

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 appearance.95% of patients have satisfactory result after the second operation.

Conclusions: Male pseudohermaphroditism better to be managed by single stage male genitoplasty, a second 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 paramental-based flap with minimal mobilization urethroplasty.*

12) Obstructive Uropathy: Avoidable cause of hypertension

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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

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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.

