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Bladder Exstrophy: Dilemma of management from early closure to content diversion.

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Abstract

The current recommendations is to early close Bladder exstrophy in the first few days of life, however the outcome is variable and those patients might need multiple surgeries, that can question the validity of the initial decision.

Delayed closure and subsequent bladder augmentation or diversions, from the start, are options that are recently discussed in the literature.

30 patients had early exstrophy closure in Benha Children Hospital that is receiving and operating on an average 3 patients per year. In the period 2012 to 2017, we followed up these patients in the out-patient clinic. 6 patients are having average sized bladder and they needed CIC and for 3 of them we are considering a catheterizable channel for catheterization in the time-being. The bladder did not grow in 16 patients and had continuous dribbling of urine that needed further operations. We performed augmentation cystoplasty and bladder neck reconstruction in 2 patients using ileal loops, in one of them the appendix was removed previously and we used an ileal Mont catheterizable channel. Both needed re-operation and at the end disconnection of the bladder neck. We did Indiana pouch as a method of continent urinary diversion in 10 patients. 2 patients are below 4 years of age and awaiting future decision.

Biography:

Ahmed M Zaki , Ain Shams University,Egypt

Speaker Publications:

1. "A Dynamic Power Reduction Methodology based on Reducing Output Transition Rate"
2. "Adaptive Clock and Data Recovery for Asymmetric Triangular Frequency Modulation Profile"
3. "Parallel Multidimensional Lookahead Sorting Algorithm"

14th World Pediatric Congress; Webinar – December 11, 2020.

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