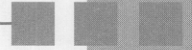


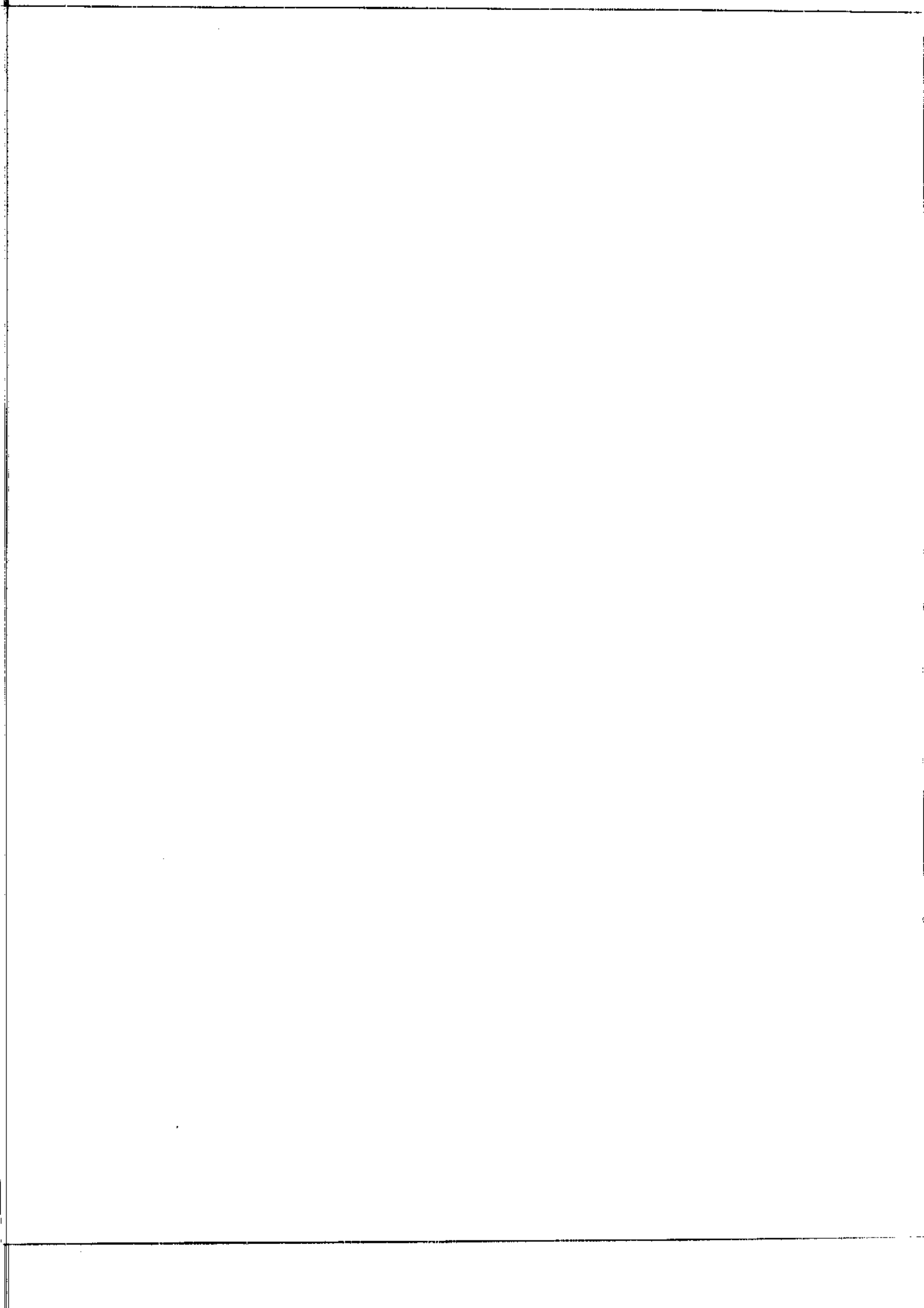


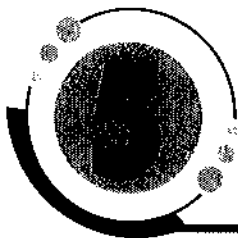
**USEFULNESS OF TEMPORARY CUTANEOUS
LOOP URETROSTOMY FOR MASSIVELY DILATED
UPPER URINARY TRACT IN YOUNG CHILDREN**



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Urinary diversion in children may be required for a number of different situations, such as neurogenic bladder, congenital bladder anomalies, obstructive uropathies and tumors to provide urinary control or to preserve renal function. The choice of diversionary methods depends on partly on the nature of urinary tract pathology and partly on the expected duration of urinary drainage, that is permanent or temporary. Intubated diversion is inevitably followed by infection. So nonintubated diversion is preferred, from various points of view, especially in young children.

Recently, many obstructive uropathies are prenatally found by ultrasound. The general condition of these babies is not necessarily good for further examinations and treatments. In these situations, we positively use the cutaneous loop ureterostomy as a way of an emergency evacuation and plan the reconstructive surgery, thereafter, in safety and the minimum procedures.

Here, we present our clinical experiences and discuss the usefulness of this procedure as a temporary urinary diversion in a young infant.

We performed cutaneous loop ureterostomy in 22 ureters of 17 patients who had a massively dilated upper urinary tract. The patients consisted of 12 boys and 5 girls between the age of one month old and 2 years old (average age: 6.5 months old). The underlying diseases were as follows : 9 cases of refluxing megaureters, 5 cases of primary megaureters and one case each of ureteral dysplasia, ureteral atresia and

ectopic ureter.

Reasons for this procedure were poor general condition (71%), refractory UTI (71%), disturbed renal function (47%), poor assessment of the urinary tract due to the patient's condition (41%), catheter trouble based on nephrostomy or cysto-stomy(41%), disturbed liver function due to the antibiotics for UTI (29%), and solitary kidney, etc.

Following ureterocystoneostomy for primary diseases, un-diversion was successively carried out in 18 ureters of 15 patients by means of ureteroureterostomy, including simultaneous ureteropyelostomy in 2 patients with the duplicated system and ileal ureter in 1 patient. In 3 patients, a poorly functioning kidney was excised. The remaining one patient is expected to undergo reconstruction soon. After cutaneous loop ureterostomy many of patients become free from the various troubles, mentioned above. In addition, evaluation of the urinary tract and surgical procedures was safely carried out. Administration of antibiotics could be terminated in 71% of patients.