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RESULTS OF URETEROCELE TREATMENT BY ENDOSCOPIC INCISION IN SINGLE AND DUPLEX SYSTEM

Hypothesis / aims of study

We present our 5 years experience with the endoscopic treatment of ureterocele, to demonstrate its long-term effectiveness.

Study design, materials and methods

In the years 2009-2015 were treated endoscopically 64 children aged from 10 days to 17 years, mean age was 32, 8 month. In total, we treated 73 uroteroceles, among which was the 22 associated with a single system and 42 with duplex kidney system. Bilateral ureterocele was found in 9 patients – 2 ureteroceles associated with a single kidney system and 7 with duplex kidney system. Recurrent infections occurred in 17 (26, 1%) patients. Hydronephrosis on preoperative renal ultrasound was represented in 41(63%) patients. 37 in the duplicated collecting system (30 into the upper pole and 7 also into the lower pole) and 11 into the single collecting system. In the remaining patients we observed smaller distention of the renal pelvis and ureter. Pre-incision vesicoureteral reflux into the lower pole was seen in 14 (21,5 %) patients. The majority of ureteroceles (63%) were on the bladder trigonum, 22% along the bladder neck and 19% in the urethra. 49 patients underwent one incision and 16 two or three incision.

Results

Incision successfully decompressed the ureterocele in 42(64,6%) of 64 cases documented by ultrasonography records. 49 decompression was by one endoscopic incision, 15 after second incision and one after third incision was lost. UTI persisted in 7 of 17 patients (11%). Hydronephrosis remained in 12(18.46%) patients in duplicated system (5 into the upper pole and none into the lower pole) and in 7 into the single system on postoperative renal ultrasound. Postoperative voiding cystourethrogram was performed in 61 cases. Stable condition or spontaneous resolution of vesicoureteral reflux (VUR) into the lower pole was in 49 of 61 patients (75, 3 %). VUR occurred or intensified postoperatively in 12 patients. 7 VUR appear into the upper pole of a duplicated system. 4 (6%) patients underwent surgical intervention; the remaining children are under observation.

Interpretation of results

Concluding message

Our initial review shows that the endoscopic incision procedure can successfully decompresses the obstructing ureterocele and its associated hydronephrosis in selected cases. It decreases number of UTI. This technique also results in a decreased incidence of vesicoureteral reflux using a proper way of cut. Therefore, initial management by close surveillance is warranted because long term follow up show that in some appear bladder disorders including dysfunctional voiding and post void residual urine.

Disclosures

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