Approach to LUTD in children: Experiences from Ghent

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I have no disclosures for this lecture
VUR

- >30% of children with UTI have VUR
- >90% of children with renal scarring and hypertension
- Cause of 25% renal failure in patients under dialysis or with renal transplant in Europe and USA
VUR:

- **Incidence:**
  - < 1% of healthy children
  - 13-51% with symptomatic UTI
- **Epidemiology**
  - Prevalence of VUR ≈ 1/age
  - More frequent in White Children
  - Incidence x10-20 in brothers, sisters and parents of children with VUR (incidence 30-40%)
  => routine screening: ultrasound
VUR: Classification

- **Primary reflux:**
  - Congenital deficiency of VUJ with deficient sub-mucosal tunnel

- **Secondary reflux:**
  - LUT condition:
    - Neuropathy:
      - Meningomyelocele
      - Spinal cord lesion
    - Obstruction
      - Dysfunctional voiding
      - PUV
      - Ectopic ureterocoele
    - Infection: cystitis
Low grade Non dilating

High grade Dilating
VUR: treatment

Conservative treatment

No treatment
Long term AB prophylaxis

Surgical Treatment

Endoscopic
Laparoscopic (RA or not)
Open surgery
VUR
VUR: What’s Deflux? ® 500 Euros/1.5ml

Viscous gel: dextranomer + Hyaluronic Acid

- Both components are biocompatible and well tolerated
  => no allergic reactions

- Deflux does not migrate

- Stays stable in size and position: Hyaluronic Acid is degraded and is replaced by fibroblasts and collagen
VUR:

- Open surgery: 98% successful
- Endoscopic correction: depending on the initial reflux grade, varying among studies, in general > 80 %
- Laparoscopic correction: still to be proven effective
VUR: Endoscopic correction controversies

- Used to be for low grade reflux

- More and more often for high grade and duplex system

- Even if fails, no problem to do open surgery
VUR: Choose the right indication for endoscopic correction!

- Not always necessary to correct
- In high risk patients, choose wisely
- Experience is needed for Endoscopic treatment
4 years old boy
1 year old boy
Conclusion

- **Endoscopic treatment**
  - Has high success rate > 80 %
  - Is feasible in secondary reflux
    - Anatomical (diverticulum, duplex)
    - Functional (OAB)