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**RE: Laser-puncture Versus Electrosurgery-incision of the Ureterocele in Neonatal Patients**

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The authors present an interesting comparison between two groups of neonates with intravesical ureterocele treated by two distinct methods. While the approaches are not novel, the study was able to clarify the benefits and drawbacks of each technique. Timely and proper management of neonatal ureterocele is of paramount importance in pediatric urology which can relieve life-threatening complications. According to their experience, ureterocele puncture using Holmium YAG laser was superior to electrocautery incision in neonates in terms of formation of iatrogenic vesicoureteral reflux. Other prominent parameters including pyelonephritis, rate of reoperation, and duration of hospital stay was not significantly different between groups. The latter might be partly due to the small number of cases in their observation as they stated. A special care must be taken not to damage the surrounding tissue and bladder wall while using laser, especially in unexperienced hands. Our experience is congruent with their results that ureterocele incision is associated with significant complications. We use a technique of ureterocele surgery consisting of creating two punctures into the poles of ureterocele. Subsequently, we insert a double-J stent passing inside the ureterocele and then fulgurate the collapsed walls<sup>(1,2)</sup>. The long-term results of this study with larger number of cases are also awaited.

**REFERENCES**

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Abdol-Mohammad Kajbafzadeh<sup>1\*</sup> Behnam Nabavizadeh<sup>1</sup>

<sup>1</sup>Pediatric Urology and Regenerative Medicine Research Center, Children's Medical Center, Tehran University of Medical Sciences, Tehran, Iran

\*Correspondence: A M. Kajbafzadeh

Pediatric Urology and Regenerative Medicine Research Center, Children's Medical Center, Tehran University of Medical Sciences, No.62, Dr. Gharib's Street, Keshavarz Boulevard, Tehran, Iran.

P.O. Box: 1419733151

Tel: + 98-21-66565400. Fax: + 98-21-66565500. Email: kajbafzd@tums.ac.ir.

**T**hank you very much for your Editorial Comment about our article „Laser-puncture versus Electrosurgery-incision of the Ureterocele in Neonatal Patients“. I read it carefully and I agree with all facts, mentioned in your text. Your technique, published last year, is very interesting. All these techniques are attempts to find the best choice for the treatment of neonates with ureterocele. I hope that we'll have more relevant results of these techniques with a larger number of patients in the coming period. The essence is to find an optimal surgical minimally invasive method to relieve the obstruction, prevent vesicoureteral reflux and to avoid subsequent extensive surgery of the urinary tract, if possible.

Best regards

Predrag Ilic, MD, PhD

Mother and Child Health Care Institute of Serbia “Dr Vukan Cupic”

Pediatric Surgery Clinic, Urology Department

Medical Faculty, University of Belgrade

Belgrade, Serbia

Phone: +381 11 3108 123. Cell: +381 64 159 6523. Fax: +381 11 2697 232.

E-mail: [predrag.ilic0410@gmail.com](mailto:predrag.ilic0410@gmail.com).

[www.imd.org.rs](http://www.imd.org.rs)