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ABSTRACTS

RESEARCH PODIUM PRESENTATION

PP1 ANALYTICAL

PP1-1 Laparoscopic Radical Prostatectomy After Robotic Radical Prostatectomy Training: A Matched-Pair Analysis of a Single Surgeon Experience

Jade Kenneth G. Lomansoc, MD; Enrique Ian S. Lorenzo, MD; Rajiv H. Kalbit, MD

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Objectives: We compared the perioperative outcomes of prostate cancer patients who underwent laparoscopic radical prostatectomy (LRP) by a single surgeon who was trained and performed robot-assisted laparoscopic radical prostatectomy (RALP) first.

Materials and Methods: After IRB approval, retrospective review of charts was done on patients who underwent LRP and RALP by a single surgeon who did similar antegrade approach to the prostate from April 2011 to March 2020. Twenty-seven RALP cases were performed before the first LRP. Clinical characteristics of patients were then accounted for: age, BMI, clinical stage, prostate size, prostate specific antigen (PSA), Gleason score, evaluation of surgical margin, presence of perineural invasion, lymphovascular invasion, extracapsular extension, seminal vesicle involvement, lymph node yield (if pelvic lymphadenectomy is done), duration of procedure, blood loss, length of hospital stay, continence, erectile dysfunction, follow-up PSA and complications. A 1:1 pairing was done on LRP to RALP patients with the same preoperative profile: age, PSA, Gleason score and clinical stage. Analysis using paired t-test was then done with level of significance set at $p < 0.05$. Descriptive analysis of categorized data was summarized in tabular form using frequency, percentages, mean/median, and standard deviation. All data were analyzed using MedCalc.

Results: In total, 100 cases were done from April 2011 to March 2020. Eighty-four patients had sufficient data (30 LRP and 54 RALP). Twelve matched pairs were identified having no significant difference based on age ($p=0.13$), BMI ($p=0.26$), clinical stage ($p=1.0$), prostate size ($p=0.46$), PSA ($p=0.40$) and Gleason score ($p=1.0$). Results showed significant difference on whether lymph node dissection was done ($p=0.003$), number of isolated lymph nodes ($p=0.038$), and duration of procedure ($p=0.0263$). There was no significant difference in the lymph node yield ($p=0.67$) and blood loss ($p=0.95$). Postoperatively, there was no significant difference in hospital stay duration ($p=0.71$), perineural invasion ($p=0.894$), lymphovascular invasion ($p=0.4783$), extracapsular extension ($p=0.843$), seminal vesicle involvement ($p=0.4783$), follow-up PSA ($p=1.000$) and complications ($p=0.09$). Surgical margin outcome was significant ($p=0.0069$). Lastly, there was no significant difference on return of continence ($p=0.287$) and erectile dysfunction ($p=1.0$).

Conclusion: Laparoscopic radical prostatectomy can be safely done by a trained robotic surgeon with comparable perioperative, oncologic and functional outcomes. Performing the robotic approach first seemed to facilitate the learning curve and proficiency for the laparoscopy approach to achieve similar outcomes. Clear understanding of key anatomic landmarks and surgical techniques is paramount to achieve such results. Further studies with a higher volume of cases is needed to validate these findings.

PP1-2 Low Dose-Rate Brachytherapy as Curative Treatment for Prostate Cancer: An Extended Analysis of Clinical Outcomes

Ralph Albert Patrick C. Uy, MD; Jason L. Letran, MD; Sigfred Ian R. Alpajaro, MD

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Objective: Majority of newly diagnosed prostate cancers present as clinically localized disease due to early detection with PSA screening. One of the popular treatment strategy for localized prostate cancer is the use of low dose rate brachytherapy (LDR-BT) (permanent I-125 prostate seed implant). Due to scarcity of published reports on long-term effectiveness and cancer specific outcomes of LDR-BT of ≥ 10 years' duration, this study is aimed to determine long-term clinical outcomes of LDR-BT in terms of: overall survival (OS), disease specific survival (DSS), biochemical recurrence (BR), and complications of more than 15 years of observation period.

Methods: All patients who underwent brachytherapy from 2002 to 2019 were included for analysis. Age, initial PSA level, tumor stage, Gleason score, prostate volume, and urinary symptoms were noted. Patients were then risk stratified according to the EAU criteria of low, intermediate, and high risk. All patients were followed up every 6 months for the first 5 years, and then annually in the subsequent years. At each follow-up, PSA level was noted, and records were checked for possible adverse symptoms. Kaplan Meier survival curves were generated for overall survival, disease specific survival and biochemical recurrence. BR is defined as PSA nadir plus 2 ng/ml as stated according to the Phoenix definition.

Results: The median follow-up of this study was 12.14 years (range, 0.46–18.14 years). Correspondingly, the overall survival (OS) and disease specific survival (DSS) at the time of analysis was 86% and 95%. Only 4.5% of patients died from prostate cancer while 12% had biochemical recurrence during the entire observation period. The >15 -year OS, DSS, and biochemical no evidence of disease (BNED) rates were 83%, 94% and 84% respectively. Log rank testing showed that survival in terms of OS, DSS, and BNED did not differ significantly regardless of risk stratification into low, moderate and high risk groups. Treatment related complications in this study was 15.9%.

Conclusion: Low dose-rate brachytherapy is an effective long term treatment option for localized prostate cancer yielding excellent overall survival rates of up to 83%, disease specific survival rate of 94% and biochemical no evidence of disease of 84% in more than 15 years of observation period.

