

Endoscopic correction of primary vesicoureteric reflux: 18 months - 5 year follow - up

Prem Puri

National Children's Hospital, Harcourt Street, Dublin, Ireland

In 1984 we described a new method for the correction of vesicoureteric reflux (VUR). The procedure consists of endoscopic injection of Polytef paste into the lamina propria behind the submucosal ureter. This paper reviews my experience in 91 children with primary VUR treated endoscopically by subureteric injection of Polytef paste and followed up for 18 months to 54 years. Their ages ranged from 4 months to 13 years (mean 5.8 years). Thirty-one patients had unilateral VUR, 49 had bilateral reflux and 12 patients had refluxing duplex systems with two having bilateral duplex systems. These cases represented 143 refluxing ureters with grade II reflux in 7

ureters, grade III in 85, grade IV in 41 and grade V in 10 ureters. Reflux disappeared after first injection in 113 ureters, after the second in 19, after three injections in 3 and after the fourth in 1. In seven ureters the reflux was so improved as to need no further treatment. At follow-up, there was no reflux in 124 (87 %) ureters and 19 (13 %) ureters showed recurrence of reflux.

This outpatient procedure is simple and brief to perform and procedure-related complications are rare. The follow-up data show that the endoscopic treatment is reliable and effective in correcting all grades of VUR. The technical details of this procedure will be discussed.

Address: Prem PURI
Our Lady's Hospital for Sick Children, Crumlin, Dublin-12,
Ireland

To the Editor:

In the concentrated and update article on "Parenteral Nutrition in the Neonate", Dr. Shanbhogue tells us the theoretical and practical details of administering trace elements with a special emphasis on iron. He tells that hypoferrinemia of inflammation is not a state of iron deficiency and free iron in the blood can facilitate bacterial proliferation, reaching a conclusion that large doses of iron should be avoided.

He also tells that deficiencies of several trace elements regulate immune responses as well, particularly cell mediated immunity. Agreeing with the author, I especially want to tell about immunity and iron. In many experimental studies, it has been shown that iron deficiency causes disorders of phagocytosis or bactericidal activity, myeloperoxidase enzyme kinetic disturbances. For cell mediated immunity, iron plays a role not in sensitization and recognition but the effective total response of the body. Also, some disorders of antibody formation especially against Salmonella Typhimurium have been shown experimentally.

As a conclusion, I want to comment on iron that both the excess and the deficiency states interfere with the immune system and microbiological interactions significantly, forcing us to spend a very distinguished effort to keep the iron levels in optimum.

Sincerely Yours

M.Harun Gürsoy M.D.,
Pediatric Surg.
Dr. Sami Ulus Children's Hospital Telsizler-Ankara

Reference:

1. Kurdakök M: Iron and immunity. *Yeni Tıp Dergisi*, 2(2):45-47, 1985.