand were toilet-trained participants without urinary symptoms nor history of urinary tract infection. Participants completed a 48-hour bladder chart. All PVR’s and BWT were assessed transabdominally using a full digital ultrasound. A predictive scoring system was created and this was tested using the data of the control and recurrent UTI group. The sensitivity, specificity, area under the curve (AUC), diagnostic accuracy, likelihood ratio of positive and negative value, positive predictive value (PPV) and negative predictive value (NPV) of the generated scoring system was determined. Stata MP version 14 software was used for data processing and analysis. Categorical variables were presented as frequency/percentage and were analyzed using Chi square test. The final score represented the sum of the subjects’ parameters, with each factor weighted by its predictive ability in the multivariable model. A Receiver Operating Characteristic (ROC) curve was generated and the Area Under the Curve (AUC) of the score in predicting recurrent UTI was computed. Diagnostic value parameters were calculated for each possible score. An optimal cut-off point was selected based on these parameters.

**Results:** A total of 80 participants were included in the study, 40 with recurrent UTI and 40 without UTI. A higher proportion of participants with EBC>100% frequency ≥1, MVV≥130, PVR ≥2.45, %PVRBC ≥6 and BWT ≥3.3 were noted to have recurrent infection. Using multiple logistic regression analysis, only three factors remained to be significant predictors of recurrent UTI having p values ≤0.05. Hosmer-Lemeshow test indicates the model has a good fit (p=0.4889). Based on this, both frequency of voiding ≥8 and MVV≥130 ml were assigned 2 points. Meanwhile PVR ≥4.25 was assigned 3 points. Total possible score range from 0 to 7. On further analysis, an ROC curve showed that the scoring system developed excellent discriminative ability in predicting recurrent UTI (AUC= 0.8634, 95% CI: 0.7861-0.9408). Upon testing of the scoring system using the data from the recurrent UTI and control group, the suggested cutoff point for is ≥5 having a sensitivity of 90%, specificity of 75%, accuracy of 82.5%, LR+ 3.60 and LR- 0.13. Furthermore, PPV and NPV is 78.26% and 88.24%, respectively. Discriminative ability of using this cutoff score remains to be excellent (AUC= 0.8250, 95% CI: 0.74-0.91). Of the 80 subjects, 34 were scored as less than 5 and 46 subjects as greater than or equal to 5. Thirty out of the 34 subjects (88%) who scored less than 5 came from the control group and 36 out of the 46 subjects (78%) who scored greater or equal to 5 came from the recurrent UTI group. Overall, the recurrent UTI scoring system detected 36 (90%) out of the 40 subjects with a history of recurrent UTI.

**Conclusion:** This is the first scoring system developed to predict recurrent urinary tract infection in toilet trained pediatric patients aged 2-15 years old. We have also verified the positive correlation between frequency, maximum voided volume, post void residual and recurrent urinary tract infection. Finally, we validated the accuracy of the proposed scoring system in detecting recurrent urinary tract infection.

**PP2-2 Diagnostic value of intraoperative stone and pelvic urine culture vs preoperative urine culture in the prediction of postoperative systemic inflammatory response syndrome in percutaneous nephrolithotomy: a prospective study in a tertiary hospital**

Marc Vincent T. Trinidad, MD; Ronan C. Cuaresma, MD; Paulo Jesus F. Fernandez, MD

East Avenue Medical Center

PHILIPPINES

**Objective:** To compare the value of JOSC and IOPUC culture and sensitivity versus POBUC alone to aid in the early detection of SIRS in patients undergoing PCNL.

**Materials and Methods:** This is a prospective clinical study which includes all adult patients undergoing PCNL. All patients who were operated on should have a negative preoperative urine culture (POBUC) results. Intraoperative pelvic urine culture (IOPUC) and stone culture (JOSC) were extracted and results were interpreted if it is contributory in acquiring SIRS post operatively.

**Results:** The demographics of each patient such as age, sex, having diabetes, laterality, location of calculi had no correlation to the development of SIRS. Patients with positive IOPUC and JOSC results yielded a significant value with odds of having SIRS 4.71 and 13.74 respectively.

**Conclusion:** In the study, all patients underwent PCNL with negative preoperative urine culture findings. Having intraoperative cultures, IOPUC and JOSC, can definitely help predict the occurrence of SIRS and ultimately be one step ahead in the management of these patients to decrease overall morbidity and mortality.
PP2-3 The Efficacy and Safety of Thulium Laser Enucleation of the Prostate (ThuLEP) as a Treatment Modality for Benign Prostatic Hyperplasia: A Two-Year Experience in a Single Institution in the Philippines
Nicoló F. Buenaventura, MD; Oyayi A. Arellano, MD; Ronan C. Cuaresma, MD; Paulo Jesus F. Fernandez, MD
East Avenue Medical Center
PHILIPPINES

Background: Benign prostatic hyperplasia (BPH) is one of the most common non-malignant disease conditions in men worldwide. Thulium laser enucleation of the prostate (ThuLEP) is an emerging treatment modality for BPH, with promising outcomes in terms of safety and efficacy, compared to transurethral resection of the prostate (TURP). In the Philippines, ThuLEP is only beginning to gain popularity as the treatment modality of choice in BPH. In this study, we evaluate the efficacy and safety of ThuLEP at the Urology Center of the Philippines, Inc. (UCPI) in the past two (2) years.

Methods: We retrospectively reviewed patient chart data on 664 patients who underwent ThuLEP performed by multiple surgeons at a single institution (UCPI) in the Philippines between January 2017 - August 2019. Descriptive statistics was used to summarize the demographic and clinical characteristics of the patients. Laser enucleation/resection of the prostate was performed using a Cyber TM Thulium Surgical Laser System.

Results: A total of 664 patients were included, with a mean age of 68.56 years old. 472 patients in the population had documented prostate mass, with a mean value of 56.97 grams. 450 patients had documented procedure lengths, with a mean value of 1.39 hours. 450 patients had a mean hospitalization time of 1.18 days, and 428 patients had a mean catheterization time of 6.13 days. There were no reported cases of TURP syndrome, urethral orifice injury, bladder wall injury, or urinary retention after catheter removal. Only two (2) patients were readmitted postoperatively, both due to postoperative gross hematuria and symptomatic urinary tract infection (UTI).

Conclusion: We can recommend thulium laser enucleation of the prostate (ThuLEP) as a safe and effective treatment modality for BPH in the Philippines, due to its low complication rate, short operative time and hospitalization time, both in our study population as well as in other similar studies in other countries.

MP1 Design and Validation of a non-biological 3D printed pelvocalyceal system (RIRS Box) for simulation-based training of flexible uroscopy: a Stage 2A surgical innovation study
Rajiv H. Kalbit, MD; Enrique Ian S. Lorenzo, MD; Juan Godofredo R. Baldeosa, III, MD; Edgardo L. Reyes, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Introduction: In the field of Urology, flexible uroscopy (FURS), remains a challenging skill for junior residents to develop due to the steep learning curve. Training models were incorporated to simulation-based training to allow for novice trainees to gain comfort and overcome the steep learning curve associated with the procedure without potentially compromising patient outcomes and minimize complications.

Objectives: To describe the design and validity of a non-biological 3D model as a tool for simulation-based training for flexible uroscopy.

Materials and Methods: RIRS box is composed of four (4) different siliconized pelvocalyceal system which was mold from three dimensional (3D) printed human pelvocalyceal system that was reconstructed using computed tomography (CT) urograms of actual patients. Urology consultants and residents did a flexible uroscopy on the non-biological 3D printed pelvocalyceal system (RIRS Box) and were given a questionnaire-based assessment of face and content validity using Likert scale.

Results and Discussion: The results of our study showed that urology consultants and resident agreed that the RIRS box was very similar to actual FURS in terms of anatomical resemblance, pyelocaliceal visualization, and instrument handling. Participants of this study also consider the training model useful for training (75%) and believe that it may improve the RIRS technique (46.8%). Our RIRS Box training model showed good face and content validity and with low cost for production hence this training model may help improve residents in the acquisition of technical knowledge and skills prior to a clinical setting.

Conclusion: The RIRS Box showed satisfactory face and content validity. Training with this model may help novice residents and consultants in acquisition technical skills before endeavoring in clinical setting. Further study about construct, concurrent, predictive validity and its usefulness in a simulation-based curriculum.

MP2 Low-Power Holmium: YAG Laser Visual Internal Urethrotomy For the Management of Urethral Stricture Disease In a Tertiary Government Hospital: A Descriptive Study
Ryan Josef D. Tuazon, MD; Karl Marvin M. Tan, MD
Veterans Memorial Medical Center
PHILIPPINES

Objectives: To evaluate the role of urethral stricture treatment outcomes among patients in a Tertiary Government Hospital. To evaluate the efficacy and long term results of Ho-laser visual internal urethrotomy as minimally invasive treatment. To determine the different complications among patients who have gone under Ho-laser visual internal urethrotomy. To evaluate the safety of Ho:YAG laser visual internal urethrotomy for the management of urethral stricture.

Materials and Methods: All patients were assessed with renal function tests, uroflowmetry, retrogradeurethrography (RGU), and urethroscopy. Uroflowmetry was done in all patients except those who had suprapubic cystostomy and in these patients peak flow rate (PFR) was taken as zero. The site and length of the stricture along with the ability of telescope to pass through the stricture was noted on urethroscopy. Ciprofloxacin 500 mg was given just before and 12 h after procedure and continued for next 5 days. The holmium laser fiber was introduced through a side channel once the stricture was visualized by urethroscopy. Procedure was completed with cystoscopy. Post-procedure negotiation of telescope into the urinary bladder was taken as success of procedure. Operative time was recorded as the time interval beginning with insertion of optical urethrotome from external urethral meatus, continuing with procedure either by laser and ending with the removal of urethrotome from external urethreal meatus. A 16-18 F silicone Foley catheter was inserted per urethra at the end of the procedure which was removed after 24 h followed by uroflowmetry. Visual analog pain score was used for the assessment of post-operative pain. All patients were discharged on the second day. Spontaneous voiding with peak flow rate more than 15 ml/seconds without any requirement of post-operative urethral dilatation was taken as a successful procedure. Patients were followed up in Out Patient Department on 15, 30, and 180 post-operative days. At each follow up visit uroflowmetry was performed. If the peak flow rate on uroflowmetry dropped to less than 15/seconds, urethral dilatation was performed. Suprapubic cystostomy tube was removed if patients who had it, maintained peak flow rate of more than 15 ml/s for more than 3 months.
Reduction of peak flow rate to less than 10 ml/s during follow up was taken as failure of the procedure and these patients were offered to undergo another procedure.

**Results:** There is a highly statistically significant difference between the Residual Volume before and after treatment. The t value at 4.527 is found to be statistically significant at p value 0.000. This means that the amount of urine that remains after excretion has been substantially reduced. There is a highly statistically significant difference between the Peak Flow Rate before and after treatment. The t score at -7.333 is found to be highly significant at p value = 0.000. This indicates that the constriction of the passage way has been substantially increased after treatment. Hence, giving the patient a favorable outcome and can perform spontaneous urination without problems.

**Conclusions:** The study done using the Holmium Laser for the management of Urethral Stricture showed markedly improve symptoms with lesser complications and hospital stay. Hence it’s highly recommended to use this current modality for the management of urethral strictures.

**MP3 Prevalence of Erectile Dysfunction among Motorcycle Riders: A descriptive Cross-Sectional Study**
Lei Carlo L. Macalinsang, MD; Michael Jonathan R. Latayan, MD
Southern Philippines Medical Center
PHILIPPINES

**Introduction & Objectives:** Studies have suggested that bicycle use is associated with erectile dysfunction, although conflicting results were available. Similar to bicycling, the perineum is compressed during motorcycle riding and is thought to cause ischemic neuropathy of the penis, which could lead to erectile dysfunction. In addition, motorcycle riding is slightly different considering the saddle design with the addition of engine vibration. The objective of this study is to determine the prevalence of erectile dysfunction among male motorcycle riders attending the outpatient department of Southern Philippines Medical Center from January to March 2019.

**Materials and Methods:** The study employed a descriptive, prospective design to determine the prevalence of erectile dysfunction among motorcycle riders. Recruitment took place at the outpatient department of the Southern Philippines Medical Center. Data was collected using a self-administered questionnaire. The researcher approached all male patients in the outpatient department of Southern Philippines Medical Center either as a patient or a companion. All respondents who satisfied the inclusion/exclusion criteria were asked to participate in the study.

**Results:** A total of 329 motorcycle riders agreed to participate in the study. The median age of participants is 36 years old, ranging from 18 to 66 years old. More than half of the participants are motorcycle drivers. Transport is the most common indication of use. Most of the participants rode more than 6 hours per day. Most common comorbidity is hypertension (16%), About 197 out of 329 patients were diagnosed with ED with an overall prevalence of 59.87% (95% CI: 54.46%-65.07%). Majority (59%) have mild ED and only 2% have severe ED. Majority of the participants 18-29 years old have no ED. Meanwhile, participants >=50 years old were all diagnosed with ED. Among the 54 participants with hypertension, 98% were diagnosed with ED and in 46 participants with DM, all were diagnosed with ED.

**Conclusion:** The results of the study showed that there is a high prevalence of ED among motorcycle riders 59.87% (95% CI: 54.46%- 65.07%). In addition, majority of the subjects have mild ED (59%) and only 2% have severe ED. Further studies are encouraged to determine the association of co-morbid diseases to the development of ED.

**MP4 Comparing the Efficacy of Periprostatic Nerve Block alone vs Periprostatic Nerve Block plus Oral Tramadol+Paracetamol Tablet for Pain Control of Patients During and After TRUS Biopsy of the Prostate Gland: A Randomized Control Trial**
Eric Roudel C. Eclarin, MD; Kathleen G. Gonzales, MD; Fercival B. Sabino, MD; Eduardo M. Aflonuevo, MD
Victoriano Luna Medical Center
PHILIPPINES

**Background:** Several anesthesia techniques are used to minimize the pain during transrectal ultrasound-guided biopsy of the prostate. This study aims to compare the efficacy of periprostatic nerve block (PPNB) alone versus periprostatic nerve block plus oral Tramadol+Paracetamol Tablet for pain control during and after TRUS biopsy of the prostate gland.

