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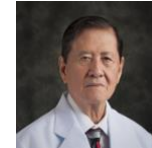
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**27<sup>TH</sup>**  
**UROLOGY CASE PRESENTATION CONTEST**

**OCTOBER 27, 2021,**  
**WEDNESDAY**  
**10 AM - 12 PM**  
Live via zoom

**JUDGES:**

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**ST. LUKE'S INSTITUTE OF UROLOGY  
27TH CASE PAPER PRESENTATION CONTEST**

**27 October 2021  
10 AM to 12 NN**

**JUDGES**

**ERNESTO L. GERAL, JR., MD, MMHoA, FPUA, FPCS,  
FPALES  
CAROLINA LINDA S. TAPIA, MD, MPH  
JEFFREY S. SO, MD, FPSP**

**27<sup>th</sup> UROLOGY CASE PRESENTATION CONTEST  
27 October 2021, Wednesday 10 AM to 12 PM**

**Master of Ceremonies: Dr. Luzelle Kate Aba  
Program Moderator: Dr. Arturo P. Castro, Jr.  
Opening Remarks: Dr. Ponciano Bernardo  
Closing Remarks: Dr. Diosdado Limjoco**

Time	Activity	Speaker/Moderator
9:45am	Zoom Link opens to participants	
10:00-10:05am	Invocation and Philippine National Anthem	
10:05-10:10am	Opening Remarks	Dr. Ponciano Bernardo Mentor, Research Committee
10:10-10:15am	Introduction of Judges Mechanics of Contest	Dr. Castro and Dr. Aba
10:15 – 10:22 am	Presenter 1	Dr. Raul Carlo Guido C. Andutan EAMC
10:22 – 10:27 am	Q&A for Presenter 1	
10:27 – 10:34 am	Presenter 2	Dr. Jan Benedict Tagra AFP
10:34 – 10:39 am	Q&A for Presenter 2	
10:39 – 10:46 am	Presenter 3	Dr. Mike Anthony Tillo SPMC
10:46 – 10:51 am	Q&A for Presenter 3	
10:51 – 10:58 am	Presenter 4	Dr. Mark Jason F. de Jesus SLMC
10:58 – 11:03 am	Q&A for Presenter 4	
11:03 – 11:10 am	Presenter 5	Dr. Rene Mar Utanes EAMC
11:10 – 11:15 am	Q&A for Presenter 5	
11:15 – 11:22 am	Presenter 6	Dr. Alexander William O. Sy SLMC
11:22 – 11:27 am	Q&A for Presenter 6	
11:27 – 11:34 am	Presenter 7	Dr. Emmanuel A. Banzon, Jr. UERMMM
11:34 – 11:39 am	Q&A for Presenter 7	
11:39 – 11:49 am	Breakout room for Judges  <b>Intermission: Corbridge, Labmate, Kauffman Product Presentation</b>	
11:49 – 12:00 am	Awarding of Certificates to all contestants and Certificates of Appreciation to the Judges  Closing Remarks	Dr. Castro and Dr. Aba  Dr. Diosdado Limjoco Chairman, Institute of Urology, SLMC-QC

ST. LUKE'S INSTITUTE OF UROLOGY  
27<sup>TH</sup> CASE PAPER PRESENTATION CONTEST  
ABSTRACTS

**ABSTRACTS**

**1. Retroperitoneoscopic Left Adrenalectomy on an Incidental Large Ganglioneuroma: A Case Report**

*JUVIDO AGATEP JR, MD, RAUL CARLO GUIDO C. ANDUTAN, MD, East Avenue Medical Center*

**2. "The Vanishing Kidney"- A Single System Intravesical Ureterocele With Ipsilateral Renal Agenesis: A Case Report**

*BENNIE DICK C. CATANGAY, MD, ANTOLYN E. EXCONDE JR, MD, EDUARDO M. CATANGAY, MD, JAN BENEDICT TAGRA, MD, Armed Forces of the Philippines*

**3. Vesico-utero-sigmoid Fistula Secondary to An Encrusted, Transmigrated Intrauterine Contraceptive Device to Urinary Bladder: The First Reported Case**

*MICHAEL JONATHAN LATAYAN, MD, MIKE ANTHONY D. TILLO, MD, Southern Philippines Medical Center*

**4. Successful Pregnancy From In Vitro Fertilization With Microepididymal Sperm Aspiration for Congenital Bilateral Absence of Vas Deferens: A Local Experience**

*DENNIS LUSAYA, MD, MARK JASON F. DE JESUS, MD, St. Luke's Medical Center*

**5. Primary Squamous Cell Carcinoma of Kidney: A Case Report**

*PAULO JESUS FERNANDEZ, MD, RENE MAR UTANES, MD, East Avenue Medical Center*

**6. Laparoscopic Ureteral Reimplantation For a Distal Ureteral Injury Sustained During Laparoscopic Radical Prostatectomy**

