Poster			
Paper ID	**Paper Title**	**Abstract**	**Author Names**
18	Progressive perineal urethroplasty with Gracilis myocutaneous flap pernineal reconstruction - A case report	Aims and Objectives: Severe perineal scarring may be associated with pelvic fracture urethral distraction defect (PFUDD) in run over injuries. The vascularity of the urethra suffers in such instances. The perineal skin also in unhealthy, prone for suture disruption. We present the case report of a patient with PFUDD with perineal scarring managed with Progressive perineal urethroplasty with Gracilis myocutaneous flap pernineal reconstruction Methods: A 40 yrs old gentleman suffered run over crush injury over the pelvis. He was managed with suprapubic catheter insertion and multiple split skin grafts for perineal and thigh reconstruction. He was planned for Progressive perineal urethroplasty. There was no fibromuscular supporting tissue over the bulbar urethra. The urethral mucosa was in 'subcutaneous' location, beneath the skin graft. Urethra was mobilised as much as essential and urethroplasty completed. To provide vascular cover for the urethra, gracilis muscle was dissected from the left thigh along with an island of skin from the medial aspect. The gracilis myocutaneous flap was mobilised to the perineum and placed as a cover for the exposed urethra and provide vascularity. Drain was placed and margins of skin island sutured. Results: the operative duration was 210 minutes and blood loss was around 200ml. Patient recovered uneventfully except for mild wound infection. Urethral catheter was removed on POD21 and patient was voiding with adequate Q max. Perineal flap is healthy. Conclusion: Gracilis myocutaneous flap can be used as a vascular cover in cases with scarred perineum, to provide skin cover and also provide vascularity for the urethral anastomosis.	Kallappan Senthil*, Urology Clinic; Anandan Murugesan, PSG Institute of Medical Sciences; Manickam Ramalingam, PSG Institute of Medical Sciences; Mizar G Pai, Urology Clinic
22	APHALLIA : A RARE CASE REPORT	Introduction Aphallia or penile agenesis is an extremely rare genitourinary anomaly with incidence of about 1 in 30 million births. It occurs due to absence or a failure in the development of genital tubercule. Urethral opening can present either over pubis or at any part of perineum or most frequently in anterior wall of rectum. The treatment of aphallia is controversial . Case report A 16 year old male presented with fever with chills and rigor for 15 days and burning micturition, dysuria, incomplete emptying of bladder and constipation for 6 months. On examination bladder was palpalble, Genitalia examination revealed penile agenesis, normal scrotum, bilateral normally positioned testis and vas deferens, external meatal opening in perineal region covered with skin tag and well developed secondary sexual characters. On per rectal examination, anal sphincteric tone was normal. Serum creatinine was 3.8 mg/dl. Patient was catheterized with 12 Fr Foleys catheter and 400 ml urine drained.Ultrasonography showed, increased bladder wall thickness with mild bilateral hydroureteronehrosis. Cysto-urethroscopy suggested normal capacity bladder with severe trabeculations . MRI LS spine was normal. Buccal mucosa smear revealed a normal karyotype 46XY. All serum hormone levels were in normal limits .Diagnosis of aphallia with non neurogenic neurogenic bladder (Hinman syndrome) with recurrent UTI and renal failure was made. Patient underwent Mitrofanoff's procedure and was trained clean intermittent catherterization (CIC).Post operative period was uneventful. Conclusion Aphallia or penile agenesis is extremely rare anomaly and may be associated with other congenital genitourinary or gastro intestinal abnormalities.A multidisciplinary approach is required to treat it and depending upon the age of presentation different treatment options should be discussed .	Nilesh Guru*, Shri B.M. Patil Medical College Hospital and Research Centre; Kshitiz Ranka, Shri B.M. Patil Medical College Hospital and Research Centre; Nikhil Patil, Shri B.M. Patil Medical College Hospital and Research Centre; B.S Patil, Shri B.M. Patil Medical College Hospital and Research Centre; V.S. Kundargi, Shri B.M. Patil Medical College Hospital and Research Centre; S.B. Patil, Shri B.M. Patil Medical College Hospital and Research Centre
26	INFLAMMATORY MYOFIBROBLASTIC TUMOR (IMT) OF URINARY BLADDER: A RARE CASE REPORT.	Inflammatory myofibroblastic tumor (IMT) is a rare benign lesion found in many locations throughout the body and GUT. In bladder, being very uncommon arises from submucosal stroma as a polypoidal growth and is easily mistaken for a malignant neoplasm-both clinically and radiologically. Essential criteria for the diagnosis of IMT are: spindle myoepithelial cell proliferation and lymphoplasmacytic infiltrate. Here we report a case of 29yrs old man who presented with painless gross hematuria for 3 days. The patient underwent trans-urethral resection (TUR) of the tumor and the final pathological diagnosis was IMT of the bladder. Keywords: Immunohistochemical staining, inflammatory myofibroblastic tumor, spindle myoepithelial cell proliferation.	Rohit Juneja*, Post Graduate resident at SSIMS & RC, Davangere
28	Fournier gangrene as a presentation of hematological malignanacy	Introduction: Fournier gangrene is necrotising fasciitis of external genitalia,present rarely as a manifestation of hematologic malignancies.35 cases reported in literature.It may be the first presenting sign of the disease.Case report:60 year old male had posttraumatic scrotal swelling and pain for 1 year.He was found to have right testicular abscess with Fournier gangrene, underwent debridement and right orchidectomy.Wound did not heal and he subsequently developed left testicular abscess,underwent left orchidectomy.Despite regular debridement and dressing the wound did not heal.Recently he noticed urine leaking from wound site. On examination he was found to have a foul smelling irregular 7 x 8 cm indurated ulcer from ventral aspect of the penis to the perineum covered with slough and urine discharge. Blood and urine investigation were normal.Contrast study showed a leak at the penoscrotal junction. CT scan showed a mass at the level of the penis with enlarged external inguinal nodes. Chest X Ray showed an irregular area of calcification in the left hilar region. The patient underwent a suprapubic catheterisation with wedge biopsy of ulcer.Biopsy revealed features of high grade non Hodgkin's lymphoma:diffuse large B cell type .Immunohistiochemistry was positive for CD 20, MUM 1 and Ki 67 antigen.CD30, Bcl6 and CD10 were negative. He was referred to an oncologist and	AARON JAIN*, VEDANAYAGAM HOSPITAL; viswaroop bobby, vedanayagam hospital; arul myilswamy , vedanayagam hospital; ganesh gopalakrishnan , vedanayagam hospital; kandasami sangampalayam vedanayagam , vedanayagam hospital

30	Primary Bladder Neck Obstruction in Women - Myth or Reality?	Introduction:Primary bladder neck obstruction in females observed in 1%-8%of women with bladder outlet obstruction.We present 2 cases of primary bladder neck obstruction in females.Case Report:1]66years female presented with voiding lower urinary tract symptoms for 11 years.Her examination was within normal limits.Ultrasound was suggestive of bladder outlet obstruction with right hydroureteronephrosis.Uroflowmetry showed obstructive pattern.Voiding study showed that the bladder neck was not opening at the time of voiding with grade III right vesicoureteric reflux.Urodynamics evaluation documented Pdet 67cmH2O.Transurethral incision of the bladder neck was done at 7-o'clock position.After catheter removal she voided well,which was documented objectively.2]38years female had voiding lower urinary tract symptoms for 2 years.Her examination was normal.Ultrasound findings was similar to last case.Uroflowmetry showed obstructive pattern.Voiding study showed that the bladder neck was not opening at the time of voiding with grade II right vesicoureteric reflux.Urodynamics evaluation documented Pdet 79cmH2O at Qmax.Transurethral incision of the bladder neck was done.After catheter removal she had subjective improvement in voiding.After procedure her postvoid residue dropped from 120ml to 20ml.Discussion:Primary bladder neck obstruction in females is a rare condition.Pharmacological therapy with alpha blockers can be tried with little success.We advocate cautious and gradual bladder neck incision.Procedural complications include urinary incontinence and vaginal perforation.It is crucial to consider that failure to relieve obstruction is correctable by repeat incision, while incontinence that results from overzealous therapy requires more extensive remedy.Conclusion:Well controlled bladder neck incision in females is associated with less stress incontinence.Patients who are unwilling for the procedure can opt clean intermittent self-catheterization.	suresh gunasekaran*, vedanayagam hospital; viswaroop bobby, vedanayagam hospital; arul myilswamy , vedanayagam hospital; ganesh gopalakrishnan , vedanayagam hospital; kandasami sangampalayam vedanayagam , vedanayagam hospital