**Design:** Double blind placebo controlled randomized clinical trial

**Participants:** We randomized 40 male patients each to either PPNB or PPNB plus oral tramadol and paracetamol (37.5mg/325mg) an hour prior to the procedure. A ten-point visual analogue scale to measure pain intensity was recorded upon insertion of the ultrasound probe, during the biopsy and one hour after the procedure.

**Results:** The two groups were similar in terms of baseline characteristics. Reduction in pain scores were significantly (p-value <0.01) noted for both groups from the point of insertion of the probe, during biopsy and at one-hour post-operative. However, comparing between the two groups, the pain scores were not statistically significantly different upon insertion of the probe (p=0.68), during the biopsy (p=0.26) and after one-hour post-operative (p=0.54).

**Conclusion:** Tramadol and paracetamol combination in addition to periprostatic nerve block produces pain relief similar to standard periprostatic nerve block alone.

**MP5 Artemis 3D Semi-Robotic Prostate Fusion Biopsy A Single Center Initial Experience in the Philippines**
Raul Carlo Andutan, MD; Ishan Malla, MD; Andrew Bonae Estanislao F. Valdez, MD; Pedro L. Lantin, III, MD; Christopher D. Taguba, MD; Juvito P. Agatep, Jr., MD
East Avenue Medical Center
PHILIPPINES

**Objectives:** To assess the initial experience and outcomes of MRI targeted Artemis prostate fusion biopsy under real-time ultrasound guidance done at the Urology Center of the Philippines.

**Study Design:** A case series was conducted to all 64 patients who had a target lesion defined by either Bi-parametric or multiparametric magnetic resonance imaging and underwent ARTEMIS fusion biopsy of the prostate from January - September 2019 at Urology Center of the Philippines.

**Materials and Methods:** Summary statistics were reported as mean ± standard deviation for continuous data with normal distribution or as median (interquartile range) for quantitative variables with skewed distribution and as count (percent) for qualitative measures. Minimum and maximum values of continuous data were also reported. Shapiro-Wilk test was used to check for normality assumption of continuous data. Kruskall-Wallis test was used to compare average across three groups while Mann Whitney U test was used to compare averages between two groups. Fisher’s exact test or Yate’s chi-square test was used to compare proportions. Significant pairwise comparisons were based on adjusted p-values. Statistical significance was based on p-value ≤0.05. STATA v14 was used in data processing and analysis.

**Results:** Detection rate for prostate cancer was higher in MRI targeted biopsy core than the systematic 12-core biopsy (54.7% vs.
15.6%) while detection rate for benign lesions was higher in systematic 12-core biopsy than in MRI defined lesion biopsy (39.1% vs. 78.0%). Both biopsy procedures detected prostate cancer in 15.3% patients and benign lesions in 35.6% patients. No atypical cell was detected by both biopsy procedures. Detection rate based on PI-RADS 3 lesion was 10/21(47.6%), PI-RADS 4 was 17/31(54%) and PI-RADS 5 was 14/22(63.6%).

**Conclusion:** Artemis MRI-Ultrasound fusion targeted biopsy improves cancer detection by accurately obtaining a core sample on the lesion. This 3D semi-robotic device assures high reproducibility of the biopsy procedure. Bi-parametric MRI can be an affordable option that can detect clinically significant prostate cancer. Overall, there is clear benefit of Artemis fusion targeted biopsy regardless of prior biopsy status in detection of clinically significant prostate cancer.

---

**MP6 Enhanced Super Mini Percutaneous Nephrolithotomy in the Treatment of Renal Stones; can the "Small" overcome the "Big" in the world of Endourology?**

Vincent Emanuel F. Malonzo, MD; Albert T. Aquino, MD

**Philippine Alliance for Urolithiasis (Urology Center of the Philippines, Inc.)**

**PHILIPPINES**

**Introduction:** Percutaneous nephrolithotomy (PNL) is the endoscopic treatment of choice in the management of renal stones larger than 1.5-2 cm. This technique has evolved over the years with the influx of new technology thus entering the era of miniaturization. Mini PNL was first described in 1997 by Helal et al in the pediatric population but it was Jackman et.al in 1998 that the first case series for mini PNL was reported. Super-mini percutaneous nephrolithotomy (sSMP) is a novel technique by Zeng et.al and was conceived in 2015 and was brought to the Philippines in the same year by Dr. Albert T. Aquino. To improve lithotripsy efficiency and maintain low intrarenal pressures during the procedure, the technique was further improved and enhanced super mini percutaneous nephrolithotomy (sSMP) was developed and first reported by Zhong et.al.

**Objective/s:** To give a detailed description of what eSMP is and how it is performed. To cite the indications on when to offer eSMP to patients with renal stones 20-50mm. To enumerate the descriptive statistics of the eSMP cases done in this study in terms of patient demographics, stone burden and density, intra- and post-operative complications, surgery time, and days of hospital stay.

**Materials and Methods:** This descriptive study is a case series conducted in a single institution and the procedure was performed by 2 surgeons. A total of 88 cases of mini PNL were done from January 2016 to December 2018. Descriptive data were gathered from each patient’s hospital records and after doing chart reviews and putting into consideration the inclusion and exclusion criteria, a total of 68 eSMP cases were included in this study.

**Results:** eSMP was done in all 68 patients. The median of the ages of the patients is 27-83 years old. 62% of the patients is male. The average stone size is 3.2 cm while the stone density’s range is 200-1697 Hounsfield units. The average time of surgery is 85 minutes and the average length of hospital stay is 3.4 days. Out of the 68 cases, 11 had post-operative complications; no intraoperative complications were noted. Fever occurred in 5 patients, bleeding was noted in 3 patients, and urosepsis developed in 3 patients.

**Conclusion:** In this case series, with an overall complication rate of 16%, eSMP has a favorable safety profile when offered with patients who have renal stones measuring 20-50 mm. eSMP is a promising alternative in the endourological management of renal stones that can produce lower bleeding and transfusion rates and a shorter hospital stay.

---

**MP7 Differences in Cystoscopic findings between Patients with Macroscopic and Microscopic Hematuria**

Leynard Manuel Marrero, MD; Phyo Aung, MD; Amit Mukherjee, MD; Tow Poh Lim, MD; Molly Eng, MD; Cheuk Fan Shum, MD

**Kho Teck Puat Hospital**

**SINGAPORE**

**Introduction and Objectives:** Flexible cystoscopy is recommended as an important investigation modality in all patients with macroscopic hematuria, and those with microscopic hematuria at risk of having bladder cancer. However, it is associated with risks including post-procedure infection, dysuria as well as rare urethral and bladder injury. It is an ongoing debate whether flexible cystoscopy may be avoided in many patients with microscopic hematuria because of the low likelihood of finding a malignant etiology. In this study, we look at the demographics and spectrum of findings among patients presenting with macroscopic and microscopic hematuria, as well as the likelihood of a malignant finding in those with microscopic hematuria.

**Materials and Methods:** We reviewed our institutional database on flexible cystoscopy from 1 Jan 2018 to 31 Dec 2018. We included all patients whose had either macroscopic or microscopic hematuria as indication for flexible cystoscopy. Covariates, including age, gender and race, were noted. These were compared against the post-cystoscopy diagnosis of each patient. In cases with multiple cystoscopic findings, the one being the most apparent etiology for hematuria based on the clinical context of the patient would be considered as the post-cystoscopy diagnosis. A p-value of <0.05 was used to define statistical significance in all analyses, performed with SPSS 24.0.

**Results:** A total of 942 patients were eligible for analysis. Of these, 422 presented with macroscopic hematuria (MH) while 520 presented with microscopic hematuria (mh). The 2 groups were similar in age (MH: 59.3 ± 15.8 years, mh: 59.3 ± 12.1 years). However, they had statistically significant differences in gender (MH: 73.9% male, mh: 50.2% male; p<0.001) and in race (MH: 71.8% Chinese, 14.9% Malay, 10.2% Indian, 1.2% Eurasian, 1.9% Others, mh: 80.4% Chinese, 9.8% Malay, 7.1% Indian, 0.4% Eurasian, 2.3% Others; p=0.017). Among the 422 patients who presented with macroscopic hematuria, 218 (51.7%) had normal findings, 83 (19.7%) had prostate enlargement (BPH), 80 (19.0%) had cystitis, 20 (4.7%) had bladder tumors, 10 (2.4%) had urethral strictures, 2 (0.5%) had stones, and 9 (2.1%) had other etiologies. Among the 520 patients who presented with microscopic hematuria, 402 (77.3%) had normal findings, 50 (9.6%) had BPH, 39 (7.5%) had cystitis, 5 (1.0%) had bladder tumors, 8 (1.5%) had urethral strictures, 6 (1.2%) had stones, and 10 (1.9%) had other etiologies. There was a statistically significant difference in bladder cancer between the 2 groups (MH: 4.7% bladder cancer, mh: 1.0% bladder cancer; p<0.001). Of the 5 patients who presented with microscopic hematuria and were subsequently diagnosed with bladder cancer, 3 (60%) were male, 4 (80%) were Chinese, and the minimum age was 51 years.

**Conclusion:** Patients with microscopic hematuria had statistically significant lower risk of bladder cancer being diagnosed on flexible cystoscopy. Appropriate patient counselling regarding the risks and benefits of flexible cystoscopy is especially important in these patients. Flexible cystoscopy may not be necessary in young patients with microscopic hematuria since the minimum age of those eventually found to have bladder cancer was 51 years, though more data would be needed before revision of local guidelines on this issue.
MP8 Renal cell carcinoma: Survival and Outcome in Pre-era of targeted therapy - The result from the southern tertiary center of Thailand
Teeranop Choorit, MD; Choosak Pripanathanont, MD; Worapatt Attawettayanon, MD; Virote Chaliepanyarwong, MD
Prince of Songkhla University
THAILAND

Introduction and Objectives: Renal cell carcinoma (RCC) accounts for 2-3% of all adult malignancies. In Thailand, the overall incidence and mortality of RCC are 1.6:100,000 and 1.0:100,000 respectively. Surgery is the most effective treatment for localized disease and locally advanced disease. However, approximately 20% to 40% of patients had metastasis or local recurrence after nephrectomy and short of overall survival. To retrospectively review renal cell carcinoma (RCC) patients treated with both radical nephrectomy (RN) and partial nephrectomy (PN), describing demographic data of these patients, identified cancer- specific survival (CSS) and predicting efficacy factors.

Materials and Methods: This study consists of 183 patients including patients with localized, locally advanced and metastasis RCC, in Songklanagarind Hospital between January 2006 to December 2016. The primary endpoint of this study is to identify CSS after treating with RN and PN by using Kaplan-Meier method.

Results: The median age of patients was 58.4 years. The median of tumor size at diagnosed was 7 cm. All patient was performed RN and PN, 18 % had metastasis RCC at the time of diagnosis. The majority of the patient (74.8%) had clear cell carcinoma. The median CSS was 84.2 months. In multivariate analyses, low T stage and no lymphadenopathy are associated with better CSS.

Conclusion: In this study, the median CSS was 84.2 months. The main predictors of efficacy of treatment are low T stage and no lymphadenopathy.

MP9 Moving towards a promising prostate biopsy approach: A meta-analysis of cancer detection rate and complications between transperineal and transrectal prostate biopsy
Made Adi Wiraatama, MD; Lukman Hakim, MD
Dr. Soetomo Hospital, Universitas Airlangga
INDONESIA

Introduction and Objectives: Biopsy of the prostate has a critical role in detecting prostate cancer. Transperineal and transrectal approaches are currently applied by Urologist to obtain prostate tissue, with the latter being the most. However, different results of cancer detection rate (CDR) and complications have been generated between the two approaches, while no meta-analysis have been conducted so far. We aimed to systematically compare the CDR and complications between transperineal and transrectal biopsy of the prostate.

Materials and Methods: We systematically searched literature using the PRISMA method until January 2019. Randomized clinical trials (RCT’s) and cross-sectional studies were included, while those using only prostate specimen were excluded. Subgroup analysis of the CDR was performed according based on ethnicity, prostate- specific antigen (PSA) levels, and the number of core biopsy.

Results: Out of 953 entries, 16 studies were included (n=4208). Transperineal approach has significantly higher CDR than transrectal (OR = 1.51; 95% CI = 1.12-2.03; p = 0.0007; I² = 80%). Subgroup analysis showed transperineal approach has significantly higher CDR than transrectal in Caucasian (OR = 1.71; 95% CI = 1.16-2.54; p = 0.007; I² = 81%), also significantly higher CDR in PSA levels below 4 ng/mL (OR = 4.69; 95% CI = 1.15-19.06; p = 0.03; I² = 8%). No significant differences of complication were found in both approaches.

Conclusion: In this meta-analysis, the transperineal biopsy approach is superior than transrectal in terms of overall CDR, CDR in PSA level below 4 ng/mL and in Caucasian ethnicity. However, heterogeneity between studies were observed. Further RCT’s are awaited to confirm this analysis.

MP10 Smoking History, Smoking Intensity and Type of Cigarette as a Risk Factor of Bladder Cancer: A Systematic Review
Sawkar Vijay Pramod, MD; Ferry Safriadi, MD; Bethy S. Hernowo, MD; Baskara Batista, MD
Universitas Padjadjaran
INDONESIA

Introduction: Bladder cancer is a malignancy originating from the urothelial lining of the bladder. The most common bladder cancer is non-muscle invasive bladder cancer which covers 70-80% overall cases and 90.8% in epidemiological studies at Hasan Sadikin Hospital Bandung. Smoking is a major risk factor that plays a role in the incidence of bladder cancer. Carcinogens from cigarettes are excreted through urine so that direct contact with the urinary tract occurs and increases the risk of malignancy. This review will discuss smoking, the type of cigarette, the intensity of smoking and the mechanisms contributing to the incidence of bladder cancer.

Methods: Literature obtained from the search results of Pubmed, Medscape, and Science Direct electronic databases with some keyword used and limited to the last 10 years. References cited in the relevant literature are taken manually and only from full articles.

Results: 88 literature results were obtained using the electronic database Pubmed, Medscape, and Science Direct. After the exclusion, 60 relevant literatures were obtained for the evaluation of abstracts and titles. From the results of the evaluation, 37 literatures were found that met the requirements for a full evaluation. Following all the inclusion and exclusion criteria, the final selection found 12 literature published between 2009 and 2019 included in this literature review.

