***Conclusion**:* Though Gaza strip is a small geographic area there is marked geographic distribution differences of the cases which reflect the general attitude of the population towards consangeuous marriage and inbred gene effect. In general the early the diagnosis the easier to make decision on gender assignment to rear the child in a socially a acceptable role .Education of the medical personnel as well as the public education is highly recommended to reduce the impact of this health problem.

10) One stage feminizing genitoplasty: 4 years of experience with 29 cases

Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, *European Gaza Hospital-EGH*

Abstract:

***Purpose**:* We retrospectively evaluated the results of one-stag feminizing genitoplasty in children with congenital adrenal hyperplasia (CAH).

PATIENTS AND METHODS; Twenty nine patients with 46XX CVAH (congenital verilized adrenal hyperplasia)patients were referred following complete evaluation of gender, chromosomal and biochemical data by pediatric endocrinologists in 6 year period between 2001 and 2007- at European Gaza Hospitan –Gaza ; 28 patient(new cases 26 + Redo 2)were managed by one-stage feminizing genitoplasty (vaginoplasty-valvoplasty and clitroplasty),age 3monthes to 12 years.We used the Passerini-Glazel technique, and in 5 patients we mobilize the urogenital sinus en bloc , one female patient underwent gender reversal and was raised as males.

RESULTS; Follow up was 3 monthsto 6 years. Preoperative ultrasound plus or minus genitogram and endoscopy provide the correct data regarding the vaginal and internal genital anatomy in all cases, Operating time ranged between 90 and 180 minutes, average hospitalization period was 4 to 9 days Complications consisted of intraoperative uretheral injury in 1 case wound infection in 2 and stenosis at the suture line in 2 patients -corrected by introitoplasty . All patients have had successful cosmetic results except one need redo clitroplasty for residual clitoromegalia.

CONCLUSION: Most patients with 46XX CVAH are preferably raised as females and require a feminizing genitoplasty . Preoperative investigations and surgical managment of every case on its own merits gives satisfactory primary results , some revision at puberty should be anticipated in some cases.

11) Masculinizing Genitoplasty in Intersex Patients (Severe Hypospadias)

Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, *European Gaza Hospital-EGH*

Abstract:

***Purpose**:* Perineal & scrotal forms are the most severe, uncommon and challenging variants in the spectrum of hypospadias These forms are often associated with extreme chordee, penoscrotal-transposition and bifid or absent scrotum We reviewed cosmetic and functional outcome of masculinizing genitoplasty (MGP) in intersex patients assigned as a male performed in our service in the last 6 years.

***Materials and Methods**:* A total of55 patients underwent MPG by one surgeon during 6 year period. Patient age ranged from 6 months to 16 years .The presenting disease was severe hypospadias or intersex, scrotal hypospadias in 30 cases , and perineal hypospadias in 25 .Some patients were evaluated for gender, chromosomal and biochemical data by pediatric endocrinologists. Most of our patients had idiopathic male pseudohermaphroditism.. MGP was performed using Augmented Koyanagi Nonomura one-stage surgical techniques in the first 2 years,then we used *extended unilateral parameatal flape with minimal mobilization technique* in the next 4 years, dorsal plication needed in7 patients. .Scrotoplasty and orchiopexy was performed in the same operation.

***Results**:* Followup was 1 to 6 years. Satisfactory cosmetic and functional results in terms of good urinary stream and straight phallus in (72%) of cases . Complications requiring reoperation occurred in (28%). complications presented are various degrees of failure of the urethroplasty or cosmetic appearence.95% of patients have satisfactory result after the secound operation.

Conclusions**:* Male pseudohermaphroditism better to be managed by single stage male genitoplasty, a secound operation may be needed only in about 25% of cases (patients with complications from the first operation) . *In order to achieve a longer new urethra we* recommend our modified *technique* – the extended parameatal-based flap with minimal moblization urethroplasty.***

12) Obstructive Uropathy: Avoidable cause of hypertension

Dr. Nabil MD AL Barkouni , Dr.Jehad Abudaia , Dr.Hisham Dalul, *Department of Pediatrics and Pediatric Urology European Gaza Hospital – EGH*
Presenter: Dr. Nabil AL Barqouni MD (MBBCH, DCH, CABP, CJBP), Consultant Pediatrician in EGH, Assistant Professor in IUG College of medicine.

Abstract

Objective: The aim of the study was to describe the main features of patients with diseases of the kidney and urinary tract admitted to our hospital with obstructed uropathy, renal insufficiency and hypertension, and to review the effect of early detection and surgical management .

***Patients and Methods**:* Retrospective study of data registered in medical records of children admitted at EGH between 2001 and 2006. The following demographic data were included in the analysis: birthplace, birth date, gender, and age. Diagnostic data were also analyzed including the motive of referral, main diagnosis, surgical procedures, and outcome (hypertension, chronic renal insufficiency).

Results: Data from 20 patients were included in the analysis being 13 males and 7 females .The mean age at admission was 3years.The most frequent motive of referral was urinary tract infection, several types of uropathies were presented, the most common being posterior urethral valve: 7 patients, primary vesicoureteral reflux: 6 patients, Other findings included: pyeloureteral stenosis, neurogenic bladder, and ureterovesical stenosis

Conclusion: Obstructive uropathy and vesicoureteric reflux (VUR) is one of the principal cause of renal failure and secondary hypertension in children, early detection and surgical management can reduce this morbidity.

13) Vesicoureteric Reflux

Dr. Eyad Z. Al-Aqqad, Special Surgery "urologist", *Tulkarem*

Vesicoureteral reflux (VUR) is a congenital anomaly consisting of a retrograde passage of urine from the bladder into the ureter and, in severe forms, to the renal pelvis and intrarenal structures. Physiologically, during micturition the bladder muscle compresses filling the ureter, however, reflux of urine is prevented by a valve-type mechanism based on the length of the intravesical ureter. In primary cases, VUR can be caused by a short intramural ureter or by anatomical malposition of the ureteral orifice. In others, it may be secondary to urethral valves, neurological disease (i.e. neurogenic bladder) or elevated pressure in the bladder due to outlet obstruction. VUR is associated with upper urinary tract infections, chronic pyelonephritis, renal scarring, chronic renal damage and hypertension. It is recognized as an important and probably preventable cause of chronic renal insufficiency and end-stage renal failure in children and adults.