E-Poster
EP-301

Bladder and Bowel Dysfunction in Operated Bladder Exstrophy: 0_2 Cases Seen Before and After Enlargement Surgery

Topic: Miscellaneous

Daouda Diouf, Santana Ireke, Radia Sellami

Department of Physical Medicine and Rehabilitation, CHU Ibn RODHD, Casablanca, Morocco

BACKGROUND

With a prevalence of 1/30,000 births, bladder exstrophy is a severe malformation characterized by the absence of the sub-umbilical anterior abdominal wall and the anterior bladder wall. It sometimes affects the urethra, pelvic girdle, external genitalia and perineum. Boys are more often affected than girls. We report two cases: a 12-year-old boy and a 23-year-old woman, both referred for Bladder and bowel dysfunction (BBD).

CASE DESCRIPTION

Observation 1: A 12-year-old boy with no significant medical history was born with a sub-umbilical cutaneous opening with urine leakage and obturation of the urinary meatus. At the age of six months, he underwent bladder repair surgery with creation of the urinary meatus. At school age, upon removal of the pads, urinary incontinence was noted by the parents, resulting in a referral to paediatric surgery. A clinical examination revealed the presence of Urge Urinary Incontinence (UUI) and Stress Urinary Incontinence (SUI), pollakiuria, enuresis, underdeveloped external genitalia, and hypospadias. The Measurement of the Urinary Handicap (MHU) was 22/28 with predominant urgency and International Consultation on Incontinence Questionnaire Urinary Incontinence Short Form (ICIQ-UI-SF) was 18/20. Renal and bladder ultrasound revealed a reduced bladder capacity with a thin, regular wall and trans-sonic content. Renal function was normal.

Observation 2: A 23-year-old female patient with no pertinent medical history, was born with a defect in the closure of the anterior walls of the bladder and abdomen, resulting in urine leakage. At 40 days of age, she underwent reconstructive surgery to create a urethral orifice. At the age of 10, she underwent bladder enlargement surgery. The clinical examination revealed mixed UI, daily enuresis, recurrent urinary tract infection, no external genitalia abnormalities, and good levators ani muscles testing. MHU was 16/22, with incontinence being the predominant issue and ICIQ-UI-SF was 17/20. Renal bladder ultrasound showed a small bladder (90 ml) with a significant post-void residual volume.

DISCUSSION

Discussion The management of bladder exstrophy poses two major problems: ensuring continence and bladder expansion. Enlargement enterocystoplasty provides good capacity, but this is not maintained due to a lack of effective sphincter, with a risk of carcinogenesis in the following 10 to 20 years.

CONCLUSION

Bladder and bowel dysfunction in sacral agenesis poses a problem in terms of management, and to date, the therapies on offer have made it difficult to achieve these objectives. Hence the need for a new approach that will enable good sphincter function and development of the native bladder

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.EP-301

Corresponding Author:
Daouda Diouf
Department of Physical Medicine and Rehabilitation, CHU Ibn RODHD, Casablanca, Morocco
Email: dioufdaouda92@gmail.com