ASIA-PACIFIC ASSOCIATION OF PAEDIATRIC UROLOGISTS

APAPU

ASIA-PACIFIC ASSOCIATION OF PEDIATRIC UROLOGISTS
24TH ANNUAL CONGRESS
BUILDING BRIDGES: TOWARDS A BETTER PEDIATRIC UROLOGY

BOOK OF ABSTRACTS

PROGRAMME • FACULTY

PHILIPPINE UROLOGICAL ASSOCIATION, INC. 1957

PHILIPPINE UROLOGICAL ASSOCIATION, INC. 20-09 CENTRAL & EASTERN VISAYAS CHAPTER

PHILIPPINE SOCIETY FOR PEDIATRIC UROLOGY 2015

DEPARTMENT of UROLOGY VICENTE SOTTO MEMORIAL MEDICAL CENTER 1997

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CEBU CITY, PHILIPPINES

10 - 12 OCT 2024

Asia-Pacific Association of Pediatric Urologists

24th Annual Congress

BOOK OF ABSTRACTS

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MESSAGE

It is with great honor and pleasure that I welcome everyone to the 24th Annual Scientific Congress of the Asia Pacific Association of Paediatric Urologists (APAPU) in Cebu.

The Annual Congress of the APAPU allows a valuable opportunity for pediatric urologists from the Asia Pacific region and beyond to gather and share experience, knowledge, information and opinions regarding the very many varied topics in our specialty. It also allows a more personal interaction among the delegates that may help foster future collaborations and friendships.

This year's theme is "*Building bridges toward a better Pediatric Urology*." This emphasizes the interconnections and interactions that we hope will happen over the course of the three days of the meeting. The different activities have been designed to bring about discussions and exchange of ideas which will hopefully improve our understanding and care of our beloved patients.

The backdrop for this year's meeting is the island of Cebu. This is the third time that the APAPU Annual Scientific Congress has been held in the Philippines. The first two meetings were held in Manila. This year, we decided to hold the meeting in the Queen City of the South, known for its beaches, seafood and hospitality. We hope the tropical surroundings will help make this meeting a memorable one.

Thank you in advance to all the attendees for participating in this meeting and sharing your knowledge.

Warmest regards to all,

Carlos Ramon N. Torres, Jr., MD, FPUA, FPCS
President, APAPU
Local Organizing Chair, APAPU 2024 Cebu

MESSAGE

Distinguished Members of APAPU, Dr. Carlos Ramon Torres Jr., President of APAPU, Dr. Jun Dy, President of the Philippine Society of Pediatric Urologists, esteemed guests, and friends from across the Asia-Pacific regions.

It is with immense honor and pride that I stand before you today as we come together for the 24th Annual Congress of the Asia Pacific Association of Pediatric Urologists (APAPU). On behalf of the Philippine Urological Association, I warmly welcome each and every one of you to this significant gathering, where we collectively embark on a journey of learning, collaboration, and innovation under the theme, "*Building Bridges Towards Better Pediatric Urology*."

Pediatric Urology, as we all know, is a field that requires not just technical skill but deep empathy and a genuine passion for improving the lives of the youngest members of our communities. The challenges are unique, but the rewards are profound. Every child who regains a better quality of life through our work is a testament to our shared commitment.

This Congress is an incredible opportunity to "build bridges"-bridges that connect expertise from across the region, unite disciplines and specialties, and create networks that will propel Pediatric Urology forward. It is through these bridges that we can address disparities in access to care, improve surgical techniques, advances research, and ensure that the highest standards of care available to every child, regardless of where they are born.

As we delve into the various sessions, workshops, and discussions in the coming days, I urge everyone to embrace the spirit of collaboration. Let us share our experiences and expertise, explore innovative solutions, and open doors to future partnerships. Whether we are focusing on the latest surgical techniques, research advancements, or comprehensive patient care, the foundation of our work remains the same-ensuring a better future for children with urological conditions.

I also want to express my gratitude to the Asia Pacific Association of Pediatric Urologists (APAPU) for organizing this prestigious congress, and to all the distinguished speakers and panelists for their invaluable contributions. Your dedication and commitment to the field of pediatric urology are truly inspiring.

Together, we are not just building bridges between countries, but bridges between ideas, disciplines, and the future of pediatric healthcare. Let us take full advantage of this moment to learn, grow, and strengthen the connections that will benefit the children we serve.

Once again, welcome to this Congress, and I look forward to the fruitful discussions and collaborations ahead.

Thank you.

Diosdado Limjoco, MD, FPUA
President 2024
Philippine Urological Association

MESSAGE

Dear esteemed colleagues,

Mabuhay!

It is a great honor and privilege to host this significant gathering of experts and practitioners in the filled of Pediatric Urology. This year's theme is "Building Bridges Towards a Better Pediatric Urology: Highlighting Collaborations and Interdisciplinary Approach". We hope this conference will represent a unique opportunity for us to come together, share knowledge, and foster collaborations that will advance our understanding and practices in Pediatric Urology not only in the Asia Pacific region but across the Globe, as well.

Cebu, known for its rich cultural heritage and scenic beauty, serves as a fitting backdrop for our meeting. As we gather here, let us be inspired not only by the surroundings but also by the collective expertise and dedication present in our gathering.

Over the next few days, we will engage in active discussions, practical presentations, and live surgery workshops that will cover the latest advancements, research, and innovative practices in Pediatric Urology. Let this meeting be a platform where we can challenge current practices, introduce new ideas, and pave the way for future breakthroughs in Pediatric Urology. Once again, welcome to Cebu, Philippines and I wish you all a productive and enriching conference.

Daghang Salamat Kaayo

Jun S. Dy, MD, MMHoA, FPUA, FPSPU
Head, Scientific Committee, APAPU Cebu 2024 &
President, Philippine Society for Pediatric Urologists

