E-Poster

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Urodynamic Profile of Neurogenic Bladder in Patients With Myelomeningocele According to Anatomical Level

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Myelomeningocele (MMC) is a congenital malformation of the spinal cord, characterized by incomplete closure of the neural tube and vertebrae, resulting in neurological, orthopaedic and bladder-sphincter disorders. Neurogenic Lower Urinary Tract Dysfunction is polymorphous and requires multidisciplinary management. The aim of the study was to compare the urodynamic profile of patients with MMC according to the anatomical level of the lesion.

METHODS

This is a retrospective study spread over three years from 2020 to 2023, conducted in the department of physical medicine and rehabilitation including 20 patients who underwent surgery for MMC, presenting neurogenic Lower Urinary Tract symptoms. All patients had urodynamic testing including, uroflowmetry (when possible), cystometry, pelvic floor electromyography and post-void residual urine measurement

RESULTS

The mean age of patients in this study was 12.5 years (range: 4-29 years). The population was divided into four groups according to anatomical level: 40% had MMC in the sacral region, 20% in the lumbosacral region, 20% in the dorso-lumbar region and 20% in the lumbar region. Neurogenic Lower Urinary Tract symptoms were dominated by total urinary incontinence, pollakiuria in 60% of cases , absent bladder filling sensation in 60% of cases, dysuria in 30% of cases, incomplete bladder emptying in 20% of cases and overflow incontinence in 10% of cases. About urodynamic profile, detrusor overactivity was found in all patients with dorso-lumbar and sacral MMC, and in half of the patients with a lumbo-sacral lesion. Seventy-five percent of patients with dorso-lumbar MMC had bladder-sphincter dyssynergia. All patients with sacral and lumbosacral MMC had small bladder capacity. Reduced bladder compliance was found in 30% and 20% of patients with sacral and lumbo-sacral MMC respectively.

CONCLUSION

We found that there is no correlation between the location of myelmeningocele and urodynamic profile. The anatomical level was not predictive of vesico-sphincter prognosis.

Statement of Disclosures

None

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