

Poster Session 5: Interesting Cases

Friday, October 10, 2025 • 7:00–8:00 am

Cite as: *Can Urol Assoc J* 2025;19(10Suppl3):S172-3. <http://dx.doi.org/10.5489/cuaj.9430>

Abstract #61

An exceedingly rare diagnosis made during routine hydrocelectomy

George K. Siadis¹, Trevor C. Hunt², Edward M. Messing², Shlomi Tapiero², Phillip M. Rappold²

¹School of Medicine and Dentistry, University of Rochester Medical Center, Rochester, NY; ²Department of Urology, University of Rochester Medical Center, Rochester, NY

We present a unique case of bilateral malignant mesothelioma of the tunica vaginalis testis in a 68-year-old male, notably representing the first documented instance of contralateral tumor seeding during the index hydrocelectomy prior to making the formal diagnosis. After pathologic confirmation of epithelioid mesothelioma, definitive treatment included bilateral orchiectomy and hemiscrotectomy, and the patient remained disease-free at 18 months of followup.

Abstract #62

A transfusion-dependent man with refractory upper tract hematuria

Katelyn Carty, Cory Taylor, Bishoy Gayed
UPMC Department of Urology, Pittsburgh, PA

We present the case of a 68-year-old male on warfarin for a mechanical mitral valve, who was hospitalized for persistent hematuria coming from a benign upper tract source requiring consistent blood transfusions. Novel use of FloSeal hemostatic matrix was delivered endoscopically to the upper tract urothelium and ultimately provided resolution of this patient's refractory hematuria and transfusion dependency.

Abstract #63

A unique case of urologic arthralgia

Nada Lelovic, Shyam Patnaik, Tatum Tarin
UPMC

A 73-year-old male with initial presentation for refractory right knee pain was found to have an intramedullary mass, which resulted as oligometastatic renal cell carcinoma (RCC) after excision with SBRT. Subsequent staging imaging revealed a 1.4 cm right lower-pole renal mass on MRI, which was treated with robotic partial converted to radical nephrectomy due to regional peri-renal vein thrombus intraoperatively. Final pathology resulted as ypT1b+ M1 clear-cell RCC grade 3 (size was 4.5 cm with negative margins).

Abstract #64

Xanthogranulomatous cystitis presenting as a large pelvic and bladder mass

Victor Sandoval¹, Matthew Steidle¹, Natalie Brossard¹, Rodolfo Aplizar-Rivas², Hiroshi Miyamoto¹, Nitin Sharma¹

¹University of Rochester; ²Wake Forest University School of Medicine

We report a 9 cm pelvic mass invading the bladder causing obstructive uropathy. Patient required bilateral nephrostomy. Urine cytology revealed atypical cells, TURB revealed xanthogranulomatous cystitis. Patient also has a left 3.2 cm maxillary sinus tumor (pathology pending). Past medical history: right maxillary pseudotumor treated with steroids 10 years ago. Patient will undergo surgical treatment, with further evaluation with infectious disease for immunodeficiency and chronic infection.

Abstract #65

Incidental large volume pneumotosis intestinalis and pneumoperitoneum

Stephen Hassig, Guan Wu
University of Rochester Medical Center

A 78-year-old male with history of partial nephrectomy three years prior underwent a surveillance CT scan showing large-volume pneumoperitoneum, as well as small bowel pneumotosis. He was referred to the emergency department for assessment and workup, though he remained asymptomatic.

Abstract #66

Beware: Immune complex inhibitors and orchitis

David Buchinsky¹, Hari Polenakovic², Jonathan Hakim²
¹Wright State University Boonshoft School of Medicine; ²Dayton VAMC

A 56-year-old male on immune complex inhibitors (ICI) for stage IV RCC s/p right radical nephrectomy in 2014 presented with worsening bilateral testicular pain. Fortunately, his symptoms improved on steroids prior to a bilateral orchiectomy.

Abstract #67

Diagnosing renal tuberculosis in the post-IVP era

Gilad Hampel, Nehemia Hampel, Ori Hampel
Adult and Pediatric Urology of Houston

This case is discussed in the context of diagnosing renal TB in any setting in port-of-entry cities in the U.S., where tuberculosis is not endemic.

