Case Report

Bladder exstrophy and sexual function

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A 36-year-old man was admitted to the surgical casualty ward with a fractured humerus. He had been a wood cutter and had fallen from a tree. There was an ammoniacal odour near him and was a result of the continuous urine leak due to bladder exstrophy (ectopia vesicae) (Fig 1). He had not undergone any surgical procedure to correct the ectopia vesicae and was using a piece of cloth to cover the bladder defect. Due to the bad odour he has been a social outcast and was living alone at the outskirts of the village near the jungle.

Figure 1.

After the appropriate intervention for the humeral fracture he was offered urinary diversion with an isolated ileal segment. Initially he declined to have a major operation. Several weeks later he agreed to have the surgery. After the urinary diversion with an ileal loop he was trained to use ileostomy bags and the 'Samurdhi' movement gave him the funds. During the operation no attempt was made to reconstruct the penis (Fig 2).

During his stay at the hospital and frequent visits thereafter he became acquainted with the hospital staff and started helping patients who required support at bedside. Sometimes later he started this as a regular job. One year after surgery he came to the clinic with his newly wedded wife and revealed that both partners were having enjoyable sex with good erections.

Figure 2.

Discussion

The primary objectives in the surgical management of bladder exstrophy are (i) a secure abdominal wall closure (ii) urinary continence with preservation of renal function and (iii) reconstruction of a functional and cosmetically acceptable penis (1). These can be achieved through several major reconstructive operations preferably done starting in the neonatal period.

In bladder exstrophy the urethral groove is short and the dorsal chordee is severe the glans become located adjacent to the verumontanum. Therefore during surgery dorsal chordee needs to be released, urethral groove lengthened and the penis lengthened by mobilising the curve from the pubic rami for a good cosmetic outlook of the penis (2). This form of traditionally recommended treatment needs surgical expertise, appropriate equipment and multiple sessions of anaesthesia and surgery (3). Yet the failure rates are high depending on the degree of expertise. Substandard attempts can lead to fibrosis of delicate tissues of the penis and bladder neck and scarring with poor functional results of penis (3).

This case illustrates the fact that even with minimal intervention it is possible to achieve a reasonable

functional outcome in neglected patients with bladder exstrophy. These patients can be well-adjusted citizens functioning well in the society and in full-time employment and long term relationships. The urological surgeons who practice value based medicine and believe in providing reasonable surgical care to all their patients irrespective of their social, economical and geopolitical status can adopt this method in treating neglected patients with ectopia vesicae (4, 5).

References

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