

EDITORIAL COMMENT

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The role of pelvic osteotomy as a part of an operative repair of bladder exstrophy is well known. It enables a tension-free approximation of the symphysis and its final closure. Moreover, following osteotomy the urethra changes its position, being placed deep within the pelvic ring postoperatively. It may eventually increase bladder outlet resistance and improve continence. Despite all these attributes, this procedure still provokes controversies among urologists, especially when done before 72 hours of age. In these babies, the pelvic bones are usually malleable and closure of the pelvic ring can be performed without osteotomies. However, since the mid-90s the world literature has been packed with opinions regarding the beneficial effects of osteotomy in children affected by bladder exstrophy at any age. Among those patients subjected to osteotomy over the years, operative treatment failure and its complications

have become significantly less frequent. Bladder exstrophy is a serious and complex developmental anomaly. Its incidence has been estimated as low as one in 30,000 live birth. According to the National Statistics Office in Poland, of the 350,000 to 400,000 babies born in 2012, approximately 10 to 12 of them may have been born with bladder exstrophy. The manuscript, *Complications after primary bladder exstrophy closure – role of pelvic osteotomy*, presented in CEJU reflects the vast experience of the urology team from the Department of Pediatric Urology at the Children's Health Memorial Hospital in Warsaw. They describe 100 consecutive patients with bladder exstrophy, which is one the largest series reported in the literature to date. They were able to prove very clearly that osteotomy should be an integral part of the operative management in the case of bladder exstrophy.

References

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