PP1-3 Development of S.T.O.N.E.S. (Stone Size, Topography, Obesity, Number of Stones, Exposure, Skin to Stone Distance) Nephrolithometry Scoring in Predicting the Stone Free Rate of Extracorporeal Lithotripsy in Uncomplicated Renal Stones

Eduardo M. Añonuevo, MD; Kathleen R. Gonzales, MD; Michael Eufemio Macalalag, MD

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Objective: The objective of the study is to identify if STONES Nephrolithometry score could be utilized to predict or approximate outcome of stone free rate patients undergoing ESWL that will help improve patient selection, decision making and treatment success.

Methods: Retrospective retrieval of data from patients with uncomplicated renal stones who underwent ESWL using EDAP Sonolith machine with electroconductive technology. Included in study were patients with complete demographic data and CT scan

findings. Specific parameters retrieved: Stone size up to 2 cm; Topography or location of stone identified as superior, middle or inferior calyx; Obesity based on BMI-Body Mass Index; Number of Stones, Hounsfield Unit of Stones and Skin to Stone distance measured. "STONES nephrolithometry Score" (SNS) is computed as the sum of all specific parameters. (SNS = S + T + O + N + E + S). Accuracy ratings and receiver operator curve analysis to determine the best-predictive cut-off score was determined.

Results: 66 patients enrolled in the study with 56 patients noted to be stone free and 10 patients who were not stone free post ESWL. 28 of the 46 patients underwent multiple sessions of ESWL before rendered stone free (Table 1). Weighted score derivations were done using multivariate regression to establish the scoring system. SNS range of 96 to 129 showed the highest stone free rate ($p < 0.001$). The minimum cut-off that is best predictive of a stone-free rate is a STONES Nephrolithotomy score of at least 105 with a high sensitivity rating of 98.2%.

Conclusion: The STONES scoring system is an accurate and reliable tool for predicting stone-free rate. Its standardized application and interpretation is highly warranted.

PP2 DESCRIPTIVE

PP2-1 The Effect of Metabolic Syndrome on Prostate-Specific Antigen Levels: A Meta-Analysis

Harris L. Lim, MD; Sigfred Ian R. Alpajaro, MD; Leonardo Arriola Zabala, III, MD; Lizlane Roman Zamora, MD; Janine Mae Elaine Kua Zapata, MD; Kristin Ann Santos Zapata, MD
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Objectives: To determine the effect of metabolic syndrome on the serum PSA level.

Methodology: Literature search was done using MEDLINE and Cochrane databases. The primary outcome measure is serum prostate-specific antigen (PSA) levels. Secondary outcome measures include prostate volume, plasma volume, and PSA mass density. Mean difference were computed using Review Manager 5.3 software. Results. There were six articles available for analysis with a total of 33,775 in metabolic syndrome group (MS) and 70,305 in non-metabolic syndrome group (NM).

Results: Overall, there was no significant difference between the PSA levels between MS and NM group. The prostate and plasma volume are significantly higher in the MS compared with NM, having mean difference of 2.95 mL (95% CI, 1.41 to 4.49) and 162.68 mL (95% CI, 120.24 to 205.11), respectively. However, there were no significant difference in the PSA mass density between metabolic and non-metabolic syndrome.

Conclusion: Metabolic syndrome does not affect PSA levels and PSA mass density, despite increase in hemodilution.

PP2-2 The Learning Curve of Retroperitoneoscopic Urologic Surgery: A Systematic Review

Patrick P. Blaza, MD; Sigfred Ian R. Alpajaro, MD
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Objectives: The aim of this systematic review is to consolidate the available literature and determine the minimum required number of cases to efficiently and safely perform RPL.

Methods: This is a systematic review of the literature via PubMed, EBSCO and Science Direct of all studies published since 2000 to 2019. The search was conducted by combining the following terms,

"Retroperitoneoscopy", "Retroperitoneoscopic", "posterior laparoscopy", "Learning", "Nephrectomy", "Adrenalectomy", and "Ureterolithotomy". Outcomes of interest were learning curve, mean operative time, mean intra-operative blood loss and mean hospital stay.

Results: After the screening phase and application of the eligibility and exclusion criteria, the review included a total of 6 studies on the learning curve for RPL. The learning curve for retroperitoneoscopic adrenalectomy was 40 cases and 24 to 42 cases, based on the evidence from Uitert et al (2016) and Vrielink et al (2017), respectively. For retroperitoneoscopic nephrectomy, the minimum required number of cases is 30 – 70, based on the studies by Pal et al. (2017), Zhu et al. (2018) and Tokodai et al. (2013). Ercil et al. (2014) demonstrated the learning curve for retroperitoneoscopic ureterolithotomy to be at 30 cases. Review of each literature showed that completion of the learning curves translated to better peri-operative and post-operative conditions (i.e. shorter operative time, lesser intra-operative blood loss, shorter hospital stay). Overall, the evidence in this review suggests that for posterior retroperitoneal laparoscopy, a mean learning curve of 31 to 56 cases is required to safely and efficiently perform the procedure.

Conclusion: Retroperitoneal laparoscopic surgery is a valid alternative to the traditional transperitoneal approach. It offers comparable anatomic and functional results, albeit better peri-operative and post-operative outcomes. However, its performance requires a strong knowledge and familiarity of working within the retroperitoneum which can be achieved through progressive experience in RPL. The evidence consolidated by this review suggests a learning curve of 31 to 56 cases prior to effectively performing the procedure.

PP2-3 Tadalafil as Treatment for Chronic Pelvic Pain Syndrome: A Systematic Review

Dominic Paras Barretto, MD; Mark Joseph Abalajon, MD
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PHILIPPINES

Objective: To assess the effectiveness of Tadalafil on improvement of symptoms on patients with Chronic Pelvic Pain Syndrome (CPPS).