31	A DUMBBELL URACHAL CYST	Case report: A 39/female presented with pain and lump in the lower abdomen for 6 months duration. No other symptoms. History of cesarean section 8 years back. On examination a lower midline scar present. A vague swelling of size 6x5 cm present in the left lower abdomen adjacent to scar, surface smooth, firm, non-tender and non-reducible. A provisional diagnosis of irreducible, non-obstructing incisional hernia was made out. Urine examination, renal function tests normal, Ultrasonogram abdomen showed features equivocal with cystic mass / bowel herniation, a plain & oral contrast Computed tomogram abdomen showed a 4x3 cm midline cystic lesion pre-peritoneal, above the bladder extending through linea alba into the subcutaneous plane on left side infra-umbilical. Features consistent with urachal cyst. So we planned for diagnostic laparoscopy followed by exploration. Under general anesthesia patient in supine position after bladder catheterization diagnostic laparoscopy was done. A 4x4 cm midline cystic mass infra-umbilical, well away from bladder dome. Abdominal component was mobilized laparoscopically using monopolar hook. A connecting component was identified entering the linea alba close to umbilicus into subcutaneaous plane. Further laproscopic dissection abandoned. A small mid-midline incision was made, linea alba incised opened,	Rajesh kannaiyan*, Kilpauk medical college hospital and Govt. Royapettah hospital
35	Use of vaginal flaps in urethral reconstruction following complete urethral loss as a result of obstetric injury:case report	Introduction and Objective Obstetric fistula occurs due to prolonged second stage of labour when fetal head compresses against anterior vaginal wall leading to ischemia and pressure necrosis of bladder base and urethra resulting in incontinence.Our aim is to highlight usage of vaginal flaps in urethral reconstruction following complete urethral loss as a result of obstetric injury. Method and result We present a case of 43 year old female with continuous urinary leakage following obstructed labour 25 years back.Patient had undergone tansvaginal surgery with primary closure of urethrovaginal fistula without usage of interposition flaps.Patient developed incontinence in immediate postoperative period upon catheter removal.On per vaginal examination meatal stenosis was present with 2 openings in proximal urethra 1 cm from each other.After a period of 6 months after primary repair,patient underwent transvaginal urethrovaginal fistula closure with martius interposition flap and pubovaginal sling using autologous rectus sheath.Following catheter removal,patient was continent and had satisfactory voiding.Micturating cystourethrogram confirmed absence of leakage . Conclusion Urethrovaginal fistula as a consequence of obstructed labour presents a challenging problem due to extensive tissue ischaemia,occasionally leading to total urethral loss and incontinence.	Kishan raj k*, sri sathya sai institute of higher medical sciences,puttaparthi,Andhra Pradesh; V.Chandrashekar Rao, sri sathya sai institute of higher medical sciences,Puttaparthi,Andhra Pradesh; Sen T K, sri sathya sai institute of higher medical sciences,Puttaparthi,Andhra Pradesh
36	Clear cell primary seminal vesical carcinoma in a young male- a rare case report	Introduction- Primary SVC is rare malignancy with less than 100 reporet cases till date. Tumors that can arise in the seminal vesicles can be epithelial & mesenchymal, while fibromas, myomas & sarcomas are extremely rare, there is no report in the literature of CCC with origin in the seminal vesicle. Case report- 34yr old male came with complaints of occasional total hematuria & hematospermia for 4yrs, dysuria & increased frequency for 2 months. He has h/o bladder surgery 20yrs back for similar problems & enucleation of left eye for retinoblastoma at around 3 yrs. of age records for which were not available. He is a known case of seizure disorder for 25 yrs. On DRE there was mass in the anterior wall non tender, mucosa was free. Routine blood inv were normal. S.PSA -0.42 & CEA -0.9. CECT abdomen & pelvis showed large lobulated heterogeneously enhancing mass in retrovesical region. Prostate & seminal vesicles are not separately visualised. No elevation of the bladder base by lesion, there was Situs inversus totalis. MRI brain showed possibility of mesial temporal sclerosis. EEG & Sigmoidoscopy was normal. Cystoscopy revealed hyperemic areas in bladder without any tumors, prostate was normal. A biopsy was taken from the hyperemic areas in cystoscopy & TRUS biopsy from mass revealed clear cell carcinoma, on IHC tumor cells were positive for CK7, PAX8 & negative for CK20, P63, CD10 & PSA, so clinically & other feature were suggestive of primary SVC. Patient was not willing for any further treatment so left against medical advice. Conclusion- Primary SVC is a rare malignancy & CCC of seminal vesical is even rare. Diagnosis is done by a combination of clinical, radiological, cystoscopic & histologic findings. IHC can be used to distinguish it from other tumors that enter the differential diagnosis. Treatment is mainly surgical excision & RT & CT may have a role adjuvant & palliative setting. Abbr.- SVC-seminal vesical carcinoma, CCC- clear cell carcinoma	saurabh gaur*, kasturba medical college, manipal; Padmaraj Hegde, Kasturba Medical College; Arun Chawla, Kasturba Medical College; praveen kumar, Kasturba Medical College; Zeeshan Hameed, Kasturba Medical College; bhavana nayal, Kasturba Medical College
43	A SCROFULA OF PROSTATIC CARCINOMA	Introduction : Carcinoma Prostate is one of the common cancer in elderly males.Since it is slow growing ,symptoms appear mostly in disseminated disease and nearly half of patients exhibit metastatic lesion at presentation. But Supraclavicular nodal metastasis is rare in prostatic cancer. Method : 70 year old male ,farmer had neck swelling left side for one month and history of malaise,loss of weight and appetite. On examination he had enlargement of left supraclavicular node, cervical nodes in posterior triangle, hard nodular prostate. Results: serum alkaline phosphatase and serum Prostate specific antigen (PSA) were raised. Abdominal and trans rectal ultrasonogram showed multiple paraaortic nodal enlargement , hypoechoic lesions in 49 cc prostate with bladder base involvement with left hydroureteronephrosis.Chest X ray showed mediastinal widening. Contrast enhanced computerised tomography(CT) revealed multiple retroperitoneal nodes enlarged with left hydroureteronephrosis. CT chest showed mediastinal nodal enlargement. Bone scan revealed multiple skeletal metastasis. Trans rectal biopsy of prostate showed adenocarcinoma with gleason score of 5+4 and diagnosed as metastatic carcinoma of prostate(T4N1M1). Fine needle aspiration cytology of neck node showed Adenomatous Metastatic deposits .Immuno histochemistry of neck node was positive for	Matheen Farman*, Government Royapettah Hospital

44	Bladder leiomyoma – an unusual cause of acute urinary retention	Aims and Objectives: Bladder leiomyomas are benign mesenchymal neoplasms with only 250 cases reported worldwide to date. They can be asymptomatic, but the majority present with obstructive symptoms (49%), irritative symptoms (38%) and hematuria (11%). The importance of recognizing their characteristic features, leading to their correct treatment, is fundamental. Methodology: Case report and review of pertinent English medical literature. Results: A 53 year old lady presented with urgency and frequency for 3 months, with two episodes of painless total hematuria. She was catheterized for acute urinary retention elsewhere. Clinical examination was unremarkable. Ultrasound (US) showed a heterogeneously hypoechoic lesion of 4 x 3cm in bladder base. Contrast enhanced computed tomogram (CECT) showed a 5 x4 cm well circumscribed hypodense lesion arising from trigone, without hydroureteronephrosis. A mucosal bulge measuring around 5 x 5 cm was seen in the right lateral wall extending upto bladder neck at cystoscopy. Transurethral resection (TUR) was done and biopsy showed fragments of tumor tissue composed of spindle cells arranged in sheets and interlacing fascicles, without mitosis or necrosis, suggestive of leiomyoma bladder. Immunohistochemistry showed SMA and desmin positivity. Complete TUR enuceation was done and patient is	Sundaramourthy Vijay Ganapathy*, Institute of Nephro Urology; Ashok Saini, Institute of Nephro Urology; Ramahanumaiah Vishwanath, Institute of Nephro Urology; Mahadevappa Nagabhushana, Institute of Nephro Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology
53	DEDIFFERENTIATED CARCINOMA BLADDER	35 years old female presented complaints of total hematuria for 10 days. Already patient was evaluated for same complaints june 2015, diagnosed as ca bladder, transurethral resection of bladder tumor done on. Biopsy report shows superficial high grade urothelial carcinoma of bladder . Then 6 cycles of bacillus calmette-guerin was given. Check cystoscopy was done sep 2015 shows normal. Now evaluated for hematuria. Ultrasonogram abdomen shows 4*2 cm growth in right lateral wall . contrast ct kub shows growth in right lateral wall and right complex ovarian cyst about 5.3*5.2cm . Radical transurethral resection of bladder tumor was done .biopsy shows poorly differentiated clear cell adeno carcinoma of bladder. Key words: -transurethral resection of bladder tumor, urothelial carcinoma, bacillus calmette-guerin,clear cell adenocarcinoma	Ramesh Ganapathy*, Government Royapettah Hospital
