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EDITORIAL COMMENT



This manuscript is extremely valuable as it brings this unique cohort to the rest of the pediatric urology community. It is unlikely this type of experience will be replicated.

One of the takeaways from this paper is that pubic separation remains an important consideration in these variants and many patients still require osteotomies similar to the classic exstrophy patients.

I would encourage the authors to publish an atlas and/or videos of the steps of the procedures they have used in correcting these variants.

Lastly, it is undoubtedly disheartening for parents to hear their child has a condition that is even rarer than the rare classic bladder exstrophy. This data can at least reassure families that these anatomic abnormalities can be corrected surgically and that ultimate continence can be achieved even if the repair is not done in the neonate.

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AUTHOR REPLY

Indeed, in both bladder exstrophy and epispadias variants, the pubic separation is an important consideration in the reconstructive process. Some centers are performing pelvic osteotomies in the epispadias population.¹ As addressing the bony pelvic abnormalities is a critical step in exstrophy management, this principle certainly applies in even rare exstrophy variants.

We appreciate the thought of offering an atlas or video of the surgical procedure, and it may be a future endeavor. The wide range of variant presentations may seem daunting, however, we do maintain that the unifying characteristic of the variants, as well as classic bladder exstrophy, is the correction of the widened pubic diastasis.

Finally, we completely agree that this data do show optimistic outcomes for these patients. Though rarer than the classic form of bladder exstrophy, the infrequent bladder neck involvement in the variant form appears to be a “silver lining” with regards to urinary continence. Surely this will be useful in parent counseling. Still, assessment of the patient's bladder and bladder neck function are paramount for eventually establishing urinary continence.

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