



27th Congress of the ESPU

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Highlights from Thursday 23rd June

Milan Gopal



- Vesico ureteric reflux
- Imaging and Nephrology
- Extrophy – Epispadias
- Augmentation and Diversion
- My Worst Complications
- John Duckett Lecture
- Prenatal Urology
- Circumcision
- Lower urinary tract -1

Vesicoureteric reflux

TIMING AND INCIDENCE OF ADDITIONAL OPERATIVE INTERVENTIONS AFTER ENDOSCOPIC TREATMENT OF VESICoureTERAL REFLUX (VUR)

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15% re intervention rate within 5 years

Most occurred within the first year

ROUTINE DELAYED VOIDING CYSTOURETHOGRAPHY AFTER ENDOSCOPIC TREATMENT WITH DX/HA OF VESICoureTERAL REFLUX. IS IT NECESSARY?

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VOIDING CYSTOURETROGRAPHY AFTER SURGICAL TREATMENT OF VESICoureTERAL REFLUX: REWARDING OR PUNISHING?

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80% radiological resolution vs 90% clinical resolution

Outcomes can be based on clinical improvement rather than VCUG result

HISTOPATHOLOGICAL CHANGES ASSOCIATED WITH POLYACRYLATE POLYALCOHOL BULKING COPOLYMER (PPC, VANTRIS) INJECTION FOR PAEDIATRIC VESICoureTERAL REFLUX (VUR)

Boris CHERTIN¹, Stanislav KOCHEROV², Ermilinda MELE³, Simona GEROCARNI NAPPO³ and Nicola CAPOZZA³

1 Shaare Zedek Medical Centre, Paediatric Urology, Jerusalem, ISRAEL

2 Shaare Zedek Medical Centre, Paediatric Urology, Jerusalem, ISRAEL

3 Bambino Gesù Children Hospital, Pediatric Urology Unit, Rome, ITALY

2470 patients (680 Vantris, 1790 Deflux)

1.2% in Vantris group and 0.8% in Deflux group developed obstruction

No double HIT and average injected volume of 0.3ml in vantris group

Obstruction can occur even as late as 5 years post injection

Pathological response found during reimplanation were the same in both groups

It is the ureter characteristics and not the substance used that leads to obstruction

IS THE VESICoureTERAL REFLUX INDEX (VURX) A RELIABLE TOOL TO PREDICT WHICH PRIMARY VESICO-URETERIC REFLUX (VUR) PATIENTS WILL SUFFER BREAK-THROUGH URINARY TRACT INFECTION (UTI)?

★ SCARRING ON DMSA IS THE MOST SIGNIFICANT PREDICTOR OF BREAK-THROUGH FEBRILE URINARY TRACT INFECTION (UTI) IN PATIENTS WITH SIMPLEX AND DUPLEX VESICoureTERIC REFLUX (VUR): RESULTS OF A MULTIVARIATE ANALYSIS

Stavros LOUKOGEORGAKIS¹, Alexander MACDONALD¹, Katherine BURNAND¹, Katherine WESSLEY¹, Diane DE CALUWE¹, Nisha RAHMAN¹ and Marie-Klaire FARRUGIA²

1 Chelsea & Westminster Hospital, London, UNITED KINGDOM

2 Chelsea and Westminster Hospital, Paediatric Urology, London, UNITED KINGDOM

45 patients (33 male), mean age 3 months

56% had break through UTI despite prophylaxis

VUR index was better than VUR grade at predicting risk of breakthrough UTI

Presence of scarring was better than VUR index

DOES PROACTIVE TREATMENT OF CHILDHOOD VESICO-URETERIC REFLUX PREVENT FUTURE GESTATIONAL PYELOPNEPHRITIS AND URINARY TRACT INFECTION?

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12,000 pregnancies over a 2 year period
4% had UTI and 0.2% had APN

Girls with untreated VUR and recurrent UTI in childhood had a higher incidence of UTI during pregnancy

Has proactive treatment of VUR in childhood led to the low incidence of APN during pregnancy ?

BJUI Outcome of pregnancy in women with a history of vesico-ureteric reflux

Jean G. Hollowell

Eastern Virginia Medical School and Children's Hospital of the King's Daughters, Norfolk, VA, USA

Accepted for publication 23 January 2008

DESIGN OF A COMPUTATIONAL TOOL FOR PREDICTION OF VUR RISK IN CHILDREN AFTER FEBRILE UTIS USING THE TOP-DOWN-APPROACH

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1 Hospital of the Sisters of Charity, Paediatric Urology, Linz, AUSTRIA

2 Hospital of the Sisters of Charity, Department of Pediatric Urology, Linz, AUSTRIA

Better prediction of VUR after doing DMSA after febrile UTI

Overall incidence of VUR detection was 31%

Reliable predictors include:

