Incontinence and Loss of Urine due to Malformations

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Key Words

Malformations
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Incontinence
Ureterovesical reflux

Abstract

Two cases of congenital malformation of the urethra with coexistence of other disturbances or repercussions on the urinary and genital tracts have been presented. The pre-operative evaluation of the presence of other urinary malformations or from other systems together with the repercussion that any lower urinary malformation can report on the upper urinary tract (renal insufficiency) have also been discussed.

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Among the malformations of the lower urinary tract, urethra, with loss of urine and incontinence, we want to call attention upon two aspects:

- (1) The coexistence with other malformations, either of the urinary tract or from other systems (genital).
- (2) The repercussion of these malformations on the upper urinary tract. Our contribution will be limited to present a patient from each group, all of them seen in a 7-month period, since the Urological Service from the Ciudad Sanitaria of the Seguridad Social, Barcelona, has started working.

Case 1: G.C.V. 17-year-old male patient, single. This patient came to our Service with a penile epispadias and a total incontinence of urine. These symptoms apart from the permanent loss of urine, were that of a slight renal insufficiency with polyuria and slight polydipsia; a bilateral flank pain sometimes. His physical examination was negative except for his epispadias. The laboratory examination showed a sediment rate of 35/73, CBC normal, BUN 1.03 g %, plasma creatinine 3.4 mg%. His acid/base balance showed a glomerular filtrate of 30 ml/min. A beginning metabolic acidosis. The IVP showed a bilateral ureterohydronephrosis with a megabladder. Using the CUMS technique a bilateral ureterovesical reflux was demonstrated. On March 3, 1971, an operation was done using the Leadbetter-Politano technique bilaterally together with a lengthening of the ureter with the aid of the trigone (a lower Leadbetter's technique). Today's status of

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the patient is quite satisfactory. The incontinence of urine is at a minimum, no uretero-vesical reflux is present and his renal insufficiency is under control, although it seems that its evolution is slow and seems progressive.

Case 2: M. S. M. 8-year-old female patient.

This patient was referred to us from Murcia, showing a nocturnal enuresis and an urgency voiding; her loss of urine was present during the day too, but for a short periods of time. Her past history dates back to 4 years ago when some febrile crisis were present, which disappeared with the aid of antibiotics but to relapse later on.

On physical examination only an abnormal urethral meatus was seen (hypospadias); her genital tract was seen atresic (Dr. Torrent).

The laboratory work-up showed a normal plasmatic cytology and chemistry as well. Renal function normal. In the urine a *Proteus mirabilis* and *Klebsiella aerobacter* were isolated only sensitive to Gentamicine. The IVP showed a bifid spine (L5)

a compensatory hypertrophy of the right kidney (4 ½ vertebral bodies). Left renal hypoplasia associated with a chronic pyelonephritis

not evolutive. Colposcopy: A cloaca with a same outlet for the urethra and vagina. Cystoscopy: A divergent trigone. Urethra of 0.5–1 cm n length with a large vaginal out-flow. Retrograde cystogram: No ureterovesical reflux. Bladder of a regular contour and good capacity. Good improvement on medical treatment. No febrile crisis. Good urinary continence during the day and great improvement as far as the enuresis is concerned. Still under observation.