POS-61
Treatment outcomes of patients with Metastatic Castrate Resistant Prostate Cancer (mCRPC) on first line docetaxel chemotherapy at University Malaya Medical Centre
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Introduction and Objectives: Docetaxel is one of the first line treatments available and standard of care for metastatic castrate resistant prostate cancer as it improves outcome including overall survival (OS). TAX-327 and SWOG 99-16 showed OS of 19.2 months and 17.5 months respectively but there is lack of Asian data. The aims of this study were to assess the treatment outcomes of patients treated with Docetaxel in the Malaysian setting.

Materials and Methods: A retrospective analysis was carried out on patients treated with first-line intravenous Docetaxel at UMMC from 1st January 2007 to 31st May 2015. Details of the patients, disease and treatment characteristics were obtained from the patients’ medical records. The data was then analysed for progression free survival (PFS) and OS.

Results: A total of 31 patients were included in this study. The mean age was 65 years (SD ± 3.8). Prostate cancer occurred most commonly among the Chinese (64.5%) and in the 61 to 70 years age group (48.5%). The median PFS was 6.2 months (95% CI 3.4–9.0) and the median OS was 13.2 months (95% CI 10.5–16.0). The commonest side effect encountered was anaemia (48.4%), followed by leucopenia (32.3%) and diarrhoea (19.4%). Two (6.5%) of patients had febrile neutropenia and two (6.5%) patients had grade 3 to 4 neutropenia. Age at presentation and dyslipidaemia were found to be significant prognostic factors for overall survival with HR 1.09 (95% CI 1.02–1.17), P = 0.016 and HR 3.03 (95% CI 1.07–8.53), P = 0.037 respectively.

Conclusion: The patients with metastatic CRPC that received Docetaxel in this cohort survived poorer than published data. Treatment-related side effects were mild and tolerable.

POS-62
Renal cell carcinoma with late metachronous ureteric metastasis: a case report
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Introduction: Renal cell carcinoma (RCC) is an important and lethal urological malignancy. Metastases carry a poor prognosis and commonly involve the lungs, liver, bones, adrenals and brain. Fortunately late metastases occurring more than 5 years later is uncommon, and as such guidelines put surveillance scans after this duration as optional depending on individual patient and tumour characteristics.

Ureteric metastasis, particularly contralateral is a rare occurrence, mainly noted in case reports. Potential mechanisms include reflux, haematogenous and lymphatic spread. Most of these cases occurred within 5 years of initial nephrectomy.

Case Report: We present a case of RCC with solitary contralateral ureteric metastases 12 years after his original curative nephrectomy. The diagnosis was established via ureterorenoscopy and biopsy. The initial stage of RCC in 2004 was T3aNOM0 adenocarcinoma Fuhrmann grade 3. He also had a solitary brain metastasis in 2012 for which craniotomy and complete excision was performed.

Conclusion: Contralateral ureteric metastasis is a rare occurrence even more so as late metastases. However it needs to be considered as a differential as resection of solitary metastasis can improve prognosis.

Keywords: renal cell carcinoma, ureteric metastasis

POS-63
Gigantic renal angiomyolipoma
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Introduction: Renal angiomyolipoma is a benign mesenchymal tumour. Most angiomyolipomas are sporadic and more common in females. Gigantic angiomyolipoma is rare and its complications include major bleeding and mass effect which can be fatal.

