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Title: USEFULNESS AUTOAUGMENTATION IN TREATMENT NEUROGENIC BLADDER IN

CHILDREN

Aims of study:

To discuss advantages and disadvantages of autoaugmentation and report long-term results of this method.

Material and methods:

27 children with high pressure neurogenic bladder after meningocele repair from 1 to 18 years old have undergone autoaugmentation. 7 patients had failed earlier treatments by intermittent catheterisation (CIC) and anticholinergic agents. The upper urinary tract was dileted in twenty children One patient showed agenesis of one kidney. 1 child suffered from renal insufficiency and one had high urine production above 6 litre on day. Massive vesico-ureteral refluxes were diagnosed in 12 cases. 16 patients were dry for only 2 hours priods on CIC.

Results:

Patients follow up ranged from one to eight years. Of these 27 patients after autoaugmentation procedure 25 were controlled postoperatively urodynamically and by estimating condition of the upper and lower urinary tract. The upper urinary tract showed improvement in 15 cases. In 6 patients reflux was disappeared, in one child reflux was diminished. 12 children improved continence and have been dry for 4 – 4 hours periods. Bladder capacity increased and intravesical pressure decreased to 40 cm H2O in 12 cases. Of these children one have undergone vesicostomy. Bladder capacity increased and intravesical pressure decreased to 60 cm H2O in 5 cases. In one of them have undergone ileocystoplasty. In 5 children who had unsuccessful augmentation of the bladder capacity, intravesical pressure decreased. Three of them required enterocystoplasty. 3 patients showed no change in bladder capacity and in high intravesical pressure.

Conclusions:

- 1. Autoaugmentation allows limiting the extent of the surgical procedure to only the extraperitoneal space and keeps open all of the other options of bladder augmentation.
- 2. This method is e resonable alternative to enterocystoplasty.
- 3. Bladder autoaugmentation is not successful method in children with neurogenic bladder dysfunction and renal insufficiency.