*ERNESTO L. GERIAL JR, MD, JOSE BENITO A. ABRAHAM, MD, JUSTIN BRADLEY SYLING, MD, National Kidney and Transplant Institute*

**7. Transverse Testicular Ectopia in a 1 Year Old Male Presenting As An Acute Scrotum: A Case Report**

*JUN DY, MD, ALEXANDER WILLIAM O. SY, MD, St. Luke's Medical Center*

**8. A 1980's Mega-Bladder and -Ureter, Emerging as Urothelial Carcinoma with Testicular Metastasis, 40 Years Later: A Case Report**

*JOSE C. REYES III, MD, CESAR C. ALABAN, MD,  
EMMANUEL A. BANZON, JR., MD, University of the East  
Ramon Magsaysay Memorial Medical Center, Inc.*

**RETROPERITONEOSCOPIC LEFT ADRENALECTOMY ON AN INCIDENTAL LARGE GANGLIONEUROMA:  
A CASE REPORT**

**ABSTRACT**

Introduction: Ganglioneuromas are rare benign slow-growing differentiated tumors which originate from neural crest cell. Most tumors are commonly located in the posterior mediastinum and retroperitoneum; they rarely arise in the adrenal gland. Adrenal Ganglioneuroma is a hormonally silent tumor that account for approximately 0.3-2% of all adrenal incidentalomas.

Case presentation: A 23-year-old female with right upper quadrant discomfort had a whole abdomen ultrasound revealing a fatty liver and a suspicious left adrenal mass. A physical examination didn't show any significant findings. Whole abdomen CT-Scan with adrenal protocol showed a well-defined solid non-calcified, homogenous lesion in the left adrenal gland measuring 8.5 x 7.9 x 6cm. Retroperitoneoscopic adrenalectomy was performed without any related complications.

Conclusion: Adrenal Ganglioneuroma is a rare benign tumor that's commonly diagnosed incidentally. Definitive diagnosis is only achieved during histopathologic examination. Retroperitoneal approach to adrenalectomy is a feasible and safe procedure that eliminates the concern for peritoneal seeding.

**Keywords:** Adrenal Ganglioneuroma, retroperitoneoscopic adrenalectomy, adrenal gland

**“THE VANISHING KIDNEY” - SINGLE SYSTEM  
INTRAVESICAL  
URETEROCELE WITH IPSILATERAL RENAL AGENESIS:  
A CASE REPORT**

**ABSTRACT**

A ureterocele is a cystic dilatation of the distal ureter. It is an uncommon urologic condition and typically found in children with congenital upper tract anomalies as such it is less likely associated with a single collecting system in the adult. Often times, the collecting system drained by the intravesical ureterocele can be obstructed in the presence of a stenotic ureteral orifice and can be furthermore complicated by vesicoureteral reflux to same collecting system. And so, management for each case must be individualized to be able address the goals of treatment. This study discussed about a 21 year old adult male, with a single intravesical ureterocele associated with an ipsilateral renal agenesis presenting with flank pain.

**Keywords:** Ureterocele, Vesicoureteral Reflux, Renal Agenesis, Obstructive Uropathy

**VESICO-UTERO-SIGMOID FISTULA SECONDARY TO AN  
ENCRUSTED, TRANSMIGRATED INTRAUTERINE  
CONTRACEPTIVE DEVICE TO THE URINARY BLADDER:  
THE FIRST REPORTED CASE**

**ABSTRACT**

Vesico-utero-sigmoid fistula secondary to an encrusted, transmigrated intrauterine contraceptive device (IUCD) to the urinary bladder is a rare occurrence. This is a case of a 42-year-old female with a 2-year history of terminal dysuria, occasional hematuria and urinary dribbling. In the interim, she complained of persistent wet stools, pneumaturia, fecaluria and occasional urinary incontinence. Imaging revealed an encrusted IUCD with a concomitant vesico-utero-sigmoid fistula. A single setting colonoscopy, vagino hysteroscopy, cystoscopy, cystostomy with extraction of encrusted foreign body (IUCD), excision, debridement and primary repair of vesico-utero-sigmoid fistula, bladder biopsy, cystorrhaphy was done. The surgery proved successful, greatly improving the patient's quality of life. This is the first reported case of a vesico-utero-sigmoid fistula caused by a foreign body both in local and international literature.

