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ST. LUKE'S INSTITUTE
OF UROLOGY



St. Luke's
Medical Center

27TH SLIU Urology Month Celebration

26TH UROLOGIC CASE PAPER PRESENTATION CONTEST

ONLINE EDITION

**LIVE & INTERACTIVE
DISCUSSION OF
REPORTS**

10:00 AM - 12:00 NN
WEDNESDAY | OCTOBER 28, 2020

JUDGES:



**SAMUEL VINCENT G. YRASTORZA,
MD, FPUA, MHA**

- President, EAU Philippine Chapter
- President, Philippine Urological Association 2019



DR. CAROLINA S. TAPIA, MPH

- Head, Research Committee,
St. Luke's Medical Center College of
Medicine (SLMCCM), Quezon City
- Member, Institutional Scientific Review
Committee (ISRC), St. Luke's Medical Center



DR. IRVING TAN, MD, FPCS

- Chairman, Research Committee,
Institute of Surgery,
St. Luke's Medical Center - Quezon City
- Member, Institutional Scientific
Review Committee (ISRC), SLMC - QC



FREE REGISTRATION



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St. Luke's Institute Of Urology
26th Case Paper Presentation Contest

28 October 2020
10 AM to 12 NN

Judges:

Samuel Vincent G. Yrastorza, MD, FPUA, MHA
Carolina Linda S. Tapia, MD, MPH
Irving T. Tan, MD, FPCS



ST. LUKE'S INSTITUTE OF UROLOGY
26TH CASE PRESENTATION CONTEST
28 OCTOBER 2020, 10 AM TO 12 NN
Via Zoom



10:00 AM	Beginning of program Invocation National Anthem	Dr. Arturo Castro Dr. Kate Luzelle Aba <i>Masters of Ceremonies</i>
10:05 AM	Opening Remarks	Dr. Ponciano Bernardo <i>Mentor, Research Committee</i>
10:10 AM	Introduction of Judges Mechanics of Contest	
10:20 AM	1: Round cell sarcoma of the kidney on a patient treated for acute promyelocytic leukemia: a case report and literature 2: Leiomyoma of the bladder presenting as an ovarian new growth: a case study 3: Radical Prostatectomy on a 66 year old patient with a positive 18 fPSMA uptake: Potential application for multiple negative prostate biopsy results 4: <i>De novo</i> case of a prostatic adenosquamous carcinoma treated in a multimodal approach	Dr. Jessie L. Harina <i>Jose Reyes Memorial Medical Center</i> Dr. Czarlo M. Dela Victoria <i>University of the Philippines - Philippine General Hospital</i> Dr. Lester Anthony H. Florencio <i>National Kidney and Transplant Institute</i> Dr. Marvin D. Castillo <i>St. Luke's Medical Center</i>
11:20 AM	Intermission	
11:25 AM	5: Radical nephrectomy of a huge renal mass adherent to the liver, diaphragm and aorta: the challenges in identification and management of synovial sarcoma of the kidney 6: Solitary ureteral involvement in eosinophilic cystitis: a case report 7: Inadvertent DJ stent insertion into the contralateral external iliac vein in a percutaneous nephrolithotomy (PCNL) 8: Scrotal calcinosis, dystrophic or idiopathic, does it matter?	Dr. Virna Noreena R. Seño <i>Southern Philippines Medical Center</i> Dr. Earle Albert C. Yarra <i>St. Luke's Medical Center</i> Dr. Rosauro Miguel S. Gran <i>East Avenue Medical Center</i> Dr. Eiros C. Bandarlipé <i>East Avenue Medical Center</i>
12:05 NN	Closing remarks	Dr. Dennis G. Lusaya <i>Head, St. Luke's Institute of Urology Quezon City</i>