55	TESTICULAR MASS IN POST RENAL TRANSPLANT WHAT-OMA?	Introduction : Renal transplant individual recipients have more incidence of testicular tumour and infections compared to general population.Hence testicular mass should be adequately evaluated. Method: A 51 year old male post transplant recipient presented with right testicular mass for 1 year : history of pain only for a week with no history of fever and other complaints.He is a diabetic and hypertensive and on regular treatment. Local examination revealed right testis- 15 x 10 cm, hard, tender in lower pole with normal cord structures; left testis and cord structures were normal. Results: X-ray chest was normal. Ultrasonogram (USG) of abdomen,pelvis showed both native kidneys were contracted, transplant kidney in right iliac fossa, no para aortic nodes.USG of scrotum showed right testis measuring 12x7 cm with mixed echogenicity ;Magnetic Resonance Imaging of pelvis and scrotum showed heterogenous lobulated enlarged right testis predominantly hyperintense in T2 weighted imaging and isointense in T1 weighted imaging measurinsg 12x6.9x6.3 cm suggestive of primary testicular tumour; Computerised tomography(CT) of abdomen and pelvis showed no evidence of paraaortic lymphnodes.CT chest was normal. Tumour markers including lactate dehydrogenase,	Matheen Farman*, Government Royapettah Hospital
58	Long standing Giant Hydrocele with putty material – ? Malignancy or Old Hematocele	A 55 year old man presented with a large scrotal swelling which was hanging upto his knees and was present for more than 25 years. From an orange size it increased painlessly & became difficult to walk as his scrotum came in the way . His penis was completely buried & he had no urinary complaints. He remembers cricket injury to scrotum 25 years back.. There was pain and swelling at that time and subsided with analgesics & grew in recent years.His usg showed normal testis and a lot of fluid in tunica vaginalis. But unusual feature was mobile soft material with variegated appearance in the fluid. On scrotal exploration, approximately 3.5 litres of brownish fluid came out and free floating chocolate colored putty material (600gm) was emptied. The underlying testis and appendages were normal. However tunica vaginalis was very much thickened. Jaboulay's eversion of sac was performed after excising the excess sac. But the decrease in scrotal size was only 50% much to the disappointment of patient. A repeat USG ruled out any hematoma or collection, but showed grossly thickened tunica vaginalis much more than pre-operative findings. The histology of tunica vaginalis showed only non-specific inflammation. The putty material was old hematoma and mixture of dead cells and	kammela sreedhar*, Dr.Sreedhar's Kidney & IVF Institute; Dr.Sreedevi kammela, Dr.Sreedhar's Kidney & IVF Institute; Dr.Saraswathi ks, Dr.Sreedhar's kidney & IVF Institute; Dr.Shyamala ks, Dr.Sreedhar's Kidney & IVF Institute; Dr.Md.Siddique Ahmed Khan, Dr.Sreedhar's Kidney & IVF Institute
63	Oocyte retrieval causing massive exsanguinating hematuria – a case report	Introduction : One of the most commonly used treatment modality in infertility by ART is by ICSI , after oocyte retrieval. Due to the cost factor , a lot of emphasis is made upon successful Oocyte retrieval , hence the need for close follicular study and followup , use of hCG for better Oocyte yield. The effect of hCG upon the body are multifactorial and herewith we present a case of Ovarian Hyper Stimulation Syndrome (OHSS) , who presented with persistent , gross hematuria requiring blood transfusions and cystoscopy + clot evacuations. Case scenario : 21 yr old female , no comorbids , on treatment for primary infertility , had injection of hCG and underwent oocyte retrieval. Intra and post procedure period were uneventful. Patient had no complications and was discharged home , had only minimal symptoms (occasional pain). Patient presented back with increased abdominal pain , gross hematuria . Hb dropped by 4g% requiring blood transfusion. Cystoscopy done → huge bladder clot noted and evacuated & congested bladder mucosa. CT Urogram was done to identify cause of persistent gross hematuria , reported as normal , with only pelvic congestion and inflamed ovaries (as normally seen in ovarian stimulation). Patient was treated conservatively and continuous bladder	shivraj barath kumar*, srmc , porur; natarajan k, SRMC , Porur; venkat ramanan, SRMC , Porur
64	Hanging vesical calculus- a rare case report	Bladder calculi occur most commonly as a result of either migration from the kidney or urinary stasis in the bladder. Urinary stasis is usually related to bladder outlet obstruction, cystocele, neurogenic bladder, or a foreign body in the bladder. Urinary tract stones and urinary tract infection are strongly associated.Occasionally, stones can adhere to the bladder wall because of adjacent inflammation, and these are known as "hanging" bladder stones. Foreign bodies, such as surgical sutures, may act as a leading point for developing bladder calculi. These stones are typically non-mobile and present as hanging fixed echogenicitie son US. Based on literature reviews, other surgical operations, such as extrophy repair , stress urinary incontinence surgery , prostatectomy , caesarian section etc., may also cause bladder stone formation due to application of non-absorbable sutures, like silk sutures. Here, we reported a 40-year-old male who had irritative LUTS for the past 6 years. He had a h/o emergency laporotomy 15 years ago. Radiological investigations revealed intravesical hanging calculus.The patient underwent open surgical excision of the suture remnants and surrounding calculi. After that, patient's symptoms resolved. Bladder stone analysis	Sangameswaran Palanisamy*, Government Stanley hospital; Rajaraman T, Govt. Stanley medical college ; Aysha Shaheen, Govt. Stanley medical college; Vetrichander S, Govt Stanley medical college
65	Recurrent Cutaneous horns of the Glans Penis – a rare case	Introduction and Objective :- Cutaneous horn (cornu cutaneum) is a relatively uncommon lesion consisting of a projectile, conical, dense, hyperkeratotic nodule most frequently occurring in the sun-exposed parts and are typically found in the face and the scalp, but may also occur on the hands, eyelids, nose, chest, neck, shoulder and penis. Their occurrence on the penis is uncommon. Hereby reporting a rare case of recurrent cutaneous horn of penis. Methods : - Presenting a 69yr old, with complaints of recurrent protruding mass over the glans penis. Otherwise no symptoms, he was operated for the same few years ago. Excision biosy of the same was done with penile re-surfacing with a split skin graft from left thigh. No intraoperative issues. Graft site dressing was removed on post operative day(POD) 5 and donor site dressing on POD 10. Results :- Graft was taken up completely with no sloughing of the skin. Within few weeks there was complete resurfaced glans penis. Histopathology of the specimen was reported to be consistent with Cornu Cutaneum with no evidence of malignancy. Conclusion :- Cutaneous horn of the penis is a rare entity which sometimes harbors malignancy. Penile resurfacing is a promising surgical treatment option.	VINEET SAKHIREDDY*, Amrita Institute of Medical Sciences and Research

70	RENAL ANGIOMYOLIPOMA PRESENTING AS MASSIVE RETROPERITONEAL HAEMORRHAGE-A CASE REPORT	Introduction Angiomyolipomata of the kidney are unusual lesions composed of abnormal vasculature, smooth muscle, and adipose elements. They may be associated with tuberous sclerosis and occasionally present with flank pain, a palpable mass, and gross haematuria. As angiomyolipomata grow their risk of bleeding increases, with a greater than 50% chance of significant bleeding in lesions > 4 cm; anticoagulant therapy accentuates this risk. Case presentation A case of massive retroperitoneal haemorrhage in a patient on warfarin is presented. The underlying diagnosis of renal angiomyolipoma was diagnosed based on CT findings. Emergency resuscitation and tumor exicision done. Conclusion This case illustrates the clinical scenario of massive retroperitoneal haemorrhage in an anticoagulated patient with renal angiomyolipomata. In the emergent situation, adequate resuscitation along ABC principles, as well as control of haemorrhage with either nephrectomy (partial or radical), non-selective renal arterial embolization, or selective embolization of the feeding vessel(s), is necessary. For this to occur, it is imperative to consider the diagnosis early in warfarinized patients (and others at risk of bleeding) who present with abdominal pain.	suresh durairaj*, institute of urology; muthulatha navaneetha krishnan, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology; govindarajan periasamy, institute of urology mmc; prakash javankula bakthavathsala rao, institute of urology mmc; saravanan periakaruppan, institute of urology mmc; vezhaventhan ganesan, institute of urology mmc
71	Xanthogranulomatous Pyelonephritis in childhood – A rare entity	Aims and objectives - XGP is a rare, severe, chronic renal infection resulting in diffuse renal destruction.Occurs in about 1% of all renal infection.In children XGP often affects those less than 8 years old and is of the focal renal rather than diffuse form.Boys are affected more. Methodology – A 10 year old male child was admitted with complaints of fever with chills and cough with expectoration on and off since 3 months.H/O right flank pain on and off present for 1 month.On examination coarse crepts were present on right side of chest with decreased air entry.Per abdominal examination revealed tenderness in right renal angle and right hypochondrium.Chest X-ray showed rt lower lobe consolidation with rt sided pleural effusion.USG of abdomen suggestive of right bulky kidney with dilated calyceal system showing thick internal echoes and debris due to obstructing PUJ calculus (12.5 x 7 mm).Haemoglobin – 7.4 mg/dl and TLC- 16,000. Renal function tests were normal.CECT KUB revealed rt pyonephrosis with PUJ calculus (13 x 8 mm) and multiple renal calculi. No excretion of contrast on right side even on delayed scan.Subcapsular collection noted extending into right pleural cavity.Per cutaneous nephrostomy and intercostal drain were placed and patient was put on supportive management.After 3 weeks once the patient was stabilized, DMSA scan done revealed rt non	mayank kulshreshtha*, rrmch