Materials and Methods: In this systematic review, we selected 5 studies from an initial literature search of 311 studies after reviewing and passing our eligibility criteria. Data was extracted and summarized with outcomes based on the National Institute of Health Chronic Prostatitis Symptom Index (NIH CPSI).

Results: Outcomes showed improvement in all domains of NIH CPSI score. Reduction in the total scores ranges from a mean value of 4.6 up to 16.9 in these studies. Most significant category affected by Tadalafil is the pain score with a mean value ranging from 1.5 to 7.1.

Conclusion: Tadalafil is an effective treatment for Chronic Pelvic Pain Syndrome. It may be recommended as an adjunct to the standard treatment of CPPS.

MODERATED POSTER PRESENTATION

MP1 Concordance of Multiparametric MRI and MRI Ultrasound Fusion-guided Prostate Biopsy at St. Luke's Medical Center, Global City

Lyndon Loo, MD; Dennis Serrano, MD; Dennis Lusaya, MD; Francis Pile, MD; Jonathan Mendoza, MD
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Objectives: Multiparametric MRI of the prostate is recently becoming more and more utilized in the detection of prostate cancer. Studies have shown that a higher PIRADS score correlated to a higher chance of obtaining a clinically significant prostate cancer but few studies have correlated PIRADS score to a specific Gleason score. This study aims to determine the concordance of PIRADS score to the Gleason score result of MRI ultrasound fusion-guided prostate biopsy.

Material and Methods: All patients who had at least a PIRADS 2 lesion on mpMRI and underwent MRI ultrasound fusion-guided biopsy of the prostate from August 2018 up to November 2019 at St. Luke's Medical Center, Global City were included in the study. An ambispective collection of data was done until the ideal sample size of greater than 100 positive lesions was obtained, in order to derive concordance rate.

Results: One hundred and sixty-two patients were included in the study with a total of 212 lesions analyzed. Forty-three percent was benign while 57% were found to be malignant. PIRADS 2 lesions had zero high grade cancers, and the percentage steadily increases with a 37.8% of PIRADS lesions considered high grade. Concordance was computed to be 0.38 showing a fair, direct concordance between PIRADS and Gleason score with significant result ($p < 0.05$).

Conclusion: A result of PIRADS 4 or 5 lesion on mpMRI will have a higher urgency of doing a prostate biopsy and subsequent management to prevent unfavorable outcomes as opposed to PIRADS 3 lesions.

MP2 Summary of Data from the 2018 Annual Digital Rectal Examination Day: A Descriptive Study on the Baseline Characteristics of Prostate Patients in the Philippines

Rogerson Tiangco, MD; Diosdado Limjoco, MD; Samuel Vincent Yrastorza, MD; Michael Chua, MD; Mark Jason De Jesus, MD

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PHILIPPINES

Objectives: There is paucity of local data on prostate cancer screening. A local study in 2013 determined the percentage of participants from urology training institutions with moderate to severe lower urinary tract symptoms (LUTS) and abnormal digital rectal examination (DRE) findings, but no study has been made to determine similar variables from non-training institutions. This study aims to describe the characteristics of participants in the 2018 Annual National Digital Rectal Examination Day.

Materials and Methods: Participants answered a questionnaire on demographic data and International Prostate Symptom Score (IPSS). A urologist performed DRE on participants and documented the findings. All the data forms were collected nationwide and collated at the Philippine Urological Association secretariat.

Results: A total of 344 subjects from training institutions and 1166 subjects from non-training institutions were assessed, after excluding 2089 of 3599 (58.04%) subjects with incomplete IPSS or DRE findings. The mean age of subjects from training and non-training institutions of 60.4 ± 9.5 and 58.6 ± 10.4 , respectively. Almost half of the subjects have moderate LUTS, as reported by 37.2% of subjects from training and 41.34% from non-training institutions. Only a few subjects have abnormal DRE findings, mostly with tenderness (0.03%). The worst LUTS experienced by subjects with moderate to severe IPSS is nocturia, occurring in 34.52% in training and 36.95% in non-training institutions.

Conclusion: The subjects from training and non-training institutions have similar profiles in terms of demographic data, frequency of LUTS and DRE findings. It is recommended to strengthen information dissemination for the National Digital Rectal Examination activity to recruit more participants, and to improve on gathering of data during the activity, specifically IPSS and DRE, to screen more men better.

MP3 The Impact of COVID-19 Pandemic on Urology Residency Training Programs in the Philippines: A Descriptive Study

Daryl K. Koa, MD; Romeo Lloyd T. Romero, MD; Alfredo S. Uy, Jr., MD; Eli Paulino Madrona, MD; Rodney Del Rio, MD; Meliton Alpas, III, MD; Karl Marvin Tan, MD; Ralph Rabanal, MD; Ryan Josef Tuazon, MD; Jan Ernest Guy Yadao, MD
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Objective: To provide an overview on the impact of healthcare disruption by the COVID-19 pandemic to urology training programs in the Philippines

Methods: A survey questionnaire was used in collaboration with the study done by Rosen *et al* last May 2020 as published in *The Journal of Urology*. The survey was done through telephone survey of the study population (urology residents) determining the status of resident staffing, workload, health/wellness, and didactics. Numerical and categorical data were analyzed and descriptive statistics are provided.

