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Editorial comment

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Editorial Comment

Ricardo González

Kinderspital Universität Zürich, Zurich, Switzerland, Kinderkrankenhaus auf der Bult, Hannover, Germany; and Thomas Jefferson University, Philadelphia, Pennsylvania

Refers to

Yuval Bar-Yosef, Miguel Castellan, Devandra Joshi, Andrew Labbie, Rafael Gosalbez: Total Continence Reconstruction Using the Artificial Urinary Sphincter and the Malone Antegrade Continence Enema. *The Journal of Urology*, Volume 185, Issue 4, April 2011, Pages 1444-1448

The authors reemphasize 2 old concepts of 1) the implantation of an artificial urinary sphincter with simultaneous intestinal surgery (1,2) and 2) the importance of achieving urinary and fecal continence simultaneously (3). The title should have included the term enterocystoplasty since 38% of the patients needed it either to achieve continence or preserve the upper tracts. Since the shortest followup is only 8 months, I would anticipate that in the future more patients in this series will require augmentation and may become dependent on intermittent catheterization.

Finally, the conclusion that the results are durable needs to be taken with caution. With an average age at surgery of 10 years, the real question is how these patients will fare at age 30 and beyond. I perform reconstructive procedures for urinary and fecal incontinence in children but advise the parents that these solutions may be temporary. Nevertheless, I believe that the achievement of a diaper-free status is important in childhood and adolescence. This article is worth reading to remind surgeons treating children with spina bifida of the importance of taking a holistic approach to the treatment of urinary and fecal incontinence.

References

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