Paediatric urology

Disclaimer:
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References:
1. Urology consultant, BMI Healthcare, Mar 2018
2. Urology Birmingham Children's Hospital 2021
3. Paediatric cosultant webianr June 2023.

Tight foreskin / Physiological phimosis

- Phimosis means the foreskin can't be pulled back.
- No scar.
- Ballooning is normal.
- 50% retract by 3yr-10 yr.
- 98% by 16y.
- Watch and wait.
- But if UTI or balanitis then treated surgically.

Balanitis xerotica obliterans (BXO)

- Scarred, pale white rim.
- Is not seen < 4y age.

- Rerer for circumscision.

- Watch and wait is appropiate for pt's.
- Daily gentle stretching in soapy water in bath for 1yr.
- Diprosone 0.05% OD for 6/52 (to thin the skin and break down the adhesions).
- If >10y and above conservative treatment fails and recurrent balanitis (>3 in 1 yr), then refer for surgical assessment.

REAL CASE:
Return to Referrer with Advice
Comments: A foreskin that balloons when they pass urine is a common finding in young boys. The parents can be reassured that it rarely causes any problems and there is no reason for concern. There is no need to for parents to try to retract it, or for there to be a medical intervention with steroid creams or circumcision.
Occasional episodes of balanitis (inflammation of the foreskin) can also occur in normal boys below 5 years and are off no consequence we never prescribe steroid creams below the age of 5 either.If there is evidence of a tight white scar at the end of the foreskin preventing retraction that may be a sign of BXO and we would need to see the child but the need for this is rare before 5 years of age.
A non-retracting foreskin that is not causing symptoms does not need referral until puberty, as some boys may take until then for the foreskin to fully retract, and this is normal.

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Balanitis

- Tight foreskin so urine trapped on surface of glans penis under the foreskin, urine is corrosive and irritates skin, hence, balanitis.

Undescended testes

- Blood supply and nerve supply are pulled down from L1 region.
- Incidence 3-4% at birth.
- At 6-12/12 1% incidence.
- Spontaneous descent can occur until 6/12 due to testosterone surge.
- 10% are bilateral.

- If undescended testes could be in abdomen, groin or ectopic.
- ? 10% impalpable:
- Of these 1/3 intra abdominal
- 1/3 testicular agenesis
- 1/3 atrophic

Ix
No need for tests including USS (unreliable).
MRI = sensitive but need to give full GA to keep still.
But if giving GA then might as well do laparoscopy as 100% accuracy.

Management

- Bilateral = need urgent 2-4/52 review by paediatrics.
- Unilateral = orchidoplexy recomended from 6-18/12.

Retractile testes

Retractile testes
- This is due to cremasteric reflex.
- Examine when baby warm and cuddled in clothes for 10 min. This might be enough for the testes to come down themselves.
- If not milk the testes down.
- Wait for cremasteric reflex disappears few seconds and see if testes stay there. If so then retractile.
- When relaxed the testes are down.
- Its only when we examine. Dont need to refer.
- If concern follow up or refer early.
- Recommended to see the child at puberty and then teach them how to examine themselves.

Hydrocoele

- Common to have a communicating hydrocele.
- When lie flat it gets smaller. Bigger when upright in day.
- Fluid goes into tunica vaginalis. It's free fluid in the abdomen that lubricates the gut.
- If was hernia you can't get above swelling. If hydroceole can pull it down and get above it.
- In girls they get ovary herniated.
- In children the internal ring is where the obstruction is.
- Just because it transilluminates doesn't mean 100% its hydrocele, could be hernia. In young, everything lights up.

Management

- Watch and wait unti 2yr age as likely will spontaneously resolve.
- Refer if > 2yr age and been present for > 6/12.
- Refer if hernia present regardless of age or duration.

- If hernia reducible do next available elective slot. If not reducible then emergency op.

Testicular torsion

Acute scrotum
Testicular torsion.
Sudden onset.
Severe pain
Vomiting
Abnormal lie.
Red
Swollen
Hard

Management

- Torsion or no diagnosis, go straight to A&D and theatre.
- Good chance of testes survival if operated on within 4-6 hrs.
- If > 12 hrs = < 5% survival.

Epididymyorchitis

< 1 yr and > 10 yr are peaks.

Torsion of appendage

- Peak at 11y.
- Painful but only 5 days as is a self limiting condition.
- Once infarcted the pain goes away.
- Blue dot sign. The infarcted appendage of magnoni. Don't worry the testis is absolutely fine.

Management

- Conservative or surgery to explore to prevent pain for 5 days.
- You wiill just swap one pain for another.

Idiopathic scoral odema.

Idiopathic scoral odema.
5-8yr
usually painless
usually symetrical

- Antibiotics.

Preputial pearl (cyst)/ Smegmal cyst

- Collection of desquamated skin cells associated with non-retractile foreskin.
- Forms a lump which is benign.

- No treatment needed.
- The lump resolves once foreskin becomes retractile.

Hypospadias

- Advice parents not to perform circumscision, as need the skin for reconstruction.
- Refer to surgeons who will operate at 12-18/12.