



after ileocystoplasty, bladder neck reconstruction and abdominal wall closure with flaps. Shoukry and Shoukry (4) reported their experience in five young adult classic bladder exstrophy patients. Three patients underwent primary repair (bladder closure, bladder neck reconstruction and epispadias repair). The surgeons performed augmentation iliocystoplasty in two of them. Another two patients underwent ureterosigmoidostomy, cystectomy and epispadias repair. They reported that one patient was continent and another two patients were continent with mild stress incontinence. In our case, primary closure of the bladder provided acceptable functional results without the need for additional surgery.

Bladder preservation seems to be safe and feasible in adolescent bladder exstrophy in poor sociocultural conditions. Our results

should be confirmed with long-term follow-up in a larger number of patients.

**Conflict of Interest:** No conflict of interest was declared by the authors.

## REFERENCES

1. Nerli RB, Kamat GV, Alur SS, Koura A, Prabha V, Anandkumar SS. Bladder exstrophy in adulthood. *Ind J Urol* 2008;24:164–8.
2. Gulati P, Yadav SP, Sharma U. Management of bladder exstrophy in adulthood: report of 2 cases. *J Urol* 2010;183:947–9.
3. Pathak HR, Mahajan R, Imdad Ali N, Kaul S, Anandkumar MD. Bladder preservation in adult classic exstrophy: Early results of four patients. *Urology* 2001;57:906–10.
4. Shoukry AI, Shoukry I. Management of bladder exstrophy in adulthood: Report of 5 cases. *J Pediatr Urol* 2010;9:575–8.

Uncorrected Proof