Discussion: Smoking is a modifiable risk factor for bladder cancer. Current smoking history was associated with a higher risk of bladder cancer compared to the former history of smoking. High clove cigarette smoking intensity (> 40 cigarettes / day) is a risk of causing urothelial carcinoma bladder cancer. Clove cigarettes is a type of cigarette that has the highest risk of bladder cancer. The use of different types of tobacco, such as cigars and tobacco pipes, has a lower risk in causing bladder cancer. Meanwhile, other types of cigarettes, such as shisha and electronic cigarettes, does not eliminate the risk of bladder cancer.

MP11 Risk Factors Orchietomy in Testicular Torsion Patients in Indonesian Referral Center
Rulianov, MD; Kuncoro Adi, MD
Universitas Padjadjaran, Hasan Sadikin Hospital
INDONESIA

Introduction: Testicular torsion is an emergency in urology which common among child with peak incidence in neonates and pubertal age. Incidence rate is 3.8 case among 100,000 people (0.004%) per year in male under 18 years old. Symptoms include continuous painful sensation at scrotal area and sometimes accompanied by nausea and vomiting. In couple hours after torsion, scrotal wall became reddish, swollen, and finally will result in necrosis of the testis. These condition needs quick and correct treatment to salvage the testis.
Objectives: This research aims to find out the characteristic of testicular torsion case and risk factors for orchectomy among patient with testicular torsion at our institution.

Materials and Methods: This study is a retrospective study with samples from medical record of testicular torsion patients in department of urology at Hasan Sadikin Hospital Bandung during January 2009 until August 2019. All patient who underwent surgery were included in our study. Several aspects related to surgery outcome were analyzed using chi square including ages, duration of torsion, affected side, and degree of torsion. The significant correlation was furthermore analyzed using multivariate analysis to find out how significance it was.

Results: A total 86 cases of testicular torsion with most of it (54 cases, 62.7%) was happened at adolescent age 10-19 years old. Many of patients (69 cases, 80.2%) were arrived after more than 6 hours of symptoms duration. Right testicular torsion happened in 36 patients (42%) and left testicular torsion in 49 patients (58%). Most of patient (65 cases, 75.5%) were presented with degree of torsion more than 360 degrees. From 69 patients who came after more than 6 hours of symptoms duration resulted in 65 orchietomies and 4 orchidopexies, meanwhile of 17 patients who came before 6 hours of symptoms duration resulted in 8 orchietomies and 9 orchidopexies. Both duration of torsion (p=0.006, P<0.05) and degree of torsion (p=0.006 , P<0.05) were significantly correlated with orchietomy. Duration of torsion and degree of torsion account for 69.5% as factor for orchietomy. The cut off time for duration and degree of torsion were 6.09 hours and 184.5 degrees, respectively.

Conclusion: Testicular torsion mostly happened in male at pubertal age. Most of patient came after 6 hours of duration and surgical finding found degree of torsion was more than 360 degree. The risk factor for orchectomy strongly related with torsion duration and degree of torsion. The chance for testis salvation increased if torsion was happened before 4.5 hours and degree of torsion was below 184.9 degrees.

MP12 A New Standard of Percutaneous Nephrolithotomy (PCNL): A Meta-analysis of Ultrasonography-guided versus Fluoroscopy-guided for PCNL
A. Kusumaputra, MD; S. Soetojo, MD
Airlangga University
INDONESIA

Introduction and Objectives: PCNL is a standard therapy for nephrolithiasis with stone size > 20 mm according to European Association of Urology (EAU) Guidelines 2019. In this study, we evaluate the efficacy, outcome, and complication of ultrasonography-guided versus fluoroscopy-guided for percutaneous nephrolithotomy (PCNL).

Materials and Methods: A systematic literature search of PubMed and Cochrane Library was performed to identify randomized controlled trials comparing US-guided PCNL with fluoroscopy-guided PCNL. We performed a meta-analysis according to the guidelines provided by the PRISMA guidelines. The primary outcomes were time to puncture, failure rate, and mean operating time. The secondary outcomes were mean hospitalization days, fever after the procedure, and stone free rates.

Results: Nine studies and 1730 patients were included in this meta-analysis. US-guided PCNL had higher time to puncture (mean difference 3.16; 95% Confidence Interval (CI) -0.56 - 7.28) but it was not statistically significant (p = 0.09). US-guided PCNL also had higher failure rate with odds ratio (OR) 1.41 (95% CI 0.74 - 2.70) but it was not statistically significant (p = 0.30). Meanwhile, the mean operating time and mean hospitalization time were also not statistically significant [mean differences 3.09; 95% CI (-3.43 - 9.62) and 0.10 ; 95% CI (-0.70 - 0.91) and p value 0.35 and 0.80, respectively. Fever after the procedure was higher in US-guided PCNL with OR 1.17 (0.84, 1.62) but it was not statistically significant (p = 0.35). The outcome of the procedure was Stone Free Rates (SFR) which was not statistically significant (p = 0.52) with mean difference 1.19 (0.70, 2.03).

Conclusion: US-guided PCNL had the same efficacy with fluoroscopy-guided PCNL and had the advantage of no radiation exposure to the patients, doctors, surgical assistants, and nurses. We encourage all urologist to use US-guided PCNL because it is less harmful than fluoroscopy-guided PCNL.

MP13 Y-Chromosomal Microdeletion and Sperm-Retrieval Successful Rate in Men with Azoospermia
Eko Arianto, MD; Ponco Birowo, MD; Nur Rasyid, MD
Dr. Cipto Mangunkusumo National Central General Hospital - Universitas INDONESIA

Introduction and Objectives: The most common genetic cause among infertile men are Klinefelter syndrome (46 XXY) and microdeletion of AZF region. Based on previous studies, patients with AZFa and AZFb microdeletion are not recommended to undergo intracytoplasmic sperm injection (ICSI) with any kinds of surgical sperm retrieval (SR) procedures. Hereby, we analyze the correlation between Y-chromosomal microdeletion and surgical sperm-retrieval outcome in men with azoosperma.

Materials and Methods: This retrospective study included a total sampling of 58 infertile men with azoosperma from April 2017 – October 2019. All subjects underwent surgical sperm-retrieval procedures, testicular diameter measurement, hormonal analysis, and Y-chromosome microdeletion analysis. The result of surgical sperm retrieval in each subject was compared to their Y-chromosome microdeletion findings. All of the obtained data was evaluated using SPSS ver. 23.0. Analysis of relations was done with Chi Square test.

Result: Surgical SR was done with either percutaneous epididymal sperm extraction (PESE) or testicular sperm extraction (TESE). From the Y chromosome microdeletion analysis: 36 patients had no microdeletion, 13 AZFa microdeletion (11 partial and 2 complete deletion), 4 AZFb microdeletion (2 partial and 2 complete deletion) had no sperm found, 1 complete AZFc microdeletion, while 4 patients with combinations of several AZF microdeletions also no sperm found postoperatively. Statistical analysis showed there was significant relations of Y chromosome microdeletion status with surgical SR success (p=0.010).

Conclusion: In surgical SR, there was no significant difference in sperm retrieval status between patients with Y chromosome microdeletion and those with no microdeletion. Nevertheless, our study was a pilot study with small number of study population.

MP14 Predictor Factors for Severity Degree of Pediatric Hydronephrosis in Tertiary Hospital
Hamdan Yuwafi Naim, MD; Besut Daryanto, MD; Pradana Nurhadi, MD
Universitas Brawijaya
INDONESIA

Introduction and Objectives: Pediatric hydronephrosis are often hideous and it is necessary for medical workers to screen as early as possible. It is getting problematic when hydronephrosis came in late condition. It might correspond to very different clinical conditions, ranging from fully benign irreversible dilatation to severe degree of obstructive nephropathy lead to end-stage renal disease. We aim to know predictor factors for severity degree of pediatric hydronephrosis in order to give better treatment for patients.

Materials and Methods: Total of 52 pediatric patients ≤17 years between January 2012–August 2019, diagnosed pediatric
hydronephrosis, were included in study. Data from tertiary hospital medical records were collected into profile followed with comparative analysis.

**Results:** Most of patients were boys (70.5%), average age was 61.4 months-old ranged from 0 to 180 months-old. Etiology of pediatric hydronephrosis were found UPJ Stenosis (37.3%), VUR (29.41%), stone (7.8%), abdominal tumor (5.8%), complete double-system (5.4%), incomplete double- system (3.9%), PUJ (1.9%), and phimosis (3.9%). In location parameter, we found bilateral hydronephrosis head major count on data (43,14%), followed by left-side (35.29%), and lastly by right-side (21,57%). Severity of hydronephrosis of patients were 4th (62.74%), 3rd(15.68%), 2nd (13.73%), and 1st degree (7.8%). Study found significant differences between degree of hydronephrosis severity with location, whether it was single or both kidney affected, etiology, prenatal care choices (midwife vs OBG), and gender (p<0.001).

**Conclusion:** Fourth-grade of hydronephrosis were most common presentation. We found location, whether it was single or both kidney affected, etiology, prenatal care choices, and gender could be predictor factors for hydronephrosis, therefore it suggested for physician to collect this data in order to presume the severity of hydronephrosis degree.

**UP1 Comparative Analysis of Donor and Allograft Outcomes Based on Laterality of Kidney Donation: Proof of Equivalence of the Safety and Efficacy of Laparoscopic Left vs. Right Donor Nephrectomy**

**Donor Francis A. Mendiola, MD; Ernesto L. Gerial, Jr., MD; Jose Benito A. Abraham, MD**

**National Kidney and Transplant Institute PHILIPPINES**

**Introduction and Objectives:** Laparoscopic right donor nephrectomy is avoided by most urologists because of the shorter renal vein and its proximity to the inferior vena cava. Dissection alongside the vena cava can be very treacherous. On the part of the implanting transplant surgeon, the shorter and thinner right renal vein is more challenging to anastomose than the lengthier thicker left. Further, these challenges with renal vein anastomosis may additionally impact on the renal arterial anastomosis which may result in kinking and subsequent thrombosis. We compared donor and recipient outcomes between laparoscopic left (LLDN) vs. right (LRDN) donor nephrectomy in a large volume transplant center in the Philippines.

**Materials and Methods:** A retrospective chart review was done on all laparoscopic donor nephrectomies performed from January 2011 to December 2015. The patients were grouped into LLDN (Group 1) and LRDN (Group 2). Donor demographics (age, gender, BMI) intraoperative [operative time (OT), length of hospital stay (LOS), estimated blood loss [EBL] and warm ischemia time [WIT]) and postoperative outcomes [mean creatinine rise, delayed graft function (DGF)], complication rate and one-year allograft survival were compared between the two groups.

**Results:** A total of 441 donors, 397(89%) LLDN and 44(9%) LRDN were performed during the study period. The donor characteristics were similar for both groups. There was no significant difference in OT in LLDN (178min[85-360]) vs. LRDN (176min[119-257]); LOS in LLDN (3days[2-8]) vs LRDN (3days[2-4]); EBL in LLDN (100ml[10-1600]) vs. LRDN (100ml[20-250]); WIT in LLDN (4min[1-32]) vs. LRDN (3min[1-12]) and DGF in LLDN 9/397(2.27%) and LRDN 2/44(4.55%). There was no significant change in the mean donor and recipient creatinine up to one year. There was neither conversion to open nor mortality for both. The one-year allograft survival was also similar in both groups: LLDN 392/397(98.7%) vs. LRDN 42/44(95.4%).

**Conclusion:** Regardless of laterality, when performed by experienced surgeons, laparoscopic donor nephrectomy leads to equivalent outcomes for both donor and recipients in terms of safety profile and excellent allograft function.

**UP2 The Outcome of Transperitoneal Versus Retroperitoneal Laparoscopic Nephrectomy**

Al-Widzrin M. Jupli, MD; Herman L. Sorongon, Jr., MD; Michael Jonathan R. Latayan, MD

**Southern Philippines Medical Center PHILIPPINES**

**Objectives:** Due to its proven benefits over open procedure, laparoscopic nephrectomy become a popular choice among urologist as part of surgical management for patient with non-functioning kidney or those with tumor in the kidney. This study compares which among the two techniques namely transperitoneal and retroperitoneal approach is best for laparoscopic nephrectomy.

**Materials and Methods:** This is a retrospective study with fifty-two patient included. Thirty-eight under transperitoneal group and fourteen patients under retroperitoneal group. The two approach were compared in terms of mean operative time, post-operative hospital days, estimated blood loss, type of narcotic used, time to oral food intake, conversions rate, and complications. The data were analyzed using frequency and distribution for the demographic profile and two-tailed test to determine the significant difference between the two approach.

**Results:** The operative time for retroperitoneal approach group was shorter than those transabdominal group. For the blood loss, retroperitoneal procedure (M326.14, SD=224.11) showed lower blood loss as compared to transabdominal group (M=465.79, SD=420.87), a mean difference of 130.64cc blood loss. However, both operative time and blood loss comparison were not statistically significant difference between the two groups. There was also no significant difference in the time to oral intake and postoperative hospital stay between the two approach. In terms of conversion rate, six patients out of thirty-eight from the transabdominal group were converted to open and two patients were converted to open in retroperitoneal group due to severe adhesion. A significant difference was noted between the two groups in terms of complication, with transperitoneal having a higher complication rate (34.2% versus 23.1%). Narcotic used were also comparable to its other.

**Conclusion:** The study suggests that retroperitoneal approach had a shorter operative time and lower complication and conversion rate than transperitoneal approach. However, retroperitoneal approach was found to be more painful and requires more rescue analgesic to alleviate the pain in the first 24 to 48 hours post-operatively.

**UP3 Evaluation of Erectile Function and Sexual Satisfaction in Patients with Penile Paraffinoma: A Case Series**

Andrew Bonae Estanislao F. Valdez, MD; Ronan C. Cuaresma, MD; Paulo Jesus F. Fernandez, MD

**East Avenue Medical Center PHILIPPINES**

**Objective:** There is a steady number of consults in the East Avenue Medical Center of patients who have injected petroleum jelly or mineral oil into their penises. Most of these patients have performed the said procedure for the purpose of enlarging the girth of their penises. The motivation behind these cases are either enhancement of sexual performance, or social adherence. Patients reveal that the injection of the said materials were done by non-medical persons and under non-sterile conditions. This study investigates and documents
the course of patients after penile self-injections. This study will
describe the patients’ clinical course and the management of
complications associated with the procedures. More specifically, this
case series intends to assess the sexual satisfaction and erectile
function before and after procedures that involved the injection of
foreign substances into their penises.

