

Significant Rate of Lower Urinary Tract Dysfunction in Patients with Sacrococcygeal Teratomas



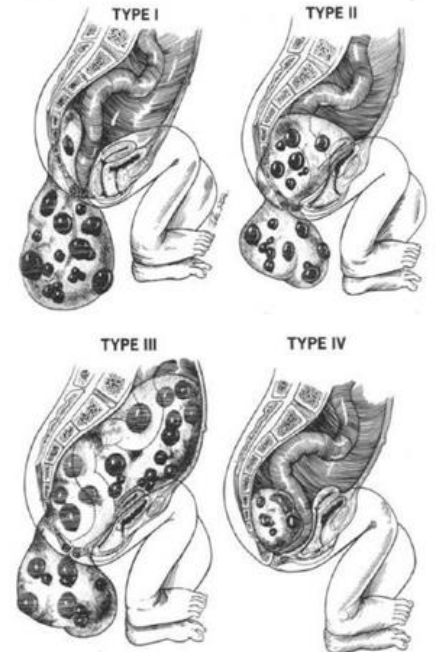
Alexandra Rehfuss, Rama Jayanthi, Seth Alpert,
Daniel Dajusta, Daryl McLeod, Molly Fuchs, Christina Ching



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Sacrococcygeal Teratoma

- Most common solid neonatal tumor
- Affects urinary tract either:
 - Directly by mass effect
 - Indirectly by injury related to surgical resection



Altman classification of sacrococcygeal teratomas

Urology and Sacrococcygeal Teratoma

- Prior studies show $>1/3$ of pts with SCT will develop voiding dysfunction.
- In our experience, voiding dysfunction is not routinely screened for on follow up visits.

Goal

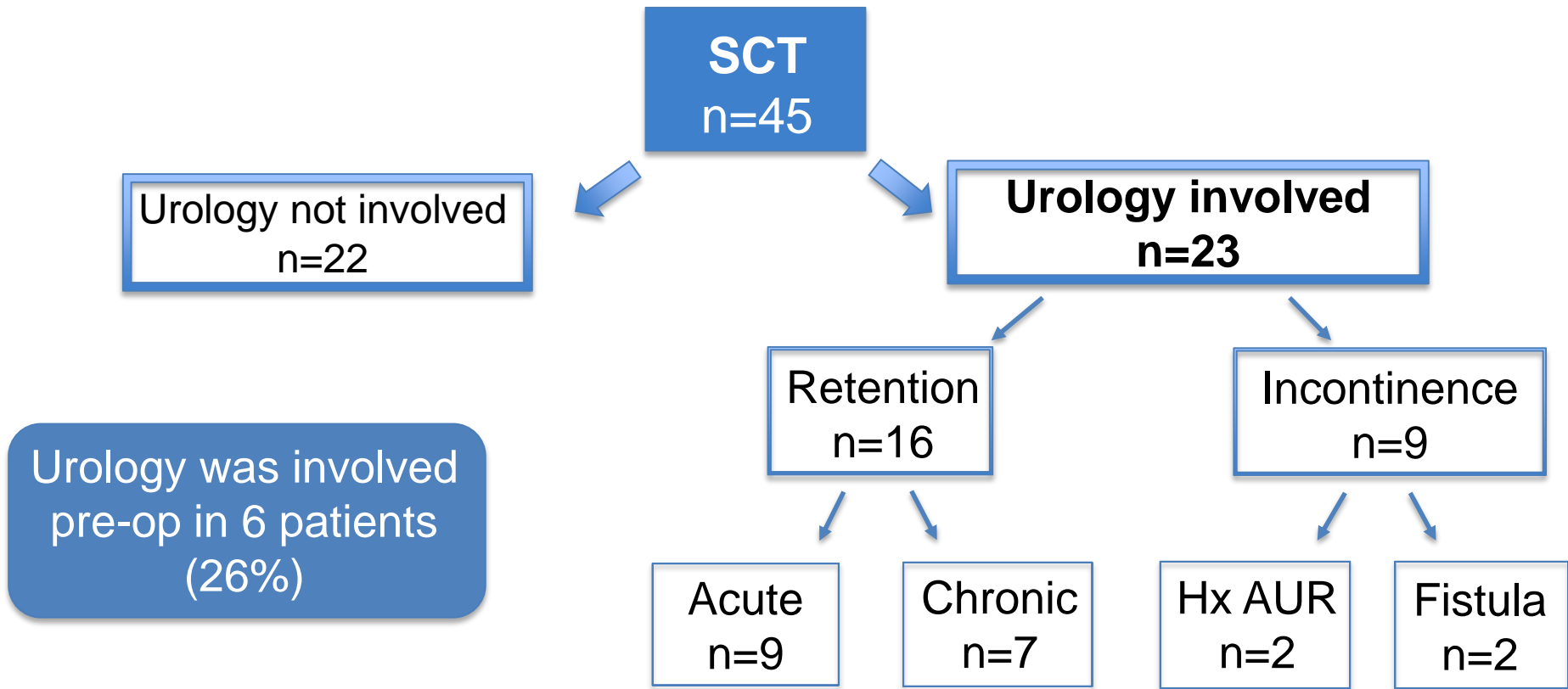
- Evaluate voiding patterns in patients with SCTs at our institution.

Methods

- Retrospective chart review of patients with SCT
 - 1990–2019
- Collected:
 - Demographics, spinal cord status, anorectal malformation, dates of surgery and last office visit
 - Reason for GU involvement
 - Retention, incontinence, CIC

Results

Demographics	N=45
Female (%)	34 (79)
Age at time of surgery, median (range)	1.5 months (0 days–29 years)
Length of follow up, median (range)	3.75 years (1 month- 37 years)
Concomitant tethered cord (%)	9 (22)
Anorectal malformation (%)	14 (31)



Results

- 2 urinary fistulas (4% of all patients)
 - 1 urethrovaginal fistula
 - Congenital
 - Current management: vesicostomy
 - 1 vesicovaginal fistula
 - Diagnosed at toilet training
 - Bladder neck closure and mitrofanoff



Conclusions

- Majority of patients with SCT experience voiding dysfunction.
- Urology should be involved peri-operatively in the evaluation of these patients.