PROGRAM AT A GLANCE

	Day 1 10-Oct			Day 2 11-Oct	Day 3 12-Oct
	BENJARONG Restaurant PHUKET ROOM	BENJARONG Restaurant BANGKOK ROOM	CLUB LOUNGE	DUSIT BALLROOM 1	DUSIT BALLROOM 1
07:00-07:30	REGISTRATION			REGISTRATION	
07:30-08:00	CASE PRESENTATION				
08:00-08:30				Session 1: Basic Science / Distal /Proximal Hypospadias	Session 6: Obstruction & Hydronephrosis
08:30-09:00	Repair of Hypospadias	Laparoscopic Varicocelectomy, Left			
09:00-09:30					Session 7: Urinary Tract Infection / Vesicoureteral Reflux
09:30-10:00		BREAK			
10:00-10:30	BREAK			Session 2: Complex Hypospadias	
10:30-11:00					Session 8: Neurogenic bladder/ Functional Urology
11:00-11:30		Laparoscopic Ureteroneocystostomy, Left			Session 9: Updates on management of Daytime incontinence
11:30-12:00	Repair of Hypospadias, First Stage				
12:00-12:30				DEFLUX REVISITED by Transmedic Inc.	NOCTURIA by Ferring Ltd.
12:30-13:00					
13:00-13:30		BREAK	REDO BLADDER EXSTROPHY	Session 3: Bladder Exstrophy / Complex Anomalies	Session 10: Transitional Urology
13:30-14:00	BREAK				Session 11: Penile Disorders
14:00-14:30					Session 12: Global Missions / Outreach in Pediatric Urology / Pediatric Renal Transplantation
14:30-15:00	Laparoscopic Ureteral Clipping	Cystoscopy, URS, ICL, Left, ECIRS, Left, DJ Stenting, Left		Session 4: Pediatric Uro Oncology	Session 13: Urolithiasis (PCNL, RIRS, ESWL)
15:00-15:30					
15:30-16:00					
16:00-16:30					
16:30-17:00				Session 5: Trauma/Testicular Torsion	
17:00-17:30					Closing Ceremony Turn over Ceremony
17:30-18:00				APAPU BOARD MEETING	
18:00-18:30					
18:30-19:00				WELCOME COCKTAILS POOLSIDE LOUNGE	FELLOWSHIP NIGHT BOARDWALK
19:00-20:00					
20:00-21:00					

DAY 1 OCTOBER 10, 2024

LIVE SURGERY

DUSIT THANI MACTAN CEBU

BENJARONG RESTAURANT – PHUKET ROOM

TIME	DIAGNOSIS	OPERATION	TEAM/SURGEON
07:30 – 08:00	CASE PRESENTATION (Pre-recorded Video)		
08:00 – 10:00	Distal Hypospadias	Repair of Hypospadias	Dr. Gianantonio Manzoni (IT)
BREAK			
11:00 – 13:30	Proximal Hypospadias	Repair of Hypospadias, First Stage	Dr. Gianantonio Manzoni (IT)
14:00 - onwards	Duplex Collecting System, Left	Laparoscopic Ureteral Clipping	Dr. Armando.Lorenzo (CA)

BENJARONG RESTAURANT – BANGKOK ROOM

TIME	DIAGNOSIS	OPERATION	TEAM/SURGEON
07:30 – 08:00	CASE PRESENTATION (Pre-recorded Video)		
08:00 – 09:30	Varicocele, Left	Laparoscopic Varicocelectomy, Left	Dr. Armando Lorenzo (CA)
BREAK			
10:00 – 13:00	Ureterovesical Junction Obstruction, Left	Laparoscopic Ureteroneocystostomy, Left	Dr. Chandra Mohan (IN)
14:00 - Onwards	Staghorn Calculus, Left Ureterolithiasis, Left	Cystoscopy, URS, ICL, Left, ECIRS, Left, DJ Stenting, Left	Dr. Chandra Mahan (IN)

CLUB LOUNGE

TIME	DIAGNOSIS	OPERATION	TEAM/SURGEON
07:30 – 08:00	CASE PRESENTATION (Pre-recorded Video)		
08:00 - onwards	Bladder Exstrophy	Redo Bladder Exstrophy	Dr. Marc David Leclair (FR)

DAY 2 • OCTOBER 11, 2024

SCIENTIFIC PROGRAMME

Time	Topics	Moderators / Speakers
8:00-8:05	Invocation/National Anthem	
8:05-8:10	Opening Remarks	Dr. Carlos Ramon Torres *APAPU President*
8:10-8:15	Welcome address:	Dr. Jun Dy *PSPU President/APAPU Scientific Chair*
8:15-8:20	PUA Presidential Address	Dr. Diosdado Limjoco PUA President, 2024
8:15-8:20	PUA Central Visayas Chapter Presidential Address	Dr. Edwin Lim *PUA CV President*
8:20-8:30	Origin of APAPU / Challenges in Pediatric Urologic Practice	Dr. Dante Dator
8:30-9:30	Session 1: Basic Science / DIstal / Proximal Hypospadias	Moderator: Dr. Pamela Pahati (PH) Dr. Kwan Jin Park
8:30-8:45	Basic Science and Breakthrough in Hypospadias Diagnostics and Management	Dr Fang Chen (PH)
8:45-9:00	Comparison Between Urethral Incised Plate Tabularization vs Graft for Distal Hypospadias Repair	Dr. Yutaro Hayashi (JP)
9:00-9:15	Revisiting Dorsal Inlay Graft Urethroplasty for Primary Hypospadias Repair (Single Stage Procedure)	Dr. Ting Zhang (CN)

Time	Topics	Moderators / Speakers
9:15-9:30	The Role of Flap Vs Graft for Proximal Hypospadias Repair	Dr. David T. Bolong (PH)
9:30-10:15	Open Forum	
10:15-10:30	Free Paper 1 The Reconstruction of Severe Type Hypospadias and Chordee with Sandwich Technique – Sharing the Experience of CCH in Recent 30 years	Jian-Kai Chen Jesun Lin (TW)
	Free Paper 2 Double-Tube Stents Device for the Reconstruction of Severe Type Hypospadias or Re-do Hypospadias - Sharing the Experience of CCH in the Last Three Decades	Jesun Lin Jian-Kai Chen Jian-Ting Chen Dylan C Tsai Ming-Chih Choc (TW)
10:30-12:00	Session 2: Complex Hypospadias	Moderator: Dr Carlo Bisnar (PH) Dr. Tarmono Djojodemedjo
10:30-10:45	SLAM Technique for Primary/ Redo Hypospadias Repair: No TIP Please	Dr. Ahmed Hadidi (DE)
10:45-11:00	Reducing Complication of Hypospadias Repair: Lessons Learned	Dr. Gianantonio Manzoni (IT)
11:00-11:15	Difficult Decision Making in Redo Hypospadias / Epispadias	Dr. Joao Luiz Pippi Salle (CA)
11:15-11:45	Open Forum	
11:45-12:00	Free Paper 3 Proximal Hypospadias: CEDU Operation	Ronald Sorongku

