Pediatric Urology in Europe

Pierre D.E. MOURIQUAND

Pediatric Surgery has changed so much during the second part of the XXth century that it is no longer possible to consider it as a whole entity. Pediatric Surgery nowadays includes several independent specialties which only have in common the size of the patient.

A child, especially before the age of 4 years old, requires specific care which explains the need for these independent specialities to work in the same specific pediatric environment although they do not always share the same scientific interests. Each of them is often a counterpart of the corresponding adult speciality. Pediatric Urology is a good example of this natural evolution: It has close links with adult urology but necessitates a pediatric environment to respect the child's requirements.

Pediatric Urology is progressively accepted in several Western countries as an autonomous speciality which requires its own training and its own specifications.

Some European countries like Germany or Belgium have placed Pediatric Urology under the urological umbrella, following the example of the USA, whereas many others like Great Britain or France keep it mainly under the pediatric surgical shelter. However it is obvious for those who travel around Europe that the standard of Pediatric Urology varies considerably from one department to another and this emphasizes the strong need to identify pediatric urological training centres and training programmes, in each country.

There are two levels of Pediatric Urology: One includes the standard pediatric urological procedures i.e. orchidopexies, foreskin surgery, hydrocele and inguinal hernia, simple ureteric reimplantations, pyeloplasties and simple tumoral excisions. These surgical procedures may be performed by many pediatric surgeons or urologists with a basic knowledge of Pediatric Urology and do not require a very specialized pediatric surgical environment. At the opposite, some pediatric urological procedures should only be done in very selected centres with a strong pediatric uro-nephrological background. This second level of Pediatric Urology includes surgery of genitalia (including hypospadias), non-palpable testicles, posterior urethral valves, bladder exstrophy and epispadias, urological oncology, pediatric renal transplantation, reconstruction of the urinary tract and surgery of incontinence. These conditions should be referred to very few centres (approximately 1 for 10 million inhabitants in Western Europe) where Pediatric Nephrology, Pediatric Radiology and Pediatric Anaesthesia are performed at their highest standards.

There is actually only a handful of departments in Europe fulfilling these conditions and these units should be responsible for the pediatric urological training in their own country. Great Britain and France count 4 pediatric urological centres each, for a population of approximately 60 million inhabitants.

Although exchanges between European departments of Pediatric Urology are highly desirable, extreme prudence seems advisable for ruling pediatric urological training at a European level considering the discrepancies between training schemes and national needs.

Each trainee should be duly informed from the beginning of his (her) training that the number of posts in Pediatric Urology is and should remain very limited, and if none is available at the end of the training period, the trainee should have the possibility to move towards Urology or Pediatric Surgery. A combined training of Urology and Pediatric Surgery should give to the trainee an alternative solution in all cases. In Great Britain, the following outline is suggested: 2 years general pediatric surgery, 1 year adult urology and 2 years pediatric uro-

logy. Even in an expanded specialty it would prove difficult to ensure a steady flow of new consultant appointments. Numbers in training have to be tailored to predicted consultant vacancies.

In 1989, the **European Society of Paediatric Urology** was founded in Rotterdam with the aim of promoting European Pediatric Urology as an independent speciality and allowing exchanges between European countries. One hundred and ten members of this scientific Society have declared that Pediatric Urology represents more than 75 % of their activities, and 200 more than 50 %. These figures, although probably overestimated give an idea of the growing importance of this speciality throughout Europe. It is clear that an adequate training in Pediatric Urology cannot be provided by one centre and a network between Western units (Europe and USA) should allow trainees to get a high standard exposure to this specialty. It is also the duty of Western Pediatric Urologists to help countries of Central Europe to get an adequate level of care in Pediatric Urology. It is the hope of the **European Society of Paediatric Urology** to coordinate these efforts without jeopardizing the national and cultural identities.

Postscriptum

P.D.E. Mouriquand (ed). Panorama of Paediatric Urology in Europe, European Urology Today, December 1994: 14-16

Pierre D.E. Mouriquand, MD FRCS
Founding Secretary of the ESPU
Great Ormond Street Hospital for Children, London

Second Meeting of the European Society of Paediatric Urology

Beaune - April 12th and 13th 1991

APÉRITIF

Savigny-les-Beaune Blanc 1986

offert par la Municipalité de Beaune

Hautes-Côtes de Beaune Blanc 1989

Beaune Premier Cru "Tastevinë" 1987

Beaune Premier Cru "Les Perrières" 1988

Crémant de Bourgogne

Délice de Foie Gras sur Canapé

Paupiette de Saumon aux Petits Légumes

SORBET MARC DE BOURGOGNE

Contre-Filet Renaissance et sa Garniture Forestière

Fromages Affinés de nos Régions

Charlotte Poire et Chocolat

Café