Results: Frequency and Percentage were used to describe the responses of the participants on Staffing, Resident research, Resident health, Resident wellness, and Didactics/meetings. All the observations on resident time in the workplace, including assignment to teams (81%), redeployment responses (55-97%), and remote clinical work (65%) were significant with p-values below 0.05. 51% of residents have decreased research load. 81% have didactics in small groups; virtually all respondents reported use of teleconferencing for conferences, 55% have 1 to 2 Video-based learning/conferences per week ($P=0.007$) followed by those with 3-4 with 98% ($P=0.120$) and those with ≥ 5 with only 6% ($P=0.729$). For Resident health and wellness, 87% of the residents were exposed to COVID-positive patients, but only 8% of the total number of urology residents were COVID positive ($P=0.591$). Lastly, 59% of the participants do not have access to resident wellness programs.

Conclusion: Data from respondents revealed significant changes in majority of the different aspects of our study. Urology residents spent more time away from clinical duties from their specialties, and have been re-deployed to COVID-19 floors. Ambulatory services, conferences, educational lectures have mostly shifted to virtual platforms. Resident concerns for exposure to COVID-19 in the workplace have been insignificant or addressed properly, however, wellness programs have not been widely available for residents. As a first national survey, our study may give significant insights on program changes and may be used as preliminary data for further studies in the future.

MP4 Comparison of Multiparametric MRI for Targeted Transrectal Ultrasound Guided Prostate Biopsy Compared to Systematic Targeted Transrectal Ultrasound Guided Prostate Biopsy in Detecting Malignant Prostate Lesion among Clinical Suspected Biopsy-Naïve Prostate Cancer Patients

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Purpose: To evaluate the diagnostic performance of multiparametric magnetic resonance imaging (mpMRI) targeted transrectal ultrasound (TRUS)-prostate biopsy using cognitive registration compared to systematic twelve-core TRUS biopsy among patients clinically suspected to have prostate cancer, particularly the detection of clinically significant prostate cancer.

Materials and Methods: This institutional review board-approved prospective study included 21 patients with either elevated prostate specific antigen (PSA), abnormal digital rectal exam (DRE) or abnormal TRUS of the prostate from April 2017 to December 2019. All patients underwent mpMRI prior to targeted and systematic TRUS-guided biopsy. Systematic TRUS biopsy was first performed followed by additional cognitive visually-aimed biopsy of suspicious lesions seen on TRUS and on MRI. Sensitivity, specificity, positive and negative predictive values and likelihood ratios of mpMRI targeted biopsy for all prostate cancers and clinically significant prostate cancer were computed with 95% confidence interval. Gleason score 7 (3+4) or more, any cancer core involvement of $\geq 50\%$, and/or involvement of more than two cores were considered clinically significant prostate cancer.

Results: Among 21 patients, positive rate for all cancers was 57.1% (n = 12) and 33.3% (n = 7) for systematic and targeted TRUS biopsy, respectively; positive rate for clinically significant prostate cancer was 42.9% (n = 9) and 33.3% (n = 7) for systematic and targeted TRUS biopsy, respectively. DRE prostate volume, PSA levels and PI-RADS score were found to be significantly related with targeted TRUS biopsy findings. The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), accuracy and area under the curve (AUC) values of targeted TRUS biopsy for detection of all prostate cancer were 58.3%, 100%, 64.3%, 100%, 76.2% and 79.2% (95% confidence interval 0.595 - 0.988), respectively. Moderate concordance was noted between targeted and systematic TRUS biopsies. Sensitivity, negative predictive value, accuracy and AUC values of targeted TRUS biopsy increased to 77.8%, 85.7%, 90.5% and 88.9% (95% confidence interval, 0.719 - 1.00) for detection of clinically significant prostate cancer. Findings of targeted TRUS biopsy are significantly related with the findings of systematic TRUS biopsy.

Conclusion: MpMRI showed high negative and positive predictive values in detection of clinically significant prostate cancer while reducing the yield of clinically insignificant disease. There is moderate concordance between targeted and systematic TRUS biopsies, though targeted biopsy did not increase prostate cancer detection.

MP5 Effect of COVID-19 on Urology Residency Training, a Nationwide Survey of Residents

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Introduction: The global COVID-19 pandemic has greatly affected urologic training worldwide. The restrictions associated with the safety protocols implemented to decrease infection probability among staff and patients have led to a plummeting number of emergency and elective urologic procedures. This unprecedented situation has generated a decrease in assistance and academic activities in most surgical training and education.

Objectives: This manuscript aims to evaluate the impact of this health crisis on different urologic training programs through a survey addressed to current urology residents in the Philippines.

Methods: This is a cross-sectional study, with multiple choice non-validated 23-item questionnaire answered online by urology residents. McNemar-Bowker test of symmetry was used to compare changes in the training and practice of residents before and after quarantine.

Results: A total of 52 of 74 (70%) responses were obtained from Filipino urological surgery residents. Most of the participants (60%) were deployed for non-urology related work in the hospital, and 69% were assigned to go on duty in the COVID ward. All of the respondents reported an increase in the didactic activities they have per week after the Covid pandemic. This was mainly conducted via online platform. There was noted plummeting number of urologic surgical procedures done in a week (1-5 cases/week) done by the residents.

This was mainly consisted of urgent/emergent cases. Most of the training institutions have put elective surgery cases on hold. The decrease in the number of surgeries in both public and private institutions, was coupled with the decrease in the required hours needed to be within the hospital as a COVID risk reduction strategy. Despite the unprecedented situation, 50% of the respondents believed that they will reach the number of cases required for the training completion. Ten respondents are graduating this year. Out of the ten graduating residents, six believed that their surgical skills worsened during the pandemic, and nine of them consider extending their training

Conclusion: This study is the first national survey objectively evaluating the effect of COVID-19 pandemic to urology residency training in the Philippines with responses from 10 of the 11 accredited training institutions. There is widespread use of online technologies to continue learning despite the struggle in surgical/clinical training. The target number of surgical cases and the competency required prior to graduation may not be met by graduating residents, however, extension of residency duration may be beneficial. The clinical and surgical skills required of urologic surgeon were likewise highly impaired by the Covid-19 pandemic. This current status may not be sustainable in the long run and other measures to address problems in acquiring surgical competency may be needed.

