

**KIDNEY HEALTH FOR ALL**  
PREPARING FOR THE UNEXPECTED,  
SUPPORTING THE VULNERABLE!

# IN THE NAME OF GOD



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# DYSFUNCTIONAL ELIMINATION SYNDROME (DES)



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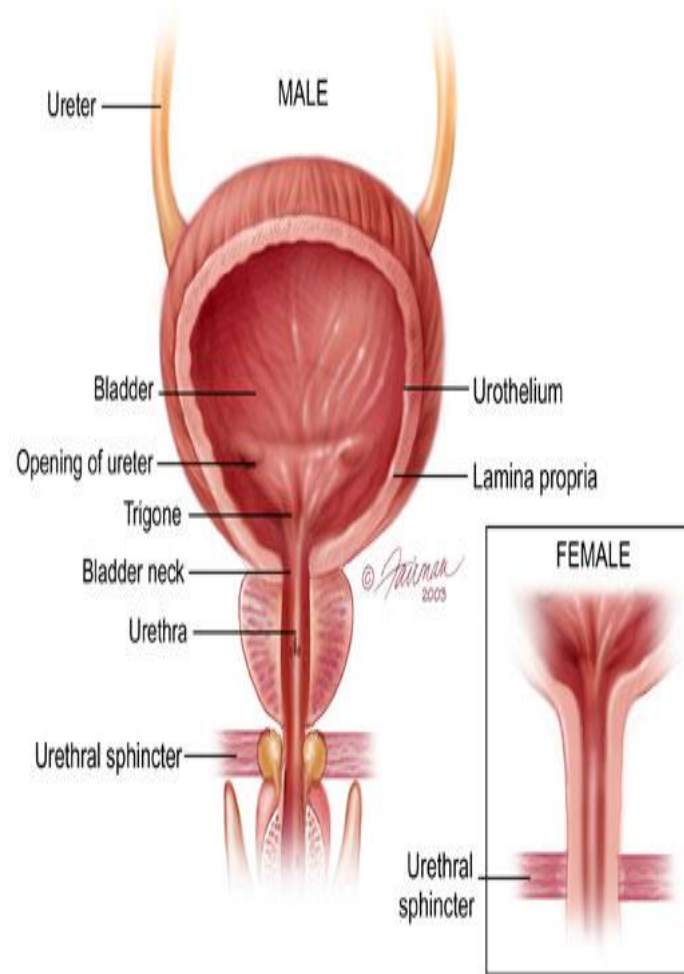
# NORMAL VOIDING

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- Normal Urinary Tract Anatomy
- Normal Peripheral and CNS Function
- Normal Neurodevelopmental Status
- Normal Urodynamic Function
- Normal Perception of Bladder Fullness



# Bladder control

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- At age 5 approximately 15% of children still wet the bed
- This decreases by 1-2% per year until the age of 18
- 1% persists beyond 18 years of age
- 2-3 times more common in boys than girls



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# Pons

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- The major relay center between the brain and the bladder
- What is the function of the pons?
  - Coordinating the activities of the urinary sphincters and the bladder so that they work in synergy
- What is the specific anatomic location?
  - Pontine micturition center
  - The PMC coordinates the urethral sphincter relaxation and detrusor contraction to facilitate urination



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# Definition

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**SYNDROME WITH INCLUSIVE CATEGORIZATION OF ALL  
FUNCTIONAL BLADDER, SPHINCTERIC AND  
GASTROINTESTINAL DISORDERS THAT PATHOLOGICALLY  
AFFECT THE PEDIATRIC URINARY TRACT**  
**TWO GROUP:**

- 1- HARMFUL**
- 2- HARMLESS**



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# GROUP 1

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- 1) Hinmans syndrome
- 2) Unstable bladder
- 3) Infrequent voiding syndrome
- 4) Functional bowel disturbances



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# GROUP 2

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- 1) Giggle incontinence
- 2) Post-void dribbling
- 3) Daytime time urinary  
frequency syndrome
- 4) Nocturnal enuresis



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- Prevalence approximately 15% (Hellstrom et al. 1991)
- Overlooked factor in pediatric UTIs
- 40% of toilet trained with 1<sup>st</sup> UTI
- 80% with recurrent UTI
- Risk factor for VUR and renal scarring



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- Children rated wetting themselves at school as the third most catastrophic event behind losing a parent and going blind.



