Bladder Exstrophy: Dilemma of management from early closure to content diversion

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Abstract

The current recommendations is to early close Bladder exstrophy in the first few days of life, however the outcome is variable and those patients might need multiple surgeries, that can question the validity of the initial decision. Delayed closure and subsequent bladder augmentation or diversions, from the start, are options that are recently discussed in the literature. I would like from our long term experience in a group of patients that had early closure and needed subsequent operations to overcome the difficulties encountered. This aims to debate decisions in management of bladder exstrophy. 30 patients had early exstrophy closure in Benha Children Hospital that is receiving and operating on an average 3 patients per year. In the period 2012 to 2017, we followed up these patients in the out-patient clinic. 6 patients are having average sized bladder and they needed CIC and for 3 of them we are considering a catheterizable channel for catheterization in the time-being. The bladder did not grow in 16 patients and had continuous dribbling of urine that needed further operations. We performed augmentation cystoplasty and bladder neck reconstruction in 2 patients using ileal loops, in one of them the appendix was removed previously and we used an ileal Mont catheterizable channel. Both needed re-operation and at the end disconnection of the bladder neck. We did Indiana pouch as a method of continent urinary diversion in 10 patients. 2 patients are below 4 years of age and awaiting future decision. They usually need around a month of postoperative hospitalization with medications to reduce mucous production and the start of CIC training in the last week. Stone development and mucous production are common problems. 2 patients had leaking from there appendix that needed revision in form of a valve around the appendix base. A recent work in Cairo is to do early diversion in patients with bladder exstrophy to a rectal bladder using a Duhamel's technique for stools. Yet this is an early experience that needs long term follow-up. This short experience directs the attention for that unsolved problem of decisions in the management of bladder exstrophy.

Biography:

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