MP6 Validity and Reliability of the Filipino Version of the Ureteral Stent Symptom Questionnaire

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Objective: To validate the Filipino version of the Ureteral Stent Symptom Questionnaire

Materials and Methods: The Ureteral Stent Symptom Questionnaire was translated to Filipino and, subsequently, back translated to the Filipino version. This translated questionnaire was face validated by one Urologist adept in using both Filipino and English language. Pretest was done on normal patients (i.e. no stenting done) to assess cross cultural applicability of the questionnaire. Reliability was tested on 2 sets of patients, those inserted with stent due to benign cause and a group of normal patients. Patients with stent answered the questionnaire 1-3 weeks after insertion of stent via phone call, online, or face to face while the control group answered it at 1 point at a time.

Results: A total of 71 patients were recruited for the study. 41 were inserted with a stent while 30 were normal patients. There was no difference among the 2 population in terms of sex, educational attainment, and age. Internal consistency was high for body pain, intermediate for general health and urinary symptoms a work performance, and low for sexual matters. Inter item weak but significant correlations were observed in body pain with urinary symptoms ($r=0.43$, $p=0.0045$), work performance with body pain ($r=0.50$, $p=0.0008$), and sexual matters with general health ($r=0.33$, $p=0.0344$). The Questionnaire has a high discriminant validity identifying those with stent from the controls.

Conclusion: The Filipino version of the ureteral stent symptom questionnaire is a reliable and valid tool that could be used as a tool in patients suffering from this symptomatology.

MP7 3D Printed Pelvocalyceal System as a Non-biological Model for Fluoroscopy Guided Percutaneous Renal Access

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Background: Obtaining percutaneous renal access (PRA) is the significant and most challenging step of PCNL. However, achieving competency in PRA is quite difficult due to the steep learning curve and the fact that PRA is usually performed only at least once per PCNL procedure. There is a need for a cost-effective and anatomically accurate non-biological training model for percutaneous renal access.

Objectives: To describe the development of a low-cost, anatomically accurate human renal collecting system, a non-biological 3D training model for fluoroscopy-guided percutaneous renal access.

Methodology: The percutaneous renal access model is composed of a 3D printed anatomically accurate pelvocalyceal system. The 3D printed pelvocalyceal system was embedded in silicone and inserted into silicone and layer of foam housing. The model was then filled with a contrast medium, and fluoroscopic guided percutaneous renal access was done.

Results: The non-biological model was quickly 3D printed, molded, and economical. The 3D printed model accurately represents an important anatomical collecting system. The model allow percutaneous renal access under fluoroscopy.

Conclusion: 3D PCNL is a low-cost, reusable, portable, and anatomically accurate model for percutaneous renal access training.

MP8 Low-cost Powered Air-Purifying Respirator (PAPR) in a Developing Country

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Background: High infectivity coupled with increased fatality cases during the COVID 19 pandemic compelled healthcare workers to ration, improvise, and optimize PPE use. Much attention was recently centered on the function of powered air-purifying respirators (PAPR) in healthcare settings during infectious disease outbreaks, based on multiple advantageous features.

Objectives: To describe the development of a low-cost powered air-purifying respirator.

Methodology: The overall concept was to connect an elastomeric face mask and a low-cost air-purifying respirator with a 3M P100 filter cartridge. Design of PAPR using 3D software and 3D printed using acrylonitrile butadiene styrene (ABS) filament. Standard mass-market components (e.g., centrifugal fan, charger, LED display, battery) and 3D printed materials were correctly assembled to create a low-cost device.

Results: The PAPR has a small footprint of 14 x 20 x 6cm (height x length x width) and weighs 880 grams. The PAPR is low-cost, quickly assembled, easy to wear, and comfortable compared to using just elastomeric half or full face mask.

Conclusion: This study showed that a low cost powered air-purifying respirator could be fabricated with a low-cost 3D printing and widely available components for less than \$160—however, further prospective studies regarding safety and effectiveness to meet NIOSH standard.

MP9 A Retrospective Determination of the Average Testicular Volume of Pubertal and Post-pubertal Male Patients in a Tertiary Institution

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Objective/s: Testicular size is an important determinant of sexual maturity in males. We determined the average testicular volume of patients in different age groups who underwent scrotal ultrasonography in our institution.

Materials and Methods: A database search was performed using the SoliPacs system from January 2016 to October 2020. Ultrasound reports including a scrotal examination were included. Testes with abnormal findings and incomplete ultrasound data were excluded from the study.

Results: A total of 769 patients fulfilled the search criteria. A total of 1354 testes were included in the study after excluding 184 testes with ultrasonographic testicular abnormalities. Testicular size begins increasing in size after the age of 10, starting at an average size of 1.9 ml, reaching adult size (15.1 ml) at 17 years of age. The average testicular size, around 17 ml, remains the same throughout adulthood (17 to 60 years of age) and begins to decline during senescence (>60 years of age).

Conclusion: This descriptive survey aims to pilot a study that will ultimately estimate the average testicular size among Filipino men. Values determined across age groups is useful in determining the sexual maturity and fertility potential in asymptomatic patients.

