



### **Bilateral Percutaneous Nephrolithotomy for Multiple Cystine Stones in an Infant Presenting with Anuria**

*Arieh L. Shalhav, Abdelhamid M. Elbahnasy, Eduardo Bercowsky, and Ralph V. Clayman*

We report the first case of simultaneous, bilateral percutaneous management of multiple urinary cystine stones in a 7.6-kg, 9-month-old infant who presented with anuria. A stone-free state was successfully achieved.

### **Testicular Simple Cyst and Teratoma: Asynchronous Bilateral Occurrence Within the First Year of Life**

*E. B. Cornel, R. P. E. de Gier, C. E. van Die, and W. F. J. Feitz*

Benign and malignant testicular tumors are rare in infancy. Moreover, only a few cases of bilateral testicular tumors in children have been reported to date. To our knowledge, we report the first case of an asynchronous bilateral simple testicular cyst and testicular teratoma in an infant. This case demonstrates that although both lesions are benign in the prepubertal child, treatment decisions should be made carefully.

### **Cytomegalovirus Infection of the Native Ureter After Liver-Kidney Transplantation**

*Rod Mateo, Carlos Vivas, Ron Shapiro, Parmjeet Rhandawa, Shimon Kusne, Velma Scantlebury, Devi Udupa, and Mark Jordan*

We report a case of invasive cytomegalovirus (CMV) infection in the native ureter of a patient 7 years after liver-kidney transplantation. Previous reports of CMV ureteritis in transplant patients have involved only the allograft ureter, usually within 3 months of transplantation. The common characteristics of these patients, the possible risk factors, and the diagnostic findings of CMV ureteritis are discussed. Combined surgical and medical intervention are required for successful treatment.

### **Conservative Management of an Ileal Neobladder-Enteric Fistula**

*Christopher S. Ng and Eric A. Klein*

We present a case of an early ileal neobladder-enteric fistula after radical cystectomy with Studer pouch creation for muscle-invasive transitional cell carcinoma of the bladder. This patient was treated conservatively on an outpatient basis with prolonged catheter drainage, a low-residue diet, and oral antibiotics, with complete

resolution by 8 weeks. The rationale for this approach in selected patients is discussed.

### **Primary Penile Lymphoma: Diagnostic Difficulties and Management Options**

*Daniel W. Lin, David R. Thorning, and John N. Krieger*

A 76-year-old man presented with a painless penile ulcer. After an extensive negative workup, CO<sub>2</sub> laser excision was performed with penile reconstruction. Histologic examination revealed an anaplastic, large cell lymphoma with CD30(+) cells. Computed tomography scans of the thorax, abdomen, and pelvis were negative. He received no adjuvant therapy and was without evidence of recurrence after 18 months. We review published reports and discuss the management options for this rare lesion.

### **Stuttering Priapism in a Liver Transplant Patient with Toxic Levels of FK506**

*Justin D. Harmon, Phillip C. Ginsberg, Marcella M. Nachmann, Cosme Manzarbeitia, and Richard C. Harkaway*

This is the first report of stuttering priapism in a liver transplant patient with toxic levels of the immunosuppressive agent FK506. To date, stuttering priapism has only been reported in patients with sickle cell disease and is not currently listed in the toxicity profile of FK506 or cyclosporine, a drug with a similar mechanism of action. The erections resolved when the FK506 levels normalized. We review the possible mechanisms by which FK506 may have caused these erections.

### **Localized Testicular Infarction Masquerading as a Testicular Neoplasm**

*Robert W. Doebler and Alan M. Norbut*

Localized testicular infarction appears to represent a relatively uncommon phenomenon. We describe a patient presenting with a testicular mass simulating a neoplasm, who proved to have a localized hemorrhagic infarction.

### **Spontaneous Resolution of an In Utero Perirenal Urinoma Associated with Posterior Urethral Valves**

*Anthony H. Balcom, Richard Pircon, Dennis Worthington, and Margaret Carr*

Ultrasound imaging of a 26-week-gestation fetus demonstrated a large, nonemptying bladder. At 27 weeks, a

distended, thick-walled bladder, left hydronephrosis, and a perirenal urinoma were present, without ascites. Observation was undertaken, as the amniotic fluid volume was normal. At 29 weeks, the left perirenal fluid collection persisted but, at 30 weeks, was absent. After delivery at 36 weeks, no ultrasound evidence for perirenal urinoma or ascites was present. Isotope renal scan showed preserved renal function bilaterally. This case illustrates that in utero urinomas associated with posterior urethral valves can resolve spontaneously, with preservation of renal function.

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## **Persistent Cloaca: Are We Ready for a Correct Prenatal Diagnosis?**

*A. Zaccara, C. Gatti, M. Silveri, M. Rivosecchi,  
E. Bilancioni, V. Spina, C. Giorlandino,  
M. De Gennaro, and P. Bagolan*

Cloacal malformations are rare and can present in variable aspects. The importance of ultrasound in detecting

these anomalies is well known. Sonographic features vary in accordance with the type of malformation and the gestational age. A positive diagnosis is not possible because of the lack of specific ultrasound findings, which can show similar aspects to other abnormalities. We present 3 cases of prenatal diagnosis of this malformation, emphasizing that in the presence of a plurilobed cystic pelvic fetal mass with associated malformations, such as cardiac, renal, and vertebral anomalies, a persistent cloaca can reasonably be suspected.

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*Full text of Case Reports is available at  
<http://www.elsevier.com/locate/urologyonline>*

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