72	A RARE CASE OF INCIDENTALLY DETECTED DOUBLE UROLOGICAL MALIGNANCY IN AN ELDERLY MALE.	OBJECTIVE: Poster presentation on Double Urological Malignancy –Renal cell carcinoma and carcinoma of prostate. METHODS: A 70 year old male presented with loose stools .USG abdomen incidentally revealed a large left renal mass and prostatomegaly. Physical examination revealed a palpable left renal mass and Grade II prostate enlargement with both lobes being hard and nodular. CT abdomen revealed well defined heterogenous enhancing exophytic mass lesion of size 7/7/7.3cm with areas of necrosis in lower pole of left kidney .Multiple enlarged para caval, para aortic,internal and external iliac lymphnodes largest measuring 2 cm were seen. Multiple sclerotic lesions in the lumbosacral vertebra, right iliac bone and inferior pubic rami – suggestive of bony metastasis. Bone scan revealed multiple bone metastasis in the sternum, humerus , ribs , dorso lumbar vertebra and pelvis. Serum PSA was 88 ng/ml. TRUS guided prostate biopsy revealed well differentiated adenocarcinoma (Gleason score 6) with perineural invasion and high grade PIN. The first dilemma was whether the renal mass was a separate primary malignancy or a metastatic mass from the carcinoma of prostate.The dilemma was resolved by Ultrasound guided renal biopsy showing clear cell renal cell carcinoma. Final biopsy report – pT1b pNx cM1, grade 2.The other dilemma was to determine to what	Joseph Amrit*, Sri Ramachandra Medical Centre; venkat ramanan, SRMC , Porur; VELMURUGAN P, SRI RAMACHANDRA UNIVERSITY
75	FOREIGN BODIES IN THE LOWER URINARY TRACT – OUR INSTITUTIONAL EXPERIENCE	INTRODUCTION Causes of foreign bodies in lower urinary tract include psychological, iatrogenic, traumatic and migration from other organs. Diagnosis is made by history, clinical examination and radiological studies. Endourological or open surgical procedures are required depending on size, site, shape, type and mobility. CASE HISTORY: CASE 1: 61 year male complained of passing urine via rectum. He had inserted a needle into urethra. Clinical examination and Xray revealed foreign body in perineum and rectum. Foreign body pushed into the urethra from rectum and delivered via ventral urethral incision.Urethra closed over 16 French Foleys catheter. Trochar Suprapubic cystostomy and diversion colostomy were done. CASE 2: 48 year male complained of dysuria. He had inserted a needle into urethra 2 days back. Clinical examination was normal. Xray showed foreign body in the perineum.Cystoscopy was done and foreign body pushed into bladder .It was wrapped around a gauze and removed. CASE 3: 48 year female complained of frequency, dysuria and suprapubic pain. She had insertion of Intrauterine device 10 years back and underwent Caesarian section with sterilization for 4th pregnancy later. She had suprapubic tenderness. Xray showed a calculus in the bladder	VEERAPPAN RAMANATHAN*, INSTITUTE OF UROLOGY MADRAS MEDICAL COLLEGE CHENNAI; SUBRAMANIYAN KALIYAPERUMAL, INSTITUTE OF UROLOGY MMC; saravanan periakaruppan, institute of urology mmc; prakash javankula bakthavathsala rao, institute of urology mmc; govindarajan periasamy, institute of urology mmc; muthulatha navaneetha krishnan, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology
81	Giant Bilateral Adrenal Myelolipoma – A Rare Case Report	41 year old male presented with progressively increasing abdominal distention for the past 1 year and bilateral pedal edema for 6 months, on evaluation was found to have bilateral loin masses. CECT Abdomen was which showed 17.1x14.4x21.3cm mass on right side; 19.2x21.1x24.8cm mass on left side showing areas of low attenuation (-32HU) suggestive of fat with hyperintense areas medially s/o bilateral adrenal myelolipoma, which was confirmed on MRI. Metabolic evaluation was performed which was within normal range. Exploratory laparotomy was performed after starting steroid supplementation and bilateral excision of the mass was done with sparing of right adrenal cortex. The right adrenal mass measured23.6x 16.8x 15.8 cm and weighed 3.25kg. The left adrenal mass measured 27.8x 22.6x 21.3 cm with a weight of 4.18kg. Histopathological examination confirmed bilateral masses to be myelolipoma. Patient is currently doing well on follow up. Tumors exceeding 8 cm are referred to as giant myelolipomas. Bilateral giant myelolipoma extremely rare, usually reported in association with CAH/Cushing's. The largest bilateral adrenal myelolipoma reported weighed 5.8 kg (23 × 11 × 19 cm) on the left and 0.78 kg (15 × 13 × 6.8 cm) on the right. Our case is the largest reported case of bilateral myelolipoma in literature.	Karthik Rajan*, Madras Medical College; saraswathi sattanathan, institute of urology mmc; karunamoorthy ramaraju, institute of urology mmc; prakash javankula bakthavathsala rao, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology
83	A RARE PRESENTATION OF METASTATIC RCC - CASE REPORT	40 years old male presented to the neurosurgery department with complaints of headache and left hemiparesis. Patient was evaluated and was found to have 2.5cm space occupying lesion in right frontoparietal region. MRI brain showed 2.5cm well defined T2 heterointense lesion noted involving grey-white matter junction of right fronto-parietal lobe with surrounding disproportionate edema causing mass effect and midline shift of 9mm to the left. The lesion shows heterogenous enhancement on contrast. Right frontoparietal craniotomy and excision of SOL done and specimen sent for HPE. Biopsy report – clear cell adenocarcinoma-probably from RCC kidney.CECT KUB- mixed dense lesionof size 10x8cm which enhances with contrast seen arising from upper and midpole of right kidney with 1.5cm pelvic calculus. Renal Doppler- 6X1cm eccentric thrombus noted in right renal vein with minimal flow noted in IVC. MRI KUB- large heterogenous lesion with? few calcifications and cystic areas involving the upper and interpolar region of right kidney. CT CHEST- multiple well defined lobulated opacities distributed randomly in B/L lung fields. e/o B/L pleural effusion noted. Cytoreductive nephrectomy was done. Biopsy report- conventional type-RCC, Fuhrman nuclear grade 3, vascular emboli present, renal pelvis and perirenal fat shows tumor infiltration, hilum and	ramesh arumugam*, MADRAS MEDICAL COLLEGE,CHENNAI; saraswathi sattanathan, institute of urology mmc; hemalatha rajkumar, institute of urology mmc; vezhaventhan ganesan, institute of urology mmc; karunamoorthy ramaraju, institute of urology mmc; prakash javankula bakthavathsala rao, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology

86	RENAL INFARCT- A RARE CASE REPORT	INTRODUCTION: Renal infarct is a rare entity with an incidence of only 0.2%. The most common cause being cardiac (atrial fibrillation), it can also occur as in situ thrombus in patients with risk factors. Early diagnosis is required for salvaging the kidney. CASE HISTORY: 45 years male patient presented with right loin pain and fever for 3 days. He is a chronic smoker and alcohol consumer for the past 30 years. General examination and abdominal examination was normal, blood pressure was normal. Urine analysis revealed 5-8 RBC/HPF. USG KUB was normal, ECHO normal, CECT KUB- no contrast uptake by right kidney, RENAL DOPPLER- segmental infarct of right upper pole which was confirmed with CT angiography. Rheumatological evaluation was done to rule out connective tissue disorder. Coagulation profile was normal. Patient was managed conservatively with anticoagulants – started with low molecular weight heparin and switched on to oral warfarin. CONCLUSION: In patients with renal colic without lithiasis, infarct should be ruled out, especially in those with risk factors for thromboembolism and with raised serum lactate dehydrogenase.	SOUNDARYA GANESAN*, INSTITUTE OF UROLOGY, MMC, CHENNAI; SUBRAMANIYAN KALIYAPERUMAL, INSTITUTE OF UROLOGY MMC; saravanan periakaruppan, institute of urology mmc; muthulatha navaneetha krishnan, institute of urology mmc; govindarajan periasamy, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology
90	UNDESCENDED TESTIS ASSOCIATED WITH INGUINAL HERNIA AND POLY ORCHIDISM: A RARE GENITAL ABNORMALITY	Introduction: Polyorchidism is a rare anomaly with approximately 70 cases reported in literature so far. In majority of cases, the patients are asymptomatic and have painless groin or testicular masses.Approximately 50% occur as cryptorchidism, 30% present with indirect hernia, 20% with torsion, hydrocele,epidydimitis. As with cryptorchoidism, tumors of supernumery testes are not unusual. We are presenting one such case. Case report: A 27 year old unmarried male presented with complaints of empty left hemi-scrotum and left groin swelling since birth. Patient had pain in left groin on coughing and excertion. Examination revealed empty left hemi-scrotum, poorly formed. 2 X 1 cm swelling present in left inguinal region suggestive of left testis.Cough impulse was present. Right testis was normal. Ultrasonography showed hypoechoic lesion in left inguinal region of size 1x1.2 cm with few cystic areas within it. Defect of 1.5 cm in left inguinal region with herniation of bowel. With a clinical diagnosis of undescended testis with inguinal hernia,patient was planned for surgery. On exploration of groin rudimentary testicular tissue with epidydimis and ductus deferens was indentified in region of superficial inguinal pouch. On opening the peritoneal hernia sac another testis with separate	SOMASHEKAR M C*, inu bangalore; shiva kumar, inu bangalore; GAURAV KOCHHAR, INSTITUTE OF NEPHROUROLOGY, BANGALORE; Ramaiah Keshavamurthy, Institute of Nephro Urology