ST. LUKE'S INSTITUTE OF UROLOGY
26TH CASE PAPER PRESENTATION CONTEST
ABSTRACTS

ABSTRACTS

- 1. ROUND CELL SARCOMA OF THE KIDNEY ON A PATIENT TREATED FOR ACUTE PROMYELOCYTIC LEUKEMIA: A CASE REPORT AND LITERATURE REVIEW**
JESSIE L. HARINA, MD, ALBERT AQUINO, MD, FPUA, ULYSSES QUANICO, MD, FPUA. Jose Reyes Memorial Medical Center
- 2. LEIOMYOMA OF THE BLADDER PRESENTING AS AN OVARIAN NEW GROWTH: A CASE STUDY,**
CZARLO M. DELA VICTORIA, MD, UP-Philippine General Hospital
- 3. RADICAL PROSTATECTOMY ON A 66-YEAR-OLD PATIENT WITH A POSITIVE 18FPSMA UPTAKE: POTENTIAL APPLICATION FOR MULTIPLE NEGATIVE PROSTATE BIOPSY RESULTS**
LESTER ANTHONY H. FLORENCIO, MD, RUDOLFO I. DE GUZMAN, MD, FPUA. National Kidney and Transplant Institute
- 4. DE NOVO CASE OF A PROSTATIC ADENOSQUAMOUS CARCINOMA TREATED IN A MULTIMODAL APPROACH**
MARVIN D. CASTILLO, MD, JOSE VICENTE T. PRODIGALIDAD, MD, FPUA, FPCS. St. Luke's Medical Center
- 5. RADICAL NEPHRECTOMY OF A HUGE RENAL MASS ADHERENT TO THE LIVER, DIAPHRAGM AND AORTA: THE CHALLENGES IN THE IDENTIFICATION AND MANAGEMENT OF SYNOVIAL SARCOMA OF THE KIDNEY**
VIRNA NOREENA R. SENO, MD, HERMAN L. SORONGON, JR, MD, FPUA. Southern Philippines Medical Center
- 6. SOLITARY URETERAL INVOLVEMENT IN EOSINOPHILIC CYSTITIS: CASE REPORT**
EARLE ALBERT C. YARRA, MD, MARIA ANNA VANESSA GERON, MD, FPUA. St. Luke's Medical Center
- 7. INADVERTENT DJ STENT INSERTION INTO THE CONTRALATERAL EXTERNAL ILIAC VEIN IN A PERCUTANEOUS NEPHROLITHOTOMY (PCNL)**
ROSAURO MIGUEL S. GRAN, MD, SAMUEL VINCENT G, YRASTROZA, MD, FPUA. East Avenue Medical Center
- 8. SCROTAL CALCINOSIS, DYSTROPHIC OR IDIOPATHIC, DOES IT MATTER?**
EIROS C. BANDARLIPE, MD, GAVINO N. MERCADO, JR. MD, FPUA East Avenue Medical Center

**ROUND CELL SARCOMA OF THE KIDNEY ON A
PATIENT TREATED FOR ACUTE PROMYELOCYTIC
LEUKEMIA: A CASE REPORT AND LITERATURE
REVIEW**

ABSTRACT

This is a report of a patient who was diagnosed with acute promyelocytic leukemia (APL) last 2007 and was given a standard chemotherapeutic regimen of anthracycline, all-trans retinoic acid and methotrexate. The patient completed treatment and was recovered. In the twelve-year interval history however, the patient noted intermittent episodes of non-bothersome flank pain which was eventually found out, post-operatively, to be caused by an intermediate grade, round cell sarcoma not further classified, of the kidney. Immunohistochemical studies and literature review point to a newly classified subtype of sarcoma or a primitive neuroectodermal tumor both rarely found presenting in the kidneys.

Keywords: round cell sarcoma, secondary malignancy, acute promyelocytic leukemia, CIC DUX4, ES/PNET

**LEIOMYOMA OF THE BLADDER PRESENTING AS AN
OVARIAN NEW GROWTH: A CASE STUDY
ABSTRACT**

Benign mesenchymal tumors of the urinary bladder are extremely rare. This is a case of a 56- year old female known diabetic and hyperuricemic presenting with an enlarging abdomen managed as a case of an ovarian new growth. Aside from the ruptured ovarian mass, a urinary bladder mass was also noted intraoperatively and a surgical dilemma was resolved by imaging review. The patient underwent exploratory laparotomy, enterolysis, total hysterectomy, bilateral salpingoophorectomy, and partial cystectomy. Final histopathology identified the bladder tumor to be a leiomyoma. The patient had an uneventful postoperative course. Awareness of this clinical entity and presentation will aid in diagnosis and management.