Time	Topics	Moderators / Speakers
	Free Paper 4 Buttonhole Technique for Penoscrotal Transposition Correction in Two-Stage Hypospadias Repair: Outcomes and Complication from a Single-Center Experience	Kyeong Kim Kwanjin Park (KR)
12:00-13:00	Lunch Symposium DEFLUX revisited	Dr. Nyo Yoke Lin (SG)
13:00-14:30	Session 3: Bladder Exstrophy / Complex Anomalies	Moderator: Dr. Fercival Sabino (PH) Dr. Ronald Sorungku
13:00-13:30	Bladder Exstrophy - Nantes Delayed Bladder Closure with Kelly-Repair and Clinical Outcomes (Semi-Live)	Dr. Marc David Leclair (FR)
13:30-14:00	Bladder Exstrophy: Toronto Approach and Clinical Outcomes (Semi-Live)	Dr. Joao Luiz Pippi Salle (CA)
14:00-14:15	Long Term Follow-Up and Experience After Redo Bladder Neck Reconstruction for Bladder Exstrophy Complex	Dr. Philip Ransley (GB)
14:15-14:30	Open Forum /Case Discussion	
14:30- 16:15	Session 4: Pediatric Uro Oncology	Moderator: Dr. Michael Gaston (PH) Dr. Kaoru Yoshino
14:30-14:45	Philippine Best Practice Guidelines for Wilms Tumor	Dr. Desiree Dy-Holaysan (PH)
14:45-15:00	Current Surgical Controversies and Updates in the Management of Wilms Tumor	Dr. Armando Lorenzo (CA)

Time	Topics	Moderators / Speakers
15:00-15:15	Recent Advances in Pediatric Bladder Malignancies: RMS Bladder Sparing Procedure vs Radical Cystectomy with Urinary Diversion	Dr. Armando Lorenzo (CA)
15:15-15:30	Testicular Tumor Updates: Role of Partial Orchiectomy	Dr. Armando Lorenzo (CA)
15:30 -16:00	Updates on Oncofertility: Prepubertal Testicular Cryopreservation	Dr. Nikko J. Magsanoc (PH)
16:00-16:15	Robotic Approach to Pediatric Solid Tumors: 10 Years Follow up and Future Trends	Dr. Sujit Chowdhary (IN)
16:15-16:25	Open Forum	
16:25-17:00	Free Paper 5 Innovative Three-port Laparoscopic Retroperitoneal Lymph Node Dissection (L-RPLND) for Paratesticular Rhabdomyosarcoma in a Pediatric Patient	Dr. Revathy Menon Dr. Avinash Jadhav
16:30-17:00	Session 5: Trauma/Testicular Torsion	Moderator: Dr. Carlos Ramon Torres (PH) Dr. Stacy Tanaka
16:30-16:45	Current Management on Pediatric Testicular Torsion: Role of T-Vaginalis Flap	Dr. Daniel Keefe (CA)
16:45-17:00	Renal Trauma Updates	Dr. Heidi Stephany (US)
17:00-17:15	Case Discussion: Giant Ureteropelvic Junction Obstruction with Blunt Abdominal Trauma	Dr. Carlos Ramon Torres (PH)

Time	Topics	Moderators
17:15-17:30	Free Paper 6 Placement of Ureteral Stent in Ureteroneocystostomy performed for Vesicoureteral Relux: Analysis of the Data form National Surgical Quality Improvement Program – Pediatrics (NSQIP-P)	Joan Marie Flor Maryam Noparast Kourosh Afshar
	Free Paper 7 Transvesical Subtrigonal Buccal Mucosal Graft Inlay for an Almost Completely Obliterated Bladder Neck Contracture: A First in the Philippines	Dr. Krizel Marie C. Faustino Dr. Cholson Banjo Garcia Dr. Dony Santiago Dr. Ambrichirus T. Lacanilao Dr. Oyayi Arellano Dr. Mark Joseph J. Abalajon
18:00-21:00	Opening Cocktails	

Day 3 • October 12,2024

Time	Topic	Speaker
8:00-8:05	Recap Day 1	Dr. Nicolo Buenaventura (PH)
8:05-9:00	Session 6: Obstruction & Hydronephrosis	Moderator: Dr. Jun Dy (PH) Dr. Jae Min Chung
8:05-8:20	PUV Updates and Management	Mandy Rickard ,MN, NP-Ped (CA)
8:20-8:30	Fetal Urology Updates and Management	Dr. Pamela Pahati (PH)
8:30-8:40	Laparoscopic Management of Ureteropelvic Junction Obstruction	Dr. Young Jae Im (KR)
8:40-8:50	Updates on Management of Ectopic Upper Pole Obstruction	Dr. Armando Lorenzo (IT)
8:50 -9:00	Open Forum / Case Discussion	

Time	Topic	Speaker
09:00-10:30	Session 7: UTI/ VUR	Moderator: Dr. Neddy Lim (PH) Dr. Phitsanu Mahawong (TH)
09:01-9:10	Evidence Based Clinical Practice Guidelines on Management of Urinary Tract Infection and Primary Vesicoureteral Reflux: Asian Perspective	Dr. Stephen Yang (TW)
9:10-9:20	VUR Risk Stratification and Management Updates	Dr. Priyank Yadav (IN)
9:20-9:30	Role of Minimally Invasive Surgery in VUR Management	Dr. Chang Shenjang (KR)
9:30–9:40	Managing Surgical Complications on Antireflux Surgery/Procedures	Dr. Priyank Yadav (IN)
9:40-9:50	Intravesical Laparoscopic Ureteral Reimplantation	Dr. Jae Min Chung (KR)
9:50-10:00	Lessons Learned: Robotic/ Laparoscopic Pneumovesicum Reimplant Implantation	Dr. Chung Kwong Yeung (HK)
10:00-10:10	Open Forum	
	Free Paper 8 Laparoscopic Reconstruction of the Ureterovesical Segment in Complete Duplication of the Upper Urinary Tract	Arthur Kulaev O.S. Shmyrov S.M. Sharkov M.N. Lazishvili R.V. Surov A.S. Kovachich A.Yu. Lobach K.D. Morozov D.A. Margieva G.V. Kozyrev
10:15-11:15	Session 8: Neurogenic Bladder / Functional Urology	Moderator: Dr. Jun Dy Dr. Fan Yu Hua

