

# Introduction

## INTRODUCTION

Paediatric urologists are paediatric surgeons who subspecialise in the conditions outlined in this chapter; they also manage the acute and elective inguinoscrotal pathology described in Chapter 17. Surgeons in many specialities are consulted about the foreskin; this is covered in detail here. Specialist paediatric urological conditions include hypospadias, epispadias, bladder exstrophy, vesicoureteral reflux, renal duplications, urolithiasis and urinary tract obstruction. Obstruction occurs at three levels: dysfunction at the ureteropelvic junction, dysfunction at the ureterovesical junction and in the posterior urethra with congenital valves. Obstructions may present with fetal hydronephrosis. Postnatally, obstruction with infection causes renal damage. The relevant embryology and epidemiology are summarised. Choosing the right time to operate, often based on diagnostic imaging, and gentle tissue handling are central to achieving good outcomes with few complications. Diagnostic imaging includes ultrasonography, voiding cystourethrography 99m and the use of the radioisotope technetium-99m (Tc) linked to dimercaptosuccinic acid (DMSA) or mercaptoacetyltriglycine (MAG-3). The management of the neuropathic bladder may involve an ileocystoplasty with a continent catheterisable channel. Many specialist paediatric urological conditions require close follow-up and later transfer to specialist adult surgical care.

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