Duplex system

Age 1-3 yrs

Duration of illness > 3 days

Abnormal findings on USS

Presence of LUTS

Scarring on DMSA

AUC of 0.68, Sensitivity 82%, Specificity 47%

Imaging and Nephrology

★ EVALUATION OF LUMBOSACRAL PLEXUS IN CHILDREN WITH HINMAN SYNDROME: POSSIBLE NEUROPATHIC ETIOLOGY FOR NON-NEUROGENIC NEUROGENIC BLADDER

Sibel TIRYAKI¹, Cenk ERASLAN², Ali TEKIN¹, Ismail YAGMUR¹, Tutku SOYER³, Cem CALLI², Ibrahim ULMAN¹ and Ali AVANOGLU¹

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3 Hacettepe University, Pediatric Surgery, Ankara, TURKEY

Using Diffusion Tension Imaging changes found in the lumbo sacral plexus

The beginning of the end for the term “non neurogenic neurogenic bladder” ?

RADIATION EXPOSURE IN CHILDREN UNDERGOING VIDEOURODYNAMICS (VUDS): HOW LOW CAN YOU GO?

Kenneth GLASSBERG¹, Andrew COMBS² and Jason VAN BATAVIA³

1 Columbia University, Urology, Remsenburg, USA

2 Weill Cornell Medical Center, Urology, New York, USA

3 The Children's Hospital of Philadelphia, Pediatric Urology, Philadelphia, USA

Comparison made to results of Ngo et al (J Urol 2011)

Mean Fluoroscopy time: 9.8 seconds

Mean total radiation: 0.29 m Gy

How to reduce exposure includes:

- Person doing UDS should screen
- Screen during times of peak detrusor pressure

Question from audience: do you increase the risk of missing VUR the more you reduce screening time ?

★ POSTERIOR URETHRAL VALVES: IMPACT OF LOW BIRTH WEIGHT AND PRETERM DELIVERY ON THE FINAL RENAL OUTCOME

Osama SARHAN

Urology and nephrology center, Faculty of medicine, Mansoura University, Mansoura, Egypt., UROLOGY, Mansoura, EGYPT

After mean follow up of 5 years LBW premature babies had a similar incidence of CKD as compared to term babies (~ 35%)

This was despite other other adverse effects like oligohydraminos, length of NICU stay and creatinine levels

Prem group had a higher incidence of vesicostomy

Question from audience: Is vesicostomy a more effective drainage method compared to valve ablation ?

Extrophy

LONG-TERM SEXUAL HEALTH OUTCOMES IN MEN WITH CLASSIC BLADDER EXSTROPHY

Timothy BAUMGARTNER, Ross EVERETT, Kathy LUE, Sunil REDDY, Ezekiel YOUNG, Uzoma ANELE, Cameron ALEXANDER, Sarita METZGER, Heather DICARLO and John GEARHART

The Johns Hopkins School of Medicine, The James Buchanan Brady Urological Institute, Baltimore, USA

407 patients with classic bladder extrophy, 143 contacted, 72 responded (50%)

94% had normal to high sexual desire

57% were satisfied with their sex life

Penile perception scores were generally low

26% had attempted pregnancy with partner, 15% were successful

Augmentation

PREGNANCY AND CESAREAN SECTION IN WOMEN WITH LOWER URINARY TRACT RECONSTRUCTION: WHAT IS THE ROLE OF THE UROLOGIST?

Rosalia MISSERI¹, Joshua ROTH², Richard RINK³ and Mark CAIN¹

1 Riley Hospital for Children at Indiana University Health, Pediatric Urology, Indianapolis, USA

2 Indiana University, School of Medicine, Pediatric Urology, Indianapolis, USA

3 Riley Hospital for Children at Indiana University Health, Indianapolis, USA

16 pregnancies in 10 women, 14 delivered by C - section

11 had new or worsening HDN

5 required nephrostomy, 7 had difficulty catheterising, 6 developed incontinence

6 scheduled C-section, remaining emergency

6/14 (43%) had intra operative complications: 5 bladder, 1 bowel

Worst complications - 1

SP2-2 – Ileal Augmentation in a later diagnosed Chrons' Disease girl with Ventriculoperitoneal Shunt

Berk Bergu

Faecal incontinence in children with spina bifida can mask bowel habit changes caused by IBD

SP2-7 – Major complication after sub ureteric endoscopic injection

Haluk Emir

Normal USS at 3 months but severe HDN with gross loss of function at 14 months !