Abstract #68

Young woman with incidental bladder mass

Patrick Vecellio¹, Abigail Delmante¹, Jeffrey Spencer^{1,2}
¹University at Buffalo, Buffalo, NY; ²Western New York Urology and Associates, Buffalo, NY

A 49-year-old asymptomatic female with incidental bladder mass found during workup for fibroid uterus. Initial TURBT suggested high-grade urothelial carcinoma; however, it was found to be a primary paraganglioma of the bladder during partial cystectomy.

Abstract #69

A young woman with recurrent left flank pain

Noah Krampe, Michelle Yu
University of Pittsburgh Medical Center, Department of Urology, Pittsburgh, PA

A young woman found to have a distal left ureteral stricture underwent a robotic simple nephrectomy for an atrophic kidney. She re-presented approximately one year later with persistent flank pain and recurrent UTIs and was found to have an infected ureteral remnant that ultimately required robotic excision with significant therapeutic effect.

Abstract #70

TIP the scales: Atypical presentation and remarkable response

Christopher Owen, Shyam Patnaik, Paul Rusilko, Brett Teplitz
University of Pittsburgh Medical Center

A 51-year-old male with adult acquired buried penis presented with malodorous and erythematous scrotum, found to have a 12 cm penile mass, later diagnosed as cT4N2M0 penile squamous cell carcinoma with invasion into his escutcheon. He underwent four cycles of neoadjuvant chemotherapy with TIP (paclitaxel, ifosfamide,

and cisplatin) which decreased the tumor to 0.5 cm and allowed for consolidative surgery with curative effect and simultaneous eschutcheonectomy, with final pathology of pT1aNOmX.

Abstract #71 57-year-old male with painless upper tract obstruction

Francesca Rogozinski¹, Stephen Wertheimer², Goutham Vemana²

¹Lake Erie College of Osteopathic Medicine; ²Allegheny Health Network, Division of Urology, Pittsburgh, PA

A 57-year-old male with elevated PSA underwent renal ultrasound revealing an incidental left renal mass, which appeared concerning for malignancy on triphasic CT with associated collecting system obstruction. His ureteroscopy and urine cytology were negative for upper tract urothelial carcinoma, so a radical nephrectomy was performed due to the hilar location, with histopathology and immunohistochemistry revealing the unexpected diagnosis of a rare, benign renal schwannoma.

Abstract #72 Sudden urinary incontinence in a singer with artificial urinary sphincter

Sepehr Niakani¹, Rakan Al Haidey², Mohammed Aleid³, Fernanda Girardi², Serge Carrier²

¹Faculty of Medicine and Health Sciences, McGill University, Montreal, QC, Canada; ²Division of Urology, Department of Surgery, McGill University Health Center, Montreal, QC, Canada; ³Department of Urology, Security Forces Hospital, Riyadh, Saudi Arabia

A 62-year-old opera singer with a history of artificial urinary sphincter implantation presented with sudden urinary incontinence after forceful singing with a full bladder. A collapsed pressure regulating balloon (PRB) seen on computed tomography was confirmed intraoperatively by a 2 mm perforation in the PRB, likely related to increased intra-abdominal pressure while singing.

Abstract #73

A 73-year-old male with history of gross hematuria

Sahith Kaki, Oren Barat, Cameron Jones

Allegheny Health Network

We present a 73-year-old male found to have HGTL urothelial cell carcinoma of the bladder with significant plasmacytoid differentiation and signet ring features initially managed with TURBT and BCG with complete response and no recurrence for two years. He ultimately developed a HGTL recurrence with no evidence of metastatic disease and underwent radical cystoprostatectomy, which showed pT1 disease but no residual plasmacytoid component, suggesting this uncommon and typically aggressive variant had been effectively controlled with TURBT and intravesical therapy.

Abstract #74

Stricturely speaking: Dual approach with Optilume and buccal mucosal graft

Emily Cheng, Brett Teplitz, Charles Etienne Sauve, Mitchell Alameddine, Paul Rusilko
UPMC Department of Urology, Pittsburgh, PA

We report the first documented use of an intraoperative Optilume dilation through an open incision for the simultaneous management of two isolated anterior urethral strictures. A 5 cm long mid-penile stricture was managed with complex Kulkarni urethroplasty with dorsal onlay buccal mucosal graft via a Warner incision, while the distinct 1.5 cm bulbar urethral stricture, separated by 8 cm of healthy urethral tissue, was treated with 3 cm 30 Fr Optilume device in a single-stage procedure.