

picături în zi (7–14 mkg). Doza este adaptată cu mărirea sau micorarea ei și repaose de o săptămână după 6 luni de tratament.

Concluzii

1. Nu există un singur enurezis, ci enureze.
2. Stabilirea unității nosologice a enurezisului se efectuează în formă de algoritm diagnostic.
3. Se deosebesc următoarele grupări de stări patologice în apariția enureziselor: anomalii renourinare, heterocronia maturizării sistemului nervos vegetativ, infecții severe ale tractului reno-urinar, enurezis primar ereditar.
4. Tratamentul enureziselor necesită individualizare maximală cu participarea activă a copilului.

Bibliografia

1. P. Cochat, P. Meunier, M. Majo – Arch. Pediatr. 1995, 2, 57 – 64.
2. H. Conda, P. Cochat, ML Covailles – Arch Pediatr. 1995, 2, 65 – 69.
3. V. Hurdiuc, D. Băjenaru – Pediatria, 1995, 2, 29 – 37
4. G. Lasfargues – La revue du practisien, 1997, 47, 8 – 11.

TRANSVERSE PREPUTIAL ISLAND FLAP TECHNIQUE FOR HYPOSPADIAS

G. Gluck, M. Gluck

*Center of Urological Surgery, Dialysis and Renal Transplantation
«Fundeni» Clinical Institute, Bucharest, ROMANIA*

Video

Introduction: The preputial island flap can be used for urethral reconstruction in congenital or acquired defects.

Method: We describe the technique with transverse preputial island flap utilised as reconstructive procedure at a 9 years old male patient with medium penile hypospadias. He has had in the past 2 failures of surgical treatment. We try to point out the contribution of the artificial erection and release of the fibrous chordee for orthoplasty. The orthotopic position of the meatus is important for micturition and fecundation.

Conclusions: DUCKETT PROCEDURE is a surgical technique for hypospadias with good cosmetic, functional and emotional results.

URODYNAMICS IN THE CHILD'S LOWER URINARY DISEASE

L. Iliescu, C. Chibelean

*Center of Urological Surgery, Dialysis and Renal Transplantation,
«Fundeni» Clinical Institute, Bucharest, ROMANIA*

Objective: The urodynamics aim is to establish the nature and causes of urinary symptoms at little patient after the vesico-urethral maturation.

Material and Methods: During 1996 and 2000 were studied in our center 54 children aged between 4 and 14 years, most of them admitted in «M.S. Curie» Pediatric Hospital from Bucharest. 70% were surgically treated in Center of Urological Surgery, Dialysis and Renal Transplantation (Prof. I. Sinescu) or at the Pediatric Surgical Department (Prof. Pesamosca). The urodynamic studies on children are more complicated than on adults due to the necessity of special equipment, active presence of urodynamic specialist and the pediatric also.

Results: The urodynamic disorders' maximum incidence appear after the age of 4 years when the bladder volume is adequate and the neurological center controlled the voluntary urethral sphincter and the detrusor contractility. Therefore, there were identified as causes: persistent urinary infections (80 cases), micturition difficulty or urine loss (60% cases) due to the congenital urinary malformations or neurological diseases (30% cases), sometimes mixed through their complexity (10%). The urodynamic investigation consists on: flowmetry, cystometry, EMG of the pelvic floor, combined studies including micturitional cystography, and in special cases were evaluated the detrusor and the bladder neck, the eventual vesico-ureteral ebb tide or other pathological causes (urethral valves, fistulas, ureterocele, etc).