Bladder Neck and Urethral Erosions after Macroplastique Injections

Jaffer A1, Rodriguez D2, Hilmy M1, Zimmern P2

1. York Teaching Hospital, York, UK
2. University of Texas Southwestern Medical Centre, Dallas, USA

INTRODUCTION

- Given the current controversies surrounding synthetic tapes for the management of SUI, there has been an increased emphasis on alternative techniques such as urethral bulking agents.
- Several bulking agents currently exist with most demonstrating promising short term results however long term data is limited.
- Macroplastique® (polydimethylsiloxane injection, MPQ) is a minimally invasive urethral bulking agent and with over 20 years of data, deemed to be 'effective, durable, and a safe treatment option' in a recent meta-analysis1.
- Despite very few reports of complications within the literature, we have encountered an increasing number across both sites

METHODS

- Retrospective data collection from a prospectively maintained database at both sites
- Database at York from Jan 2012 – March 2019 and from 2016 – 2018 at UT Southwestern Medical Centre

RESULTS

- Total of 14 patients identified
- All patients presented with recurrent UTIs
- All had cystoscopic evidence of MPQ erosion – 3 involved bladder neck/bladder
- 12 underwent transurethral resection, 3 required a re-do.
- 9 of the 12 patients who had a resection had complete resolution of their recurrent UTI's
- 9 of the 12 patients had recurrent SUI with 4 requiring a subsequent Autologous Fascial Sling for resolution of symptoms

CONCLUSIONS

- Although MPQ erosions are reported as rare, we are seeing a growing number across both centres
- Time delay between injection and erosion variable – most common presentation is recurrent UTIs
- Recurrent UTIs can be successfully treated with resection of the eroded MPQ.
- Bipolar resection is recommended, as Monopolar resection is challenging due to the insulating property of MPQ’S silicone chemical make-up.
- Following resection, patients are highly likely to develop recurrence of their SUI and need to be appropriately counselled.

REFERENCES