

# Urology Problems and Children

**Bedwetting and urinary tract infections are common problems for children.**

**But many other conditions can develop** along the complex pathway that includes the kidneys, ureters, bladder, urethra and genitals.

“When it comes to disorders of the urinary and genital systems, children aren’t little adults,” says

ureters to the bladder,” says Duel. “But when the ureter doesn’t close properly, urine flows backward toward the kidney, providing a breeding ground for bacteria.” As a result, a urinary tract infection is often the first sign of vesicoureteral reflux. Fortunately, most children outgrow VUR. But others require treatment. To prevent the backflow of urine, doctors may inject a gel called Deflux® into the ureter through a tiny scope passed into the bladder. Following this minimally invasive procedure, the child can return



UCI pediatric urologist **Dr. Barry Duel**. “Babies can’t discuss what’s wrong with them—and older children may feel embarrassed about their circumstances.” Pediatric urologists are specially trained to evaluate and treat children in a way that puts them at ease. Among the problems young patients experience most frequently are:

- **Vesicoureteral reflux (VUR).** One of the most common urologic disorders for children—especially girls—is vesicoureteral reflux (VUR). The condition is caused by a minor defect in the connection between the ureter and bladder. “Normally, urine travels from the kidneys, down the

home and resume full activity within 24 hours. Young patients with severe VUR may need surgery to form a tunnel through the bladder wall and create a new opening for the ureters.

- **Hydroceles and hernias.** About 10 percent of newborn boys have a painless swelling of the scrotum caused by a collection of fluid around the testicles. “Before birth, the testes descend through a special pathway from the abdomen to the scrotum—the sac that holds them,” says Duel. If this channel doesn’t close after the testicles descend, the scrotum fills up with fluid from the abdomen. This common condition usually disappears on its own within a few



months following birth. If this is not the case—or if a hernia develops when a portion of the intestines passes through the still-opened pathway—minor surgery is necessary.

- **Undescended testes.** In about 4 percent of male newborns, one or both of the testes fail to drop from the abdomen into the scrotum. Typically, the condition corrects itself by the time a child reaches six months of age. If not, minimally invasive or conventional surgery can remedy the problem in 98 percent of all cases.

- **Hypospadias.** Hypospadias occurs when the urethra fails to grow to its complete length in male fetuses. As a result, the opening through which the urine passes out of the body isn’t located at the tip of the penis, but on the underside of the organ. The penis is often curved downward and the foreskin is sometimes hooded. “If the condition isn’t treated, boys may have to sit to urinate,” says Duel. Surgery is best performed between the ages of 6 and 9 months—before toilet training begins. The procedure, which is technically exacting, varies depending on the degree of abnormality. In more involved cases, the extra foreskin is used to construct a new urethra, leaving the child with a circumcised appearance. “For almost all patients, surgery results in a penis that’s normal in appearance and function,” says Duel. “From the simplest to the most complex urologic problems, there’s help for children of all ages.” For referral to a UCI pediatric urologist, call 714-456-2944.

## URINARY TRACT FACTS

<b>Kidneys</b>	Organs that form urine and filter wastes from the blood.
<b>Ureters</b>	Tubes leading from the kidneys to the bladder.
<b>Bladder</b>	Sac that holds urine.
<b>Urethra</b>	Tube that drains urine out of the body from the bladder.
<b>Genitals</b>	Male or female external sex organs.

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