

Tranlate to English

Here is the English translation of the medical consultation report for Mr. Ronnen GAITO:

Public Assistance - Paris Hospitals

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Monsieur Ronnen GAITO
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Paris, 24/07/2025

Neuro-Urology and Perineal Explorations Service

Head of Service: Prof. G. AMARENCO
Secretariat: Tel: 01.42.16.26.75

Consultation Report dated 22/07/2025

Dear Colleague,

I saw today in consultation Mr. Ronnen GAITO, 55 years old, whom you know well. This long consultation allowed us to take stock, also with his wife present.

As you know, he presents neuropelvic sequelae of a spinal cord injury sustained in childhood. This has resulted in a neurogenic bladder, which was totally neglected until recently when hydronephrosis with biological alteration was detected, prompting an assessment.

In summary, there is incomplete retention secondary to a vesicosphincter dyssynergia due to the spinal lesion, associated obviously with detrusor overactivity, which we clearly demonstrated during the urodynamic evaluation.

The therapeutic solution is very simple. It is necessary to balance intravesical pressures as much as possible and to associate a bladder emptying treatment.

To stabilize bladder pressures, he will start treatment with an anticholinergic (VESICARE 10 mg) prescribed today; if this medication is not sufficiently effective, which we will verify by urodynamic testing, another anticholinergic such as TROSPIMUM or FESOTERODINE could be used, or a beta-3 adrenergic agonist like MIRABEGRON, or even a combination of anticholinergic and beta-3 agonist.

If oral treatment is insufficient to stabilize the bladder, botulinum toxin injections at increasing doses should be performed to ensure perfect bladder compliance and stable pressures.

Obviously, if botulinum toxin fails after a few years, surgical options remain, such as bladder augmentation (enterocystoplasty).

Neuromodulation of the sacral roots is not really considered for him because it is usually ineffective in spinal neurogenic bladders, although it could be imagined.

For bladder filling phase, treatment is as above. For bladder emptying, the most effective and safest method is intermittent self-catheterization, at least 5 to 6 times daily, but we will start with 4 times since the patient already has significant reluctance to perform 1 to 2 self-catheterizations per day.

Mr. GAITO and his wife asked if alternative solutions exist. In the past, sphincterotomies and penile sheath devices were considered, but intermittent self-catheterization remains the best solution.

Perhaps in the near future, new technologies under study (such as an intra-urethral turbine activated by an external electromagnet) might be used.

All this must be monitored regularly, at least once a year by cystomanometry.

Also, an annual bladder and kidney ultrasound should be done to ensure the hydronephrosis disappears, as well as biological tests to check kidney function.

I prescribed creatinine and cystatin C assays. I also took the opportunity to recheck PSA levels, which were slightly elevated during his day hospitalization; I asked him to have a bladder-kidney ultrasound and a follow-up urodynamic assessment this autumn or by the end of the year to verify the efficacy of the anticholinergic.

Meanwhile, I recommend continuing intermittent self-catheterizations.

I explained to Mr. GAITO and his wife that this is the best way to avoid or treat recurrent urinary infections, and that bladder stabilization also helps prevent infections.

If recurrent infections persist despite pressure balancing and good bladder emptying by 5 to 6 self-catheterizations daily, other techniques might be proposed, such as antibiotic cycling, intravesical proteoglycan instillations, bacterial interference, vaccination, or instillations with tap water (a technique under evaluation), but we are not at that stage.

Regarding anorectal disorders, he is rather satisfied with trans-anal colonic irrigations (PERISTEEN), which I asked him to continue, since treating dyschezia, constipation, and fecal incontinence also helps balance the neurogenic bladder.

There is no genito-sexual problem.

Of course, this neurogenic bladder is not isolated, as there is a much broader neuro-orthopedic problem. He is under the care of Professor GENET, who is copied in this letter.

I remain at your and his disposal.

Sincerely,
Prof. G. AMARENCO, PUPH
(Report electronically validated on 24/07/2025)

Additional summary from a letter to Professor GENET dated 24/07/2025:

Mr. GAITO has a planned short hospitalization to assess and propose therapeutic sequences for his spasticity, knowing there is also a purely orthopedic issue with a painful hip that might require a prosthesis or other techniques.

We tried to convince him today of the necessity to combine at least 4 to 5 self-catheterizations per day with anticholinergics, and if botulinum toxin fails, to best balance the bladder.

Ultrasound will verify that the hydronephrosis resolves and biological tests to confirm no renal insufficiency.

All data are collected and handled according to applicable privacy regulations.

For more information, patients can access their documents via the national health record “Mon espace santé” or the AP-HP patient portal.

Recipients:

Dr. Anne-Marie FELTZ, General Practitioner, Luxembourg

Dr. Antoine LURQUIN, Urologist, Luxembourg

Prof. François GENET, Physical Medicine and Rehabilitation, AP-HP Raymond Poincaré Hospital, Garches, France

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