91	A rare case of asymptomatic malplaced Double-J ureteric stent	Double-J ureteral stenting is a common urological procedure and has various complications. We report a case of 49 year old female with asymptomatic renal parenchymal perforation by DJ uretheral stent following ureterorenoscopy. Post-operative fluoro imaging, computed tomography and ultrasonography is the best way to rule out stent malposition and complications. Early re-positioning is the initial step in the management.	Amey Patil *, KLES Kidney Foundation, JNMC, belgaum; Rajendra Nerli, KLES Kidney Foundation, Belgaum; Vikram Prabha, KLES Kidney Foundation; Amit Mungerwadi, KLES Kidney Foundation, Belgaum; Shrikanth C, KLES Kidney Foundation, Belgaum
93	ACCURACY OF ULTRASONOGRAPHY IN DETECTION OF <5mm RENAL STONES	Purpose: To determine the accuracy of ultrasonography (US) in detecting the size, number and site of small renal calculi (<5mm). Materials and Methods- 98 patients attending the outpatient department with complaints of flank or abdomen pain who on evaluation with ultrasound in the department of Radio diagnosis in a tertiary care centre found to have renal stones less than 5mm were evaluated with Non Contrast CT to confirm the size location and number of calculi. They also underwent Urine microscopic examination. Results: Only 46 out of the 98 patients with <5mm renal stones on USG were actually confirmed to be stones on Computerized Tomography yielding an accuracy of 45%. There was a difference in the detection rates of stones on the left and right side with the accuracy rates dropping to 36.5% for those showing stones on Left side on US. Renal stones on US were found to be more likely to be stones in the presence of RBCs in urine examination than those with a normal urine examination showing a sensitivity of 58.7% and a specificity of 94.2%. Calculus size among the 52 patients found having calculi on both CT and US however did not differ significantly with the average size of the 51 detected stones being 3.95 on US as compared to 3.99 on CT, with	suyog shetty*, Government Medical College Kottayam
109	Horse Shoe Kidney with Retro-Caval Ureter : A Rare presentation	Introduction: Incidence of Horse Shoe Kidney is 1 in 400-800 live births while incidence of retrocaval ureter is 1 in 1500 people. Horseshoe kidney and retrocaval ureter are two uncommon congenital anomalies of the genitourinary system that have rarely been reported to occur in the same patient. We report a case of simultaneous horseshoe kidney and retrocaval ureter diagnosed by preoperative imaging studies and discuss the diagnostic evaluation and surgical management of this rare entity Case report: A 17-year-old boy was admitted with complaints of epigastric,periumbilical and bilateral flank pain since 2-3 years, increased in intensity since last 1 month.Pain was constant, dull aching with episodes of severe ,colicky pain which tends to aggravate after meals and bending backwards,with slight relief on walking.There was history of weight loss (unquantifiable) since last 6 months,and symptoms have aggravated after that.Clinical examination ,Biochemistry and urinalysis were unremarkable.Ultrasound showed presence of horse shoe kidney.CT Urogram revealed presence of Horse shoe kidney with bilateral moderate HUN with extra renal pelvis with poor excretion in right kidney in delayed phase,due to retrocaval course of right proximal mid ureter with	DR TUSHAR DANI*, KMC HOSPITAL ,MANGALORE; Dr Ranjit Shetty, KMC Hospital,Mangalore; Dr Sanman K N, KMC Hospital,Mangalore; RAJESH KUMAR REDDY ADAPALA, Kasturba Medical College, Mangaluru; LAXMAN PRABHU G. G, Kasturba Medical College, Mangaluru; Dr santosh Patil, Kmc hospital mangalore
113	49, XXXXY SYNDROME, AN INFANT PRESENTING WITH AMBIGUOUS GENITALIA	Introduction: Presences of normal genes on the Y chromosome are essential for normal sex determination and sex differentiation of male genitalia. Several genes on the X chromosome and other autosomes have been shown to be anti-testes and have a detrimental effect on the development process of normal male genital system. Addition of X chromosomes to the 46, XY karyotype results in seminiferous tubules dysgenesis, hypogonadism and malformed genitalia. We report an infant male with 49, XXXXY syndrome presenting with ambiguous genitalia and multiple extra-gonadal anomalies. Keywords: Ambiguous genitalia, sex chromosome aneuploidy, 49XXXXY syndrome, intrauterine growth restriction.	Prasad Magdum*, KLES KIDNEY FOUNDATION; Shivagouda Patil, KLES KIDNEY FOUNDATION; Rajendra Nerli, KLES Kidney Foundation, Belgaum; Vikas Sharma, KLES KIDNEY FOUNDATION
115	ECTOPIC PROSTATIC TISSUE MASQUERADING AS TRANSITIONAL CELL CARCINOMA OF THE BLADDER: A RARE CASE REPORT	INTRODUCTION Non urothelial elements occurring as ectopic rests are well known in the bladder. These can exist silently or present with lower urinary tract symptoms. Ectopic prostatic tissue in the bladder is extremely rare . It has also been reported in the urethra (bulbar) and rarely presacral location.We present a case of ectopic prostatic tissue in the bladder which presented with features suggestive of a bladder tumor (TCC) CASE REPORT 53 year old male presented with painless gross hematuria. He was a non-smoker and denied any occupational exposure to chemicals. Clinical examination including digital rectal examination was normal. Hemoglobin, blood counts, ESR, Renal function tests and coagulation profile was within normal limits. PSA was 1.2ng/ml. Urine cytology, urine for AFB and culture studies were within normal limits. Ultrasound revealed a polypoidal lesion over the right lateral wall projecting into the bladder. Cystoscopy showed a polypoidal lesion near the right ureteric orifice which was resected in-toto. HPE was reported as ectopic prostatic tissue in the bladder which was confirmed by immunohistochemistry DISCUSSSION. Ectopic prostatic tissue can occur in the urinary tract as well as outside it. It can remain quiescent or present with symptoms prompting evaluation. It can take two forms morphologically-polypoidal or a flat lesion. These lesions have a mixture of	Dr santosh Patil*, Kmc hospital mangalore; LAXMAN PRABHU G. G, Kasturba Medical College, Mangaluru; SANMAN K. N, Kasturba Medical College, Mangaluru; RAKESH B. H, Kasturba Medical College, Mangalauru; Dr Ranjit Shetty, KMC Hospital,Mangalore; DR TUSHAR DANI, KMC HOSPITAL ,MANGALORE

130	SAFETY OF MONOPOLAR TRANSURETHRAL RESECTION OF PROSTATE IN PATIENTS OVER 80 YEARS OF AGE	Introduction and Objective: The aim of present study is to evaluate safety of monopolar transurethral resection of prostate (TURP) in patients over 80 years of age with BPH. Methods: 76 patients over 80 years of age who underwent TURP from 2013 to 2015 in Kasturba medical college, manipal were analyzed. Parameters considered were presentation, comorbidities, prostate size, ASA grade, resection time, irrigation fluid used (glycine/water), need for blood transfusion, length of hospital stay, early complications (clot retention, retention post catheter removal, UTI, urgency and early urge incontinence) and late complications (stricture, stress incontinence, BOO, reoperation). Lab parameters reviewed were baseline renal function with creatinine, pre and post op Hemoglobin and electrolyte changes. Results: Mean age was 83.11(SD 3.72) with ASA grade of 2 (69.7%) and 3 (30.3%). 49.9 % of patients had 2 or more comorbidities. The average hospital stay was 4.55 days (SD 2.08). Early complication rate was 34.2 % and the late complication rate was 10.5 %. One patient died in the study group. Chi-square test showed no association between comorbidity and complications (p=0.33). In 20 patients irrigation fluid used was glycine and in 56 water was used. Repeated measures anova showed no difference in average change of hemoglobin or sodium between the two groups. Conclusion: Individualized treatment with Monopolar TURP in patients over 80 years of age is a safe procedure with acceptable complication rates. Monopolar TURP even with water as irrigant is not associated with increased complications.	Kalyan Gudaru*, kasturba medical college, manipal; Arun Chawla, Kasturba Medical College; Joseph Thomas, Kasturba medical college, Manipal; Padmaraj Hegde, Kasturba Medical College; Sunil Pillai, Kasturba medical college, Manipal
131	TRANSPLANTATION OF CYSTIC DONOR KIDNEY : A CASE REPORT	Donors with cystic kidneys are categorized as marginal donors, as the natural progression of renal cysts might complicate the outcome of transplantation. We present our experience of transplanting a cystic kidney from a 58 year old donor mother to her 40 year old son with Stage 5 CKD. The donor had a cyst in her right kidney of size 3.8 * 2.8 cm, and she was the only matching donor. The cyst was evaluated pre-operatively by DTPA, CECT and Angiogram. The procedure, the inherent risks and complications were explained to the donor and recipient prior to transplant and informed consent was obtained. Based on the radiologic picture, the cyst was classified as Bosniak 1, and a pre operative decision was made to not unroof or excise the cyst. The transplantation was done without any intra-operative complications. In our short followup of 6 months, no complications were encountered in both donor and the recipient. The transplanted kidney was functioning well without any evidence of graft dysfunction , with good post operative renal parameters and urine output. Follow up of the cyst was done post operatively, with regular ultrasound examinations and computerized tomogram at 3 and 6 months, which showed no change in the size and characteristics of the cyst. We conclude that cystic donor kidneys should be considered suitable for transplantation, and they do not	Lakshminarayan KR*, Stanley Medical College; Rajaraman T, Stanley Medical College; Thiruvarul PV, Stanley Medical College; Arunkumar P, Stanley Medical College
