

et al. (2) demonstrated that the prevalence of bedwetting 2 or more times a week was 54.4%. In their study, they concluded that the rate of enuretic children decreased significantly with increasing age.

We believe that enuresis prevalence decreases as the child grows, however, severe enuresis is a different situation that could be managed separately.

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## Re: Prevalence and Associated Factors of Enuresis in Turkish Children

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To the Editor:

Authors investigated the prevalence of nocturnal enuresis and associated factors of enuresis in Turkish children. The response rate was 89% and overall prevalence of nocturnal enuresis and diurnal enuresis were 17.5% and 1.9%, respectively. Some factors were associated with enuresis. They concluded that the prevalence of nocturnal enuresis in Turkish children was not different from others and that families do not have sufficient attention about enuresis.

First of all, it is hopeful to follow the standardization of terminology of lower urinary tract function in children and adolescents 1, to make it easier to compare studies and decrease confusion among researchers. The report 1 recommended that the ambiguous term diurnal enuresis should be avoided. Second, when conducting a questionnaire survey, it must be important to use a validated and reliable questionnaire. The major problem, here, is

whether the questionnaire was a validated and reliable one or not, to evaluate lower urinary tract symptoms in children. Most of the questionnaire surveys have the same drawbacks as this one: the use of unvalidated questionnaires and no comparative data. Sureshkumar et al. reported the validity and reliability of a questionnaire 2.

Third, there is no consensus about a simple question that should complete the questionnaire; parents, children or both? In general, it is not so straightforward to evaluate nocturnal enuresis and overactive bladder symptoms accurately in children. For children, it is too difficult to assess the presence of urgency and to count the episodes of nocturnal enuresis and the frequency of daytime voiding. On the other hand, as authors concluded, parents may be unable to report their child's frequency of daytime voiding, presence of urgency and incontinence, and even episodes of nighttime urinary incontinence until

they have a chance to observe the child at home and complete a bladder diary. A bladder diary could be an important adjunctive measure to objectively assess these and other parameters.

In conclusion, terminology and a bladder diary could be a useful tool when a questionnaire survey about lower urinary tract symptoms in children was conducted.

#### References

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## **Re: Surgical Technique Using AdVance™ Sling Placement in the Treatment of Post-Prostatectomy Urinary Incontinence**

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To the Editor:

The publication of this article follows the recent increase in interest for new minimally invasive solutions in the treatment of post-prostatectomy incontinence (PPI). The authors present a new technique to treat PPI using a polypropylene monofilament mesh via a transobturator approach. The surgical technique is described in detail and so far, 4 patients have been treated. There is no information about postoperative outcomes.

Patient selection was restricted to mild to moderate PPI, using 3 pads/day on average. Although

the artificial urinary sphincter (AUS) is considered the gold standard in the treatment of PPI, there is a need for more minimally invasive treatment options for two reasons. First, many patients do not want to undergo a surgical intervention associated with a reoperation rate up to 37% within 10 years (1). Second, many patients suffer from a mild to moderate incontinence due to an intrinsic sphincter deficiency (ISD) which can be well treated with a less invasive treatment and lower morbidity. Furthermore, if treatment fails an AUS can be implanted in a second stage.