Time	Topic	Speaker
10:15-10:25	Spina Bifida Urology Management: UMPIRE Study	Dr. Stacy Tanaka (US)
10:25-10:35	CPG on Neurogenic Bladder: Canadian Protocol	Dr. Michael Chua (PH)
10:35-10:45	Surgical Management Options in Pediatric Neurogenic Bladder	Margarita Chancy (Columbia)
10:45-11:00	Free Paper 9 Congruence of Long-Term Data on Auto-augmentation: a single surgeon experience on Detrusorectomy on Spina Bifida Patients in the Philippines	Dr. Jessie L. Harina Dr. David T. Bolong
	Free paper 10 Continence Rates and Video-Urodynamics Parameters Before and After Bladder Botox Injection in Pediatric Neurogenic Bladder Patients	Kay Rivera Mandy Rickard Ihtisham Ahmad Zwetlana Rajesh Abby Varghese Michael Chua Armando Lorenzo Joana Dos Santos
	Free Paper 11 The Correlation Between Shape, Wall, Outlet, Reflux, Diverticulum (SWORD) Scores from Cystometrogram Pictures and Urodynamic Parameters and Treatment options in Lumbosacral Myelomeningocele in Children	Dr. Pathompong Nidnoisueb Dr. Phitsanu Mahawong Dr. Jaraspong Vuthiwong
11:15-12:30	Session 9: Non-Neurogenic Bladder	Moderator: Dr. Paul Villegas (PH) Dr. Kun Suk Kim
11:15-11:25	Updates on Management of Daytime Incontinence	Dr. Shin Mei Wong (TW)

Time	Topic	Speaker
11:25-11:35	Role of Botox injection on Overactive Bladder and Techniques	Dr. Dheidan Alshammar (KW)
11:35 –11:45	Current Updates on Bladder Bowel Dysfunction and Urotherapy	Dr Stephen Yang (TW)
11:45-11:55	Open Forum	
11:55-12:00	Free Paper 12 Can Multi-modal Ultrasound Replace Urodynamic Study in Evaluation of Neurogenic Bladder Structure in Children?	Dr. Jianguo Wen (CH)
12:00-13:00	Lunch Symposium: Nocturia	Dr. David T. Bolong (PH)
13:00-13:30	Session 10: Transitional Urology	Moderator: Dr. Stacy Tanaka Dr. Pamela Pahati
13:00-13:10	Transitional Urology: Quality Measures and New Frontiers	Dr. Thomas Delos Reyes (CA)
13:10-13:20	Readiness Outcome from Toronto Transition Care Experience	Dr. Michael Chua (PH)
13:20 -13:30	Open Forum	
13:30 14:00	Session 11: Penile Disorders	Moderator: Dr. Neddy Lim Dr. Stephen Yang
13:30- 13:40	Buried Penis After Hypospadias Repair	Dr Sang Woon Kim (KR)
13:40 - 13:50	Evaluation and Diagnosis of Common Disorders Sexual Development	Dr. Ji Yong Ha (KR)
13:50-14:00	Open Forum	

Time	Topic	Speaker
13:50- 14:00	Free Paper 13 Differential Address of Dartos Fascia may solve the problem of Penile Protrusion without affecting the Development of Preputial Edema	Dr. Kwanjin Park Dr. Kyeung Kim Dr. Young-Jae Im (KR)
14:00 – 14:30	Session 12: Global Missions / Outreach in Pediatric Urology / Pediatric Renal Transplantation	Moderator: Dr. Rosito Bascuna (PH) Dr. Michael Chua
14:00-14:10	Global Missions / Outreach in Pediatric Urology	Dr. Heidi Stephany (US)
14:10-14:20	Challenges and Innovations in Pediatric Renal Transplantation	Dr. Kaye Rivera (PH)
14:20- 14:30	Open Forum	
14:30-17:00	Session 13: Urolithiasis (PCNL, RIRS, ESWL)	Moderator: Dr. Kirk Lipana (PH) Dr. Neddy Lim (PH)
16:00-16:10	Medical Evaluation and Management of Pediatric Stone Disease	Dr. Monina Cabral (PH)
16:10-16:20	New CT Protocol for the Evaluation of Pediatric Urolithiasis	Dr. Daniel Keefe (CA)
16:20-16:30	RIRS Management of Pediatric Renal Stones	Dr. Frank Papanikolauo (CA)
16:30-16:40	ECLIRS / PCNL Management of Pediatric Renal Stone: How I Do It and Clinical Outcomes	Dr. Chandra Mohan (IN)
16:40-17:00	Open Forum / Case Discussion	
17:00-17:15	Closing Ceremony	
18:00-21:00	Fellowship Dinner	

FOREIGN FACULTY

Dr. Fang Chen (CN)
Chairman
Shanghai Sixth People's Hospital

Dr. Gianantonio Manzoni (IT)
Consultant Pediatric Urology, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, IT

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Taipei Tzu Chi Hospital

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Pediatric Urology
Bicol Medical Center

Dr. Michael Gaston
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Philippine General Hospital

Dr. Fercival Sabino
Pediatric Urology Consultant
Philippine Children's Medical Center

Dr. Neddy Lim
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Ilocos Training and Regional Medical Center

PP

Long-Term Outcomes Following "Watering Can" Ureterocoele Puncture Technique: A Retrospective Cohort, Single-Surgeon Experience Study

Diovic S. Tan MD and David T. Bolong MD, FPUA

Section of Urology, University of Santo Tomas Hospital, Manila, Philippines

Objective: The study evaluated the long-term results of the "Watering Can" Ureterocoele Puncture (WCP) technique for endoscopic ureterocoele decompression and compared intraoperative and postoperative complications and the necessity for further surgery.

Materials and Methods: This retrospective study reviewed 22 patients treated endoscopically for ureterocele by a single surgeon across four institutions. From 2014 to 2017, 9 patients had Transurethral incision of ureterocoele (TUIU), and from April 2018 onwards, 13 patients underwent WCP technique. The study focused on infants to children up to 12 years old with intravesical or ectopic ureterocele. Data on medical history, demographics, surgical details, and outcomes were collected.

Results: Laser puncture resulted in ureterocele decompression in 92% of patients and hydronephrosis decompression in 77%. The incision method led to 100% success in ureterocele decompression and 82% in hydronephrosis decompression. Neither group required a second endoscopic procedure. However, 44% of patients in the TUIU group developed de novo VUR (with two patients each in Grade I and II), while no such cases were observed in the WCP group. This difference was clinically significant with a p-value of 0.0172.

Conclusion: Both WCP and TUIU are effective for the endoscopic management of ureterocoeles. The WCP technique results in fewer postoperative complications and less de novo vesicoureteral reflux. More extensive studies are needed to support these findings.

PP
Childhood Ischaemic Priapism – The Challenges In Management

Sim Siam Wee, Yap Te-Lu, Li Xiangzhen, Fay KK

Women's and Children's Hospital Singapore

Objective: Childhood priapism is a rare urological emergency with no consensus on management.

Methods: Retrospective review of priapism cases admitted to our institution from 2017-2023.