Methods: In this case series, we describe 3 cases of patients who have
injected either oil or petroleum jelly into their penises. Patients with
penile foreign bodies (petroleum jelly and mineral oil) may or may not
have undergone surgical excision. The patients were asked to answer
the Male Sexual Quotient (MSQ), a validated questionnaire to assess
the patients’ sexual satisfaction post injection of petroleum
jelly/mineral oil, and the International Index for Erectile Function-5,
to assess erectile dysfunction in the patients, as well as some aspects
of sexual satisfaction.

Results: There is a clear decline is sexual satisfaction and erectile
function in the patients who injected petroleum jelly/mineral
oil/baby oil into their penises for penile augmentation. Based on the
Male Sexual Patient Questionnaire, the average score for overall
sexual satisfaction of the patients pre-injection is 99.6, and the
average score of the patients post injection is a mere 56, a 44%
decline. Based on the International Index for Erectile Function (IIEF),
the following were detected post penile augmentation: (1) 54%
average decline was seen in erectile function, (2) a 28% drop in
orgasmic function, (3) a 24% regression in sexual desire, (4) an
average of 53% deterioration in intercourse satisfaction, and a 64%
dive in overall satisfaction.

Conclusion: All patients included in the study displayed a general
decline in erectile function and sexual satisfaction, based on the
International Index of Erectile Function (IIEF) and the Male Sexual
Quotient questionnaire. It is inferable from the results of this case
series that there are neither sexual satisfaction nor erectile function
benefits from penile augmentation using petroleum jelly/mineral
oil/baby oil – but discernable deterioration of sexual function instead.
All participants expressed dismay and regret in their decision in
engaging in self penile augmentation.

UP5 Normal Urinalysis but with Infection? A Retrospective
Study on the Presence of Chlamydia Trachomatis and Its
Correlation to Urinalysis Results
Lyndoon G. Loo, MD; Michael Eufemia L. Macalalag, MD;
Evelina W. Lagamayo, MD; Jethro M. Salvaña, MD
St. Luke’s Medical Center
PHILIPPINES

Objectives: Chlamydia is known as a “silent infection” because most
infected people are asymptomatic and lack abnormal physical
examination findings. This study aims to review data on Polymerase
Chain Reaction (PCR) Chlamydia trachomatis test results with the
different parameters of urinalysis.

Materials and Methods: Retrospective data gathering of patients
who underwent PCR test for Chlamydia trachomatis. Patients
included in the study were patients with simultaneous test for PCR
for Chlamydia trachomatis, urinalysis and urine culture. Urinalysis
parameters (White Blood Cell (WBC), bacteria count, nitrates and
leucocyte esterase), urine culture and PCR for Chlamydia were
analyzed.

Results & Discussion: There was a total of 346 patients included in
the study (336 males and 19 females). Mean Age of 38.43 with SD of
11.64 years. 160 of 346 (46.2%) were noted to have Chlamydia
trachomatis by Polymerase Chain Reaction test. Conversely, 186 out
of 346 (53.8%) were found to be negative by PCR Chlamydia. Out
of the 160 that were positive for Chlamydia, 64 (40%) of patients had
normal urinalysis parameters of WBC, bacterial count, nitrite and
leucocyte esterase test. WBC and leucocyte esterase on urinalysis
show a moderate correlation R of 0.36 and p value of <0.01 when
compared with positive PCR for Chlamydia trachomatis. Nitrates and
bacteria count show a weak correlation.

Conclusion: Normal urinalysis (WBC 0-5/hpf, negative leucocyte
esterase, negative nitrite and bacteria count 0-50/hpf) does not
necessarily mean absence of Chlamydia trachomatis infection. 64 out
of 160 (40%) patients with normal urinalysis had Chlamydia (false
negative). Chlamydia trachomatis does not grow on urine culture.
Doing urinalysis as screening tool for infection can miss Chlamydia
trachomatis. High index of suspicion are key factors in identifying
patients with positive chlamydia trachomatis. A proactive diagnostic
approach with polymerase chain reaction (PCR) test is recommended
to help decrease the prevalence and spread of the “Silent Infection”
called Chlamydia trachomatis.

UP4 Microsurgical Reconstruction of Male ductal system in
the Philippines - a Single Surgeon Experience
Harris Lim, MD; Rogderson D. Tiangco, MD; Dennis G. Lusaya,
MD; Avelyn Lim, MD
University of Santo Tomas Hospital
PHILIPPINES

Introduction and Objectives: Obstructive azoospermia is defined as
the absence of spermatozoa in the ejaculate despite normal
 spermatogenesis. In the modern era of assisted reproductive
technology, infertile male patients with obstructive azoospermia (OA)
have 2 options: vasal repair or testicular sperm extraction with
intracytoplasmic sperm injection (ICSI). Vasal repair, either
vasovasostomy (VV) and vasoepididymostomy (VE), is the only option
that leads to natural pregnancy. Little data on long-term outcomes
for microscopic reconstruction exist. Therefore, the objective of this
study is to evaluate the outcomes and complications of microsurgical
reconstruction of the male ductal system in the Philippines setting.

Materials and Methods: This is a retrospective study of 136 post-
vasectomy patients who underwent microsurgical reconstruction
from 2001–2019. Patients underwent microsurgical vasectomy
reversal. Outcomes such as patency rate and pregnancy rate were
documented and analyzed.

Results: One hundred and thirty-six patients underwent
microsurgical vasectomy reversal. Ninety-one patients underwent
bilateral microsurgical vasovasostomy. Forty-one patients
underwent combined microsurgical vasovasostomy and
vasoepididymostomy. Three patients underwent bilateral
vasoepididymostomy and one crossed microsurgical
vasoepididymostomy (left to right). Four patients had no child, 66
patients had 1 child, 34 patients had 2 children, 29 had 3 children
and 3 patients had 4 children prior to vasectomy. Age of wife was
between 20 to 32 years old. Mean interval from vasectomy was 9
years. Vas deferens were patent in 103 (76%) of patients. Clinical
pregnancy with successful delivery was achieved in 87 (64%) patients.
There were only three who had postoperative hematoma (2%) and
one developed surgical site infection (0.7%).

Conclusion: Microsurgical reconstruction of the male ductal system
is a good option in infertile male with obstructive azoospermia to
achieve clinical pregnancy in post vasectomy patients and with
minimal complications. The study confirms the effectiveness of male
infertility microsurgery for vasectomized men who wish to father
children.

UP6 Translation and Validation of the Overactive Bladder
Symptom Score into its Tagalog Version for Filipino Patients
with Urinary Tract Symptoms
Ian Paolo C. Oballo, MD; Fidel Tomas M. Manalaysay, III, MD;
Mark Joseph J. Abalajon, MD; Patricia Anne P. Tagle, MD
East Avenue Medical Center
PHILIPPINES
Objectives: To be able to develop a Filipino version of the Overactive Bladder Symptom Score (OBSS) questionnaire with good face and content validity and test-retest reliability

Materials and Methods: The Overactive Bladder Symptom Score (OBSS) developed by Homma et. al in 2006 was translated in Filipino and subsequently back translated into English to determine its reliability. Filipino version was also given to both Urologists and patients to approve for content and face validity.

Results: The translated scale achieved an excellent content and face validity from patients and specialists within the field. Moreover, it was also noted to have high validity and reliability both as individual items and as a whole (4 point scale) as based on the data analysis done using Cronhbach’s alpha.

Conclusion: The Filipino version of the Overactive Bladder Symptom Score may be used as an alternative to the original scale for Filipino patients. It is highly reliable and will offer an easier option for Filipino patients’ self-assessment of experienced lower urinary tract symptoms.

UP7 Correlation of Urinary Incontinence and Overactive Bladder Syndrome with Anxiety among Military Trainees - A Cross Sectional Study

Robert Leeh E. Pedragosa, MD; Antolyn E. Exconde, Jr., MD; Kathleen T. Gonzales, MD; Bennie Dick C. Catangay, MD
Victoriano Luna Medical Center
PHILIPPINES

Context: Relationship between urinary urgency incontinence and anxiety were assessed among first year military trainees. A cross sectional study was done to document the correlation.

Objective: To investigate the relationship between anxiety and urinary incontinence symptoms among first year military trainees in PMA.

Method: First year military trainees (n=204) answered a standardized questionnaire that objectively identify patients with urinary incontinence and anxiety. The questionnaires include HADS A-D Scoring, ICIQ UI and ICIQ OAB that were used to screen for anxiety, urinary incontinence and overactive bladder syndrome respectively.

Conclusion: Among first year military trainees the prevalence of urinary incontinence (UI), urinary urgency incontinence (UUI), anxiety (regardless of severity) and UI with anxiety were 53% (n=109), 32% (n=65), 62% (n=126) and 40% (n=81) respectively. There is a correlation between UI and mild anxiety (r 0.2610, P 0.002) and between overactive bladder syndrome and mild anxiety (r 0.3818, P 0.0001). Majority had mild anxiety as shown in the data.

UP8 Prostatic Block vs. Intrarectal Topical Anesthesia: A Randomized Control Trial to Assess the More Effective Pain Control and Safer Mode of Local Anesthesia for Transrectal Ultrasound-Guided Prostate Needle Biopsy in a Public Tertiary Hospital in the Philippines

Ralph N. Rabanal, MD; Eli Paulino F. Madrona, MD; Karl Marvin M. Tan, MD
Veterans Memorial Medical Center
PHILIPPINES

Prostate biopsy in the Philippines is performed under various modes of anesthesia, with a consensus procedure yet to be definitively decided. In institutions catering to great numbers of patients, local anesthesia remains the default anesthesia for prostate biopsy. The procedure is done via injecting a cocktail of local anesthetic with lubricating gel and gently massaging it onto the prostate. This study is a randomized control trial that pits the current preferred method of anesthesia against a new technique – prostatic block – to determine which is better in terms of effectiveness in pain control and incidence of complications. 60 patients were selected from the outpatient department of a tertiary hospital in the Philippines, and the population was randomly segregated into equal numbers of patients undergoing prostatic block and topical anesthesia. The results showed no statistically significant difference between the two groups. The results of the study showed favorable results for prostatic block. The topical anesthesia arm had patients experience a mean VAS of 3.7 during biopsy, while their counterparts in the prostatic block only reported a mean VAS of 1.6. The 2.1 difference in mean VAS scores is statistically significant. The incidence of complications between the two arms was also studied, and the results showed that there is no statistically significant difference in the complication rates in the two procedures. The study therefore recommends further analyses on the subject matter and promoting prostatic block as the choice method of anesthesia for prostate biopsy.

UP9 Single Institution Experience on Supine Percutaneous Nephrolithotomy

Romeo Lloyd T. Romero, MD; Karl Marvin M. Tan, MD; Sid C. Sergio, MD
Veterans Memorial Medical Center
PHILIPPINES

Objectives: This study aims to describe the patients’ profile, techniques, and operative outcomes in Supine Percutaneous Nephrolithotomy

Methodology: This is a case-series of 10 patients who underwent PCNL in supine position from June 2019 to October 2019. The laterality, Guy’s score, stone size, location, and the Hounsfield unit was noted. The techniques in terms of position, mode of access, puncture site, drainage and the operative outcomes in terms of the stone free rate (SFR), complications, operative time, and hospital stay was recorded. Stone free rate was based on the post op KUB X-ray. Median and Range were used to describe the age distribution of the patients while frequency and percentage were used to describe the patients’ laterality, Guy’s score, stone size, stone location, and the Hounsfield units. Frequency and Percentage were used to describe the techniques in Supine Percutaneous Nephrolithotomy in terms of position, mode of access, puncture site, and drainage and to describe the operative outcomes in terms of the stone free rate (SFR), and complications. Median and range were used to describe the operative time and hospital stay. SPSS version 24.0 was used for data analysis. Data was encoded using Microsoft excel.

Results: The median age of the patients was 59.5 (43 - 66). 80% were males and 20% were females. More than half of the patients have a Guy’s Score of 3 (30%) and 4 (50%), 1 each for the guy’s score of 1 and 2. Half of them have a stone size of 3 cm while 20% were 1.5 cm and 5.0 cm. 50% have staghorn stones and 30% were at partial staghorn, 1 each for pelvic and middle pole stones. Sixty percent of was in Galdakao-Modified-Valdivia and 40% in the Valdivia position. The mode of access, 90% were through Fluoroscopy while one patient through ultrasound guidance. The puncture site, 60% were inferior pole punctures, 20% for middle and superior pole punctures. Ninety percent had DJ stent and Nephrostomy tubes for drainage. The median operative time was 69 minutes and it ranges from 40 to 104 minutes. The median average hospital stay post-operatively was 4 days (2 days to 6 days). 80% of patients did not have any complications while one needed blood transfusion and urine leak was noted with another.

Conclusion: With the limited number of cases in this study, this case series shows that supine PCNL is a feasible and reproducible method that may be added to the urologist’s clinical armamentarium. Literatures that was discussed proved that it is a safe and effective alternative to the current standards in treating kidney stones.
**UP10 Adaptation to Filipino Version of the Overactive Bladder Symptom Score**

**Janssen Dion T. Unas, MD; David T. Bolong, MD**

*University of Santo Tomas Hospital*

**PHILIPPINES**

**Objectives:** To evaluate the reliability and validity of the Filipino version of the Overactive Bladder Symptoms Score Questionnaire

**Materials and Methods:** Overactive Bladder symptoms score was translated Filipino and, subsequently, back translated to the English version. This translated questionnaire was face validated by one Urologist and uro-gynecologist both adept in using both Filipino and English language. Pre test was done on 15 normal patients to assess cross cultural applicability of the questionnaire. Reliability was tested on 60 patients who are all diagnosed with overactive bladder. They are asked to answer the questions once after diagnosis and 2 weeks after, via phone call.

**Result:** A total of 58 patients were recruited in the study with a mean age of 46.33 years old ranging from 18-85. Slightly higher population of males versus females. Majority are college level/graduates. Patient’s mean score is 10.29 ± 1.41 for the first visit and 10.38± for the second visit. For both visit, the internal consistency of the OABSS was to be unacceptable with Cronbach’s alpha of 0.10 and 0.13, average interitem correlation of 0.027 and 0.038 for the first and second visit, respectively. Testretest reliability showed almost perfect agreement except for Q2 with only fair agreement.

