



### Managing bladder development in pediatric classic bladder exstrophy

Takeshi Yoshiko\*

*Department of Urology, University of Tokyo, Tokyo, Japan*

✉ **Takeshi Yoshiko\***

*Department of Urology,*

*University of Tokyo,*

*Tokyo, Japan*

*E-mail: takyo789@gamil.com.cn*

**Received:** 04-Oct-2023, *Manuscript No. PUCR-23-*

*116434; Editor assigned:* 09-Oct-2023, *PreQC No.*

*PUCR-23-116434 (PQ); Reviewed:* 23-Oct-2023,

*QC No. PUCR-23-116434; Revised:* 30-Oct-2023,

*Manuscript No. PUCR-23-116434 (R); Published:* 06-

*Nov-2023, DOI: 10.14534/j-pucr.20222675611*

#### Description

Classic bladder exstrophy is a rare congenital anomaly of the lower urinary tract, characterized by a visible, exposed bladder mucosa in the lower abdominal wall. This condition poses complex challenges, particularly concerning bladder development and capacity in affected children. Understanding the growth patterns of the bladder and implementing effective clinical management strategies are critical for optimizing outcomes in these young patients. The clinical management of classic bladder exstrophy begins with a thorough evaluation and diagnosis. Typically, this condition is diagnosed at birth due to the visible bladder exstrophy, and prenatal ultrasound may also indicate the presence of this anomaly. A multidisciplinary team, including pediatric urologists, pediatric surgeons, and neonatologists, plays a crucial role in the initial assessment and diagnosis.

Bladder exstrophy is associated with varying degrees of severity. In some cases, the bladder appears relatively normal, while in others, it may be severely deficient and lacks proper musculature. Radiological imaging, such as voiding cystourethrography and Magnetic Resonance

Imaging (MRI), is used to assess the bladder's anatomical characteristics, urethral development, and any associated anomalies. Bladder growth in classic bladder exstrophy patients differs significantly from that in typically developing children. In a normal child, the bladder undergoes growth and maturation over time, increasing in capacity and developing compliance. However, in children with classic bladder exstrophy, the exposed bladder mucosa is often less elastic, leading to reduced compliance. Furthermore, the exposed bladder undergoes histological changes that affect its functional properties, making it less able to store urine effectively.

As children with classic bladder exstrophy grow, the initial focus is on preserving renal function and optimizing bladder capacity. Bladder growth patterns are closely monitored through a combination of clinical assessments, imaging, and urodynamic studies. These evaluations guide the clinical management strategies to ensure adequate bladder capacity and function as the child matures. The clinical management of bladder growth patterns in classic bladder exstrophy requires a multidisciplinary approach involving pediatric urologists, pediatric surgeons, pediatric nephrologists, and other specialists as needed. The collaboration of these experts is essential to address the complex nature of the condition comprehensively.

Surgical intervention plays a pivotal role in optimizing bladder growth patterns. The initial surgery to correct the exstrophy involves primary closure of the bladder and epispadias repair, typically performed in the neonatal period. This surgical procedure aims to restore the bladder's anatomical continuity and prevent urine leakage. Subsequent surgeries may be necessary as the child grows. The choice and timing of these procedures

depend on the individual's bladder capacity, compliance, and overall urinary function. Common surgical interventions include bladder neck reconstruction, bladder augmentation, and, in some cases, urinary diversion procedures. Bladder augmentation, in particular, is a valuable technique to increase bladder capacity. Surgical options for augmentation include the use of segments of the gastrointestinal tract, such as the ileum or colon.

### ***Conclusion***

In conclusion, Clinical management of bladder growth

patterns in children with classic bladder exstrophy is a multifaceted process that requires a collaborative effort from a multidisciplinary healthcare team. Surgical interventions, bladder preservation strategies, long-term follow-up, and psychosocial support are all integral components of ensuring that children with this condition can achieve optimal bladder capacity and function as they grow. By carefully monitoring and addressing the unique challenges of classic bladder exstrophy, healthcare providers can help these children lead healthy and fulfilling lives.