



A Case Report on Extrophy of Bladder with Pubic Diastasis

Suwarna Ghugare¹, Darshana Wankhede², Shalini Lokhande³, Khushbu Meshram⁴, Sonali Kolhekar⁵

^{1,2,3,4,5} Smt Radhikabai Meghe Memorial College of Nursing

ABSTRACT:

Bladder exstrophy, one of the most severe congenital malformations, is characterised by a number of anomalies that affect the ventral body wall, urinary tract, genitalia, bony pelvis, spine, and anus, among other tissues. In 2000 BC, the first bladder exstrophy was described. Typically, the condition affects the lower abdominal wall muscles and skin, the pelvic muscles and bones, the reproductive system, the digestive system, the urinary tract, and the reproductive tract. Compared to typical pelvic bones, certain pelvic bones are shorter. Colleagues in orthopaedic surgery frequently participate in patient care. A bladder exstrophy is a congenital defect that affects one in 40,000 babies. 2 years old child with bladder, mucosa open, toilet pass from upper surface of penis, bilateral undescended testis, Pubic diastasis, diagnosed with Pelvic CT Scan, Ultrasonography- therapeutic interventions outcome Operational external fixator realignment, Inj. Peptaz 900mg over 20mlNS over 30 min 8 hourly, Inj Amikacin 31mg IV 24 hourly, Inj PAN 10 mg IV 24 hourly, Inj Emset 1.3 mg IV SOS, Inj NFOMOL 13 mg IV 8 hourly.

KEYWORDS: Extrophy of bladder, pubic diastasis.

INTRODUCTION:

The inner surface of the urine bladder is visible on the lower abdominal wall. Instead of being closed with normal muscle and skin covering the internal surface, the bladder is practically flipped inside out. The inner lining of the urethra is visible at the apex of the penis in males or between the right and left sides of the clitoris in females. When the urethra and bladder are not usually closed, urine cannot be held in the bladder and regularly drips onto the exposed bladder inner wall and the skin around it. This could irritate nearby skin after giving birth until it heals.¹

Bladder exstrophy is an uncommon congenital developmental disorder in which the bladder and associated organs are inside out. Urine is expelled through a hole in the abdominal wall where the posterior vesical wall, the section of the bladder wall at the back, turns outward (exstrophy). The size of the aperture determines how severe the exstrophy is. The urethra, which conducts urine from the bladder out of the body, might have defects or openings, and this is known as epispadias.²

CASE PRESENTATION

A 2 years male child from admitted in Paediatric ward AVBR Hospital on date 25/08/2022 with a is own case of extrophy of bladder. He is 9kg and his height is 95 cm. after the surgery patient with the chief complain pain in surgical site. Patient is 2 year old child admitted in to Acharya Vinoba Bhave Rural Hospital Sawangi Meghe Wardha. On date date 25/08/2022. by his mother with the cheif complaint continuously leaking of urine, Patient is having birth defect (congenital defect) Extrophy of bladder.

2 year old child live with the good facilities. There are four members in his families, father is bread owner of his family. It was found effectively and give the proper treatment and patient does not develop complications till that.

The patient sign and symptoms are Bladder, mucosa open, toilet pass from upper surface of penis, bilateral undescended testis, Pubic diastasis, Congenital defect.

The physical examination In head to toe assessment abnormality found in pelvic region. But patient feel weak, dull expressions and restlessness, He is and not so much co-operative. Physical not more active changes including, bladder, mucosa open, toilet pass from upper surface of penis, bilateral undescended testis, Pubic diastasis,

The diagnostic assessment are, Blood test: Hb-9.8gm%. total RBC count - 4.6 millions/cumm, HCT -34% . Total WBC count - 10800/cumm . Monocytes - 03% granulocytes - 35 U/L. APTT- 11.9, PT-0.92, urine examination- urine sugar nil, pus cell- 5-6 cells/HPF. KFT- urea- 23, cratinin 0.3, sodium 138, potassium 4.7 LFT- alkaline Phosphate 234, ALT(SGPT)-20, AST(SGOT)-47, Total Protein-7.2, Albumin 4.1, Total Bilirubin-0.3. conjugated Bilirubin 0.1 unconjugated Bilirubin 0.2, globulin 0.1

Ultrasonography: bladder could not be visualised in normal anatomical region, midline defect noted in umbilical region

CT Scan- Widening and separation of pubic symphysis. There is soft tissue mass extended from infra umbilical midline anterior abdominal wall defect of size 2.8 cm. And bilateral undescended testis

Therapeutic interventions:

Operational external fixator realignment

Inj. Peptaz 900mg over 20ml NS over 30 min 8 hourly,

Inj Amikacin 31mg IV 24 hourly

Inj PAN 10 mg IV 24 hourly

Inj Emset 1.3 mg IV SOS

Inj NFOMOL 13 mg IV 8 hourly

DISCUSSION:

Patient admitted in the paediatric ward No.17 AVBR Hospital on date 25/08/2022. with a complaint of continuously passing of urine.

As soon as he was admitted hospital with the under investigation were done appropriate treatment was started. Surgery was done and progress of the child after surgery satisfactory.

Patient is irritable, not eating properly. After getting treatment he shows and looks improvement better than before, the treatment was still going on till hospital. (7)

CONCLUSION:

Patient admitted in the paediatric ward No.17 AVBR Hospital. with a complaint of continuously passing of urine. patient diagnosed with exstrophy of bladder. After getting the proper treatment his condition improved. And their personal habits, nutritional patterns, and their surrounding environment. It is most important to take care and preventive measure and health.

ETHICAL CLEARANCE:

Taken from institutional ethics

SOURCE OF FUNDING:

Self

CONFLICT OF INTEREST:

Nil

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