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European Association of Urology



Letter to the Editor

Re: Daniela Marshall-Kehrel, Cornelia Feustel, Charlotta Persson de Geeter, et al. Treatment with Propiverine in Children Suffering from Nonneurogenic Overactive Bladder and Urinary Incontinence: Results of a Randomized Placebo-Controlled Phase 3 Clinical Trial. Eur Urol 2009;55:729–38

We read with interest the abovementioned article by Marschall-Kehrel et al [1] and thank the authors for this nice study. However, we would like to point out a couple of issues related to the subject.

First, it is a well-known fact that making a diagnosis of constipation is often difficult, and parental history is misleading [2]. This is even more important when a medication that could potentially cause and/or worsen constipation is to be prescribed. Should a problem with bowel movements be overlooked, this could complicate the clinical picture or at least cause a delay in the recovery. Therefore, we are curious to know how the researchers made the diagnosis of constipation and what they would recommend on the subject for the practicing pediatric urologist.

A second issue is the adverse effects of antimuscarinics on cognitive function, which has been studied in adults and in children taking oxybutynin and tolterodine [3–5]. We expected to find an input or a comment in such a phase 3 study on children receiving propiverine treatment.

Finally, the formula for age-expected bladder capacity in Table 2 should be corrected as capacity (in ml) = (age + 2) × 30, as defined by Koff [6]. We assume that this is nothing more than a printing error.

Conflicts of interest: The authors have nothing to disclose.

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