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RECONSTRUCTION OF FEMALE URETHRA, EXPERIENCE WITH A COMPLEX **PATHOLOGY**

Hypothesis / aims of study

The management of female urethral defects is still far from standardized. The nature of the anomaly; whether congenital or acquired; and the degree of the urethral tissue loss affect the outcome of surgery. Herein, we describe a case series of rare and complicated urethral anomalies and their management

Study design, materials and methods

13 patients, their age ranged from 2 to 38 years (median: 20). 4 patients had female epispadius, 1 had hypospadias, 3 had traumatic urethral loss and 2 had iatrogenic trauma involving the urethra. 2 cases had urogenital sinus syndrome and 1 case had urethral prolapse.

Results

After 1st stage of repair, 4 patients were dry and socially satisfied and no further intervention was needed. While in 9 patients, a second intervention was necessary, to achieve continence. Noteworthy, 3 patients are evacuating their bladder through CIC.

Interpretation of results

Female urethral defects are usually complex. Congenital causes are associated with severe incontinence Concluding message

Repair of such defects is challenging, yet one stage reconstruction is feasible and could be potentially successful. References

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HUMAN SUBJECTS: This study did not need ethical approval because it is a series of rare and complicated cases referred to our facility. It does implicate new methods of reconstruction, rather a combination of many already existing but followed the Declaration of Helsinki Informed consent was obtained from the patients.