

UAA Faculty Abstract

Management of posterior urethral valves in postnatal patients

Shina Kawai

Posterior urethral valves (PUV) are the most typical anatomical urethral obstruction in boys and the severity of urethral obstruction due to PUV varies.

In severe cases with posterior urethral valves (PUV) diagnosed after the onset of bilateral upper ureteral dilatation, urinary tract infection, or acute renal failure during the fetal period or infancy, patients are associated with some kind of bladder dysfunction, which has been called 'valve bladder'. It is well-known that bladder dysfunction contributes to native renal function deterioration in patients with PUV. They demonstrate typical radiological findings such as marked proximal urethral dilatation, bladder trabeculation, secondary vesicoureteral reflux, etc. and there is no disagreement about whether or not endoscopic examination or surgery is indicated.

Compared with these severe PUV cases, no consensus has been reached with regard to the importance of relatively mild urethral lesions detected after the onset of lower urinary symptoms(LUTS) in school-age children and there is also no consensus about the diagnostic criteria by VCUG and endoscopy. It is difficult to evaluate precisely the efficacy of transurethral incision (TUI) for refractory LUTS but we need to elucidate the nature of congenital urethral obstructions and increase our understanding of underlying conditions for LUTS in older children.