Significant Rate of Lower Urinary Tract Dysfunction in Patients with Sacrococcygeal Teratomas

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Sacroccocygeal Teratoma

• Most common solid neonatal tumor

• Affects urinary tract either:
  – Directly by mass effect
  – Indirectly by injury related to surgical resection

Altman classification of sacroccocygeal teratomas
Urology and Sacrococcygeal Teratoma

- Prior studies show >1/3 of pts with SCT will develop voiding dysfunction.
- In our experience, voiding dysfunction is not routinely screened for on follow up visits.
Goal

- Evaluate voiding patterns in patients with SCTs at our institution.
Methods

• Retrospective chart review of patients with SCT
  – 1990–2019

• Collected:
  – Demographics, spinal cord status, anorectal malformation, dates of surgery and last office visit
  – Reason for GU involvement
    • Retention, incontinence, CIC
## Results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N=45</th>
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</thead>
<tbody>
<tr>
<td>Female (%)</td>
<td>34 (79)</td>
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<tr>
<td>Age at time of surgery, median (range)</td>
<td>1.5 months (0 days–29 years)</td>
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<tr>
<td>Length of follow up, median (range)</td>
<td>3.75 years (1 month- 37 years)</td>
</tr>
<tr>
<td>Concomitant tethered cord (%)</td>
<td>9 (22)</td>
</tr>
<tr>
<td>Anorectal malformation (%)</td>
<td>14 (31)</td>
</tr>
</tbody>
</table>
SCT
n=45

Urology not involved
n=22

Urology involved
n=23

Retention
n=16

Acute
n=9

Chronic
n=7

Incontinence
n=9

Hx AUR
n=2

Fistula
n=2

Urology was involved pre-op in 6 patients (26%)
Results

- 2 urinary fistulas (4% of all patients)
  - 1 urethrovaginal fistula
    - Congenital
    - Current management: vesicostomy
  - 1 vesicovaginal fistula
    - Diagnosed at toilet training
    - Bladder neck closure and mitrofanoff
Conclusions

• Majority of patients with SCT experience voiding dysfunction.

• Urology should be involved peri-operatively in the evaluation of these patients.