

Editorial referring to the paper published in this issue on pp. 488–493 **TRAUMA AND RECONSTRUCTIVE UROLOGY**

“Bougie urethral dilators: revival or survival?” – *cons*

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The authors of the paper published in this issue of Central European Journal of Urology [1] present urethral dilatation as their preferred method of treatment of urethral obstruction. Results of their treatment are very poor. Among the 196 patients having urethral obstruction treated with bougie dilators, as many as 172 patients (87.6%) had serious complications; including recurrent obstructions in 134 patients (68.4%), perforations of the urethra in 13 (6.6%) of patients, and urinary tract infections in 3 cases (6.6%). In 19 patients (9.7%), the bougie failed even to pass the obstruction. If 87.6% of the patients treated via bouginage had serious complications, it is obvious that the chosen method is wrong. Urethral dilatation may be a useful method, mainly as a supportive measure after operative treatment of urethral obstruction, most useful in the penile part of

the anterior urethra. It has to be done very delicately, starting from small dilators and without pushing the dilator with too much force. Only on that way urethral wall with postoperative scar can be dilated without being disrupted. If after dilatation, drops of blood are seen on bougie, it means that the planned dilatation changed into disruption. The disrupted part of the urethra starts to heal, producing more scar tissue than before the so-called dilatation and this sequence of events leads to a further decrease of the urethral lumen.

The authors' opinion that dilatation can be used worldwide as a primary method of treatment of urethral obstruction is delusive. Very poor results achieved by the authors are obvious sign that this kind of treatment should be used only in very selected cases by urologists specializing in urethral surgery.

References

1. Katib AA, Al-Adawi MA. Bougie urethral dilators; revival or survival? Cent Eur J Urol. 2013; 66: 488–493. ■

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