



## **THE NEED TO IMPROVE RECONSTRUCTIVE PLASTIC SURGERY IN CHILDREN WITH TOTAL AND SUBTOTAL EPISPADIUS.**

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#### **Abstract:**

To date, 11.3% of newborns are born with various developmental anomalies, and more than 40% of them are due to disorders and anomalies of the genitourinary system (1,3,5, etc.). the norm, complicated by urinary incontinence, is 8.0%. Comprehensive treatment of bladder malformations complicated by urinary incontinence in children has long attracted the attention of practicing surgeons and is still on the agenda as one of the most urgent problems of pediatric surgery (2,5, etc.). In particular, the results of surgical treatment of cases of total and subtotal epispadias in combination with bladder exstrophy are unsatisfactory. According to the leading specialists of Russian clinics, including N. E. Savchenko and V. M. Derzhavin, in 1978, complete and complete urinary retention after sphincteroplasty performed according to V. M. Derzhavin, in cases of contacting the clinic with total and subtotal epispadias in 45% of cases and 28-32% of cases of partial seizures. Statistics show that 2 out of 10 patients who underwent sphincteroplasty according to V. M. Derzhavin had no benefit at all, and 1 out of 10 had only a partial goal. Extensive studies conducted in our republic on these operations have shown that there are good and satisfactory results of these operations - only 60.0% All these indicators still have their problems in this regard, shows that she has not found a solution.

**Keywords:** Total, subtotal epispadias, endovisual surgery, sphincteroplasty, orthoneourethroplasty.

#### **OBJECTIVE**

The aim of our scientific study was to analyze the results of the traditional (according to Derzhavin) treatment of patients with total and subtotal epispadias complicated by total and partial urinary incontinence.

#### **MATERIALS AND METHODS**

The results of treatment of 39 patients with total and subtotal epispadias who were treated at the Republican Children's Scientific and Practical Center for Minimally Invasive Endovisual Surgery at the Tashkent

Medical Academy (former Department of Pediatric Surgery, Polyclinic 2 of the 2nd TashMI). ) are the basis for our scientific research. The age of the patients ranged from 1 to 12 years.

#### **RESULTS AND DISCUSSION**

It is no coincidence that we chose 39 out of 54 patients with various forms of epispadias as representatives of this group for analysis. Total and subtotal forms of epispadias complicated by urinary incontinence were determined in exactly the same number of patients, which accounted for 75.8% of the



total indicators and corresponded to statistical indicators. In 35 patients (79.5%), the length of the penis is 2 times higher than the age norm, and in 4 patients (9.0%) it is 2.5 times shorter, in all the penis is curved around its axis and, of course, total obviously urinary incontinence.

Therefore, in patients of this group, first of all, urinary incontinence was eliminated, and only after that, urethral plastic surgery was performed. Derzhavin's sphincteroplasty was used to eliminate urinary incontinence in children. To do this, after inserting a catheter of a size suitable for the age of the child into the bladder, it was fixed, an incision was made from the angle of the penis towards the symphysis, the symphysis was cut, the bladder neck was carefully separated from the surrounding tissues, the bladder neck over the catheter was narrowed. The disadvantage of this operation is that it only tries to form a sphincter in the region of the bladder neck; with a significant diastasis of the symphysis, both symphyses approach each other. However, after a certain period of time after suturing the cavity symphyses, due to the fact that the sutures squeeze the bone tissue, the diastasis of the symphyses again descended as before, and the effect of the operation sharply decreased. In particular, in 21 (77.8%) of 27 patients in whom the cavity of the pubic symphysis was approximated by this method, the symphysis diastasis completely returned to the preoperative state two months after the operation. Symphysis diastasis remained unopened only in 2 patients (7.4%) up to 2 months after surgery and in 1 patient (3.7%) up to 6 months. Thus, the results of traditional operations to approximate the symphysis have immediate results after the operation - only 7.4%, and long-term results - 3.7%.

In connection with these shortcomings in the immediate results of our operations performed in 39 patients, complete urinary retention was achieved only in 20 cases (45.5%), and partial retention in 8 cases (18.2%). Directly at the author's own, these operations gave good and conical results in 88.3% of cases (N.E. Savchenko, V.M. Derzhavin, 1976).

6 months after sphincteroplasty, all patients underwent the operation "One-stage orthoneourethroplasty" at the suggestion of Zh. Beknazarov and A. Z. Fakirov (author's certificate No. 249), which did not affect the improvement of behavior.

The elimination of diastasis of the pubic symphysis in combination with the modification of sphincteroplasty according to V. M. Derzhavin gave good and conical results in 88.3% of cases. When studying the long-

term results, a repeated opening of the symphyseal space was revealed and no relapses of urinary incontinence were detected.

### CONCLUSIONS

1. Sphincteroplasty of V. M. Derzhavin, despite its relatively low trauma and physiology, gives unsatisfactory results in 36.3% of cases. They require repeated sphincteroplasty.
2. The negative results of this operation are mainly associated with the imperfection of the technique of transverse stitching of the pubic symphysis, and in 77.8% of patients with transverse stitching of the symphysis within 2 months after the operation, the diastasis returns to its previous state due to tightening of the sutures.
3. Although one-stage orthoneourethroplasty allows you to straighten the penis and create a urethra in one step, it does not eliminate urinary incontinence.
4. Based on the above, it is recommended to improve the technique of sphincteroplasty and articular approximation of the symphysis.

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