

Ultrasound and computed tomogram showed lobulated heterogeneously enhancing lesion at the posterior urinary bladder base protruding into the urinary bladder lumen. This lesion had no clear fat plane with the prostate and rectum posteriorly. No distant metastases were noted. The patient underwent transurethral resection of bladder tumour (TURBT), which showed huge bladder tumour occupying half of bladder. Histology examination revealed an embryonal rhabdomyosarcoma. 20 days post-operatively, he had another episode of macroscopic haematuria and underwent cystoscopy again, which showed a new bladder growth over the previous tumour site and re-TURBT was performed. He then underwent 3 cycles of chemotherapy with a combination of ifosfamide, vincristine, dactinomycin and cyclophosphamide (IVAC). 3 months after the second TURBT, another cystoscopic examination did not show any recurrent bladder tumour. Subsequent CT and MRI only showed diffuse irregular bladder wall thickening with no recurrence of the bladder tumour.

Discussion: RMS of the urinary bladder present in a similar way as to other urinary bladder cancer i.e. macroscopic haematuria. However, bladder tumour is typically seen in the older patient, with 90% of cases occurring in patients more than 55 years of age³. Thus, a high index of suspicion is essential for early diagnosis and treatment. Although there are a few identifiable risk factors for bladder cancer, there are none currently identified as risk factor for urinary bladder RMS². Most of the current knowledge regarding ERMS is extrapolated from the Intergroup Rhabdomyosarcoma Study Group (IRSG) results which are case series from the paediatric population⁵. The goal of treatment is to achieve local control with preservation of form and function using combination of surgery, chemotherapy and radiotherapy based on group, stage and histologic subtypes.

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POS-04

Synchronous double malignancies in a single patient – Urachal adenocarcinoma and liposarcoma

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Introduction: Urachal carcinoma is a rare form of bladder carcinoma that accounts for less than 1% of all bladder cancers whereas liposarcoma is the most common soft tissue sarcoma, accounting for 17% of all tissue sarcoma. We report a rare and uncommon case of synchronous double malignancies, urachal adenocarcinoma and liposarcoma in a single patient.

Case Report: A middle-aged gentleman, with no past medical history, complained of a para-umbilical swelling with pus discharge of one month duration. Physical examination showed a midline abdominal mass. Thoracoabdominal and pelvic (TAP) CT scan revealed an abdominal mass measuring that was infiltrating the adjacent sigmoid and ileal loops, and anterior abdominal wall, which was suggestive of locally, advanced urachal tumor. In addition, there was a huge left chest wall subcutaneous lesion measuring seen in the scan. Cystoscopy revealed a bladder growth at the dome, which extended to the posterior bladder wall. He had excision biopsy of the left chest wall lesion. Partial cystectomy with anterior abdominal wall resection and sigmoid colectomy were performed. The surgical specimen showed a well-differentiated liposarcoma of the chest wall nodule and urachal adenocarcinoma of enteric type; stage IVa in the Sheldon

system and Stage III in the Mayo System. Surgical margins were free of malignancy. Adjuvant Mayo chemotherapy regime for 6 cycles with IV Folinic Acid and Fluorouracil was completed post operatively. This patient is well at one year follow-up without disease recurrence.

Conclusion: Our case is an extremely rare combination of locally advanced urachal adenocarcinoma and liposarcoma, not associated with any genetic abnormalities. It is a challenge to treat two different malignancies together without any known standard of care.

Key words: Urachal adenocarcinoma, Liposarcoma

POS-05

Iatrogenic bladder injury: Hospital Universiti Sains Malaysia experience from year 2010–2016

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Introduction: This is a report on our institutional experience in handling cases related to iatrogenic bladder injury.

Materials and Methods: This is a retrospective audit of iatrogenic cases of bladder injury encountered or referred to our urology unit over the past seven years from January 2010 until December 2016. The cases were retrieved via the records unit and information was entered into a proforma. Variables such as gender, age, site of injury indication for surgery, types of surgery performed, location of injury, when the injury was identified, method of repair and outcome of repair were recorded

Results: A total of 9 cases were recorded for past seven years who had iatrogenic bladder injuries. Only one was a male patient, and the rest 8 were female patients. 7 out of 9 cases were related to gynaecological procedures, while the remaining two were non-gynaecological related. Among the gynaecological-related iatrogenic bladder injuries; 2 occurred during LSCS and 5 occurred during laparotomy and TAHBSO. For the non-gynaecological iatrogenic bladder injuries, one occurred during hernioplasty, while the other case was a delayed presentation of a complication from implant penetration during excision of thigh sarcoma.

Conclusion: Iatrogenic bladder injury commonly occurs in gynaecological related