**Conclusion:** Filipino Version of the Overactive symptoms score is not a reliable tool that could be use in patients with overactive bladder. With the high prevalence of this disease in the country, it would be better to have another questionnaie be cross culturally adapted into the Filipino language.

**UP11 Reference Range of Flaccid and Stretched Penile Lengths of Infant and Adult Males in Metro Manila: a Cross-Sectional Study**

**Paulo P. Guinto, MD; David T. Bolong, MD**

*University of Santo Tomas Hospital*

**PHILIPPINES**

**Introduction and Objectives:** A current established reference range for penile size for Filipinos is vital for diagnosis and early management of disease as well as for assurance for patients who are having anxiety relating to penile size. Currently, there is no study known investigating penile size of Filipinos across all age groups. With these information, we aim to establish a baseline reference range for Penile lengths among infants and adult Filipinos represented by flaccid and stretched penile length.

**Materials and Methods:** This is a prospective cross-sectional study involving 264 healthy Filipino male infants and 322 healthy Filipino male adults who consulted the University of Santo Tomas Hospital Ambulatory clinic from April to September 2019 for conditions unrelated to their genitals. Flaccid and stretched penile measurements were obtained and analyzed by a single researcher.

**Results:** A total of 264 infants and 322 adults were included in this study with a mean age of 6.45 months (IQR: 5-8; range 2-11) and 55 years (IQR: 45-60), respectively. The mean infant flaccid penile length was 4.23 ± 0.51 cm and a reference limits of 3.23 to 5.24 cm. The mean infant stretched penile length was 4.8 ± 0.52 with reference limits of 3.78 to 5.82. The mean adult flaccid penile length was 9.52 ± 0.77 cm with reference limits of 8.07 – 11.07 cm. The mean adult stretched penile length was 13.63 ± 0.90 cm with reference limits of 11.83 – 15.36 cm. Only age was found to be significantly correlated with girth. Girth showed a moderate positive correlation with age.

**Conclusion:** The present study establishes the first reference range for penile size in a convenient sample of infant and adult males from Metro, Manila. Results of the study will be of help to Filipino urologists as well as general practitioners in counselling Filipino patients with consults regarding penile length and in ruling out micro and macro penis.

**UP12 Bacteriology and Antimicrobial Resistance of Urology versus Non-Urology Patients**

**Sandino Lorenzo S. Cu, MD; Ulysses T. Quanico, MD**

*Jose Reyes Memorial Medical Center*

**PHILIPPINES**

**Objective:** The objective of this study is to determine the most common pathogen causing urinary tract infection (UTI) and its antimicrobial resistance in urology and non-urology patients in this hospital.

**Methodology:** Positive urine cultures were reviewed from January 2017 to December 2018 in this hospital. Urine cultures were separated to urology and non-urology patients based on the working diagnosis, attending physician or resident and the ward in which the patient was admitted. The bacterial growth and bacterial resistance were tabulated, compared and analyzed.

**Results:** A total of 85 urology patients and 466 non-urology patients were included in this study. Among urology patients, the number one bacterial growth turns out to be Escherichia coli (31.8%) followed by Klebsiella pneumoniae (18.8%). Similarly, Escherichia coli (28.1%) and Klebsiella pneumoniae (24.9%) are also the top two most common bacterial isolates among non-urology patients. For urology patients, Amikacin, Colistin and Ertapenem have the most sensitivity across the different bacterial isolates. On the other hand, the antibiotics with the most resistance to bacterial isolates are Ampicillin and Amoxicillin. For non-urology patients, Amikacin and Colistin are the two antibiotics with highest sensitivity with 92% and 93% sensitivity against Eschericha coli while 94% and 95% sensitivity against Klebsiella pneumoniae. On the other hand, the antibiotic with the most resistance from the bacterial isolates are Amoxicillin and Ampicillin.

**Conclusion:** UTI is one of the most common infection worldwide. There are treatment guidelines for UTIs which indicates drug of choice and second-line treatment options. However due to the differences in antimicrobial resistance patterns in some countries, treatment options for UTI should be based on local antibiogram. Hence, the need for antibiogram for each country and ideally for each region or hospital.

**UP13 Sexual Function after Treatment of Penile Paraffinoma: A Single Center Experience**

**Michael Dave N. Mesias, MD; Edgardo L. Reyes, MD; Juan Godofredo R. Bardelosa, III, MD; Enrique Ian S. Lorenzo, MD**

*Jose Reyes Memorial Medical Center*

**PHILIPPINES**

**Objectives:** The objective of this study is to evaluate the post-operative sexual function of penile paraffinoma patients and compare it with aged-matched normal volunteers with the use of the IIEF questionnaire. We would also present patient demographics as well as the substance injected, reason for injection, the person who injected, complication after injection, satisfaction status for undergoing operation, satisfaction based on cosmetic outcome, complication after the operation, and presence of uncontrolled hypertension or diabetes, and sexual activity.

**Materials and Methods:** Retrospective cross-sectional data analysis was performed for the patients treated for penile paraffinoma who underwent penile reconstruction between January 2017 and August 2019. The sexual function of penile paraffinoma patients who
underwent surgery was compared with age-matched normal volunteers. Scores were statistically analysed with the use of T-test in Microsoft Excel.

**Results:** A total of 52 subjects, 26 from the penile paraffinoma and 26 form the control group, were included in the study. The mean age of patients was 33 ± 9 years and for the control group was 33 ± 10 years. Fifty percent (50%) of the patients injected petroleum jelly while the other fifty percent (50%) injected baby oil. The type of reconstruction done was bipedicled scrotal flap (23%), Split Thickness Skin Graft (STSG) (58%), primary closure (15%) and or advancement flap (4%). The mean time from injection to operation was 4 years ± 4 years. Mean time from operation to follow up was 1.25 years ± 7 months. The paraffinoma group revealed a significantly lower intercourse satisfaction score than the control group. However, all other domains revealed no significant difference between the two groups. In a subgroup analysis, the bipedicled scrotal flap showed a significantly higher scores in the 4 domains (Erectile function, Orgasmic function, Sexual desire, and Overall satisfaction) over the STSG group.

**Conclusion:** Surgical techniques, bipedicled flap and STSG for the treatment of penile paraffinoma is safe and effective in restoring the normal penile function with minimal complications. The IIEF -15 questionnaire is a valuable tool in assessing the sexual function of penile paraffinoma patients who underwent surgery.

**UP14 Supine PCNL in the Philippines: A Multicenter, Single Surgeon Experience**

Mike Anthony D. Tillo, MD; Ralph Adriel T. Balan, MD; Michael Jonathan R. Latayan, MD

**Southern Philippines Medical Center**

**PHILIPPINES**

**Objectives:** The objective of this study is to present data on supine PCNL in the Philippines. The study also aims to evaluate patient safety by looking at the complications of doing supine PCNL and appraise the efficacy of the procedure in the surgical management of Filipino patients with renal stones.

**Materials and Methods:** Fifteen patients from two different centers in Davao City who underwent supine PCNL from May 2019 to September 2019 were included in the study. Patients excluded from the study, were patients with untreated urinary tract infections and coagulopathy.

**Results:** All patients were between 39 to 57 years of age and analysis on the demographic profile of patients under the two hospitals showed no substantial difference in the age group of patients between Center 1 (M=48.8±8.17) and Center 2 (M=48.3±11.08). The mean blood loss for both centers is 513.33+322.64 cc with the lowest blood loss at 200cc and highest blood lost recorded at 1200cc and 20% have been given additional blood as support. Based on Clavien-Dindo Classification, only 3 patients had complications requiring blood transfusion and 1 patient requiring intravenous hydration.

**Conclusion:** This study highlights the local experience of supine PCNL in the Philippine setting. Based on the data presented, supine PCNL is a safe procedure with minimal complications and acceptable stone free rates. More studies on supine PCNL should be done in order to further assess whether this procedure can replace the traditional prone PCNL in the local setting.

**UP15 Clinical Outcome of Single Session Percutaneous Nephrolithotripsy**

John Mark Garcia, MD; Manuel C. See, IV, MD

**St. Luke’s Medical Center**

**PHILIPPINES**

**Objective:** Percutaneous Nephrolithotripsy is the gold standard treatment for nephrolithiasis with a heavy stone burden. It is highly effective but with varying practitioner dependent outcomes. With a wide range of an acceptable stone free rate, it is beneficial to determine institutional outcomes. The study evaluates the stone free rate of patients undergoing a single session PCNL and the applicability of using a standardized data quality form.

**Methods:** A prospective descriptive study design was employed. All patients undergoing single session PCNL in a tertiary hospital were included. Stone free was defined as no evidence of clinically significant calculi noted on immediate post-operative nephrography and nephroscopy.

**Results:** A total of 45 cases were included in this study, with mean age of 57 ± 8.1. Majority of patients were male. Cases were then divided into a staghorn and non-staghorn group under the Guy’s stone score with a total of 15 in the non-staghorn and 30 in the staghorn group. Stone free rates were at 100% in the non-staghorn and 87% in the staghorn group respectively. No complications or transfusion requirements in the period of the data collection were reported.

**Conclusion:** Single session PCNL in the tertiary hospital appears to be successful in the management of nephrolithiasis. Stone free rates in the tertiary hospital falls within the international stone free rate of 69% to 100%. The PCNL data quality form is a unique resource providing vital information on current practice and critical outcome data.

**UP16 Fournier’s Gangrene in the UP-Philippine General Hospital: A 10-year Institutional Experience**

Sylvia Karina L. Alip, MD; Marie Carmela M. Lapitan, MD

**University of the Philippines – Philippine General Hospital**

**PHILIPPINES**

A total of 131 cases of Fournier’s Gangrene (FG) were reviewed retrospectively in a tertiary care facility. The study aims to describe the patient demographics, clinical factors, surgical interventions and quality of care parameters for FG patients in the Philippine General Hospital over a 10-year period, and to correlate these factors with mortality. Mortality rate was 15%. Diabetes mellitus is a common comorbidity among patients with Fournier’s disease. Other factors studied were genital and colorectal manipulation, bowel diversion, laboratory parameters (white blood cell count, creatinine, hemoglobin). Female gender and the performance of bowel diversion are factors found to be associated with mortality. Median time to first antibiotic infusion was at six hours. Median time to surgery was at 13 hours. Times did not differ significantly between survivors and non-survivors.

**UP17 Analysis of the clinical efficacy and safety of PCNL in patients with anatomical variations: A single center retrospective study**

Donnel Guenter Rubio, MD; Jose Benito A. Abraham, MD

**National Kidney and Transplant Institute**

**PHILIPPINES**

**Introduction and Objectives:** PCNL is the standard of care for renal stones >2cm. Kidneys with anatomical disparities resulting from fusion (horseshoe), malrotation, ectopic location (allografts) and bifid collecting systems present as a challenge because variations in vasculature, calyceal rotation and intervening viscera may make percutaneous access treacherous. We report our experience with PCNL in these types of kidneys.

**Materials and Methods:** A chart review was done on all patients who underwent PCNL in our institution from 2012-2016. Those with anatomical variations were identified and analyzed. Patient
demographics (age, gender, co-morbidity) and stone characteristics (Guy’s stone score, laterality) were summarized. Intraoperative parameters such as location of puncture site (upper, mid, inferior calyces), number of tracts (single vs. multiple), operative time, and estimated blood loss (EBL), length of hospital stay (LOS) were analyzed. The primary endpoints were stone-free and complication rates according to the Clavien-Dindo (CD) classification.

Results: A total of 1,657 PCNLs were performed during the study period, of which 42 had anatomical variants. The mean age was 45.2±8.8 (R= 28-65) with a male to female ratio of 3:1. There were 18 horseshoe (42.9%), 15 bifid (35.7%), 7 malrotated (16.7%) and 2 renal allografts (4.8%). Laterality wise, 28 (67%) were left-sided, 12 (29%) were right-sided and 2 (5%) had right-sided pelvic kidneys (allografts). The Guy Stone scores were 3 and 4 in 13 (30%) and 29 (70%) patients, respectively. The mean stone diameter was 3.8±0.6 cms. (R=2.5-5.5). Majority, n=37 (88%) were treated with an upper pole access. Thirty-six (86%) needed a single tract and while six (14%) required multiple tracts (bifid pelvis). The mean operative time was 111.5±28.1 mins. (R=65-188), EBL was 461±278.4 cc (R=200-1300). LOS was 3.6±0.94 days (R=2-7). The stone-free rate was 95%. Twenty-five (59.5%) complications were documented. Fifteen (35.7%) had fever: Grade I CD, and 10 (23.8%) required transfusion: Grade II CD. There was no mortality.

Conclusion: PCNL still persists as the treatment of choice for nephrolithiasis in kidneys with variations in anatomy or position. A high stone clearance rate can be achieved while minimizing complications.

UP18 Practice of Percutaneous Nephrolithotripsy (PCNL) and Outcomes at the Philippine General Hospital (PGH)
Joan Marie S. Flor, MD; Ana Melissa H. Cabungcal, MD; Marie Carmela M. Lapitan, MD
University of the Philippines – Philippine General Hospital PHILIPPINES

Introduction and Objective: There have been refinements on the technique of PCNL over the years but the Philippine General Hospital has just recently acquired the equipment and materials for this complex procedure. The outcomes and practice of PCNL at a tertiary hospital was analyzed.

Materials and Methods: Medical records of 57 patients who were treated with PCNL from July to December 2018 were retrospectively scrutinized.

Results: Fifty-seven patients underwent percutaneous nephrolithotripsy in the Philippine General Hospital, with a mean age of 48 years (range 21-78 years). Stone burden significantly predicts length of operative time (mean 103 minutes), lithotripsy time (mean 638 seconds), nephroscopy time (mean 43 minutes), fluoroscopy time (mean 10 minutes) and major complications (sepsis and bleeding requiring blood transfusion) but no association was found with the amount of irrigation fluid utilized which ranged from 200 ml to 50 liters (mean of 6.61 liters). Complete stone clearance was achieved in 44/57 (77 %) patients. Three patients (5.26 %) succumb to urosepsis and one (1.75 %) had delayed hematuria. The average length of hospital stay and postoperative length of stay was 8.6 and 5.2 days, respectively. The morbidity rate was 5.3 %, mortality rate was 0 %, reoperation rate was 3.5 %, and readmission rate was 8.8 %.

