

AUGMENTATION CYSTOPLASTY WITH MACE PROCEDURE IN THE TREATMENT OF MYELODYSPLASTIC CHILDREN.

Aims of Study

To report our experience with Malone Antegrade Continence Enema (MACE) procedure with synchronous bladder augmentation in the management of the neuropathic faecal and urinary incontinence.

Methods

Eighteen children after meningocoele repair with faecal and urinary incontinence, aged from 6 to 17 years (a median age of eleven years), have undergone MACE procedure. MACE procedure with synchronous Mitrofanoff continent stoma creation was performed in one child with severe stenosis of the urethra. MACE together with bladder augmentation was done in 14 patients. There were 7 colocystoplasty, 5 ileocystoplasty and 2 ureterocystoplasty. Among them seven have undergone Mitrofanoff procedure additionally. In the group with Mitrofanoff procedure two patients were incontinent, so they required closure of the bladder neck. Appendix was long enough to create Mitrofanoff stoma and continent appendico-caecostomy in 4 children. In another 3 cases vesicocutaneostomy was created using small bowel.

Results

Follow-up ranged from one to three years. All patients become clean and dry. They have no problem with constipation using regular antegrade washout. Two children had trouble with MACE stoma because of stenosis. One of these required revision of the stoma and for another dilatation was enough.

Conclusions

- MACE together with bladder augmentation is effective in making patient with neuropathic incontinence both clean and dry.
- Using this procedure we are improving not only the quality of life, but also independence and integration into the society.
- The careful selection is important to obtain satisfactory results as well as patient's own motivation