Results:
Case #1: Stuttering priapism in a 13-year-old Caucasian. More conservative methods (needle aspiration and normal saline(N/S) flushing) were ineffective in maintaining sustained detumescence. Despite a bilateral T-shunt procedure, priapism recurred after 6 hours. The shunt was revised but priapism recurred the next day. Finally, an open Al-Ghorab shunt was performed. We used subcutaneous Enoxaparin for 48 hours and oral Acetylsalicylic acid and Clopidogrel for 1 week to prevent shunt blockage. He has reported spontaneous morning erections 1month post-discharge.

Case #2: Stuttering priapism in a 3-year-old Chinese. Similarly, conservative methods failed. A Winter's shunt was performed. Fentanyl infusion via epidural catheter, intravenous Ketamine infusion and oral Clonidine were prescribed for 48hours post-procedure. These were weaned off over 3days. He has not returned with recurrence in the past 1year.

Case #3:11-year-old Chinese presented with spontaneous painful erection for 6days. Bone marrow aspirate confirmed Chronic Myeloid Leukaemia. Repeated penile aspiration and flushing with N/S was performed under sedation until priapism resolved. He was started on chemotherapy with normalization of hyperleukocytosis within 20days thereof. He remains well 1year out.

Conclusions:

Strategized management guideline:

1) Detect secondary causes via FBC, history and physical examination.

2) Determine priapism type(ischaemic vs non-ischaemic) with Ultrasound Doppler. Further confirmation with blood gas analysis under GA.

3) Proceed with distal shunt procedure under same GA if detumescence is not sustained with more conservative measures.

4) Intravenous Ketamine infusion(alpha-agonist, detumescence agent, provides dissociative anaesthesia and analgesia) and caudal epidural block to maintain detumescence.

5) Prescribe anti-coagulants post-shunt procedures.

In view of significant psycho-sexual impact, we propose that traumatic procedures should be performed under GA in children.

PP

Factors Influencing Rate of Testicular Salvage in Acute Testicular Torsion

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Objective: To determine the factors influencing rate of testicular salvage in acute testicular torsion.

Patients/Methods: Data were collected prospectively from a consecutive case series of patients who had scrotal exploration for acute testicular pain suspicious of testicular torsion from the January 2015 to December 2019. The main outcome measures were age, duration of symptoms prior to presentation, transfer status, time to surgical exploration, relationship between patient age and orchiectomy rate and the association between testicular torsion and cold weather.

Results: Data for 111 patients out of 120 were available for analysis. The median age of the patients was 15 (0-29) years. Testicular salvage was possible in 45.9% of patients. 48.6% of patients included in the study were transferred from another facility. Inter-hospital transfer did not affect testicular salvage rate. Time to surgery and duration of pain were higher among patients who underwent orchiectomy versus orchiopexy. Patient with primary visit, a short time to surgery, short hospital visits after pain were more likely to undergo orchiopexy than orchiectomy. On multivariate analysis, Patient with primary visit, a short time to surgery, short hospital visits after pain were associated with testicular salvage.

Conclusion: Data suggest that torsion is a time dependent event and factors that delay time to treatment lead to poorer outcomes.

PP

Is Surgical Management Necessary For Testicular Nubbin?: Approach By Histopathological Features

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Objective: There is no consensus about the necessity for excision of testicular remnants (nubbin). We evaluated histopathological features of nubbin and discussed indication of nubbin extirpation.

Patients/Methods: From April 2016 to April 2024, a retrospective review of patients underwent excision of nubbin. We measured long diameters of nubbins and contralateral testis by ultrasonography and evaluated histology of extirpated nubbins. Contralateral testis size was compared to normal testis size at each age with standard deviation (SD).

Results: Eighteen nubbins were enrolled in this study. The mean age at surgery was 8.5months. Nubbins were on the left side in 15 cases and the right side 3 cases, and the location was intra-abdominal, inguinal, scrotal and unknown in 0, 12, 4 and 2 cases, respectively. Seminiferous tubules (SNTs) were present in 4 (22%) cases, though germ cells (GCs) were not. SNTs were not found in the scrotal nubbins. The mean size of nubbin was no difference between with and without SNTs. In contrast, contralateral testis tended to be larger in cases having nubbins without SNTs. In case with inguinal nubbins, the size of contralateral testis was larger (+0.98SD) than normal testis.

Conclusions: There were few reports of scrotal nubbin containing GCs or SNTs and given the potential for malignant transformation. We recommend that excision of nubbin may not be applicable in case with nubbin in scrotal position or in inguinal position with overgrowth (over +0.98SD) of contralateral testis.

PP

Outcomes of Laparoscopic Nephrouretectomy for Wilms Tumour

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Objective: To demonstrate safety and viability of laparoscopic nephrouretectomy for Wilms tumour

Method: This is a retrospective analysis of 3 patients who have undergone laparoscopic nephrouretectomy for Wilms tumour at our center.

Result: We performed laparoscopic nephrouretectomy for 3 patients of Wilms tumour at our centre. The case details are enumerated below.

Case 1: 1 year male, operated for left Wilms tumour after 6 weeks of DD4A regimen, post operative COG stage 1. All lymph nodal stations negative for tumour (6 stations sampled).

Case 2: 5 year male with lung metastasis operated for right Wilms tumour after 6 weeks of DD4A regimen, local stage 2. All lymph nodal stations negative for tumour (6 stations sampled).

Case 3: 4 year old male, underwent right laparoscopic nephrouretectomy after 6 weeks of DD4A regimen, local stage 1. All 7 lymph node stations were sampled and turned out negative.

All 3 patients have completed chemotherapy course, and radiotherapy wherever applicable. Evaluation at 1 year post surgery shows a tumour free status.

Conclusion: Laparoscopic nephroureterectomy for Wilms tumors is a safe and viable option allowing for adequate lymph node sampling for proper staging. Our case series emphasizes that successful outcomes can be achieved with appropriate case selection by optimal preoperative anatomical evaluation. Neoadjuvant chemotherapy when indicated in addition to advanced surgical expertise plays a key role in succesful outcome.

FP

Placement of Ureteral Stent In Ureteroneocystostomy Performed for Vesicoureteral Reflux: Analysis of the Data From National Surgical Quality Improvement Program-Pediatrics (NSQIP-P)

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Introduction: There is variability in terms of ureteral stent placement to prevent anastomotic leak and reduce post-operative obstruction among patients undergoing ureteroneocystostomy for vesicoureteral reflux (VUR). High level evidence to support this common practice is limited. This study aims to identify the association between ureteral stent placement at the time of ureteral reimplantation for VUR and short-term postoperative outcomes using the NSQIP-P data.

