**POSTERIOR URETHRA VALVES AS A REASONS OF THE CHILDREN’S BLADDER DYSFUNCTION**

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**Introduction.** Distribution of bladder dysfunction (BD) in a population of children is considerable. The main manifestation of the disorder BD is frequent/rare urination, incontinence and, consequently, the social exclusion of the child and her parents. Typically, the BD are the outcome of the innervation of the bladder, but occupy a prominent place and posterior urethra valves (PUV). Posterior urethra valves - the result of the formation of a thin membrane of tissue Volf’s duct, which runs in the prostatic urethra.

Clinical manifestations PUV depend on the degree of obstruction. In severe obstruction PUV antenatal diagnosed already. Sarhan O.M. et al. (2013) have shown that in the case of antenatal diagnosis PUV, better treatment and less pronounced effects of chronic kidney disease in the future. In less severe obstruction, the diagnosis can be established in the neonatal period or later. Urinary tract infection is common to both groups of patients (Bruyn R.D., 2005).

Besides voiding disorders, according to Atwell J.D. (1983), in children under 5 years leading symptoms are urinary tract infection and renal parenchyma impression that leads to kidney failure, whereas in children 5 years after leading symptom remain voiding disorders. About 7% of children with PUV die before the age of 3 months. When antenatal diagnosed PUV to 40% of children die in neonatal period from kidney damage (Olivera E.A. et al., 2001).

Thus, given the complexity of the disease, high quality impression of the bladder and kidneys in PUV determine the relevance of the proposed research to broader diagnostic (including antenatal) and as earlier surgical correction.

**Materials and methods.** On the basis of the Zhytomyr Regional Childs Clinical Hospital widely used endoscopic methods of diagnosis and treatment of pathology of the lower and upper urinary tract in children of all ages. Total for the period 2011-2015 was conducted urethrocystoscopy 80 children with signs of BD. The patients' age was from 1 month to 15 years (mean age 4.1 years).

**Results.** In 32 (40%) patients, which was held urethrocystoscopy was found PUV in different degree (type I and III by Young) primary. All patients had resection of the valves on the classical method using conventional resectoscope companies «Karl Storz» (11 Ch) and «Olympus» (9,5 Ch). 14 (43.8%) patients of the control urethrocystoscopy made no earlier than 6 months. These patients on the results of the control urethrocystoscopy was conducted additional resection of residual PUV. In 29 (90.6%) patients who underwent resection for PUV was observed clinical and functional positive trend.

**Conclusions.**

1. Posterior urethra valves should be excluded in all male patients with bladder dysfunction and kidney disease and bilateral uretheral or with a combination of one-way process with bladder dysfunction (regardless of age).

2. The earlier diagnosed and performed resection of the posterior urethra valve, are the most effective in the treatment and prevention of renal failure in children.

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