The Japanese Society of Pediatric Surgeons (JSPS)

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招講演

1. Total Urogenital Mobilization (TUM)
   Richard C. Rink, M.D.
   (Professor and Chief of Pediatric Urology
   James Whitcomb Riley Hospital for Children
   Indiana University Medical Center, Indianapolis, Indiana,
   USA)

   Total Urogenital Mobilization was described in 1997
   by Alberto Pena. In this procedure the entire sinus is
   circumferentially mobilized and then pulled toward
   the perineum. The advantages are that it requires less
   time and has been reported to have less blood loss.
   Pena reported amputating the sinus so that the ure-
   thra and vagina could be sewn flush to the perineum.
   We have shown in a series of articles and presenta-
   tions that the mobilized sinus tissue is very useful in
   the reconstruction and therefore should not be dis-
   carded. It can be used to create a mucosal lined
   vestibule, an anterior vaginal wall, or a posterior vagi-
   nal wall thus avoiding the use of skin flaps which fre-
   quently end in vaginal stenosis.

   There are concerns with the TUM. With the cir-
   cumferential mobilization there are concerns about
   injury to the urinary sphincteric mechanism and no
   one knows if these girls will develop stress inconti-
   nence as they grow due to displacement of the blad-
   der neck toward the perineum. Concerns have even
   been raised regarding injury to clitoral innervation.
   Furthermore, there are no long term data.

   This presentation will focus on the technical aspects
   of the procedure, including the various uses of the
   sinus, pros and cons of doing the TUM and will pre-
   sent a modification of the TUM, Partial Urogenital
   Mobilization (PUM).

2. Primary Closure of the Exstrophy-Epispidias
   Complex in 2005: Techniques for Success
   John P. Gearhart, M.D.
   (Professor of Pediatric Urology, Professor of Pediatrics
   The Johns Hopkins Hospital, Baltimore, Maryland, USA)

   At the current time there are five techniques which
   are being applied to the treatment of the newborn
   with bladder exstrophy. The Modern Staged Repair of
   Bladder Exstrophy (MSRE) enjoys the widest appli-
   cation worldwide. This presentation will deal with
   methods that can be employed to increase the likeli-
   hood of success in the closure of the newborn. Careful
   evaluation of the bladder template must be under-
   taken to make sure the bladder is suitable for closure.
   Also, the amount of pubic diastasis must be evaluated
   in order to decide whether there is a need for bony
   pelvic osteotomy. Techniques for closing the bladder,
   posterior urethra and abdominal wall will be dis-
   cussed. In addition, methods to properly immobilize
   the infant and help fixate the pelvis and protect the
   repair will be presented. Anesthesia and postoperative
   pain control will be discussed. Methods used to follow
   the infant after primary closure will be discussed and
   ways to enhance bladder growth after closure will be
   demonstrated. Prior use of a combined bladder closure
   with concomitant epispidias repair will also be defined
   and outlined. Lastly, utilizing a database of over 837
   patients, long term outcome data for children with this
   complex will be presented.

教育講演

Bladder and Renal Functions in Infants with Primary
Vesicoureteric Reflux
   Chung Kwong Yeung, M.D.
   (Chair Professor of Surgery
   Chief of Paediatric Surgery & Paediatric Urology
   Chinese University of Hong Kong, Hong Kong)

   Study of a large series of refluxing infants with pre-
   natal hydronephrosis showed remarkable differences
   between males and females in severity of reflux and
   associated renal abnormalities. Over 50% of male
   refluxing units were severe (grade IV and V) compar-
   ing to only about 20% in female. Of note, grade V
   reflux was almost exclusively found only in males (in
   up to 30%) but was very rare in females (3%). Renal
   abnormalities were also significantly more common in
   male refluxing units (40%) compared with female
   (12%). More importantly, over 70% of the kidneys
   that were abnormal occurred without prior exposure
   to urinary infection and of these, nearly 80% exhibited
   a generalized type of damage which was morphologi-
   cally distinct from the segmental pyelonephritic scar-
   ring typically found in older children after a combina-