Conclusion: As a tertiary hospital that caters to about 120 patients for PCNL per year, PGH can be considered a high-volume center for this procedure. Stone clearance rate is acceptable which can be improved with time as residents achieve maximum learning curves with the techniques of the operation. Practice and outcomes need to be monitored to deliver the best quality of care tailored to the patient characteristics and stone demographics. The figures presented in this study may be quoted in counseling patients who will undergo PCNL.

UP19 Bacteriology and Antibiotic Sensitivity Pattern of Isolates in Patients Who Underwent Percutaneous Nephrolithotripsy (PCNL) at the Philippine General Hospital (PGH)
Joan Marie S. Flor, MD; Marie Carmela M. Lapitan, MD
University of the Philippines – Philippine General Hospital PHILIPPINES

Introduction and Objective: Despite being a clean contaminated procedure, PCNL is associated with significant infectious complications such as pyrexia and postoperative bacteremia. We determined the prevalence of post-PCNL infectious complications and distribution and antibiotic sensitivity of microorganisms isolated from patients admitted for PCNL. Risk factors associated with the occurrence of positive culture results and development of post-operative fever and bacteremia were also analyzed.

Materials and Methods: A cohort of 102 adult patients who underwent PCNL from January to December 2018 under the PCNL Urinary Tract Infection Surveillance Protocol at a tertiary government hospital was studied retrospectively. The susceptibility patterns of isolated bacteria from urine, stone and blood cultures were evaluated against the most common antibiotics in the hospital. Chi-square and Student’s T-test were used to determine differences in the frequencies and means for different risk factors for those who developed fever and urosepsis and those who did not.

Results: Ten isolates were recovered from the preadmission urine culture study (CS), seven from intraoperative urine CS, forty-seven from stone CS, none from febrile urine CS and 4 from febrile blood CS. The most common organism isolated on the urine specimens was Escherichia coli, which showed high sensitivity to aminoglycosides. This organism is also among the most common isolate found in stone CS but a significant number of Pseudomonas aeruginosa and Stenotrophomonas maltophilia were also cultured which showed higher sensitivities to fluoroquinolones. Twenty-five percent (26/102) and 3.9 % (4/102) of PCNL-treated patients developed postoperative fever and urosepsis, respectively, despite receiving antibiotic prophylaxis. No significant association was found between the different clinical variables studied and the occurrence of postoperative fever and urosepsis.

Conclusion: The current antibiotic regimen showed higher sensitivity to aminoglycoside and fluoroquinolones. Despite nearly consistent resistance to ceftriaxone of the isolates in our cases, it does not warrant a change in the antibiotic prophylaxis utilized in the surveillance protocol, given the lower rates of the post-PCNL infectious complications compared to published literature. Further surveillance is required to justify a shift in prophylactic antibiotics and identify significant risk factors for the development of fever and urosepsis post-PCNL.

UP20 Bilateral Obstructive Uropathy Secondary to Pelvic Lipomatosis: A Case Study
Joan Marie S. Flor, MD; Michael John Francis V. Gaston, MD
University of the Philippines – Philippine General Hospital PHILIPPINES

Introduction. Pelvic lipomatosis is a rare benign entity associated with excessive deposition of adipose tissue in the pelvis. Etiology is still unknown. Published literature cited approximately 130 cases reported worldwide. No case of pelvic lipomatosis has been reported yet in local sources. Clinical presentation varies from lower urinary tract symptoms due to mixed inflammatory reactions to signs of
obstructive hydronephrosis. Computed tomography scan plays a valuable role in the diagnosis.

**Case Presentation.** We describe a 43-year old male with bilateral distal ureteral obstruction secondary to pelvic lipomatosis resulting in severe hydronephrosis and concomitant proliferative cystitis. Urinary diversion with percutaneous tube nephrostomy was done to prevent further renal impairment.

**Discussion.** The treatment options were discussed thoroughly with the patient. The severe hydronephrosis with azotemia necessitated urinary diversion. A DJS insertion was initially attempted but was unsuccessful due to the proliferative cystitis obscuring visualization of the ureteral orifices. The patient opted regular tube nephrostomy change for now to prevent further renal deterioration from the bilateral obstruction of the ureters by the pelvic adipose tissues as well as the severe bladder mucosal edema. Cystectomy was offered due to increase risk of malignant transformation. Extirpation of the pelvic lipomatosis was also presented as an option but the patient was informed of its recurrent nature as well as the difficult or impossible surgical removal of the mass due to the indistinct surgical plane between the normal structures and the adipose tissues. Close follow-up with surveillance cystoscopy and imaging was advised due to the increased predilection for bladder adenocarcinoma observed in patients with cystitis glandularis.

**Conclusion.** While the present report described a classic assessment and initial management of a patient with pelvic lipomatosis and proliferative cystitis, it provides additional insights with regards to the possible etiology of the disease entity. Several etiologies are implicated from literature but the most frequently mentioned is the increased in protein rich medium brought about by the bladder outlet obstruction. This theoretically increases the propensity of the bladder epithelium to transform into premalignant adenocarcinoma. The patient presented however did not have bladder outlet obstruction. This suggests that perhaps the proliferative cystitis is not always from the BOO and that there is another mechanism for it for patients with pelvic lipomatosis which could be the focus for another future research.

**UP21 A Rare Case of A 38 Year Old Female with Multiple Uterine Myoma, a Family History of Uterine Myoma, & a Right Renal Mass Encasing the Right Renal Artery**

Walter Ian Lim, MD
East Avenue Medical Center
PHILIPPINES

Hereditary Leiomyomatosis and Renal Cell cancer (HLRCC) is a rare condition that has been only been reported in approximately 300 families worldwide. Approximately 10 percent to 16 percent of people with HLRCC develop renal cell cancer. This disease is characterized by a lack of early warning signs, diverse clinical manifestations and resistance to radiation and chemotherapy. Thus, due to these factors a diagnostic and therapeutic dilemma is encountered when managing these patients.

In recent years, multiple agents have been developed for systemic treatment of metastatic disease. Although the optimal treatment strategy continues to evolve, three agents that target angiogenesis (sunitinib, bevacizumab/interferon, and pazopanib) and a mammalian target of rapamycin (mTOR)–targeted therapy (temsirolimus) are approved as front-line agents. For selected patients, cabozantinib or combination therapy with nivolumab plus ipilimumab are also used as first-line treatments. Targeted therapy and immunomodulatory agents are considered standard of care in patients with metastatic disease.

This case presents itself differently which makes it an important learning experience for the clinician. This is a case of a 38-year old female who had the chief complaint of low back and right flank pain noted 6 months prior to admission. Patient initially had check-up with her obstetrician due to a history of having multiple uterine myoma. Patient also has a family history including her mother and sister also having multiple uterine myomas. Ultrasound of the whole abdomen revealed a right renal mass thus was referred to the Urology service. CT scan of the whole abdomen was done which revealed a 9 x 14 x 16 cm right renal mass. Thus, a diagnosis of Hereditary Leiomyomatosis and Renal Cell Cancer was considered. The patient then was admitted for further work-up and management. With deeper understanding of the disease, we could diagnose and treat similar patients safely and effectively.

**UP22 Renal Cell Carcinoma and Angiomyolipoma in a 75 year-old Female: Case Report**

Ravi James Buxani, MD
East Avenue Medical Center
PHILIPPINES

This case report provides details about a rare incidence of Renal cell carcinoma and Angiomyolipoma on a 75-year-old female. CT came in at East Avenue Medical Center with a eight-month history of a left palpable flank mass. Diagnostics were done which revealed a left renal mass and also an incidental finding of a right renal mass with different characteristics. She underwent open surgical management for both renal masses in two different operating room schedules with an interval of 2 weeks.

**UP23 Primary Signet Ring Cell Adenocarcinoma of the Urinary Bladder in a 34-year old Male: A Case Report**

Jeremiah I. Fe, MD
East Avenue Medical Center
PHILIPPINES

This case report presents a 34-year-old Male, previously admitted at East Avenue Medical Center with a mass in the urinary bladder who presented with intermittent episodes of gross hematuria. The patient underwent transurethral resection of the bladder tumor wherein Histologic examination was consistent with Signet-ring cell adenocarcinoma. Metastatic work-up was done to rule out other possible origins of the malignancy. The patient was treated with Radical Cysto-Prostatectomy with Bilateral Pelvic lymph node dissection with creation of ileal conduit. Follow-up of patient showed normal conditions without metastatic spread or any recurrence.

**UP24 Leiomyoma of the Urinary Bladder in a 31 Year Old Female: A Case Report**

Argee A. Alonsabe, MD; Julian Salvador A. Vinco, MD
Corazon Locsin Montelibano Memorial Regional Hospital
PHILIPPINES

Bladder leiomyomas are benign mesenchymal neoplasms and are very rare urinary tumors that represent <0.5% of all bladder tumors, with only 250 cases reported worldwide. This would usually affect women between the third and sixth decade of life commonly presenting with urinary symptoms. This is a case of a 31-year-old female, with recurrent urinary tract infection refractory to medical management. Imaging studies were done which revealed an endovesical mass. The patient underwent cystoscopy, partial cystectomy and left ureteral implantation. Specimen was sent for histopathological testing which indeed revealed a leiomyoma of the urinary bladder.
Herein we present the case of a 51 year old male who came in due to a slow growing painless solid mass on his left inguinoscrotal area. The initial working impression was a testicular mass left. Imaging studies done included Inguinoscrotal ultrasound and Pelvic CT scan with contrast which revealed a spastic cord tumor. Laboratory parameters were all normal. The surgical invention done was Radical Inguinal Orchiectomy left. Further histopathologic studies identified the mass to be Leiomyosarcoma of the spermatic cord.

Leiomyosarcoma of the spermatic cord is a rare condition usually mistaken clinically as other inguinoscrotal masses. There is a limited amount of information published about this condition mostly comprising of case reports due to its rarity. This case report will discuss Leiomyosarcoma of the spermatic cord, the pre-operative, perioperative and post-operative diagnostics and management done.

**UP26 Reconstructive Surgery for Untreated Bladder Exstrophy in Young Adult Woman: A Case Report**

Reza Maulana, MD; Jufriady Ismy, MD

Universitas Padjadjaran / Hasan Sadikin General Hospital; Universitas Syiah Kuala / Zainoel Abidin Hospital

**Introduction:** Bladder exstrophy is one of the most challenging congenital urinary tract abnormalities. It is a rare congenital birth defect occurring about 3 in 100,000 births with males to female ratio of 3:1. Apart from the open bladder the patient also has various other abnormalities, including urogenital, musculoskeletal and anorectal defects. Untreated bladder exstrophy in an adult is rare, as the defect is obvious and primary reconstruction is usually done in infancy. We report our experience with the management of untreated bladder exstrophy in female young adult. There are very few documented cases of adults presenting with exstrophy of bladder in literature. From our knowledge, this is the first documented case of bladder exstrophy in adult from Indonesia.

**Case Presentation:** A 17-year-old female came to the surgery clinic with a symptoms of voiding through the abdomen since birth, the existence of two small holes in the right and left of lower abdomen since birth, experienced a 17 years of diaper usage due to urinary incontinence, and also complain of a small vaginal hole the size of a needle but menstruation comes out normally through the hole. There was no history of past surgical intervention. Physical examination at flank dextra/sinistra region was normal. Further examination at suprapubic revealed a bladder with the inner side of the bladder exposed, right and left ureter’s estuary identified, efflux (+/+). The external genitalia examination showed no external urethral orifice, small vagina, labia minora (-), and small labia majora seen widely separated between right and left. A kidney, ureter, and bladder (KUB/BNO) x-ray was performed and revealed a symphysisis more than 10 cm. Pelvic MRI without and with contrast was also performed and showed a result of bladder exstrophy, uterus malposition (to superoinferior), and a short vagina.

**Discussion:** The management of bladder exstrophy poses a major surgical challenge. The goals of management are to achieve bladder and abdominal wall closure, to provide urinary continence with preservation of renal function, to create functional and cosmetically acceptable external genitalia and to preserve fertility. To achieve these goals – which are not always attainable – multiple operations are necessary. In this case we performed a bladder reconstruction + urethral reconstruction closure of abdominal wall with full thickness skin graft. Post-operative follow-up showed a urinary incontinence still persist.

**Conclusion:** An adult seeking treatment for untreated bladder exstrophy is a rare yet distinct possibility. Considering the complexity of the urogenital problems and the surgical management thereof, all patients require lifelong follow-up.

**UP27 Spontaneous Perirenal Hemorrhage due to Ruptured Renal Arteriovenous Malformation: A Case Report and Literature Review**

Richardo R. Handoko, MD; Ferry Saffiadi, MD

Hasan Sadikin Hospital - University Padjadjaran

**INDONESIA**

**Introduction:** Spontaneous perirenal hemorrhage is bleeding in perirenal space with no associated trauma or iatrogenic manipulation. It is a rare condition and often present with a variety of nonspecific symptoms, which may delay diagnosis and increase morbidity and mortality. We reported a 51-year-old man presented with spontaneous perirenal hemorrhage due to ruptured arteriovenous malformation.

**Case Presentation:** A 51-year-old Asian man presented with persistent dull pain at right flank region since 4 days prior to admission and an episode of hematuria in the first day of the flank pain. He routinely took antihypertensive drug. There were no histories of trauma, anticoagulant therapy, or previous surgical intervention. Physical examination revealed tenderness and hemotoma at the right flank area. Blood pressure at the time of presentation was 140/90 mmHg and heart rate was 88/min. Blood analysis showed hemoglobin 9.9 g/dl (normal range: 13.2-17.3 g/dl). Urine analysis showed macroscopically clear yellowish urine with erythrocyte sediment 13.5/µl (normal range: ≤9.1/µl). Ultrasound examination showed a large blood clot at the subcapsular of right kidney. An abdominal CT demonstrated a large right perirenal hematoma collected mainly at the posterior and posterosinferior region of the right kidney. There was no suspicious renal neoplasm or vascular abnormalities. The patient underwent surgical exploration. About 500 ml of hematoma was evacuated. No tumor was found. An active source of bleeding was identified at the posterior aspect of the right kidney and successfully ligated. A biopsy was performed with histopathology result of ruptured arteriovenous malformation.