KEYWORDS Leiomyoma, Ovarian new growth, Bladder mass

**RADICAL PROSTATECTOMY ON A 66-YEAR-OLD PATIENT
WITH A POSITIVE 18F-PSMA
UPTAKE: POTENTIAL APPLICATION FOR MULTIPLE
NEGATIVE PROSTATE BIOPSY RESULTS**

ABSTRACT

Radical prostatectomy (RP) must be supported with biopsy-proven prostate cancer (PCA). However, when a patient has multiple negative prostate biopsies and high PSA, a diagnostic and therapeutic dilemma arises. Multiparametric-MRI of the prostate provides a template biopsy using MRI-fusion, to minimize false negatives.

Fluorine-18 Prostate-Specific Membrane Antigen (18F-PSMA) PET, is used for staging PCA after biochemical recurrence. Primary diagnosis of PCA with 18F-PSMA PET was never reported.

We performed RP on a 66-year-old HIV-positive male with lesion on 18F-PSMA, PIRADS-5 on mp-MRI, and a persistently elevated PSA >100 despite negative biopsies. Histopathology confirmed prostate adenocarcinoma, Gleason 7 (3+4), with negative margins. Operation was unremarkable and was discharged well. On follow-up, PSA was 0.058, has partial incontinence, and decreased erectile function and advised phosphodiesterase inhibitors.

18F-PSMA may be utilized in the decision process who are highly suspected with malignancy but have no preoperatively biopsy-proven cancer after multiple negative biopsies.

Keywords: Prostate cancer, 18F-PSMA PET CT, prostate biopsy, radical prostatectomy, negative biopsies

**DE NOVO CASE OF PROSTATIC ADENOSQUAMOUS
CARCINOMA TREATED IN A MULTIMODAL
APPROACH**

ABSTRACT

Adenosquamous carcinoma (ASCC) of the prostate remains to be a rare and aggressive subtype of prostatic malignancy. Currently, there is still no generally accepted guideline regarding the treatment of this disease. This is a de novo case of adenosquamous carcinoma of the prostate initially presenting with moderate LUTS and a pelvic mass then underwent a multimodal approach including surgery, androgen-deprivation therapy, and radiation therapy, which unfortunately lead to a poor outcome due to multiple complications.

Keywords: Adenosquamous, prostate, multimodal, prostatectomy

**RADICAL NEPHRECTOMY OF A HUGE RENAL MASS
ADHERENT TO THE LIVER, DIAPHRAGM AND AORTA: THE
CHALLENGES IN THE IDENTIFICATION AND
MANAGEMENT OF SYNOVIAL SARCOMA OF THE KIDNEY**

ABSTRACT

Synovial sarcoma is a rare mesenchymal tumor that more rarely affects the kidneys. As of 2020, only around 100 cases of renal SS have been reported. Herein we describe a 28-year old female with a huge mass occupying almost the entire abdomen. Her history, physical examination and imaging suggested a renal cell carcinoma with metastases to the diaphragm, liver and large vessels. A radical nephrectomy was successfully performed, removing an enormous 26-kilogram, 52cm x 37cm x 14cm right renal mass and providing immediate relief. Histopathology surprised the authors with findings of extra-gastrointestinal stromal tumor. 20 months post-surgery, there was tumor recurrence, and a metastasectomy was done. Immunostaining revealed renal synovial sarcoma. To date, the patient remains asymptomatic and disease free. The rarity of renal SS, as well as its ability to mimic more common tumors, makes clinicopathological diagnosis and management difficult. Moreover, the role of chemotherapy for SS remains unclear.