MP10 Occurrence of Anterior Urethral Strictures Based on the 2020 LSE Anterior Urethral Stricture Classification System: A Descriptive Study

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Objectives/s: To describe the occurrence of urethral stricture patients based on the 2020 LSE Anterior Urethral Stricture Classification System

Materials and Methods: We present data from 2 reconstructive surgeons obtaining 97 patients. All the patients underwent treatment for their anterior urethral strictures. Charts were reviewed and pertinent data were obtained. A Classification was assigned for each case and frequencies of each subclassification were noted.

Results: 97 patients were noted. Of which, 14 had obliterated lumen, 4 had more than 1 stricture, and 27 had posterior urethral involvement. 50 patients had stricture length of 2-7 cm, while 47 had stricture <2cm. Strictures were located in the bulbar urethra in 60 patients. The remained was located in the penile urethra. 35 strictures were caused by iatrogenic injury, 25 from external trauma, and 22 were idiopathic.

Conclusion: Majority of strictures were moderate in length (between 2 – 7 cm), located in the bulbar urethra, and iatrogenic in etiology.

MP11 Treatment Outcome and Predictors of Poor Clinical Response in Extensively Drug Resistant Gram-Negative Urinary Tract Infection Among Children - A Single Institutional Experience

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Introduction and Objectives: Extensively drug-resistant (XDR) is defined as isolates sensitive only to two or fewer antimicrobial categories. This paper aims to present the treatment outcome and identify factors associated with poor clinical response among children with XDR gram-negative urinary tract infection (UTI).

Methods: This is a retrospective cohort conducted at a tertiary pediatric hospital from January 2014 to June 2017. All patients diagnosed with culture-proven XDR gram-negative UTI were identified and analyzed. Descriptive statistics were used to summarize demographic and clinical characteristics. Patients were categorized according to treatment outcomes: success versus failure.

Univariate analysis and multivariate logistic regression were used to assess statistical differences between the groups and determined patient variables that are predictive of poor response. Odds ratio and corresponding 95% confidence interval were generated.

Results: A total of 29 (19.2%) XDR gram-negative pediatric UTI were identified within 42 months study period. No significant differences were noted in demographic characteristics between the groups. Treatment outcome of XDR gram-negative UTI patients showed that combination therapy with colistin had the highest success rate (40.9%) followed by non-colistin (36.4%) and combination therapy without colistin (22.7%). However, univariate analysis showed no significant difference among the different treatment groups ($p = 0.65$). On multivariate logistic regression, receiving immunosuppressant and the presence of indwelling urinary catheters were independent predictors of poor clinical response among pediatric patients with XDR gram-negative UTI (OR=19.44 95%CI 1.50 to 251.4, $p=0.023$ and OR=20.78 95%CI 1.16 to 371.28, $p=0.039$; respectively).

Conclusion: The treatment success rate of XDR gram-negative pediatric UTI ranged from 22.7% - 36.4%. This finding emphasizes the need to advocate antibiotic stewardship to prevent further increase in XDR urinary tract infections. Indwelling urinary catheters and receipt of immunosuppressants are associated with poor clinical outcome.

CASE REPORT

CR1 Self-Inflicted Urethrovessical Foreign Body Insertion: A Case Series

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Objectives: Urethrovessical foreign bodies involves foreign bodies in the urinary tract that extends from the urethra up to the bladder. These cases are much infrequently encountered in urologic practice and management can be complicated at times. In this paper, we present 3 cases of self-inflicted urethrovessical foreign bodies and discuss the strategies used in diagnosis and management.

Materials and Methods: We reviewed 3 cases of self-inflicted urethrovessical foreign body insertion documented and managed at our institution.

Results: All three patients were men, with median age of 40 years (range 30-60), and have mental health disorders. Two of the three patients underwent cystolithotomy, removal of foreign body while one patient underwent urethrocystoscopic removal of the foreign body. None of the patients have had any evidence of complications such urethral stricture disease, or urinary incontinence at a mean follow up of 18 months (range 12-24 months).

Conclusion: Insertion of foreign bodies in the urinary tract is a rare occurrence and commonly is a recurrent behavior. Management is aimed at removal of the foreign object and avoiding complications, as well as a thorough psychiatric evaluation must be included to fully evaluate the circumstances behind the act and avoid future recurrences.

CR2 Metanephric Adenoma: A Case Report and Literature Review

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This is a case of 27-year-old female who presented with a slow growing mass on the right flank. Computed tomography scan was

done which revealed a cystic mass with septations and peripheral calcifications. Radical Nephrectomy was performed on the patient. Histopathology and immunohistochemical staining was done which revealed features consistent with metanephric adenoma.

CR3 Right Testicular Rupture Following a Firecracker Injury: A Case Report

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In the Philippines, data on testicular rupture due to a firecracker-related accident is lacking, and to the best of the author's knowledge, there is only one published report in international literature on firework-related genitourinary injury. Most published data on testicular rupture are associated with blunt trauma, which are mostly sports-related. The objectives of this clinical case report are to describe a rare case of a firecracker-related injury to the groin, and to discuss the approach to its evaluation and management.

A 13-year-old male presenting with scrotal avulsion following a blast injury from a firecracker to his groin is described. After confirmation of right testicular rupture by ultrasonography, the patient underwent scrotal exploration and right testicular repair. The patient had an uneventful recovery and he was discharged on the second post-operative day. This case report highlights the importance of ultrasonography and early surgical exploration for a successful testicular salvage.

