



EFFECTIVENESS OF TRANSURETHRAL INTERVENTION OF URETEROCELE IN PEDIATRIC POPULATION



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AIM

Effectiveness of transurethra intervention (TUI) in unilateral ureterocele cases

METHOD

- Retrospective TUI → 2011-2024
- 25 cases (F/M-18/7)
- Avg. age 17 months (1-144 months)
- Follow-up: avg. 9 years (6 months-13 years)



- Demographics
- Clinical findings



- Cystoscopy
- Procedure

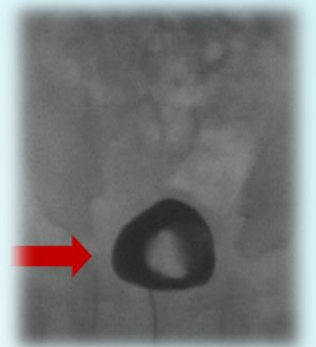
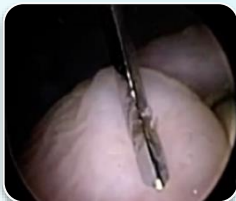
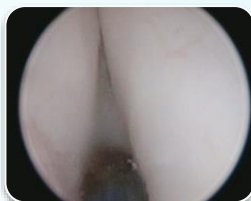


HN/HUN



- Single
- or
- Duplex

TUI → N:25
Single system N:6
Duplex system N:19



TUI Procedure & Patients

Puncture

(Bugbee/Laser: 9/3)

Incision

(Cold knife)

TUI
(n:19)

9
(re TUI in one)

10
(re TUI in four)

Operation after TUI
(n: 6)

3
(re TUI in one)

3
(re TUI in two)

Indications for operation:

Deterioration HN/HUN

Partial Nephroureterectomy (n:1)

Ureteroneocystostomy (n:3)

Presence of UTI

Ureteroneocystostomy (n:2)

Loss of DRF

Stable HN and HUN

Cystitis - like symptom n:2

Urinary incontinence n:1

Clinical symptoms not reported

CONCLUSION

TUI was a safe and minimally invasive procedure establishing urine flow and improving of HN/HUN in 76 % cases.

Our results support that TUI's are simple and effective in management of unilateral ureterocele in both: short and long term followup.