**Keywords:** Migrated intrauterine device, vesicosigmoid fistula, vesicouterine fistula, vesico-uretero-sigmoid fistula, encrusted foreign body, encrusted intrauterine device

**SUCCESSFUL PREGNANCY FROM IN VITRO  
FERTILIZATION WITH MICROEPIDIDYMAL SPERM  
ASPIRATION FOR CONGENITAL BILATERAL ABSENCE  
OF VAS DEFERENS: A LOCAL EXPERIENCE**

**ABSTRACT**

Congenital bilateral absence of vas deferens (CBAVD) is the most common cause of obstructive azoospermia in infertile males who have not had vasectomy. Treatment of this condition is by sperm harvesting for intracytoplasmic sperm injection (ICSI), which can be through microepididymal sperm aspiration (MESA). A 39 year old Filipino male with no offspring with his wife who is a 34 year old Filipino female was found to have CBAVD on examination. He underwent MESA, and the harvested spermatozoa underwent cryopreservation. ICSI was done and which ultimately resulted to a live pregnancy and birth. This article reports that MESA done locally may be done successfully in a Filipino with CBAVD, producing a viable pregnancy.

**PRIMARY SQUAMOUS CELL CARCINOMA OF KIDNEY:  
A CASE REPORT**

**ABSTRACT**

This is a rare case of Primary Squamous cell carcinoma in 59 year male who consulted because of history of 4 month right flank pain. Preoperative diagnostics revealed right renal mass. He underwent right radical nephrectomy nephrectomy. Histological analysis was kidney parenchyma squamous cell carcinoma

**Keyword:** Squamous cell carcinoma

## LAPAROSCOPIC URETERAL REIMPLANTATION FOR A DISTAL URETERAL INJURY SUSTAINED DURING LAPAROSCOPIC RADICAL PROSTATECTOMY

### ABSTRACT

Background: Distal ureteral injury is a recognized complication of laparoscopic radical prostatectomy (LRP). We report a case treated successfully with an exclusively laparoscopic approach in the flank position.

Case Presentation: A 61-year-old male, with localized adenocarcinoma of the prostate undergoes LRP utilizing a posterior approach to the seminal vesicles followed by anterior dissection of the prostate. A large median lobe was noted during the excision of the 60gm prostate. The urethrovesical anastomosis was performed in a conventional manner. Postoperatively, he had a high pelvic drain output. CT urogram showed extravasation at the left distal ureter. We performed a laparoscopic left ureteroneocystostomy on POD9 and was discharged in a good clinical condition on POD14 after catheter removal. On follow-up, CT Urogram showed unobstructed flow through the reimplanted ureter.

Conclusion. Ureteral injury following LRP may go undiagnosed intraoperatively and prompt recognition, followed by a timely repair is needed to correct this problem.

**Keywords:** laparoscopic prostatectomy, ureteral reimplantation, ureteral injury

## “ALL EGGS IN ONE BASKET” TRANSVERSE TESTICULAR ECTOPIA IN A 1 YEAR OLD MALE PRESENTING AS AN ACUTE SCROTUM: A CASE REPORT

### ABSTRACT

Ectopic testes are a rare congenital condition. A distinct characteristic which makes this condition so rare is how testes are found at a location divergent from the normal pathway of testicular descent. Cryptorchidism has been shown in most studies to be present in approximately in 1 to 9% of all males in at least one testis, in contrast to testicular ectopia where an even smaller incidence rate has been documented. In local studies only a few published articles of testicular ectopia are present. Transverse testicular ectopia aka Cross Testicular Ectopia is often associated with an inguinal hernia and most cases are only diagnosed during surgery for cryptorchidism. In this case report we are given a 1 year old male presenting with right incarcerated inguinal hernia and nonpalpable left testes. Patient underwent inguinal exploration where both testes and spermatic cords were found within the right scrotum



**A 1980'S MEGA-BLADDER AND -URETER, EMERGING AS  
UROTHELIAL CARCINOMA WITH TESTICULAR  
METASTASIS, 40 YEARS LATER: A CASE REPORT**

**ABSTRACT**

Urothelial tumors represents majority of urinary bladder tumors. Metastasis of bladder cancer is most found in lymph nodes, bones, and liver. Metastasis of this type of malignancy to the testis is not common, due to the presence of blood-testis barrier, but few cases reported this exceptional phenomenon. Immunohistochemical staining help us differentiate the likelihood of origin of metastatic lesions found in an organ. Valuable to this report is the cytokeratin 7 and 20 staining which is primarily found in urinary bladder carcinomas and provides evidence of metastasis likely coming from urinary bladder origin.

**Keywords:** Urothelial tumor, Congenital megabladder/ureter, testicular metastasis

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27 TH CASE PAPER PRESENTATION CONTEST  
WINNERS

1<sup>st</sup> PLACE:

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TILLO, MD*

Southern Philippines Medical Center

2<sup>nd</sup> PLACE:

**SUCCESSFUL PREGNANCY FROM IN VITRO  
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