Case Report: We present a case of a young lady with bilateral angiomyolipoma and tuberous sclerosis. She had been under surveillance for her bilateral angiomyolipoma since 2009. The patient started having haematuria since December 2015, but had refused any intervention. Two months later she presented with shortness of breath, abdominal fullness, and bilateral lower limbs swelling due to mass effect. She was anaemic and required multiple blood transfusions. A CECT renal protocol showed bilateral renal angiomyolipomas with the largest lesion at the right upper pole measuring 6.0 x 8.0 x 11.0 cm. Both kidneys were occupying about 80% of the abdominal cavity, pushing the diaphragm upward. CT angiogram showed bleeding from the right renal angiomyolipoma and angioembolization was done. Later she was transferred to another tertiary hospital. Upon arrival, the patient was in respiratory distress requiring intubation and admission to ICU. The lesion re-bleed again and she underwent emergency right nephrectomy. During the operation, the right kidney occupied 90% of the abdominal cavity displacing the bowel and liver. The specimen measured 30 x 16 x 12.5 cm and weighed 3.6 kg. Unfortunately, post operatively, the patient succumbed due to nosocomial sepsis.

Conclusion: Renal angiomyolipoma is a benign condition but rarely can be left to such a degree to be life threatening. Hence, accurate diagnosis and early treatment are required.

Keywords: angiomyolipoma, angioembolization, nephrectomy

POS-64
Real-World experience with abiraterone in metastatic castrate-resistant prostate carcinoma in University Malaya Medical Centre
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Introduction and Objective: Patients with metastatic prostate carcinoma will eventually develop metastatic castrate-resistant prostate carcinoma (mCRPC). At this point, the options of treatment would be chemotherapy, novel hormonal therapy
Results: We analysed 24 patients with mCRPC who received abiraterone, 8 of which were post-chemotherapy. The median age at diagnosis is 69.5 years and 18 patients were metastatic at diagnosis of prostate carcinoma. The median PFS of patients on abiraterone in our analysis was 11 months (95% CI: 5.5–16.5), with an OS of 24 months (95% CI: 14.4–33.6). Abiraterone was generally well-tolerated with only 8% of patients experiencing Grade (G) 3/4 toxicity (fatigue) and no patient withdrew treatment due to side effects. Other toxicities experienced were ankle swelling (25% G1/2), hypertension (12.5% G1/G2) and diarrhoea (16.7% G1/G2), 25% of patients received chemotherapy after progression on abiraterone. Skeletal-related events were seen in 50% of patients, of which 92% received palliative radiotherapy.

Conclusion: Generally abiraterone is well tolerated in our local setting with good PFS and OS, which are comparable with other real-world data.

POS-66
Enormous non-functioning right horseshoe kidney
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Introduction: Horseshoe kidney is not uncommon as it occurs in 1 in 400 people. It is twice more common among men. One-third of patients are asymptomatic while some of them present in the form of its complication such as infection, obstruction or stones.

Case Report: We report a case of a small stunted, mentally challenged 37-year-old lady who was under our follow-up for horseshoe kidney. It was an incidental finding of a huge cyst from a right horseshoe kidney during exploratory laparotomy for acute abdomen. Subsequent DTPA scan showed reduced function of the right kidney of 30% while left kidney function was normal. Despite history of poor oral intake and pain, the patient and family refused any surgical intervention. Occasionally, she presented to the hospital with episodes of urinary tract infection and was treated with antibiotics. She eventually had percutaneous drainage done for right pyonephrosis. CT urography showed gross hydroureteronephrosis with loss of normal kidney configuration. The hydronephrotic part was seen crossing the midline and displacing bowels and the liver.

Conclusion: This is a rare presentation where a non-functioning part of the horse-shoe kidney grew to such a size without earlier intervention.

POS-67
A case report: intraperitoneal bladder rupture without pelvic injuries after blunt abdominal trauma
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Case Report: About 60–85% from all bladder injuries result from blunt abdominal trauma and intraperitoneal bladder injury is relatively uncommon compared to extraperitoneal injury. Isolated bladder injury without pelvic fracture is a rare condition and a challenge diagnostically. It has an insidious presentation and often results in delay in the diagnosis. Herein, we report a case of a 43 year-old Bangladeshi man with an intraperitoneal bladder rupture without pelvic injury following blunt abdominal trauma in which he had delayed presentation with septic shock. In addition, there was a low index of clinical suspicion causing delay in definitive management.

Keywords: bladder injury, blunt trauma, delayed presentation