**Discussion:** Meta-analysis done by Zheng et al. found that the etiologies of spontaneous perirenal hemorrhage were malignant tumors (31.5%), benign tumors (29.7%), vascular disease (17%), infection (2.4%), and idiopathic (6.7%). A ruptured renal arteriovenous malformation was an uncommon etiology. Renal arteriovenous malformations (AVMs) are abnormal communications between intrarenal arterial and venous systems. The estimated prevalence of renal AVMs was <0.04%, with peak incidence in patients aged 30-40 years. The right kidney is slightly more often involved than the left. Women are affected three times as often as men. Most of the renal AVMs (75%) are acquired and have been associated with surgical interventions (renal biopsy, renal surgery), malignancy, inflammation, and exogenous trauma. About 14-27% of cases are congenital and 2.8% are considered idiopathic. The clinical presentations of renal AVMs are hematuria (72%), flank pain, flank bruit, hypertension, perirenal hematoma, and asymptomatic. In hemodynamically stable patients, conservative approach can be implemented. Endovascular procedure has become the management of choice when AVMs is recognized on angiography. Surgery remains a reasonable choice in certain conditions. In this report, the patient underwent surgical exploration due to the large size of the hematoma.

**Conclusion:** Renal AVM is a very rare entity and only a limited number of cases have been described in the literature. We presented a case of spontaneous perirenal hemorrhage due to ruptured renal AVM in
a 51-year-old male with flank pain and hematuria as clinical presentations. Surgical exploration remains a reasonable choice in selected conditions.

**UP28 A Large bladder Leiomyoma: A Case Report and Literature Review**
Rangga Adhzai Ksatiapraja, MD; Sawkar Vijay Pramod, MD
Universitas Padjadjaran; Hasan Sadikin Hospital
INDONESIA

**Introduction:** Bladder leiomyoma is a rare, benign tumour of the bladder. We present a clinical case of a 42-year-old woman who admitted to our hospital with a one-year history of painless intermittent hematuria and irritative symptoms. We present the first bladder leiomyoma case report in Indonesia and the largest bladder leiomyoma without any post-operation symptoms. The tumor weight and volume was 800 g and 7.0 x 6.5 x 4.0 cm.

**Case Presentation:** A 42-year-old female presented with complain of occasional painless hematuria and irritative symptoms in the past year. No previous history of spontaneous stone passage. Physical examination was within normal limits. Supporting examination with urinalysis had found high leukocyte (20 – 29 /mm3 with high power field) and erythrocyte (>50 /mm3 with high power field). Abdominal CT scan with contrast had revealed soft tissue mass at the inferior aspect of the bladder wall which given enhancement on post-contras scanning. Cystoscopy and open excision of tumour was performed; Well-encapsulated papillary solid mass at trigonum (7 x 6.5 x 4 cm with weight of 800 g) was excised. Postoperative histopathology confirmed the diagnosis of leiomyoma of urinary bladder.

**Discussion:** Leiomyoma of the urinary bladder is a very rare entity but represents the most common histological type of benign bladder tumor. Leiomyoma may occur at any sites in the genitourinary tract. In the urinary bladder, it arises from submucosa, but can develop and grow in any layer. It has been believed that males and females shared the same morbidity for bladder leiomyoma. However, Guloboff et al. examined 37 patients and reported that bladder leiomyoma developed more often in women (76%) in the third through sixth decades (59%) of life. Treatment and prognosis is determined primarily according to the size and anatomical location of the tumors. Surgical options include transurethral resection of the tumor and open surgical excision. Surgical excision has excellent prognosis and should always be offered especially for a large size. Larger tumors and those with extravesical growth usually require open surgery with segmental resection or partial cystectomy.

**Conclusion:** Bladder leiomyoma is an uncommon, benign tumor. Surgical excision is required for diagnostic and therapeutic purposes. Open excision of large bladder leiomyoma had good outcomes in such patients. However, additional studies with larger samples and longer follow-up period may be required to evaluate the efficacy of the surgical resection in bladder leiomyoma cases.

**UP29 Hanging Bladder Stone due to Misplaced Surgical Suture Several years after Hysterectomy**
Andrey Satria Julian, MD; Ahmad Agil, MD
Universitas Padjadjaran / Hasan Sadikin General Hospital
INDONESIA

**Introduction:** Urinary bladder calculi are rarely seen in women and any history of previous pelvic surgery must, therefore, raise suspicion of an iatrogenic etiology. The incidence of iatrogenic foreign bodies rise recently due to increasing number of surgical procedure. According to the literature, fewer than 2% of all bladder calculi occur in female subjects and, thus, their presence should provoke careful assessment of the etiology. There have been a number of reports on bladder calculi in women with a history of gynecologic procedures. We report a case of bladder calculus after hysterectomy that was treated successfully by open surgery.

**Case Presentation:** A 54-year-old lady with dysuria, had a history of urinary stone for one last year. She was not complaining hematuria. She had radical hysterectomy 20 years ago and URS (Ureteroscopic) Lithotripsy because of bladder stone a year ago. Physical examination was unremarkable. Abdominal CT scan with contrast had revealed multiple vesicolithiasis and irregular calcifications attached to the superior aspect of vesical urinary. Cystoscopic evaluation was performed and confirmed presence of calculi forming around several surgical sutures fixated to the bladder wall. The intravesical calculus had developed from non-absorbable sutures and hung on the dome of the urinary bladder. The stone and residuum of the suture were retrieved by performing an open surgery.

**Discussion:** Bladder calculi account for 5% of all urinary calculi and usually occur due to bladder neck outlet obstruction, indwelling foreign bodies, or urinary tract infection. Bladder calculi occur more frequently in males, across nations, races, and age groups. Females account for only 2% of all patients. The frequency of occurrence increases yearly after the age of 50 years. Men with prostate disease or who have had previous prostate surgery and women who have undergone antincontinence surgery are at higher risk for developing bladder calculi. Patients with spinal cord injuries are also at higher risk for developing bladder calculi. Bladder calculi are uncommon in women and any history of previous pelvic surgery must, therefore, raise the suspicion of an iatrogenic origin. The etiology of foreign bodies in the bladder may be classified as follows: insertion of a foreign body by the person himself or herself (for the purpose of masturbation, curiosity, or psychiatric or senile reasons), iatrogenic (such as penetrating injury during surgery of the urinary tract, uterus, vagina, or rectum), and migration of an intrauterine device. These foreign bodies act as a nidus for stone formation in the bladder. Some reports in the literature showed that bladder stone formation was the result of complication following operations.

**Conclusion:** The presence of an intravesical stone should be suspected in patients with a history of hysterectomy who have symptoms in the lower urinary tract. A hanging stone on the dome of the urinary bladder implies that suture materials migrate into the urinary bladder. The complication can be prevented by the routine use of absorbable material and double-checking with cystoscopy.

**V1 Supine PCNL in the Morbidly Obese**
Romeo Lloyd T. Romero, MD; Eli Paulino F. Madrona, MD; Meliton D. Alpas, III, MD; Karl Marvin M. Tan, MD; Sid C. Sergio, MD; Ralph N. Rabanal, MD
Veterans Memorial Medical Center
PHILIPPINES

**Introduction and Objectives:** Supine Percutaneous Nephrolithotomy is an effective and safe procedure in high-risk obese patients in the treatment of kidney stones. This position may be an alternative in Percutaneous Nephrolithotomy due to the concerns regarding patients with compromised cardiopulmonary status in the prone position. The objective of this video is to provide an informative demo of how to do supine Percutaneous Nephrolithotomy in a morbidly obese patient.

**Methods:** This is a case of a 43-year-old male with a BMI of 53kg/m2 who was diagnosed with a Staghorn Calculus at the left kidney diagnosed through a CT stonogram. He underwent Supine
Percutaneous Nephrolithotomy. General anesthesia was given. He was positioned in the Galdakao-Modified-Valdivia were the patient is supine with the torso rotated in a 30 degree angle, a 1 liter saline bag wrapped in operating towels is placed on the buttocks and rib area elevating the patients operative side, the leg on the affected side is extended while the opposite leg is abducted. Access was made using a Chiba needle under fluoroscopy guidance. Nephrolithotomy was done using a 30 fr Amplatz sheath then a pneumatic lithotripter was used for fragmentation. A nephrostomy and a double-J stent were inserted after the procedure.

Results: The operative time was 71 minutes. He was 100% stone free seen through a KUB X-ray post-operatively. No fever or other complications was noted after the procedure. Blood transfusion was not warranted. The nephrostomy was remove after 24 hours then the IFC followed after. The was discharged after 2 days.

Conclusion: Supine Percutaneous Nephrolithotomy is a safe and effective procedure in treating kidney stones in a morbidly obese patient. It is also comparable in the to the current standard of treatment with regards to Stone-free rate, operative time and hospital stay. It is a feasible and reproducible method, with an acceptable complication rate.

V2 Holmium LASER Enucleation of the Prostate (HoLEP)
Juan Emmanuel T. Montaña, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Introduction and Objectives: For years, transurethral resection of the prostate has been widely accepted as the gold standard to surgically manage obstructive voiding dysfunction in men with benign prostatic hyperplasia. This historical standard has been confronted repeatedly by data demonstrating the superiority of Holmium enucleation of the prostate as an alternative for the treatment of bladder outlet obstruction caused by benign prostatic growth. The results of various randomized studies and case series have confirmed that this method achieves immediate relief of bladder outlet obstruction. The improvement in symptoms is maintained throughout postoperatively and is associated with less morbidity than conventional surgery. However, the scarcity of urologists with relevant expertise and the approach’s technical difficulty have limited its practice. This video aims to describe in detail the technique in a standardized manner to aid in spreading the technical knowledge and increase interest in this particular method.

Methods: A 65-year-old male, previously diagnosed with benign prostatic hyperplasia came in for consult due to failed medical management of his lower urinary tract symptoms. Patient had prostate specific antigen value of 2.2 ng/mL with prostate size of 65 grams on ultrasound. Patient was then offered surgery and underwent Holmium LASER enucleation of the Prostate. In this video, we describe in detail the technique used to perform the procedure with emphasis on the technical aspects that aid in the surgery and avoid possible complications.

Results: Total operative time was 70 minutes with minimal estimated blood loss. No intraoperative or postoperative complications reported. Foley catheter was removed 48 hours postoperatively with noted improvement of symptoms.

Conclusion: Holmium LASER enucleation of the prostate is a promising substitute for the surgical treatment of benign prostatic hyperplasia which permits complete removal of intact lobes of the prostate. Obstructive symptoms are relieved almost immediately with superior hemostasis and minimal hospital stay.

V3 Game Changer: Retzius-Sparing Robot-Assisted Laparoscopic Radical Prostatectomy
Juan Emmanuel T. Montaña, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Introduction and Objectives: In 2010, Galfano et al. first described the Retzius-Sparing Robot-Assisted Laparoscopic Radical Prostatectomy (RS-RALP) with the purported benefits of the Retzius sparing approach of early recovery of continence. This technique combines the best of retropubic and perineal approaches, permitting a more precise dissection of the urethra and spares the Retzius space, dorsal vascular complex, and the pubovesical ligaments. The endopelvic fascia and pelvic floor musculature is also spared, thus minimizing the surgical trauma. This allows a more delicate reconstruction and maintenance of normal pelvic anatomy. The main objective of this video is to show this technique in an easy and standardized manner, to aid in sharing the procedural knowledge as well as to increase surgeon’s interest in it.

Methods: A 62-year-old male was diagnosed of prostate cancer upon routine evaluation for elevated prostate specific antigen (6.1 ng/mL). Transrectal ultrasound-guided biopsy revealed prostatic adenocarcinoma (Gleason score 6). Digital rectal examination showed a prostate size of 35 grams. The patient underwent retzius-sparing robot-assisted laparoscopic radical prostatectomy using the da Vinci Si surgical system.

Results: Total operative was 120 minutes and total console time was 82 minutes. Estimated blood loss was 100 mL and length of hospital stay was 4 days. No intraoperative or postoperative complications reported. Histopathology report was adenocarcinoma Gleasons score 6 (3+3) with negative surgical margins and no extra-capsular extension or perineural invasion. Foley catheter was removed 1 week postoperatively with no need for use of diaper or sanitary pads 48 hours after.

Conclusion: Retzius-sparing robot-assisted laparoscopic radical prostatectomy is a safe technique for treatment of localized prostate cancer with previously published literature showing better early continence and oncologic outcome.

V4 Sheathless RIRS
Michael Dave N. Mesias, MD; Enrique Ian S. Lorenzo, MD
Jose Reyes Memorial Medical Center
PHILIPPINES

Introduction and Objectives: In the recent years, treatment of renal stones have changed dramatically. The development of holmium laser technology and advancement in flexible URS has improved renal stone treatment. Retrograde Intrarenal Surgery (RIRS) is done for treating renal stones with high success rates and minimal morbidity. The use of a ureteral access sheath (UAS) have several advantages. However, safety of its routine use remains controversial. Concerns that it could cause damage to the ureteric wall, from abrasion to ischemia and worst, avulsion of the ureter. We present a technique of sheathless RIRS done on a patient with pyelolithiasis and superior pole calyceolithiasis.

Methods: A 42-year-old female patient consulted due to a left flank pain secondary to a pyelolithiasis 1.5 cm 1080 HU. A superior pole calyceolithiasis was also noted, 0.2cm 400 HU. Patient underwent RIRS. The Accu-Tech Holmium LASER system together with the SemiFlex Flexible Ureteroscope was utilized. Two guidewires were placed initially through a semi rigid ureteroscope. One is a ‘safety’ guidewire, and the other is the ‘working’ guidewire. The next step done was to put in the flexible ureteroscope thru the ‘working’ guidewire. Upon reaching the kidney, the ‘working’ guidewire is then removed. A size 220nm laser fiber at 0.8 J and 25Hz was used for
V5 Extraperitoneal Radical Prostatectomy: A Step-by-Step Technique Demonstration by a Single Surgeon

Rajiv H. Kalbit, MD; Jade Kenneth G. Lomansoc, MD

Jose Reyes Memorial Medical Center

PHILIPPINES

Introduction: Radical prostatectomy is an established treatment modality for localized prostate cancer. Laparoscopic radical prostatectomy can be performed by a transperitoneal or extraperitoneal approach. The perspective of an extraperitoneal approach to the prostate was developed after the initial report by Raboy and coworkers. The first series of 42 patients to undergo extraperitoneal radical prostatectomy was published by Bollens et al. in 2001. The theoretical advantage of the extraperitoneal compared with the transperitoneal technique is to decrease risk of intra- and postoperative intraperitoneal complications.

