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Letter to the Editor

Response to Letter to the editor re: "Increased risk of chronic kidney disease in children with anorectal malformations"

Dear Editor,

We would like to extend our sincere appreciation to the authors for their insightful comments and the sharing of their institutional experiences concerning the urological follow-up of patients with anorectal malformations (ARM). Their findings are of significant relevance and align with various observations we have made in our studies.

Our current research focused on the clinical risk of chronic kidney disease (CKD) in children with ARM, but we have also investigated bladder dysfunction (BD) in this population. In a study published in 1998, we reported that BD, formerly termed Neurovesical Dysfunction (NVD), was prevalent in 64.2% of patients with sacral anomalies and in 31.5% of those without sacral anomalies. Furthermore, we observed BD in 34.7% of patients with infralevator ARM, demonstrating that significant bladder dysfunction can arise in patients lacking classical risk factors, such as high-type malformations or spinal anomalies [1].

Moreover, in our second study published in 1997, we explored urodynamic findings before and after posterior sagittal anorectoplasty (PSARP). We noted a higher risk of sacral or spinal anomalies and BD in patients presenting with supralevator type ARM, whereas PSARP did not correlate with an increased incidence of BD [2]. These findings substantiate our previous reports, reinforcing the notion that the severity of anorectal malformations is closely linked to an increased risk of both sacral-spinal anomalies and bladder dysfunction. Although the risk diminishes in patients with lower-type anomalies, it remains significant, particularly in females.

As part of our clinical practice, we routinely utilize pelvic MRI in the preoperative assessment of patients with ARM. This imaging modality allows us to evaluate critical pelvic structures, particularly the levator ani muscles and urogenital organs, while also facilitating the identification of potential spinal anomalies.

In summary, our clinical experiences support the notion that patients with ARM are at a high risk for bladder dysfunction, with recent findings indicating that this dysfunction may contribute to long-term CKD. We assess the urogenital system in all ARM patients and tailor invasive assessments based on individual findings.

We appreciate the authors' contributions to this ongoing conversation and strongly advocate for a multidisciplinary approach to closely monitor patients with ARM. This collaboration can lead to improved outcomes and more comprehensive care for this complex population.

Sincerely,

In this response letter, the authors declare that there are no conflicts of interest among the authors. This study did not receive any funding.

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