URETERAL REIMPLANTATION IN KOREAN CHILDREN WITH VUR

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Recent advances in minimally invasive techniques, such as intravesical laparoscopic ureteral reimplantation (ILUR), have improved pediatric vesicoureteral reflux (VUR) treatment. In Korea, VUR surgery is performed in infants under one year of age only when breakthrough urinary tract infections (UTIs) occur. After the age of two, surgical treatment is considered based on factors such as female gender, bilateral reflux, renal scarring, renal function, and the severity of the VUR. The choice of procedure—whether endoscopic, laparoscopic, or robotic surgery—depends largely on the surgeon's preference. ILUR is less invasive than open surgery and has shown comparable success rates. While most reported cases use Cohen's Method (ILUR-Cohen), I introduce the Politano-Leadbetter method (ILUR-PL) and its outcomes.

Comparison of Cohen's and Politano-Leadbetter Methods :

1. Cohen's Method (ILUR-Cohen)

Cohen's Method is widely used due to its simplicity. However, it alters the ureter's natural position, which may cause long-term complications like urinary dysfunction.

**Advantages : **
- Simpler and faster.
- High success rate.

**Disadvantages : **
- Alters natural anatomy.
- Potential long-term issues.

2. Politano-Leadbetter Method (ILUR-PL)

This method preserves the natural ureteral anatomy but is more complex and time-consuming.

**Advantages : **
- Preserves natural anatomy.
- Better long-term outcomes.

**Disadvantages : **
- More technically demanding.
- Longer operative time.

Conclusion

Cohen's method offers simplicity, while Politano-Leadbetter preserves anatomy for better long-term results, though it is more technically demanding.