Objectives: To described the step by step technique in doing extraperitoneal radical prostatectomy.

Methodology: This is a case of 67-year-old male with a localized prostate adenocarcinoma with Gleason 7 (4+3) on both lobes after TRUS guided biopsy. Preoperatively PSA was 7.49. The patient is placed in the supine position under general anesthesia. The extraperitoneal procedure consists of 8 steps, including creation of prevesical working space, incision of the endopelvic fascia and dorsal vein ligation. Vesicoprostatic dissection, dissection of the vas deferens and seminal vesicles, control of prostatic pedicle, apical dissection, vesicourethral anastomosis and extraction of of specimen.

Results:
- The operative time was 4 hours and 48 minutes and total blood loss of 250 cc. No fever or complications was noted and patient was discharged after 5 days. Follow up PSA was 0.00 after 6 weeks.
- Final Histopathologic results revealed prostate adenocarcinoma Gleason 6 (3+3) with negative surgical margins, perineural invasion, lymphovascular invasion, extracapsular extension, and seminal vesicle involvement. Return of continence was noted after 3 months. Patient was maintain on PDES inhibitor.

Conclusion: Extraperitoneal laparoscopic radical prostatectomy is a variation that offers the advantages of a minimally invasive technique with no risk of intraperitoneal organ injury. Only long-term follow-up of large series and comparative studies of the different approaches will define the advantages, disadvantages and limitations of these new techniques.

V6 Laparoscopic Radical Prostatectomy versus Robotic-Assisted Laparoscopic Radical Prostatectomy: Single Surgeon, Similar Technique, Similar Results?

Rajiv H. Kalbit, MD; Jade Kenneth G. Lomansoc, MD

Jose Reyes Memorial Medical Center

PHILIPPINES

Introduction: The treatment of localized or locally advanced prostate cancer has evolved throughout the years with the goal of achieving the best oncologic outcome. Radical prostatectomy (RP) is considered the standard of treatment for localized prostate cancer. Historically, open prostatectomy gained its popularity up until the use of laparoscopy and robots come into fruition. Experienced surgeons have described the various advantages of laparoscopy. The approach remains a technically demanding procedure requiring a high learning curve. Meanwhile, the use of the robotic system reduces the issues on difficulty performing complex laparoscopy and the learning curve compared doing laparoscopy alone.

Objective: To present a side by side comparison of surgical approach and results done by a single experienced surgeon on laparoscopic radical prostatectomy (LRP) and robot-assisted laparoscopic radical prostatectomy (RALP).

Methodology: Patient positioned according to approach. Supine on LRP while lithotomy position on RALP. Port placement was done starting from the umbilicus using the Veress needle and drop test technique. Insufflation of the abdomen and inspection was done. Trocar placement was done accordingly. Surgical approach will be presented according to highlights of the procedure: Defatting of the prostate; dissection of the endopelvic fascia; Incision of puboprostatic ligaments; Ligation of dorsal venous complex; Bladder neck dissection; Posterior dissection; Identification of vas deferens and seminal vesicles; lateral pedicle dissection; apical dissection; urethral Anastomosis; retrieval of specimen and extraction.

Results:
- On LRP the total operative time was 288 minutes with total blood loss of 250cc. No complications were noted. The patient was discharged after 3 days. Return of continence was noted on the 3rd month post-operation. Patient was maintained on PDES inhibitors. Follow-up PSA was 0.00 (6weeks). Meanwhile on RALP, the total operative time was 360 minutes including the lymph node dissection time. Total blood loss was 200cc. No complications were noted and the patient was discharged after 3 days. Return of continence and erection was noted on the 3rd month post-operation. Patient was maintained on PDES inhibitor.

Conclusion: In terms of oncologic outcome LRP is at par with RALP.

V7 A Stepwise Approach to Backdoor Entry in Adrenalectomy: Retropertoneoscopic Adrenalectomy

John Mark Garcia, MD; Juvido P. Agatep, Jr., MD

St. Luke’s Medical Center

PHILIPPINES

Objectives: Retropertoneoscopic adrenalectomy has always been described as a technically demanding and special expertise dependent procedure. A lengthy dissection with an unfamiliar area has always held back many Urologists’ who prefer to approach transabdomen. We present a stepwise approach in dissection and creating retropertoneoscopic space, identification of structures, and safe vascular control in retropertoneoscopic adrenalectomy.

Methods: A 39 y/o male presented with an incidental finding on ultrasound of a 5cm mass on the left adrenal gland, not accompanied by weakness hypertension or electrolyte imbalance. Further studies with a CT scan with adrenal protocol revealed a hounefield unit of 5 with a wash out of 60% at 15 mins. With a likely diagnosis of an adrenal adenoma, the patient underwent retropertoneoscopic adrenalectomy. The patient was positioned on a right lateral decubitus position. Trochar placements made under the 12th rib along the paraspinous region, triangulated with 2 other tochars. Balloon dilation done to develop a space. Further dissection of the retroperitoneal area until the psoas muscle was adequately visualized to trace up to the upper pole of the left kidney. Lateral and superior dissection of the adrenal was done then concentrating on identification of the adrenal vein upon dissection of the medial side. Hem-o-lok clips applies on the adrenal vein and further dissection of...
the gland done until freed from all attachments and delivered using a retrieval bag leaving in place a 100cc Jackson Pratt drain.

**Results:** The total operative time was 131 minutes with minimal blood loss. The Jackson Pratt drain was removed on the 3rd postoperative day and the patient was discharged with no complications even up to follow-up. There was no necessary blood transfusion or use of opiate containing pain medications. Regularity of bowel movement was achieved on the 3rd postoperative day with return to full diet on immediate post-op.

**Conclusion:** With the retroperitoneoscopic approach, adrenalectomy is achieved with direct access to the adrenal glands without the need for infra-abdominal organ mobilizations that may result in future adhesions, decreased effect on cardiac filling pressures, better cosmetic results, and lesser use of pain medications. It is a safe and reproducible technique.

---

**V8 Inflatable Penile Prosthesis Implantation for Erectile Dysfunction**

Rogerson D. Tiango, MD; Jonathan S. Mendoza, MD; Michael E. Chua, MD; Josefino C. Castillo, MD

**St. Luke’s Medical Center**

**PHILIPPINES**

**Introduction and Objectives:** Penile Prosthesis for Erectile dysfunction is the gold standard for patient’s refractory to medications. We present step by step method in doing inflatable penile implantation surgery.

**Materials and Methods:** a.Patient Profile 50/M with erectile dysfunction for 15 years, given silent afil but with minimal effect, prompting consult. Sexual health index score = 2; Physical Examination: Flaccid penile length: 5cm. b. Skin Preparation Extensive Skin- prep done at the abdominoperineal area. Patient was placed in supine position. c.Exposure: Exposure and mobilization of bulbo-penile and corpora cavernosa was done. Lonestar snow retractor was placed. Stay suture using vicryl 2-0 was inserted at the lateral and medial aspect of the corpora cavernosal bodies. d.Corpora Cavernosa Dilation Cavernosa was then opened and was dilated proximally and distally using hegar dilator from F9 to 12. Cavernosal length was measured. Penile prosthesis was prepared with the approximate length and with less than 1cm differential length on both sides. e.Insertion of the penile reservoir. The external ring is identified and spatricular cord was pushed medially using the index finger. Blunt dissection was done puncturing the fascia accessing the retropubic space. Space was confirmed thru the pubic bone and symphysis pubis. The Reservoir was placed at the created retropubic space. f.Insertion of Prosthesis pump. Insertion of the pump via subdardos pouch was created at the left hemiscrotum. A small incision is made through the dartos fascia and blunt dissection is used to create the space. The pump was inserted. g. Insertion of Prosthesis cylinder. Proximal part of the corporal cylinder is inserted first using DeBakey forceps. The Distal string was inserted thru the needle and was placed to the Furlow instrument is inserted distally and laterally avoiding urethral injury. The needle was passed at the lateral side of the glans penis facilitating the distal placement of the corporal cylinder. h. Closure. The corporectomies are closed using the 2-0 absorbable stay sutures. Connecting tubing was placed Device was then inflated. Closure done in layers.

**Results:** Total operative time was 120 minutes with 10cc blood loss. Patient was discharged on postoperative day 2.

**Conclusion:** Penile Prosthesis implantation is the gold standard for patients refractory to medical therapy. A proper skin preparation, and operative techniques are essential for good outcome.

---

**V9 Transobturator Midurethral Synthetic Mesh Sling for Female Stress Urinary Incontinence**

Rogerson D. Tiango, MD; Jonathan S. Mendoza, MD; Michael E. Chua, MD; Josefino C. Castillo, MD, Maria Anna Vanessa A. Geron, MD

**St. Luke’s Medical Center**

**PHILIPPINES**

**Introduction and Objectives:** Stress urinary incontinence is common among females in late adulthood and elderly. Surgical treatment has evolved, improving outcome and decreasing complications. We present a stepwise approach in one of the newest techniques developed, the transobturator midurethral mesh sling (TMMS).

**Materials and Methods:** a. Patient Profile Sixty-four-year-old G4P4 (4004) presented with 10 years’ history of stress urinary incontinence experienced during coughing and exertion. Patient denies previous pelvicoabdominal surgery. b. Patient positioning and Skin Preparation Patient was placed in lithotomy position. Perineal antibiotic skin using povidone-iodine solution. Urethral catheterization was done. c. Incision and dissection: Urethral catheter was retracted superiorly. A 2 cm vertical incision was made 1 cm below the urethral meatus. The edge of the incision was grasped using allis forceps. Vaginal mucosal flap was created using sharp and blunt dissection, separating it from the urethra laterally and superiorly up to the inferior ramus. The same was done on the opposite side. d. Needle passage (outside to inside) Adductor longus tendon (ALT) was palpated laterally at the level of the clitoris. A 1 cm incision was made below the ALT insertion. The needle was inserted through the incision, piercing the obturator membrane, close to the inner portion of the obturator foramen. The opposite index finger was then placed on the vaginal flap incision. The needle device was rotated so the tip of will pass through the vaginal incision. Once the tip was palpated, it was guided through the incision, with the index finger protecting the urethra. The string of the mesh sling was placed through the tip of the needle and out of the skin incisions. The same was done on the opposite side. e. Cystoscopy Cystoscopy was done to note any bladder or urethral injury during the placement. f. Placement of Mesh Urethral Sling. Urethral sounds were placed between the sling and urethra. The string was pulled equally on both sides and snugged to the urethral sounds, ensuring no excessive tension. g. Closure. Strings arising from the thigh were trimmed. Thigh and vaginal incision were closed using Vicryl 3-0.

**Results:** The procedure lasted for 15 minutes with minimal blood loss. No drains were inserted. Patient was discharged on post-operative day 2.

**Conclusion:** TMMS is an acceptable, reproducible and less invasive approach in patients with stress urinary incontinence treated surgically.

---

**V10 Retroperitoneoscopic Pyeloplasty, Right**

Patrick Vincent P. Tansoco, MD; Juvido P. Agatep, Jr., MD; Marvin Castillo, MD

**St. Luke’s Medical Center**

**PHILIPPINES**

**Introduction and Objectives:** Retroperitoneoscopic technique for pyeloplasty is considered to be the preferred method because of the strict retroperitoneal approach and minimally invasive nature. It allows access to the UPJ retroperitoneally and it almost similar to the principles of open surgery. However, one of its disadvantages is the limited working space. Our video will show that this procedure can be easily done with correct trochar placement and experienced surgical skills. This will give information on how to do retroperitoneoscopic pyeloplasty.
**Methods:** This is a case of a 33 year old male who was diagnosed with bilateral ureteropelvic junction obstruction and nephrolithiasis, right. Patient underwent cysto-RGP, jstent insertion, retroperitoneoscopic pyeloplasty, nephrolithotomy, right under general anesthesia. Patient placed on overextended flank position. 12mm port was placed below the 12th rib in the paraspineus region. Balloon dilation done. With finger guidance, two other trocars established, one 11mm port and one 5mm port, triangulated. Pneumoretroperitoneum started. No crossing vessels but a fibrotic segment of the UPJ was noted. Kidney’s attachment was dissected. Another 5mm port added at RUQ of the abdomen. Redundant pelvis was trimmed. 3 nephrolithiasis were removed. Proximal ureter spatulated. Ureter and pelvis apposed using V Loc 2-0 sutures. Penrose drain placed.

**Results:** The operative time was 2.5 hours. Patient was discharged at 3rd day post operatively. Penrose drain was removed on the 5th day post-op. No recurrence of flank pain.

**Conclusions:** Retroperitoneoscopic pyeloplasty is a safe and effective procedure. Despite the said limited space, creating the space and area to suture can be easily done with an experienced surgeon. This procedure can easily be reproducible as well.

---

**V11 Laparoscopic Partial Nephrectomy in a Patient with “Toxic” Fat and No Intra-operative Ultrasound**

Joy Castillo, MD; Enrique Ian S. Lorenzo, MD

**Jose Reyes Memorial Medical Center**

**PHILIPPINES**

**Introduction:** Nephron-sparing surgery is the treatment of choice in renal tumors less than 4cm. In certain cases, “toxic” perirenal fat is encountered which is thick and adherent to the renal capsule. Identification of the tumor is difficult without intra-operative ultrasound. We aim to demonstrate how to proceed with laparoscopic partial nephrectomy even when dealing with a lot of adherent perinephric fat and absence of ultrasound.

**Methods:** A 64 years old male with incidental finding of a 3.3 x 2.9 x 3.7cm enhancing left renal mass underwent laparoscopic partial nephrectomy.

**Results:** The total operative time was 3 hours and 22 mins and warm ischemia time was 19 mins. The estimated blood loss was minimal. The patient was discharged stable on the third hospital day. Upon follow up, histopath revealed renal cell carcinoma, with negative margins of resection.

**Conclusion:** Laparoscopic partial nephrectomy can be done without intra-operative ultrasound in select cases with “toxic” fat. Careful correlation of CT scan images and intra-operative anatomy is a must. Finding an area of normal kidney first is key to avoid disrupting the tumor or the renal capsule.
Levofloxacin

Levofloxin - Natrapharm®
500 mg tablet

CEFUROXIME

Zoltax®
500 mg TABLET • 750 mg powder for injection

Tramadol + Paracetamol

TDLplus
37.5 mg Tramadol / 325 mg Paracetamol
Film - coated Tablet

Natrapharm