KEYWORDS: synovial sarcoma of the kidney, renal tumor, primary renal synovial sarcoma

**SOLITARY URETERAL INVOLVEMENT IN
EOSINOPHILIC CYSTITIS: CASE REPORT**

ABSTRACT

Eosinophilic cystitis is a rare clinicopathologic condition characterized by predominance of eosinophils throughout the bladder wall. The exact disease mechanism is still debated, however, it is highly associated with atopy and other immunologic conditions. We report a case of eosinophilic cystitis that presented with irritative voiding symptoms with right-sided flank pain, peripheral eosinophilia, and unilateral obstructive uropathy on imaging. Diagnosis was confirmed and documented with cystoscopy and bladder biopsy. Obstructive uropathy was managed with urinary diversion using double J stent. Immunologic signs and symptoms were treated with corticosteroid and antihistamine. Additionally, irritative voiding complaint was managed with antimuscarinic drug. Patient's condition is now on remission with normal eosinophil count and creatinine levels, and normal urinalysis. Resolution of obstructive uropathy and bladder pathology were noted on follow up imaging and cystoscopy, respectively.

Key words: Bladder biopsy, Cystoscopy, Eosinophilia, Eosinophilic cystitis, Obstructive uropathy

**SCROTAL CALCINOSIS, DYSTROPHIC OR IDIOPATHIC:
DOES IT MATTER?
A CASE REPORT**

ABSTRACT

Scrotal calcinosis is a rare condition with controversy surrounding its unclear etiopathogenesis. Several schools of thought have emerged from recent publications supported by histological findings seen in the respective cases reported. The recommendation of surgery as management, and its outcome, however, have remained the same throughout history. This paper reports a 36-year-old male who presented with gradually progressing multiple pruritic nodules over the scrotum who underwent wide excision with favorable outcome on follow up. Histological examination confirmed the diagnosis of scrotal calcinosis and showed evidence of intact epidermoid cysts that have undergone dystrophic calcification.

Keywords: scrotal calcinosis, dystrophic calcification, epidermal inclusion cyst, case report

**INADVERTENT DJ STENT INSERTION INTO THE
CONTRALATERAL EXTERNAL ILIAC VEIN IN A
PERCUTANEOUS NEPHROLITHOTOMY (PCNL)**

ABSTRACT

Background: Double J stents have been used in a wide array of urologic procedures throughout the years. Though generally safe, unexpected catastrophic morbidities may arise. The key is early recognition and prompt management when these happen.

Case: This is a case of a 38-year-old male who underwent supine PCNL on the right kidney for staghorn calculi. Intraoperatively, there was difficulty in gaining access and profuse bleeding was encountered during lithotripsy prompting immediate termination of procedure and antegrade insertion of a double J stent. Postoperatively, after more thorough review of the post DJ stent x-ray inadvertent insertion of the stent to the contralateral iliac vessels was diagnosed. An exploratory laparotomy for extraction of stent was done.

Keywords: Double J stent, ureteral stent, percutaneous nephrolithotomy, aberrant vessels, vascular injuries, inadvertent DJ stent insertion

ST. LUKE'S INSTITUTE OF UROLOGY
26TH CASE PAPER PRESENTATION CONTEST
WINNERS

1ST PLACE:

RADICAL NEPHRECTOMY OF A HUGE RENAL MASS ADHERENT TO THE LIVER, DIAPHRAGM AND AORTA: THE CHALLENGES IN THE IDENTIFICATION AND MANAGEMENT OF SYNOVIAL SARCOMA OF THE KIDNEY

*VIRNA NOREENA R. SENO, MD, HERMAN L. SORONGON, JR, MD, FPUA.
Southern Philippines Medical Center*

2ND PLACE:

DE NOVO CASE OF A PROSTATIC ADENOSQUAMOUS CARCINOMA TREATED IN A MULTIMODAL APPROACH

*MARVIN D. CASTILLO, MD, JOSE VICENTE T. PRODIGALIDAD, MD, FPUA,
FPCS. St. Luke's Medical Center*

3RD PLACE:

RADICAL PROSTATECTOMY ON A 66-YEAR-OLD PATIENT WITH A POSITIVE 18FPSMA UPTAKE: POTENTIAL APPLICATION FOR MULTIPLE NEGATIVE PROSTATE BIOPSY RESULTS

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