Methods: The 2020-2022 NSQIP-P database was queried using the ureteroneocystostomy operative and the VUR diagnosis codes. The independent variables are age, sex, urologic comorbidity, prior VUR procedure, severity of reflux, preoperative urinary tract infection (UTI), American Society of Anesthesiologists (ASA) classification and operative approach. The outcomes of interest are emergency room visits, operative time, readmissions, unplanned operations, length of hospital stay and post-operative UTIs. Descriptive statistics were performed. Man-Whitney U test (univariate), logistic regression, and negative binomial model (multivariate) were used for statistical analysis.

Results: We identified 4550 patients (median age 47.36 months, 68.7 % female, 48.8% stented). Ureteral stenting at the time of ureteroneocystostomy for VUR is associated with longer operative time (Median [Q1-Q3] of 179[135-235] vs 142[110.5-181.5] minutes, $p<0.001$), and longer length of hospital stay (Median [Q1-Q3] of 2[1-3] vs 1[1-2] days, $p<0.001$). Multivariate analyses found that after adjusting for confounders (age, sex, urologic comorbidity, VUR severity, prior VUR procedure, preoperative UTI, ASA classification and surgical approach), ureteral stenting was associated with significantly higher emergency

room visits (OR 1.43, 95%CI 1.18-1.73, p=0.00031), related readmissions (OR 2.30, 95%CI 1.60-3.32, p<0.001), and post-operative UTIs (OR 2.35, 95%CI 1.62-3.42, p<0.001).

Conclusions: The current study showed an association between stenting in ureteroneocystostomy for VUR and adverse post-operative outcomes. Consideration should be given to selective use of stent at the time of ureteral reimplantation for VUR

FP

The Reconstruction of Severe Type Hypospadias and Chordee with Sandwich Technique-Sharing The Experience of CCH In Recent 30 Years

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Objective: To introduce new technique of one step reconstruction for severe type hypospadias and chordee.

Patients and Methods: From January 1980 to January 2024, 64 patients with primary severe hypospadias and chordee were included in our study. We combined the technique of tubularized incised plate (TIP), island flap urethroplasty and Mathieu procedures to create the long channel which terminated meatus at the top of glans in all cases of reconstruction. The basic frames of reconstruction for chordee are chordotomy, orthoplasty, and dorsal plication. We follow up the outcome of the surgical consequences from 6 months to more than ten years.

Results:The successful rate of sandwich procedure could reach about seventy-five percentage. After primary reconstruction or redo-operations, all males achieved a satisfying subjective outcome in terms of both cosmetic and functional aspects, characterized by a vertically oriented, slit-like meatus at the tip of glans.

Conclusion: Sandwich technique is composed of Mathieu procedure, island flap urethroplasty and tubularized incised plate (TIP) combining correction of chordee with chordotomy, orthoplasty, and dorsal plication. They are efficient for neo-urethra reconstruction of the severe type hypospadias and chordee.

FP

Transvesical Subtrigonal Buccal Mucosal Graft Inlay for an Almost Completely Obliterated Bladder Neck Contracture: A First in the Philippines

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Introduction & Objectives: The actual prevalence of urethral strictures remains unclear but some authors estimate it at 4-20%. In the Philippines, there is no national database that monitors the incidence of strictures in the country.

Pelvic fractures caused by lower abdominal blunt trauma can result in posterior urethral disruption in males, which has been observed in individuals who were either car passengers or fell from a height. These injuries are considered rare in females.

This case report described a 12-year old female who underwent a transvesical subtrigonal buccal mucosal graft inlay to repair an almost completely obliterated bladder neck. This was the first report case in the Philippines utilizing this technique.

Materials & Methods: A 12-year old female with a history of an almost complete bladder neck obliteration was initially managed with suprapubic cystostomy insertion. She then underwent transvesical subtrigonal buccal mucosal graft inlay. A 2cm x 1cm mucosal graft was harvested from the buccal cavity. It was then spread-fixed and quilted to the denuded subtrigonal area with placement at the 4 to 8 o'clock positions

Results :The patient was discharged on the third post-operative day with no complications. The urethral catheter and suprapubic catheter were removed after 4 and 6 weeks, respectively. At the time of the indwelling catheter removal, a voiding cystourethrogram revealed no evidence of obstruction or extravasation.

Conclusions: Various treatment options are available for the management of female urethral strictures from conservative management to endoscopic treatment and open repair. In cases where the location of the stricture is at the bladder neck, a subtrigonal buccal mucosal graft inlay may prove to be a very viable option for bladder neck reconstruction.

FP

Laparoscopic Reconstruction of the Ureterovesical Segment in Complete Duplication of the Upper Urinary Tract

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Objective: The effectiveness of recent endosurgical correction of anomalies in the ureterovesical junction (UVJ) in cases of complete duplication of the urinary tract necessitates thorough investigation. The aim of this study is to enhance surgical outcomes by developing an optimal endosurgical technique for laparoscopic ureterocystoneostomy (UNC).

Materials and Methods: A single-center, retrospective, observational, uncontrolled study was conducted from 2017 to 2022, including 49 patients aged 3 to 204 months (mean age 25.5 months, median age 16 months) with various anomalies of the duplicated ureterovesical segment who underwent laparoscopic reimplantations. The majority of patients were under 36 months old (72%). A total of 73 ureters were reimplanted. Isolated reimplantation of the upper or lower segments was performed in 24 patients, and 25 cases involved common sheath reimplantation. The average follow-up period was 14.2±6.4 (8 - 48) months. UNC procedures involved creating a transverse anti-reflux tunnel (30 patients) or longitudinal anti-reflux implantation of the ureter (9 patients).

Results: Laparoscopic UCNI was effective in 92.3% of cases. Complications included VUR in 3 patients (7.7%), necessitating proximal pyeloureteral anastomosis in 2 patients and repeat laparoscopic UCNI for 1 patient with VUR in both ureters. No anastomotic strictures were observed.

Conclusion: The effectiveness of laparoscopic reimplantation with the creation of both transverse and longitudinal anti-reflux tunnels stands at 92.3%. Each method of anti-reflux protection presents distinct technical advantages.

FP

Innovative Three-Port Laparoscopic Retroperitoneal Lymphnode Dissection (L-RPLND) For Paratesticular Rhabdomyosarcoma In A Pediatric Patient

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Objective: To demonstrate the three-port L-RPLND technique done for a child with paratesticular rhabdomyosarcoma (RMS).