132	Primary renal hydatid : A case report	Primary Renal hydatid is a rare disease with an incidence of only two percent. Primary renal involvement without systemic disease is very rare. We present a rare case of primary renal hydatid successfully managed surgically. A 55 year old female presented with history of left loin pain of one year duration. No other urological symptoms or hydatiduria. Abdomen examination revealed a palpable mass in the left lumbar region. Rest of the system examination was normal. Blood and urine investigations were normal. CECT of the abdomen and pelvis with CT Urogram revealed a 10 cm * 11 cm heterodense lesion with multiple daughter cysts arranged peripherally and occupying most of the left kidney. Other solid organs were normal. After preoperative oral Albendazole therapy patient was posted for surgery. With appropriate precautions exploration was done. Intra operatively the entire left kidney was found to be replaced by the cyst with a small rim of parenchyma in the lower pole. Hence nephrectomy was done. Cut section of the specimen revealed a large cyst containing multiple daughter cysts. Histopathology revealed features suggestive of renal hydatid cyst. Postoperative Albendazole therapy was continued. This case has been presented for its rarity	Chandramurali R*, Stanley Medical College; Rajaraman T, Stanley Medical College; Thiruvarul PV, Stanley Medical College; Arunkumar P, Stanley Medical College
133	Female Epispadias - A Case Report	Introduction Female epispadias is a rare congenital anomaly with an incidence of 1 in 4,80,000 births. We are reporting a case of isolated female epispadias in an adult and its management. Case Report 27 yrs unmarried female was admitted with incontinence of urine since childhood which was present on coughing , straining and walking.Patient also had frequency and nocturia.No significant past history.Regular menstrual cycles.Examination showed a depressed mons pubis,patulous urethral meatus with deficient dorsal wall and bifid clitoris. Blood and urine investigations within normal range.Ultrasound showed normal upper tract and a normal sized uterus.IVU showed good excretion and drainage of contrast on both sides.MCU showed no reflux.Cystoscopy showed short urethra with competent bladder neck. Patient underwent single staged epispadias repair with reconstruction of the mons and clitoroplasty. Continence has improved on 3 month follow up with occasional nocturia. Discussion Isolated epispadias presenting in an adult female is a very rare anomaly. Female epispadias can also be a part of Extrophy –epispadias complex. Associated bladder neck incompetence requires staged reconstruction.This case is presented for its rarity .	Mukhilesh R*, Stanley Medical College; Vetrichander S, Govt Stanley medical college; Aysha Shaheen, Govt. Stanley medical college; Arunkumar P, Stanley Medical College; Thiruvarul PV, Stanley Medical College; Rajaraman T, Govt. Stanley medical college
141	AN INTERESTING CASE OF PENILE INJURY	AIM: We present an interesting case of a penile injury,managed at our institution OBJECTIVES: Penile fracture is rupture of tunica albuginea of corpora cavernosa.It is a true surgical emergenc.Its very rare to see a patient with isolated corpus spongiosum & urethral injury following trauma. METHODOLOGY: 38 yr old gentleman,a labourer came with painful swelling over the root of penis for 2 days.There were no lower urinary tract symptoms or fever.He sustained trauma to the perineum during coitus 10 days back.He had hematuria once 1 week back.He is a known cardiac patient,on anticoagulants for 4 years. Penis examination showed a diffuse tender soft to firm swelling 6 x 4 cm near its root on the ventral aspect.No penile deformity or hematoma noted in the rest of penis,scrotum & perineum.Per rectal examination was normal.Clinical diagnosis was made as "PARTIAL URETHRAL INJURY WITH URINE EXTRAVASATION".General & systemic examinations were normal. Renal & coagulation parameters were normal.USG penis & scrotum showed a hetero echoic fluid collection on ventral penile aspect with normal scrotum,testes,cord & inguinal area.Urethra could not be assessed.MRI showed a corpus spongiosum with penile urethral injury with intact corpus cavernosa. RESULTS: SPC was done on 3rd day of admission.Swelling gradually decreased in size & got	Gopi Saravanan, GOVT ROYAPETTAH HOSPITAL,CHENNAI; JAYAGANESH R, GRH; LEELA KRISHNA, GOVT ROYAPETTAH HOSPITAL; GOVINDARAJAN R*, KMC& GRH; ILANGOVAN M, KMC& GRH; SARAVANAN K, GOVT ROYAPETTAH HOSPITAL
147	MANAGEMENT OF LOCALLY ADVANCED SQUAMOUS CELL CARCINOMA OF THE BULBOMEMBRANOUS URETHRA: A CASE REPORT	Introduction: Primary urethral carcinoma (PUC) is a rare malignancy accounting for <1% of genitourinary malignancy. The sites and histology of urethral carcinoma vary by gender and anatomical location. CASE REPORT: A 45 years male presented with obstructive LUTS , perineal pain and fever since 15 days. On examination perineal abscess with palpable bladder. Suprapubic catheterization(SPC), incision and drainage of perineal abscess done. Bulbar urethra growth noted and wedge biopsy taken. RGU: Pan anterior stricture urethra. Cystourethroscopy : narowing noted at the penile urethra . MRI pelvis : T2 hyperintense T1 isointense lesion was seen in bulbomembranous urethra with diffuse restriction. Lesion measures about 6.6×5.6×cms (AP×CC×TRT) extending anteriorly to involve minimal part of penile urethra, corpora spongiosa , B/L corpora cavernosa with Lt obturator node (13×8 mm). HPR: Moderately differentiated squamous cell carcinoma. Clinicopathological staging: Stage 4 (T4N1M0). Treated with a combination of external beam radiotherapy with mitomycin C with 5 Flurouracil. On follow up patient is asymptomatic with SPC in situ. CONCLUSION: Combined chemoradiotherapy has been used with encouraging results in the treatment of squamous cell carcinoma of the anal canal and esophagus. We report good results in a man with locally advanced squamous	vinish singh*, INU; Maregowda Shivalingaiah, Institue of Nephrourology; Jayaram Sreenivas, Institute of Nephro Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology

149	HYDATID CYST OF KIDNEY - A case report	INTRODUCTION Kidney involvement in echinococcosis is extremely rare, constituting only 2-3% of all cases. Primary involvement of the kidney without the involvement of the liver and lungs is even more rare. We present a rare case of primary left renal hydatid . CASE REPORT A 46 Years Old Female Patient presented with complaints of Left Loin Pain. Abdominal examination - normal , Systemic examination - normal. All Blood investigations were normal. X-ray chest normal. The USG abdomen revealed multiseptate cyst in the left kidney.The CT scan revealed a cystic lesion in the left kidney . Patient was taken for surgery & left partial nephrectomy done. The resected specimen showed cyst containing multiple daughter cysts.The histopathological examination was consistent with left renal hydatid disease . DISCUSSION Echinococcosis is produced by the larval stage of the Echinococcus tapeworm, E. granulosus in this case. Man is the accidental intermediate host . Hydatid disease involves the liver in 75% of cases and the lung in 15%. Kidney involvement is extremely rare (2-3%). Renal hydatid cysts usually remain asymptomatic for many years. The hydatid cyst of the kidney may be closed or open type. Cystic rupture into the collecting system, causing hydatiduria is	PRADEEPKUMAR K*, INSTITUTE OF UROLOGY; Antan Uresh Kumar, Madras Medical college; Balasubramaniam Ramu, Madras Medical College; Harry Santhaseelan, Madras MEDICAL cOLLEGE; Chengalvarayan Gopal, Madras medical College; govindarajan periasamy, institute of urology mmc
163	Squamous cell carcinoma of Upper Urinary Tract:A Case Report	Introduction: The vast majority of the upper urinary tract carcinomas, including the renal pelvis and ureter are urothelial in origin. Although rare, squamous cell carcinoma (SCC) of the upper urinary tracts does exist and constitutes only 1-1.6% of all urothelial carcinomas. The median survival is short and estimated to be fivemonths.We present a case of SCC of Ureter. Case report: A 78 yrs old diabetic man having history of pain in the right flank for 6 months duration with negative history of hematuria or lower urinary tract symptom.Contrast enhanced CT of the abdomen and pelvis showed a filling defect on the right mid ureter with proximal ureteric dilatation concerning for ureteric carcinoma.Rest of metastatic work up was normal. LLEC renal scan showing nonfunctioning right kidney.Right radical nephrouretrectomy with bladder cuff excision was done. Histopathology showed squamous cell carcinoma of ureter with negative margin of bladder.To date, cystoscopic examination of patient's urinary bladder showed also no evidence of tumor recurrence. Presently patient is on regular follow up for last 1 year with no features of local or distance metastasis recurrence. Discussion: SCC of the upper urinary tracts is very rare. The common age of	sunil kumar*, JIPMER; R MANIKANDAN, JIPMER; L N DORAIRAJAN, JIPMER; Suresh Singh, JIPMER; Uma Dutt, JIPMER PUDUCHERRY; Gaurav Kataria, JIPMER
