

# *Making the case for enterocystoplasty in the urologic management of patients with multiple sclerosis*

Patrick J. Shenot, MD

Department of Urology, Thomas Jefferson University, Philadelphia, Pennsylvania, USA

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Enterocystoplasty is an uncommonly performed procedure in a heterogeneous population of patients with spina bifida, spinal cord injury (SCI), multiple sclerosis (MS) and an assortment of refractory neurogenic and non-neurogenic bladder dysfunction. Data from the Nationwide Inpatient Sample (NIS) indicates that less than 200 bladder augmentations were done yearly in spinal cord injured patients in the United States from 1998 to 2005.<sup>1</sup> Although there are no recently published numbers of the frequency of this surgery, it is very likely that a much smaller number of adults with neurogenic bladder dysfunction undergo this surgery due to the efficacy and widespread availability of onabotulinumtoxinA. The number of these surgeries in patients with multiple sclerosis is undoubtedly much lower and the majority of series looking at results of bladder augmentation are pediatric patients with spina bifida or adult patients with SCI.

This is a retrospective observational study of 17 consecutive patients with MS who underwent some type of enterocystoplasty over two decades. While the surgical techniques utilized have changed little over the past 30 years, improvements in patient care have probably led to a lower risk of perioperative complications which this study was not able to assess.

This study by Kalkan et al has many of the usual flaws and potential biases of a retrospective study including patients treated over several decades. This article does not challenge directly any accepted principles of neurogenic bladder management. The salient finding is that enterocystoplasty can be a valuable tool in the management of MS patients. It is difficult to refute that bladder augmentation has unparalleled results in terms of upper tract preservation and improving urinary continence in patients with refractory lower urinary tract dysfunction.<sup>2</sup>

The authors opine that enterocystoplasty may be underutilized in the management of neurogenic lower urinary tract dysfunction in patients with MS. A related question, not specific to MS patients, might be whether the pendulum may have swung too far toward non-surgical management of refractory neurogenic bladder. Until significant advances in tissue engineering are made, bladder augmentation will continue to be a valuable tool in the management of neurogenic bladder. □

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### References

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Address correspondence to Dr. Patrick J. Shenot, Department of Urology, Thomas Jefferson University, 1025 Walnut Street, Suite 1112, Philadelphia, PA 19107 USA