

IS VOIDING CYSTOURETHROGRAPHY NECESSARY FOR THE DIAGNOSIS OF POSTERIOR URETHRAL VALVE ?

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Method

Retrospective study, 2013 – 2023 (n:52)
Posterior urethral valve / endoscopic incision

Group 1 → VCU before cystoscopy (n:28)

Group 2 → Cystoscopy without VCU (n:24)

First line cystoscopy indications

Unilateral HN/HUN with bladder findings
(wall thickness, trabeculation, diverticulum)

Bilateral HN/HUN without bladder findings

Presence of urinoma or VURD or patent urachus

Results

Group 1 (n:28)		VCU	
		PUV (+)	PUV (-)
Cystoscopy	PUV (+)	14	10
	PUV (-)	1	3

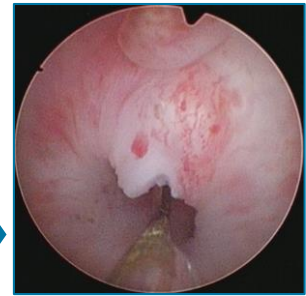
Antenatal diagnosis (n:40)	Group 1 VCU (+) (n:18)	Group 2 VCU (-) (n:22)
Time interval for cystoscopy	98.83 days	42.95 days



Sensitivity
% 58,33

Normal VCUG

PUV in cystoscopy



Type 1

n:39

Type 3

n:9

Type 1 + 3

n:2

HN/HUN regressed in 31, remained stable in 16, progressed in 3.

Early outcomes are similar in Group 1 and 2. Mean follow up time 4,7 years.

Conclusion

In patients with clinical and ultrasound data that confirm a diagnosis of PUV, cystoscopic diagnosis and treatment without performing a VCU is a viable option, particularly in neonates.