164	ROLE OF ANGIOEMBOLISATION IN MANAGEMENT OF HEMORRHAGIC UROVASCULAR EMERGENCIES	Purpose: Trans-arterial embolization (TAE) is an effective method in the management of hemorrhagic vascular emergencies irrespective of its etiology. The aim of this study is to evaluate role of TAE therapy in the management of urovascular bleed and to evaluate the morphological and functional impact in the embolised organ in the medium term follow-up. Materials and Methods: The hospital records of eleven patients with twelve renal units and two patients with hematuria of bladder origin, who underwent TAE for massive urovascular bleed during the period of October 2012 to October 2015 were retrospectively reviewed. Data on clinical indication, technique, site and type of bleeding were recorded. The outcome measures such as success rate, pre-procedural requirement of blood transfusion, periprocedural complications were analysed. Results: Indications for angioembolisation included blunt renal trauma (2), metastatic renal cell carcinoma (1), post-PCNL (3), post-percutaneous nephrostomy (1), angiomyolipoma (2), renal biopsy (2), post partial nephrectomy (1), Cervical cancer with intractable radiation cystitis (1), post radical cystectomy with internal iliac artery pseudoaneurysm (1). Out of this, two patients had secondary bleed and required second session of angio-embolisation. Mean time between the first presentation and embolization was 34.46 hours. Mean pre-	amit mishra*, jipmer; L N DORAIRAJAN, JIPMER; R MANIKANDAN, JIPMER; ANIL VERMA, JIPMER
165	CAVERNOUS HEMANGIOMA OF KIDNEY: A HISTOPATHOLOGICAL SURPRISE	INTRODUCTION Hemangioma of the kidney is a rare benign tumor. They present with hematuria or loin pain and preoperative diagnosis of this entity is extremely difficult. we report an interesting case of cavernous hemangioma of the kidney mimicking a cystic renal cell cancer. CASE REPORT A 52-year gentleman, with no known comorbidity presented to our outpatient department with one episode of painless gross hematuria with no other urinary complaints. Physical examination, routine hematological tests and urine analysis were normal. Abdominal ultrasound examination revealed an exophytic complex renal cyst in the left kidney and contrast-enhanced CT scan of the abdomen showed one exophytic cystic mass (3.3x3.2x3cm) with well enhancing wall with solid components in the antero-medial aspect of the lower pole of left kidney without any other significant findings. Metastatic work up was normal and so, with a preoperative diagnosis of renal cell cancer, laparoscopic left partial nephrectomy was performed. Post-operative period was uneventful and the patient was discharged after four days. Grossly, excised mass was cystic and filled with gelatinous material. Histopathological examination revealed renal parenchyma with adjacent cyst wall which is thickened, hyalinised and fibrosed with areas of calcification with osseous metaplasia and chronic inflammatory cells.	manoj das*, JIPMER; L N DORAIRAJAN, JIPMER; R MANIKANDAN, JIPMER; KS Sreerag, JIPMER; Suresh Singh, JIPMER; PAMPA Toi, JIPMER
171	PRIMARY SYNOVIAL SARCOMA OF KIDNEY WITH EXTENSIVE THROMBOSIS OF VENA CAVA AND FEMORAL VEINS	Introduction:The term synovial sarcoma(SS) was coined to describe tumors arising near tendon sheaths and joint capsules. Despite its name,SS does not appear to arise from the synovial membrane. SS are a group of soft tissue sarcomas (STS) affecting mainly young adults. Synovial sarcomas primarily originating in the kidney are very rare. To the best of our knowledge, approximately 4 cases of SS with the vena cava thrombus have been reported previously but our is first case that presented with extensive thrombosis involving vena cava up to common femoral veins. Case report:A 21 yrs old young man presented to our outpatient department with complaint of right flank pain which was dull, intermittent for 1week duration associated with low grade fever. On contrast enhanced computer tomography showed an enhancing right renal mass of 6.5x6.4cm in lower pole with thrombus extending to suprahepatic vena cava superiorly and bilateral femoral veins inferiorly. Metastatic workup was normal . The patient underwent right radical nephrectomy with ivc and bilateral femoral vein thrombectomy. Postoperative period was uneventful. Histopathology was reported as tumor demonstrating spindle cells with marked nuclear atypia. Immunohistochemistry showed positivity for cytokeratin ,CD99,S100 and Bcl-2 indicating synovial sarcoma. Discussion:Primary synovial cell sarcoma of	Uma Dutt*, JIPMER PUDUCHERRY; sunil kumar, JIPMER; Suresh Singh, JIPMER; R MANIKANDAN, JIPMER; KS Sreerag, JIPMER; L N DORAIRAJAN, JIPMER
174	Management of erectile dysfunction with hypospadias ; A rare case report.	ABSTRACT: Introduction & Objective: To share our experience with management of a case of erectile dysfunction(ED) with hypospadias simultaneously, which has not yet been reported in literature. Methods: A 28 year old, unmarried male presented to us with erectile dysfunction. He had normally developed secondary sexual characterstics and no associated co morbidities. His NPT(nocturnal penile tumescence) and early morning erections were normal. On examination, he had coronal type hypospadias with chordee. His hormonal assay was normal. Rigiscan and penile doppler revealed organic EDF with venous leak. He was not satisfied with medical management and penile ring. Hence first stage hypospadias repair(chordee correction) with Shah's penile prosthesis implantation was done. Results: Patient had uneventful post operative course and was discharged on fifth post operative day with satisfactory healing. After one month follow up, patient is satisfied with his sexual performance with neo meatus lying at mid penile level. Conclusion: Hypospadias and erectile dysfunction is a rare double association and can be managed successfully in a staged manner using standard principles. Our next plan is to do definitive second stage hypospadias repair after six months.	harish kumar*, meenakshi mission hospital and research centre

179	SYNCHRONOUS TRANSITIONAL CELL CARCINOMA IN RENAL PELVIS OF LOWER MOIETY + LOWER URETER IN DUPLICATED SYSTEM- A CASE REPORT	Introduction and objective Congenital anomalies of the kidneys and urinary tract have a wide range of anatomic spectrum. These anomalies can be renal anomalies , pelviureteric junction anomalies, duplex collecting systems and anomalies of the bladder and urethra. Often, multiple anomalies are present simultaneously in one or the other form. Duplications of the upper tract in form of renal collecting system and ureteric duplications are the most common anomalies, with about 0.8% patients having a ureteral duplication. Although the renal pelvis transitional cell carcinoma (TCC) is not rare but TCC of the renal pelvis and ureter in duplex kidneys is extremely rare. Method and result We hereby present a case of 58 years old female who presented to us with h/o total painless hematuria for 2 months. No h/o analgesic abuse, tobacco exposure or any kind of occupational exposure could be elicited. Ultrasonography showed right gross hydroureteronephrosis with right vesicoureteric junction growth. On further evaluation she was found to have right incomplete duplex system with lower ureteric growth. Patient was planned for right nephroureterctomy with bladder cuff excision. Pathological examination revealed right pelvic tumor of lower moiety and right	Yogesh Taneja*, Sssihms; priyatama ram, Sssgh; satish kumar, sssihms; ashwin shekhar, Sssihms; sanjay goyal, sssihms; kaushal patel, sssihms; Sen T K, sri sathya sai institute of higher medical sciences,Puttaparthi,Andhra Pradesh
180	A CASE OF BLADDER NECK OBSTRUCTION DUE TO ADENOMYOSIS UTERUS, AND LEIOMYOMA OF BLADDER NECK WITH RENAL TUBULAR ACIDOSIS	INTRODUCTION AND OBJECTIVES: Adenomyosis, also referred to as “uterine endometriosis,” Endometrial cells from the lining of the endometrial cavity, migrate from that lining, most commonly into the posterior side or back wall of the uterus. As these cells respond to monthly hormonal changes, blood can get trapped in the myometrium producing a hard and enlarged uterus cause menorrhagia. Leiomyoma is a benign soft-tissue neoplasm that arises from smooth muscle cell, may cause bladder outlet obstruction based on its location. Distal renal tubular acidosis or Type 1 Renal tubular acidosis (RTA) is the classical form of RTA. METHODS: A 30 year old lady presented to us with with lower abdominal pain, voiding dysfunction. She had history of urolithiasis, multiple childhood fractures and was having irregular menstrual cycles. On examination she was short statured, palor was present. Per abdominal examination was normal. Imaging study - Ultrasonogram (USG) and Magnetic resonance imaging showed small uterine fibroid with ?adenomyoma and anterior Vaginal wall/periuerethral leimyoma. Regular consultations with Endocrinologist was taken for RTA and Hypocalcemia. On cystoscopy smooth bulge was noted in lateral wall just distal to bladder neck. Gynecology consultation was taken. She underwent Hysteroscopy and Endometrial polypectomy with curettage of Endometrial cavity.	santhosh Srinivasan*, Baby Memorial Hospital; roy chally, baby memorial hospital; poulose chally, baby memorial hospital; abdul azeez, baby memorial hospital; mohanan k, baby memorial hospital
