

this is the largest series of such patients reported in the literature. Furthermore, we present a treatment strategy that was developed based on our experience encountering these patients. We suggest progressing from least (sclerosing) to most invasive (excision of remnant prostatic tissue), while also considering the patient's anatomical factors and personal preferences.

CONCLUSION

Drainage and sclerosis of the fluid collections is the least invasive option and was successful in one of the two patients. If this strategy fails, patients can attempt marsupialization of the collections, though this is most suitable for superficial fluid collections. Finally, if the patient continues to experience distress from the fluid collections, cystoprostatectomy is a viable option that can potentially provide lasting resolution of the fluid collections and pain symptoms.

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Editorial Comment



The authors present an unusual series of patients with complaints of persistent suprapubic pain. The report details their presumptive explanation for the etiology of the discomfort and a successful treatment regimen. This observation gives urologists a reasonable plan for management of symptomatic suprapubic fluid collections in males with a history of bladder exstrophy and/or epispadias repair.

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<https://doi.org/10.1016/j.urology.2018.10.053>
UROLOGY 125: 259, 2019. © 2018 Elsevier Inc.

Author Reply



Bladder exstrophy is a rare condition yet these patients can be challenging to manage in adulthood especially when presenting with painful abdominal fluid collections which we believe are from remnants of prostatic tissue. As urologists may encounter these patients, even if only rarely, our goal was to provide recommendations for management based on our experience. Even if not universally applicable to every patient with a repaired bladder exstrophy, we believe our algorithm may be a good starting point.

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<https://doi.org/10.1016/j.urology.2018.10.054>
UROLOGY 125: 259, 2019. © 2018 Elsevier Inc.