Case Details: A 14 year old boy was evaluated for a right hemiscrotal swelling for 3 months and dull aching pain for 1 week. Examination showed a solitary hard swelling of size 6 cm x 5 cm in the right hemiscrotum, with loss of rugosity on the overlying skin with no expansile cough impulse and no reducibility. Laboratory parameters showed LDH of 194 U/L, AFP 1.4 ng/ml and β-HCG 0.3 mIU/ml, and imaging was suggestive of a heterogeneous soft tissue extratesticular lesion. He underwent high inguinal orchiectomy for the same and biopsy revealed spindle-cell type rhabdomyosarcoma located in the periepididymal soft tissue. All resection margins were free of tumour.

After 1 month the child underwent three-port L-RPLND, with the three 5mm ports placed in the supraumbilical, left lumbar and suprapubic regions. Lymph nodes were harvested from precaval, paracaval, interaortocaval, iliac, right paracolic gutter using harmonic scalpel. The procedure was uneventful following which child continued course of VAC regimen of chemotherapy and is currently on follow up. Lymph node yield from the L-RPLND was satisfactory (n=21) and all lymph nodes were free of tumour.

Conclusion : The usage of 3 port technique is the first of its kind to the best of our knowledge and highlights the feasibility of L-RPLND using three ports as compared to the standard 4-port RPLND.

FP

Double-Tube Stents Device for the Reconstruction of Severe Type Hypospadias or Re-do Hypospadias ----Sharing the Experience of CCH in the Last Three Decades

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Objective: Urine diversion and Urethra stent are commonly used in the reconstruction of severe type and re-do hypospadias. The double-tube stents have been used for facilitating the successful rate of surgeries and minimizing the discomfort.

Patients and Methods: Our study included 136 patients with primary severe and re-do hypospadias between January 1992 to December 2023. The inner (5 or 6 F.) fine feeding tube was inserted into the bladder. The outer (9 or 12 F.) silicon tube with fenestrated side holes was inserted from tip of glans penis to the distal area of external sphincter, proximal to the forming neo-urethra. The techniques of reconstruction are tubularized incised plate (TIP), the island flap, Mathieu procedures and others.

Results: The inner fine feeding tube was removed on the third post-operative day. The patients passed urine from the outer silicon tube and were discharged on the 4th post-operation day. The silicon tube was maintained for 2-3 weeks and then removed at the out-patient department. We followed up these patients' urination and erection to his puberty. 13 patients had tube slipped off, 7 had urethral meatus stricture, 23 urethro-cutaneous fistula, 9 remaining hypospadias, and 11 remaining chordee.

Conclusion: The double-tube stents device for the reconstruction of the severe type hypospadias and re-do hypospadias has been performed for more than 3 decades. We consider it a reasonable option with advantages of shorter hospitalization date and better successful rate. The limitation is that this study is not a randomized controlled trail.

FP

Estimation of Glomerular Filtration Rate by Kidney Dimensions in Pediatric and Adolescent Patients with Hydronephrosis

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Objective: Renal dimensions obtained via sonography are closely correlated with the glomerular filtration rate (GFR). We aimed to evaluate the possibility of estimating split GFR from renal parenchymal dimensions calculated from sonographic measurements.

Materials and Methods: We retrospectively reviewed 390 renal sonographic images from 169 pediatric and adolescent patients. GFR was measured using the Modification of Diet in Renal Disease (MDRD-GFR) formulas and serum cystatin-C GFR assessments. Split renal functions were assessed using the 99mTc-MAG3 (mercaptoacetyltriglycine) renal scan. We investigated the correlation between the hydronephrosis area to renal parenchyma (HARP) ratio and split GFR. Linear regression analysis was utilized to develop a regression equation for estimating split GFR.

Results: Of the 169 patients, 40 (23.6%) were female. The mean age at the time of the kidney ultrasonographic study was 3.7 ± 5.8 years. The mean GFR was 79.7 ± 29.2 ml/min/1.73m², and the mean split renal function of the hydronephrotic kidney was 48.6 ± 17.3. The Pearson correlation coefficients for 1/HARP, age, and sex were 0.105, 0.046, and 0.058, with p-values of 0.039, 0.366, and 0.252, respectively. The regression equation for estimated split GFR was: 0.006*(1/HARP) + 0.121*(age) + 3.35*k + 31.17 (where k=1 if male, and 2 if female), with an R^2 of 0.018.

Conclusions: The ability to estimate split GFR using sonographic measurements and biometric variables offers a non-invasive, cost-effective method that could be particularly useful in routine clinical settings. Relatively low R^2 value of the regression model suggests that additional factors not considered in this study may play a significant role in GFR estimation.

FP

Congruence of Long-Term Data on Auto-augmentation: A Single Surgeon Experience on Detrusorectomy on Spina Bifida Patients in the Philippines

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Introduction: Growing interest for a safer alternative to enterocystoplasty in the treatment of pediatric neurogenic bladder secondary to spina bifida. Several authors have proposed bladder auto-augmentation via detrusorectomy for patients who fail to respond to conservative treatment with clean intermittent catheterization and anti-cholinergics for these subset of patients.

Materials and Methods: A total of 11 patient aged 18 and below at the time of surgery who underwent auto-augmentation by detrusorectomy from 2003 to 2023 were included in this study. A retrospective evaluation of available medical records and data analysis of pre-operative bladder capacity, compliance, end-filling pressure, detrusor leak point pressure, creatinine clearance and complications were done.

Results: Among the good outcome group, there was an average of 55% increase in bladder capacity (244cc/378cc), 159% increase in bladder compliance (6/16), 47% decrease in EFP (47cm H_2O /25cm H_20) and 24% decrease in DLLP (45cm H_20/ 34cm H_2O). Auto-augmentation via detrusorectomy with abdominal wall hitching is shown to be effective in increasing bladder capacity and improving bladder compliance with long-lasting effects. It may be considered as a viable, first-line surgical intervention before formal bladder augmentation.

Conclusion: To date, this is the first long term study on the outcomes of detrusorectomy in the local setting. The present study demonstrates that auto-augmentation improves bladder capacity, bladder compliance and decreases end filling pressures.

FP

Continence Rates and Video-Urodynamics Parameters Before and After Bladder Botox Injection in Pediatric Neurogenic Bladder Patients

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Background: Intradetrusor injections of botulinum toxin (INJ) for neurogenic bladder conditions are well-established in adults, less so in children. The authors provide long-term data on INJ in pediatric neurogenic bladder (NGB) dysfunction, focusing on continence rates and video-urodynamic (VUDS) parameters.

Methods: The authors reviewed our NGB patients from 2011 to 2024, assessing demographics, continence symptoms, and VUDS parameters before and after INJ.

Results: The authors identified 120 NGB patients (63 male), with myelomeningococele the most common etiology (N=88; 73.3%). The median age at first INJ was 10 years (IQR 8.6), with a median of 3 injections (IQR 5) and median follow-up of 15 years (IQR 6.8).

