

Abstract# P-SAT426

Kidney transplantation in a child with bladder dysfunction who underwent prior bladder augmentation: A case report

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The management of children with end-stage renal disease (ESRD) due to congenital urological abnormalities is more problematic and difficult than in patients with ESRD due to other causes. Kidney transplantation in neurogenic bladder patients with small capacity and defunctionalized urinary bladders is a challenging issue in the field of pediatric transplantation. In these patients with severe bladder dysfunction, augmentation cystoplasty can protect the transplanted kidney by reducing intravesical pressure and creating an appropriate capacity. 8-year-old boy who presented urinary tract infection with fever at 2 year-old and while his investigation, stage 3 chronic kidney disease secondary to bilateral grade 5 reflux disease was found (blood urea: 81 mg/dl, creatinin: 1.5 mg/dl, creatinin clearance: 32 ml/min/1.73m²). His mixiocystoureterographic and urodynamic study were showed bladder wall irregularity and trabeculation; decreased bladder capacity and compliance, respectively. At 8-month of followup he was putted into dialysis programme about 6 years. Thereafter, normal bladder capacity was achieved after bladder augmentation implementation. He was achieved renal transplantation from his mother, after 6-month of augmentation operation. Now, he still got uneventfull follow-up period about 24 months. Consequently, bladder augmentation application with timely and rationally could be a chance to kidney transplantation in children with bladder dysfunction.