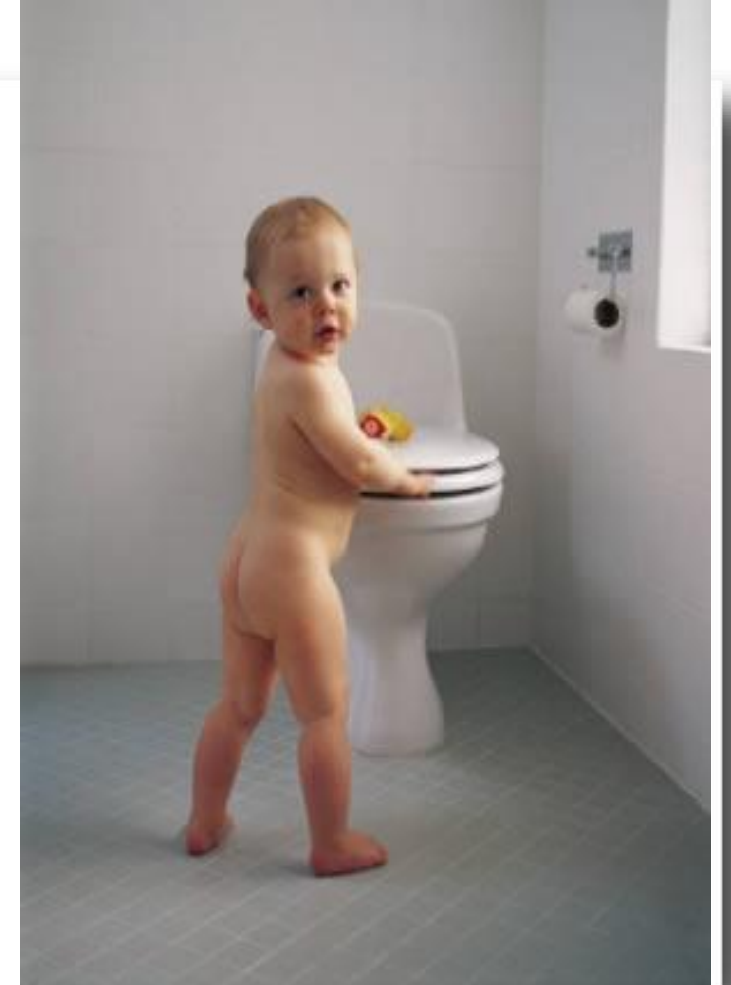
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- Hinman-Allen Syndrome
- Unstable Bladder
- Infrequent Voiding Syndrome
- Functional Bowel Disturbance
  
- Extraordinary urinary frequency



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# PLUTSS



- 1- آیا فرزند شما در طی روز در لباس خود ادرار می کند؟  
خیر بعضی وقتها یک یا دوبار در روز همیشه
- 2- اگر جواب شما به سوال اول مثبت است شدت آن چقدر است؟  
فقط لباس زیر نمناک میشود شلواروی هم کمی مرطوب میشود لباس زیر و شلوار کاملاً خیس میشوند
- 3- آیا فرزند شما شب ادراری دارد؟  
یک تا دو شب در هفته سه تا پنج شب در هفته شش تا هفت شب در هفته
- 4- اگر جواب شما به سوال سوم مثبت است شدت آن چقدر است؟  
فقط لباس زیر نمناک میشود لباس و زیر انداز وی خیس میشوند
- 5- فرزند شما چند بار در طی روز ادرار می کند؟  
کمتر از هفت بار هفت بار یا بیشتر
- 6- آیا فرزند شما در طی ادرار کردن به خود فشار می آورد (در موقع ادرار زور می زند)؟  
خیر بله
- 7- آیا فرزند شما در طی ادرار کردن احساس درد می کند؟  
خیر بله
- 8- آیا فرزند شما منقطع ادرار می کند (در هنگام ادرار جریان ادرار وی قطع و وصل میشود)؟  
خیر بله
- 9- آیا فرزند شما بلافاصله پس از تخلیه ادرار، مجدداً احساس دفع ادرار دارد؟  
خیر بله
- 10- آیا فرزند شما احساس دفع ادرار به صورت ناگهانی و غیر قابل اجتناب دارد (نگه داشتن ادرار برای وی ممکن نباشد)؟  
خیر بله
- 11- آیا فرزند شما ادرارش را بیش از حد نگره می دارد (با فشردن پاها روی هم و یا این پا و آن پا کردن و...)؟  
خیر بله
- 12- آیا فرزند شما در راه دستشویی خود را خیس می کند (نتواند ادرار خود را کنترل کند)؟  
خیر بله
- 13- آیا ممکن است فرزند شما هر روز دفع مدفوع نداشته باشد (بیبوست داشته باشد)؟  
خیر بله
- 14- در صورتیکه فرزند شما یک یا چند نشانه از علائم فوق را دارا می باشد آیا این مسئله زندگی خانوادگی، اجتماعی و وضعیت تحصیلی وی را تحت تاثیر قرار داده است؟  
خیر بعضی اوقات بله تحت تاثیر قرار داده بله به شدت تحت تاثیر قرار داده





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با توجه به شیوع نسبتاً بالای این  
اختلالات و عوارض خطیر اما قابل  
پیشگیری آن پیشنهاد می شود تا  
کودکان دبستانی شهر با  
PLUTSS  
اسکرین شده، موارد مبتلا درمان  
شوند.

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# Any Question?



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**THANK YOU**



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