Improvement in continence was reported by 96 patients (80.0%), with 37 (30.8%) achieving complete resolution of incontinence without medications. Five (4.2%) saw no improvement, and 6 (5%) experienced declining efficacy over time. The typical injection interval was 3-6 months, with recurrence or worsening symptoms at 4 (5%) or 6 months (5%). Adverse events included UTIs in 13 patients (10.8%), worsened constipation in 2 (1.7%), and bothersome hematuria in 3 (2.5%).

VUDS showed a significant reduction in patients with reduced bladder capacity (59 [57%] to 24 [31%]; $p < 0.01$), median 27% increase in bladder capacity, and decreases in rates of low bladder compliance (p 0.04) and detrusor overactivity (p 0.01). No significant changes were noted in bladder contour or trabeculations on VCUG, or on high-grade reflux.

Conclusion: Intradetrusor botulinum toxin injections are a safe, effective treatment for improving continence, bladder capacity, compliance, and detrusor overactivity in pediatric neurogenic bladder patients.

FP

The Correlation Between Shape, Wall, Outlet, Reflux, Diverticulum (SWORD) Scores from Cystometrogram Pictures and Urodynamic Parameters and Treatment Options in Lumbosacral Myelomeningocele in Children

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Objective: Children who have myelomeningocele (MMC) are most likely to have neurogenic bladder. Videourodynamic study (VUDS) is considered the gold standard for evaluating neurogenic patients. However, VUDS in children needs to be performed by experienced urologists and it is usually available in some tertiary care hospitals. Voiding cystourethrography (VCUG) is simpler and more widely used in most hospitals in Thailand. The objective of this study is to evaluate the correlation between shape, wall, outlet, reflux, diverticulum (SWORD) scores from cystometrogram pictures and urodynamic parameters and treatment options. The results of this study may help us to use VCUG for screening and follow up of MMC patients.

Materials and Methods: The research was designed as a retrospective cohort study, involving fifty-nine MMC (mean age 7.2±5.9 years) patients who underwent VUDS in Chiang Mai University Hospital between January 2003 and December 2021. Cystometrogram pictures at the end filling phase of VUDS were blinded and independently scored with the SWORD system by a senior staff member, a junior staff member, and a urologic resident. The bladder compliance and treatment were recorded. The primary outcome was the correlation between SWORD score and bladder compliance and the secondary outcome was the correlation between SWORD score and treatment.

Results: A total of 59 MMC patients underwent VUDS in Chiang Mai University Hospital. The SWORD scores for normal compliance and low compliance bladders were 2 (range 1-4) and 5 (range 2.5-7), consecutively (p-value = 0.001). A two score of SWORD had sensitivity 97.22% and

specificity 47.83% with AUROC 0.7506 for unsafe bladder compliance. The SWORD scores for non-invasive and invasive treatments were 3 (range 2-5) and 6 (range 3-7), consecutively (p-value = 0.027). A two score of SWORD had 92.86% sensitivity and 23.81% specificity with AUROC 0.697 (0.53-0.86) for invasive treatment.

Conclusion: The SWORD score is a simple and objective scoring system for assessing bladder radiological abnormalities of MMC patients, and correlates with bladder compliance and treatment options. The SWORD scoring system may be used for VCUG pictures to reduce repeated VUDS for MMC patients.

FP

Buttonhole Technique For Penoscrtoal Transposition Correction In Two-Stage Hypospadias Repair: Outcomes And Complication From A Single-Center Experience

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Objective: To evaluate the cosmetic outcomes and effects of the buttonhole penoscrotal transposition (PST) correction technique during the first-stage hypospadias repair on subsequent repairs.

Patients/Methods: Forty patients with proximal hypospadias and PST underwent buttonhole PST correction during the first-stage repair. The penis was degloved, released from scrotal attachment, and mobilized through a predetermined hole along with the preputial skin, preserving the dartos pedicle. The penis was reconfigured using Byar's flap, and the midline scrotal defect was closed. The subsequent second-stage repair was determined based on urethral skin quality after at least a 6-month observation period. The extent of penile elevation above the scrotal top was measured. The fate of the urethral plate during the second-stage repair was examined to assess adverse outcomes.

Results: Among the 40 patients, 18 (45%) had penoscrotal, 20 (50%) had scrotal, and 2 (5%) had perineal hypospadias. Postoperatively, PST was successfully corrected in all patients, with a mean of 54.2 ± 27.7% of the penile girth diameter elevated above the scrotal top. At second-stage repair, 16 patients (40%) showed scarring of Byar's flap, with 4 (10%) experiencing mid-penile area and penoscrotal junction scar changes due to PST correction. Only 1 (2.5%) developed complete contracture directly attributable to the procedure.

Conclusion: The staged operation technique incorporating the buttonhole PST correction technique provides acceptable cosmetic outcomes for PST regardless of the hypospadias type. However, the high complication rate related to Byar's flap formation suggests that Bracka's graft repair may be a better alternative.

FP

Differential Address of Dartos Fascia May Solve the Problem of Penile Protrusion Without Affecting the Development of Preputial Edema

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Introduction: Traditional concealed penis (CP) repair has tried to dissect dartos fascia and fixed it on penile base in order to maintain protrusion of penis. However, recent report showed dartos fascia is not homogenous, suggesting the role of deep dartos fascia (DDF) in penile concealment. We tried to know whether the DDF could be separated easily and sole fixation of DDF would maintain penile protrusion. We also hypothesized that the rest of dartos fascia would be used for restoring vascular channel which may prevent preputial edema. Based on this hypothesis, we evaluated our novel technique of CP repair on penile protrusion and the development of preputial edema.

Patients & Methods: One hundred ten patients underwent CP repair with the same technique. Following complete degloving to lower scrotum, DDF was separated from other dartos fascia and was fixed to 5, 7 o'clock position of penile base. Other dartos fascia was unfurled and rearranged to cover penis. Photos were taken prior to and postoperative 3 months after surgery to evaluate the penile protrusion and the development of preputial edema.

Results: Buried penis was found in 88 (80%) patients and 91 (83%) patients were shown to have either overweight or obese. Mean operative time was 102 (64-132, range) minutes and separation and fixation of DDF was possible in all patients. No patient showed immediate protrusion failure but 4 (4%) patients showed retraction at 3 months of follow-up. Immediate preputial edema was seen in 16 patients but this was resolved after 3 months in all but two (2%). No significant intraoperative/perioperative complication was noted.

Conclusion: Our novel technique applying differential use of dartos fascia was successful in maintain penile protrusion while effectively preventing the occurrence of preputial edema.

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