CR4 Inguinoscrotal Hernia of the Urinary Bladder with Cystolithiasis: A Case Report

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Introduction: A hernia occurs when an organ or fatty tissue squeezes through a weak spot in a surrounding muscle or connective tissue called fascia. The most commontypes of herniaare inguinal, incisional, femoral, umbilical, and hiatal. In aninguinal hernia, an intraperitoneal organ protrudes to the abdominal wall or the inguinal canal. About 96% of all hernias are inguinal, and they occur mostly in men because of a natural weakness in this area. The bladder may herniate in 1%–3% of the cases through the inguinal canal. However, inguinoscrotal bladder hernia with calculi is a more unique condition with only 3 reported cases.

Case Report: This is a case of a 65 year old male with a known case of Left Inguinal Hernia, he presented with an inguinoscrotal mass at the left groin. The patient also presented with severe lower urinary tract symptoms, associated with a need to squeeze his scrotum to complete his voiding. On physical examination there was a palpable mass on his left scrotum, soft, reducible, non-tender with a movable solid component with an estimated size of 2x2cm. On digital rectal examination, the prostate was noted to be enlarged, non-nodular, smooth, movable and non-tender. A CT scan was done which revealed left inguinoscrotal hernia of the urinary bladder, with cystolithiasis. The patient underwent Cystoscopy, Inguinal Exploration Left, Cystolithotomy, Hernioplasty Left.

Conclusion: Inguinoscrotal Hernia of the urinary bladder is an unusual pathology and often unrecognized in particular during surgical hernia repair. Scrotal pressure for voiding in patients over 50 years is a specific sign of urinary bladder in the hernia. If there is any doubt, a preoperative CT-scan should be performed. Our patient with Inguinoscrotal hernia of the urinary bladder with cystolithiasis may be the 4th case to be reported. Accurate diagnosis can be readily

established radiologically and/or with cystoscopy. Urinary retention associated with herniation of the bladder increases risk for stone formation. Preoperative identification of Bladder Hernia is essential to prevent iatrogenic trauma or even severe complications. It is mandatory for general surgeons and urologists to be aware of this rare condition during the surgical repair of inguinal hernia.

CR5 Penile Calciphylaxis: 2 Case Reports and Review of Related Literature

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Introduction: Penile calciphylaxis is a rare penile condition associated with end-stage renal disease and is found in 1-4% of hemodialysis patients. The condition has an overall mortality rate of 64%. Literature have yet to provide a definitive approach on the management of penile calciphylaxis.

Case Report: The first case is a diabetic, hypertensive 58-year-old on hemodialysis who presented with an ulcerating lesion on the penis. The patient presented with a hyperpigmented plaque with ulceration on the glans penis, as well as similar lesions on the lower extremities. The patient was admitted and prepared for partial penectomy. The patient tolerated the procedure well. Continued hospital stay however, showed the patient's decline in health. The patient contracted pneumonia and experienced dyspnea.

The second case is a 56-year-old diabetic with end stage renal disease on hemodialysis for 6 years. He presented with dry gangrene of the glans penis. The patient experienced worsening penile pain which prompted consult. The patient was admitted and underwent partial penectomy. The patient was sent home a week after recovery.

Conclusion: Penile calciphylaxis is a necrotic penile disease characterized by ulceration, hemorrhage and dry necrosis. The condition precludes infection and probable sepsis and death. The majority of studies about penile calciphylaxis have described a mortality rate above 50%, as well as a very strong predilection for patients with end-stage renal disease. Several approaches have also been described in management, ranging from local debridement to parathyroidectomy. What is common among studies however, is the need for large volume studies for wider applications in terms of formulating guidelines for management.

CR6 A Rare Case of Mucinous Adenocarcinoma of the Bladder: A Case Report

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Introduction: Adenocarcinoma represents 0.5 to 2% of all malignant tumors of the bladder, and the mucinous subtype is extremely rare as a primary vesical lesion.

Case Report: The patient is a case of a 50 year old male who initially presented with dysuria with occasional hematuria. A CT scan and showed bladder new growth. Cystoscopy Transurethral Resection of the bladder tumor was done revealing Mucinous adenocarcinoma of the bladder. He then completed neoadjuvant chemotherapy with Paclitaxel and Cisplatin for 4 cycles, however upon repeat CT with contrast post chemotherapy showed progression of the Adenocarcinoma. Due to the possibility of a primary lesion in the gastrointestinal tract, a colonoscopy was performed revealing sessile serrated adenoma, as were tumor markers (CA 19-9, CA 125, alpha-fetoprotein, and CEA), all of which without any abnormal results. He

eventually underwent Cystoprostatectomy, Urethrotomy with extended bilateral pelvic lymph node dissection. The margins and lymph nodes were negative for tumor invasion.

Discussion: Adenocarcinoma of the bladder is an uncommon malignant neoplasm and accounts for fewer than 2% of all malignant urinary bladder tumors. The formation of adenocarcinoma in an organ which normally does not contain glandular tissue is fairly rare. Hematuria is the most common presenting sign, manifested in about 90% of patients. Almost half of the patients complain about dysuria, nocturia, frequency and pain. There are three hypotheses regarding the histological origin: The first is urachal remnants in the bladder; the second is a vestigial embryonal gland in the transitional epithelium of the bladder; and the third is the transitional epithelium of the bladder undergoing glandular metaplasia. Bladder adenocarcinoma is resistant to chemotherapy and radiation; thus, for patients with confirmed or highly suspicious mucinous adenocarcinoma of the bladder, timely radical resection is warranted.

Conclusion: Adenocarcinoma is diagnosed mainly on histopathology and with the help of Immunohistochemistry (IHC). Once the diagnosis is confirmed, the radical surgery should be advised which could improve survival and disease progression.

CR7 A Rare Case of Idiopathic Vascular Renal Tumor Renal Hemangioma: A Case Report

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Renal hemangioma is a rare benign vascular tumor which can present with painful or painless gross hematuria. Its preoperative diagnosis is extremely difficult due to non-specific imaging findings and can also mimic other disease entity.

