A novel transvesical stricturoplasty to preserve the function of an appendicular mitrofanoff, many years after an augmentation for extrophy bladder
a case report

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Abstract:
Appendicular mitrofanoff is the most commonly performed continent urinary diversion. Usually, Appendixular mitrofanoff works well. But, this urinary diversion is not without problems. Here, we present a case of strictured appendicular mitrofanoff in a patient with post-operative ileocolocystoplasty with appendicular mitrofanoff for an extrophy bladder on clean intermittent catheterisation. This patient was treated with diamond shaped stricturoplasty. After the procedure, he was able to catheterize through the appendicular mitrofanoff successfully. We conclude that, in selected cases, the reconstruction of a new conduit after excising the redundant appendix could be avoided.

Keyword: Appendicular mitrofanoff, Stricture, Stricturoplasty

Introduction:
Creating an appendicular mitrofanoff is a common surgical option for a continent urinary diversion. In cases of extrophy bladder, it forms a channel through which the reconstructed and augmented bladder can be effectively drained\(^1\). Patients or their care givers are often taught how to perform clean intermittent catheterisation or leave the catheter for continuous drainage. It serves as a viable, easily accesible and cosmetically acceptable channel for bladder drainage. We report a case of how a transvesical stricturoplasty was performed and the appendicular mitrofanoff saved in a patient who underwent an ileo-colo cystoplasty augmentation for extrophy of the bladder. This child presented with a stricture in the mid lumen of the appendicular mitrofanoff. Case report Master AR presented with high grade fever and abdominal pain for a day. He gave a history of not being able to pass a catheter down the appendicular mitrofanoff for a few days.
and leaking of small amounts of urine through the urethra. He had been operated at the age of 5 years with bladder extrophy repair with a Young-Dees-Leadbetter bladder neck plasty with a bilateral cephalotrigonal ureteric reimplantation, ileocolic cystoplasty with an appendicular mitrofanoff procedure. He had been well for the past 5 years and on regular follow up. On examining the child, he was found to be febrile. He had a large distended bladder. An attempt to catheterize the appendicular mitrofanoff was not successful- allowing the catheter to pass only 5 cms. An emergency suprapubic catheterisation was done and the retained and turbid urine was drained. The child improved remarkably and was started on appropriate antibiotics for the urinary tract infection.

After the stricturoplasty, A catheter was passed via the appendicular mitrofanoff which could be easily negotiated past the stricture and into the bladder below via the native appendicular orifice.

Discussion:
Creation of an appendicular mitrofanoff is a benefit for all patients who need a continent cystostomy. reported by Mitrofanoff who reported the use of appendix as a tunnel into the neuropathic bladder. This was popularized by Duckett and Snyder. Its advantages are numerous: total continence and ease of catheterization. A stricture of the lumen can predispose to infection or disuse, hence, causing life threatening sepsis as in this case. Thomas et al described the complications of continent catheterizable channels and observed that these complications almost always occur a year after they have been constructed. Also, stomal strictures are most commonly described at the umbilicus. Such a method- transvesical stricturoplasty- has never been described earlier and allows for the conduit to be reused without too much dissection or disturbing a complex reconstruction. This is also a safe procedure, that is quick in the sick and septic child. This report illustrates how, in selected cases, the reconstruction of a new conduit after excising the redundant appendix could be avoided.

References
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