Clinical Evaluation of Ureterocutaneostomy as a Temporary Urinary Diversion in Infants with Complex Obstructive Uropathies

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Introduction

- Ureterocutaneostomy (UC) is a temporary urinary diversion method.It is crucial for complex pediatric obstructive uropathies.
- Decompression is needed before definitive reconstructive surgery.
- This study evaluates UC effectiveness on renal function and infections. We report short-term clinical outcomes in eight patients.

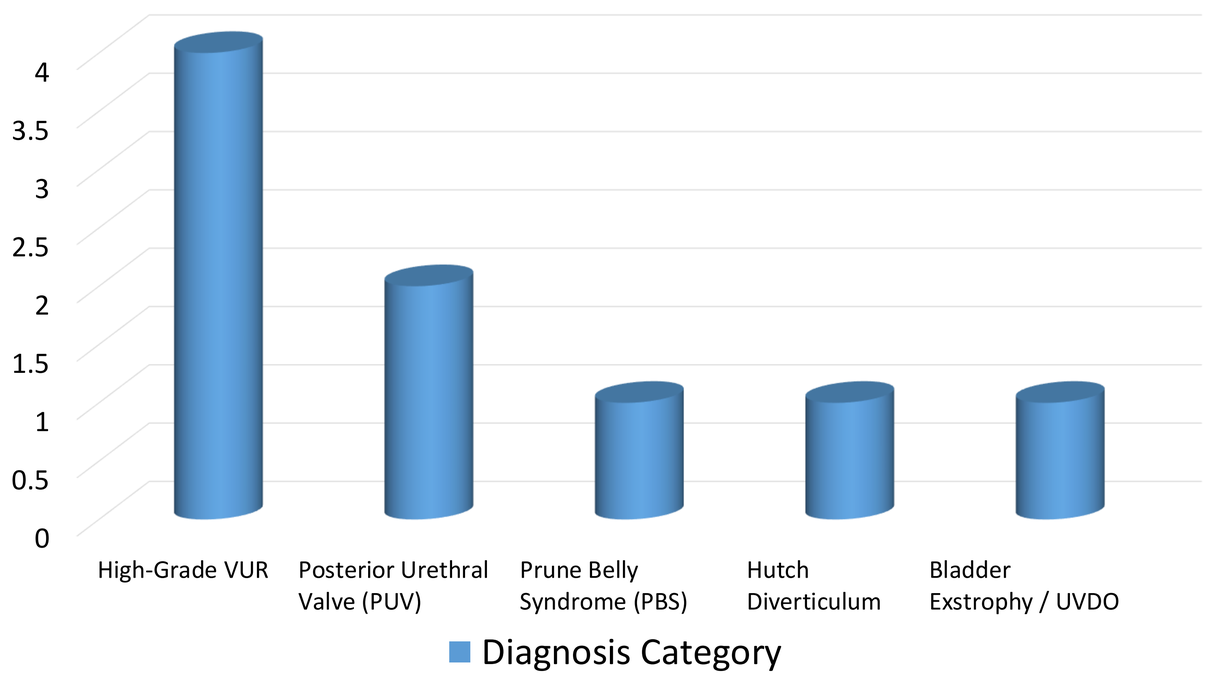
Methods

- Medical records of eight pediatric patients (n=8) who underwent UC were retrospectively reviewed.
- Sex, age, diagnosis, indications, imaging, and early postoperative course were analyzed.
- Postoperative evaluation included ultrasonography (USG), DMSA, and MAG3 renal scintigraphy.

Category	Findings and Details
Demographics	**7 Male, 1 Female**. **87.5% (n=7)** were infants under 1 year.
Procedure Type	**Bilateral** UC was performed in 75% (**n=6**) of the patients.
Functional Efficacy	Mean **19% Decrease in Creatinine levels** was achieved post-UC.
Comorbidities	**37.5% (n=3)** of patients had syndromic conditions or prematurity.
Radiological Effect	**Significant decompression** of pre-operative Grade 4-5 hydronephrosis was noted.

Results

- Seven patients were successfully operated on before their first birthday.
- Diagnostics included VUR (n=4) and Posterior Urethral Valve (n=2) predominant.
- Elevated creatinine levels showed a significant **19% average reduction** post-UC.
- All patients achieved infection-free status in the early postoperative period
- No major perioperative complications were observed in any patient.
- High-grade hydronephrosis demonstrated clear radiological decompression early.



Conclusion

- Ureterocutaneostomy (UC) is an **effective and reliable** temporary urinary diversion, especially for **infants** with severe obstructive uropathy.
- When performed appropriately, UC plays a valuable role in achieving **clinical stabilization** (e.g., controlling infection, improving renal function).
- UC provides a crucial bridge before **definitive reconstructive surgery**.