We report a case of a 31 year-old female who presented with recurrent gross hematuria with no antecedent cause. KUB Ultrasound and CT Stonogram showed insignificant findings of the cause of hematuria. Renal Angiogram revealed multiple vascular channels with arterial and venous connections at the upper pole of the right kidney with the impression of gross hematuria secondary to AV malformation. Simple Nephrectomy was done to address the hematuria wherein histopathologic findings were indicative of renal hemangioma. Patient did not report any episodes of gross hematuria since the operation.

CINEMA UROLOGY

V1 Partial Penectomy Performed in a Progressive Case of Penile Calciphylaxis

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Introduction and Objectives: Penile calciphylaxis is a rare penile condition found in 1-4% of End- Stage renal disease patients undergoing hemodialysis. It presents with penile necrosis which may lead to penile gangrene and infection. The disease is caused by a systemic disorder of the smaller capillaries, arterioles, and arteries of the penis. It is also associated with systemic disease such as Diabetes Mellitus and Hypertension. Currently, the treatment remains controversial and with no consensus on the definitive management of these cases. However, Partial Penectomy is a viable option in cases

of infection, refractory pain and disease progression. The objective of this video is to provide an informative demo of Partial Penectomy in a patient diagnosed with Penile Calciphylaxis.

Methods: This is a case of a 56-year-old male, a diagnosed case of End-Stage renal disease due to Diabetic nephropathy and on renal replacement therapy for 6 years. He presented with a dry gangrene of the glans penis accompanied by penile pain refractory to medications. He also had dry gangrene of both lower extremities. He was assessed to have Penile Calciphylaxis and underwent Partial Penectomy.

Results: The operative time was 33 minutes. The patient tolerated the procedure well. The histopathology of the surgical specimen was consistent with gangrene. No fever and bleeding or other complications were noted after the procedure. Blood transfusion was not warranted.

Conclusions: Partial penectomy is a safe and effective procedure. It is a viable option in patients presenting with Penile calciphylaxis. Although very few, existing data suggests that Partial penectomy showed no survival benefit versus those who are treated with local debridement and wound care. However, it is still beneficial in those with infection and refractory pain.

V2 Bipolar Enucleation of the Prostate (BipolEP) Without a Morcellator

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Introduction and Objectives: For decades, transurethral resection of the prostate (TURP) has been the incumbent standard for the management of obstructed voiding due to benign prostate enlargement. Novel endoscopic techniques have surfaced serving as alternatives to TURP. One technique is bipolar enucleation of the prostate (BipolEP) which permits enucleation of the hyperplastic adenoma, achieving superior surgical control, large amount of resected tissue and lesser risk of perioperative bleeding. However, the approach's steep learning curve and technical difficulties have limited its practice. In this video, we describe in detail the technique used to perform the procedure in the absence of a morcellator - where enucleated lobes were resected *in situ* and evacuated.

Methods: An 82-year-old male, previously diagnosed with benign prostatic enlargement came in for consult due to failed medical management of his lower urinary tract symptoms. Patient had urinary retention and failed trial of voiding without catheter twice. He had a prostate specific antigen value of 2.4 ng/mL with prostate size of 50 grams on digital rectal exam and 65 grams on ultrasound. Patient was then offered surgery and underwent BipolEP.

Results: Total operative time was 42 minutes with minimal estimated blood loss. Weight of resected prostate tissue was 52 grams. No

intraoperative or postoperative complications were reported. Continuous bladder irrigation was done until the second postoperative day and foley catheter was removed 72 hours post procedure with no episodes of incontinence reported. Length of hospital stay was 5 days, and patient was sent home with noted improvement of symptoms.

Conclusion: Bipolar enucleation of the prostate (BipolEP) is a safe and feasible alternative for the surgical treatment of benign prostatic hyperplasia. Obstructive symptoms are relieved almost immediately with superior perioperative hemostasis, less bleeding complications postoperatively, minimal hospital stay and most importantly low recurrence rate.

V3 A Safe Haven: Bipolar En Bloc Resection of Bladder Tumor

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Introduction and Objectives: Transurethral resection of bladder tumor is the standard approach to the diagnosis and treatment of bladder tumors. Adequacy of tissue specimen is important to eliminate error in staging and therefore establishing accurate depth and grade. Throughout the years, alternative resection techniques have been introduced in order to provide quality histopathologic specimen and better safety profile for patients especially those with associated comorbidities. The advantage of bipolar en bloc resection consist of an accurate resection, intact specimen with defined and preserved base favorable to the pathologist for examination and less bleeding. In this video, we demonstrate the step-by-step detail of bipolar en bloc resection of a non-muscle invasive bladder tumor.

Methods: A 74 year-old female consulted with history of gross hematuria with clot formation. Contrast enhanced CT scan of the abdomen showed a 2.4 cm mass at left posterior bladder wall. Bilateral kidneys were normal with no enlarged pelvic lymph nodes. She was then advised surgery and underwent bipolar en bloc resection of bladder tumor. We used an Olympus bipolar electrocautery with settings as follows: cutting - 100W and coagulation - 80W.

Results: The total operative time was 25 minutes with minimal blood loss. No intraoperative nor postoperative complications were noted. The patient was discharged stable on the second post-operative day. Upon follow-up, histopathology revealed low grade urothelial carcinoma with no muscle invasion.

Conclusion: Bipolar en bloc resection of bladder tumor (ERBT) remains a promising approach with a number of features that addressed the inherent limitations of transurethral resection of bladder tumor.