186	FORGOTTEN DJ STENT MISTAKEN FOR CU T THREAD: COULD HAVE BEEN DISASTROUS	Introduction and objectives The double J stent (DJ stent) is an easy and most widely used means of drainage of the urinary tract. It is considered one of the most basic procedures in day to day urology. There are various indications for ureteral stent placement including postoperative drainage. Since its introduction, significant improvements have been made in stent design and material to reduce related complications. Despite all this, serious complications such as migration, fragmentation, encrustation, and stone formation are still noticed and their frequency increases with long indwelling DJ stents. Methods and results We hereby present a case of 31 years old female who presented to us with left flank pain on and off for 1 month with occasional history of hematuria. She gave history of some endoscopic procedure for stone disease 3 years back. On evaluation she was found to have a DJ stent in situ which was broken and upper coil was encrusted. On further enquiry she confessed of pulling her CUT thread while bathing. She had undergone ureteroscopic removal of stone 3 years back and a DJ stent was placed. She was using CUT as contraceptive. She pulled her displaced DJ stent thinking it of CUT thread which broke in between. She was managed with ESWL for the upper coil encrustation	Yogesh Taneja*, Sssihms; priyatama ram, Sssgh; satish kumar, sssihms; Sandip Prahalad, Sssihms; kaushal patel, sssihms; sanjay goyal, sssihms; Sen T K, sri sathya sai institute of higher medical sciences,Puttaparthi,Andhra Pradesh
193	A RARE CASE OF SQUAMOUS CELL CARCINOMA OF KIDNEY	Introduction Squamous cell carcinoma of the renal pelvis is a rare neoplasm and is usually associated with long standing infection and renal stone disease. This tumor is aggressive in nature and usually has a poor prognosis. We report a case of a 62 year male who presented with left flank pain. During the radiologic investigation, a renal mass and renal pelvic calculus were detected in the left kidney. The patient subsequently underwent left radical nephrectomy. Case report A 62-year-old male patient went to our department with dull pain on the left lumbar region for 2 week. He underwent left PCNL for staghorn calculus 5 yr back. He had h/o cystoscopy and left DJ stenting 3 yr back. Urine examination showed RBC 5/ hpf and white blood cell 40/ hpf. Rest other routine blood investigation was normal. On USG abdomen there was left sided hydronephrosis with 1.1 cm in left renal pelvis with features of pyelonephritis. CT urogram revealed 8.6 x 8 cm. mixed density mass in lower pole left kidney with solid and cystic components within it. CT guided biposy was taken from left renal mass suggestive of malignant neoplasm with squamous differentiation. The patient was operated with left radical nephrectomy. The histopathology report showed a wide range of tissue necrosis and a well-	Devesh Bansal*, Lourdes hospital; manas babu, Lourdes hospital; Nisarg Mehta, Lourdes Hospital; SONY MEHTA, LOURDES HOSPITAL; Biju Pillai, Lourdes Hospital; H Krishna moorthy, Lourdes Hospital
194	Primary non-Hodgkin’s Lymphoma of the Bladder presenting as Hematuria.	Introduction Primary lymphoma of the bladder represents 0.2% of all bladder malignancies. Secondary involvement of the bladder by malignant lymphoma occurs in 10% to 50% of cases. We herein report a very rare case of primary NHL of the urinary bladder in a 76 year old female presenting with gross hematuria. Case presentation We report the case of a 76-year-old female with painless gross haematuria as the presenting symptom. There was no enlargement of the liver, spleen or lymph nodes. Evaluation at that time included normal findings on chest X-ray films, serum chemistry, complete blood count, urine r/e showed numerous RBCs. To evaluate gross hematuria CT urogram and cystoscopy were performed. CT urogram showed a lobulated filling defect on the right wall of the urinary bladder associated with right hydronephrosis and hydroureter. Cystoscopy revealed an edematous and broad-based mass on the right lateral wall displacing the ureteric meatus upward and medially. For metastatic workup chest CT was done which showed no visible lymph node or mass. We performed a transurethral resection of the lesion. The pathological examination revealed a lymphoproliferative process with follicular pattern, characterizing a non-Hodgkin lymphoma of the bladder .The immunohistochemical analysis was positive to CD20, characterizing B-lymphocytes and to bcL-2	manas babu*, Lourdes hospital; Devesh Bansal, Lourdes hospital; ranjeet rathore, lourdes hospital; Biju Pillai, Lourdes Hospital; Mohan P Sam, Lourdes Hospital; H Krishna moorthy, Lourdes Hospital
195	Coexistence of Primary UPJ Obstruction with Primary Reflux: A Urologist’s Puzzle	Introduction: Obstruction at the ureteropelvic junction is the most common problem of the upper urinary tract in children. It occurs with all degrees of severity and is bilateral about a third of the time. Vesicoureteral reflux is the most common abnormal condition of the child’s lower urinary tract. It too occurs with all degrees of severity, and the milder degrees of reflux tend to resolve spontaneously. Therefore, it should not be surprising that these conditions sometimes coexist in the same patient. Any degree of one can coexist with any degree of the other, and this often complicates interpretation of the urograms. Case Report: We report a case of 3 month old male child who presented with Antenatally detected bilateral hydronephrosis. The child was first born, with normal urinary stream and no documented urinary tract infection. Serum chemistries were normal. Voiding Cystourethrogram showed bilateral grade IV – V Reflux with normal outflow tract. DTPA renogram showed bilateral delayed drainage. We performed Intravenous Urogram to confirm our diagnosis which showed bilateral uretropelvic junction obstruction. We performed bilateral pyeloplasty with ureteric reimplantation in a staged manner. The child is aymptomatic on follow up Conclusion: Either condition is a	Nisarg Mehta*, Lourdes Hospital; Devesh Bansal, Lourdes hospital; manas babu, Lourdes hospital; ranjeet rathore, lourdes hospital; Biju Pillai, Lourdes Hospital; H Krishna moorthy, Lourdes Hospital
196	TRANSITIONAL CELL CARCINOMA OF THE RENAL PELVIS AND GIANT HYDRONEPHROSIS – AN UNUSUAL COMBINATION	Transitional cell carcinoma with giant hydronephrosis is a rare combination and very few cases are reported in the literature. We present our experience of a 53 year old female with high grade transitional cell carcinoma of the renal pelvis with giant hydronephrosis and secondary calculus. Transitional cell carcinoma with giant hydronephrosis in a non functional kidney is a rare entity. The patient was subjected to radical nephrectomy with bladder cuff excision and lymphadenectomy. The histopathology showed high grade transitional cell carcinoma. We report this case for its unusual presentation and rarity.	Vishal .*, Mahatma Gandhi Medical College & Research Institute

197	RENAL HYDATID CYSTIC DISEASE MASQUERADING AS RENAL TUMOR- A CASE REPORT	A cystic renal mass sometime turns out to be a diagnostic challenge, especially when associated with equivocal findings on radiological imaging. Even though a multi-locular cystic renal mass goes in favour of hydatid disease in non-endemic areas cystic renal cell carcinoma cannot be ruled out, especially when the patient has cystic lesion limited to the kidney. We present a case of 56 year old female presenting with right loin pain with sensation of fullness in abdomen, who was found to have a cystic mass in the upper pole of right kidney on imaging, turned out to be hydatid cyst; eventhough the radiological features are in favour of cystic Renal cell carcinoma.	karthik meyyappan*, mahatma gandhi medical college
198	Calyceal rupture in a case of ureteral calculus with large perinephric Urinoma	Introduction Rupture of the urinary collecting system with perirenal and retroperitoneal extravasation of the urine is an unusual condition that is typically caused by ureteral-obstructing calculi. We report a case of calyceal rupture with urinoma formation, due to a stone in the proximal ureter. Case report A 35year-old man known Diabetic on treatment, presented with a 2-week history of left lumbar pain associated with nausea and vomiting. Physical examination revealed significant tenderness on the left flank and inguinal region. Abdomen was not distended and bowel sounds were normal. He had no leukocytosis, and kidney function tests were normal. Urine analysis showed erythrocytes 20-25/hpf with no leukocytes.Ultrasonography abdomen showed left sided gross hydroureteronephrosis with ? left proximal ureteric calculus. A plain abdominal radiograph showed no abnormality. an abdominal computed tomography (CT) scan was performed. Plain CT images revealed revealed moderate to severe hydronephrosis accompanied by a fluid collection in the perirenal space. A calculus of the size of 6.8mm was seen obstructing the upper ureter about 6cm from ureteropelvic junction. After contrast material injection, delayed phase images showed extravasation of the contrast into the perirenal space. Ureteroscopy was performed to reveal the cause of	ranjeet rathore*, lourdes hospital; Devesh Bansal, Lourdes hospital; Nisarg Mehta, Lourdes Hospital; manas babu, Lourdes hospital; SONY MEHTA, LOURDES HOSPITAL; biju pillai, lourdes hospital; H Krishna moorthy, Lourdes Hospital