



## Letter to the Editor

### Commentary to “Outcome of end cutaneous ureterostomy (ECU) as a non conservative option in the management of primary obstructive megaureters (POM)”



Authors present the results of a retrospective case series of patients who underwent end cutaneous ureterostomy (ECU) for obstructive megaureters (OMUs) during a 10-year period. Their results are comparable with those of other series of cases that have been described before [1]. The mean age at the moment of diversion was 7 months. Our position with regard to the potential damage that obstruction can cause to renal units in the early years of life implies to take actions sooner rather than later, and we are pleased to see that authors decided to do diversions at an early age.

The main indication for diversion presented on this article was worsening of ureteral dilation followed by complicated urinary tract infection (UTI) [2]. It would be interesting to know why circumcision was not mentioned as a way to reduce the rates of UTIs. In their experience with 25 cases, authors present the benefits of the ECU with low morbidity. Nonetheless, they present that 21 patients underwent undiversion, which clearly refers to the ECU as a temporary measure that will require a second operation almost for certain. How much can another procedure be considered as adding morbidity to these patients and their families? Based on how much this may affect the Disability-adjusted life year (DALYs), it is important to keep in mind that we as surgeons need to constantly think on other ways to reduce the amount of subsequent operations in the future of our patients.

It is interesting to see that among the treatment options that authors propose for the management of OMUs, a side-to-side ureterovesicostomy (SSUV) is not contemplated. Our group has been performing this operation with promising midterm results [3]. One of the main benefits of the SSUV is the immediate diversion with the possibility of being a definitive

measure. If combined with a circumcision in males, the UTI rate is dramatically reduced, contrary to what authors report as a 1% UTI rate per month of diversion.

In addition, the possibility of stomal stenosis of up to 22%, as mentioned by the authors, is a complication that is virtually improbable with the SSUV.

The management of OMUs has been a challenging condition, and pediatric urologists need to be aware of the multiple options available to be offered to these families. We do want to emphasize that a critical argument when counseling families is to reduce long-term morbidity, facing an obstructed renal moiety, and diversion is critical. Nonetheless, it has to be critical to include in the equation all measures to reduce the need for subsequent operations.

Future efforts need to focus on ways to detect the impact of obstruction earlier before irreversible anatomical deterioration is seen, and surgeons should choose along with patients and their families the treatment that suits their interests better.

## References

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