John Duckett lecture

- Dr. Richard Rink - Indiana



Prenatal Urology

★ ASSOCIATIONS OF INITIAL SFU GRADES AND UTD RISK GROUPS WITH CLINICAL OUTCOMES IN PATIENTS WITH ISOLATED PRENATAL HYDRONEPHROSIS

Luis BRAGA¹, Melissa MCGRATH², Kizanee JEGATHEESWARAN², Bethany EASTERBROOK², Mandy RICKARD², Jorge DEMARIA² and Armando LORENZO³

1 McMaster University – McMaster Children's Hospital, Department of Surgery / Urology, Hamilton, CANADA

2 McMaster University – McMaster Children's Hospital, McMaster Pediatric Surgery Research Collaborative, Hamilton, CANADA

3 The Hospital for Sick Children, Department of Surgery / Urology, Toronto, CANADA

Both systems could predict which children had a greater risk of needing surgery or develop UTI

In the high risk group 1/3rd of children needed surgery at a mean of 17 months

FATE OF ISOLATED UNILATERAL HIGH GRADE ANTENATALLY DIAGNOSED HYDRONEPHROSIS

Only 1/3rd progress and need surgery

Good prognosis if male, > 40%, SFU 3, APD <15mm

ISOLATED LOW GRADE PRENATALLY DETECTED UNILATERAL HYDRONEPHROSIS: DO WE NEED LONG TERM FOLLOW UP?

Osama SARHAN¹, Ahmed EL HELALY¹, Abdulhakim AL OTAY¹, Mustafa AL GHANBAR² and Ziad NAKSHABANDI³

1 PRINCE SULTAN MILITARY MEDICAL CITY, UROLOGY, Riyadh, SAUDI ARABIA

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3 PRINCE SULTAN MILITARY MEDICAL CITY, RIYADH, SAUDI ARABIA, UROLOGY, Riyadh, SAUDI ARABIA

No low grade HDN progressed

They recommend two USS in the first year of life then discharge

Circumcision

MORTALITY AND MORBIDITY AFTER NEONATAL CIRCUMCISION DOES OCCUR IN WESTERN CULTURES

Annette SCHRÖDER, Walid A. FARHAT and Martin A. KOYLE

Hospital for Sick Children, Paediatric Urology, Toronto, CANADA

Over a 13 yr period 20 children had acute complications including 3 deaths

By 18 months post circumcision, 60 needed further surgery

Denominator not mentioned

Testis

IMPACT OF PREOPERATIVE EVALUATION ON HIGH RESOLUTION ULTRASONOGRAPHY FOR THE UNILATERAL NON-PALPABLE TESTIS

Kimihiko MORIYA, Michiko NAKAMURA, Yoko NISHIMURA, Takeya KITTA, Yukiko KANNO, Hiroki CHIBA, Masafumi KON and Nobuo SHINOHARA

Hokkaido University, Renal and Genitourinary Surgery, Sapporo, JAPAN

If testis is seen – good

If testis not seen – it does not mean it is not there

Of 4 children with inconclusive USS, one was found to have a viable testis

NEWBORN UNDESCENDED TESTES: DO MOST REALLY DESCEND?

Eamonn A KIELY¹, Conal E HOUSTOUN² and Peter M FILAN³

1 Cork University Hospital, Urology, Cork, IRELAND

2 University College, Cork. Ireland, School of Medicine, Cork, IRELAND

3 Cork University Maternity Hospital, Neonatology, Cork, IRELAND

Spontaneous descent occurred in 78 / 189 (**41 %**)

This is much lower than previous reported rates ~ 70%

Only 11% descent in syndromic children

TESTICULAR TUMORS IN PRE-PUBERTAL BOYS: TRY TO SPARE THE TESTIS

Katja WOLFFENBUTTEL¹, Hans STOOP², Jeroen SCHEEPE³, Joop VAN DEN HOEK³ and Leendert LOOIJENGA²

1 Erasmus MC – Sophia, Paediatric Urology, Rotterdam, NETHERLANDS

2 Erasmus MC, Pathology, Rotterdam, NETHERLANDS

3 Erasmus MC Sophia, Paediatric Urology, Rotterdam, NETHERLANDS

12 prepubertal boys (mean age 37 months)

Testis preserving surgery could be done in 2/3rd of cases and was influenced by smaller size and negative tumour markers

Lower urinary tract -1

WHICH PATIENTS WITH POSTERIOR URETHRAL VALVES END WITH RENAL FAILURE?: FOLLOW-UP OF 101 PATIENTS

Ali Cansu BOZACI, Mesut ALTAN, Burak CITAMAK, Hasan Serkan DOGAN, Bulent AKDOGAN and Serdar TEKGÜL

Hacettepe University, Urology, Ankara, TURKEY

101 patients between 1996-2014

Mean age at presentation was 27 months

Using an age specific creatinine reference, serum creatinine was the only independent prognostic factor predicting renal failure

VUR symposium

- Dr Tekgul
- Dr Hoebeke
- Dr Subramaniam