

Rebuttal

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Of course, I also believe in the medical management of vesicoureteral reflux (VUR) for some patients and support most of Dr. Lorenzo's comments.¹

Most importantly, one should realize that VUR represents a variant of the normal anatomy that may be un-wisely diagnosed, left alone, observed, followed or corrected. This depends on so many variables, such as gender, age, reason for which the diagnosis was initially made, presence of symptoms of dysfunctional elimination, concomitant anatomical anomalies, urinary tract infections, signs of renal suffering and other social issues. No cases are alike, but the lack of good guidelines obliges us to always come back to the basics – that is, to acknowledge the current controversies and discuss most treatment options with the patient and his family. This is often difficult because most families do not really know what to do with so much information and so

few certainties. It is true that we may pay too much attention to some cases by fear of mismanaging others. Don't we all wish we knew better?

I would have humbly agreed to lose the debate if it meant that there would be no more controversies regarding the diagnosis, the management and the treatment of VUR in an attempt to limit long-term complications, such as renal scarring, hypertension and renal insufficiency! Sadly, many more years of well-conducted protocols involving large cohorts will be needed in order to develop and design tools to identify high-risk patients.

Reference

1. Lorenzo AJ. Medical versus surgical management for vesicoureteral reflux: the case for medical management. *Can Urol Assoc J* 2010;4:276-8.