

presentation. This large series seems to suggest that a “top down” type approach to urinary tract infection would identify most children with significant risk of scarring, and would reduce exposure to voiding cystourethrography and renal scan for the majority of children who are at low risk for upper tract damage.

Douglas A. Canning, MD

Re: Low Prevalence of Latex Allergy in Children with Spinal Dysraphism in Non-Latex-Free Environment

H. Goldberg, S. Aharony, Y. Levy, B. Sivan, J. Baniel and D. Ben Meir

Urology Unit, and Kipper Institute of Immunology and Allergy, Schneider Children's Medical Center of Israel and Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel

J Pediatr Urol 2016; **12**: 52.e1–e5. doi: 10.1016/j.jpuro.2015.07.011

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/26388261>

Editorial Comment: The authors compared 58 children with spinal dysraphism and 65 referred for evaluation of allergic diseases. Even at their hospital, where no excessive measures are taken to provide a latex-free environment, children with spinal dysraphism suffered no increased latex reactions compared to the control group referred for evaluation of allergic diseases.

In some cases latex-free devices are not equivalent to those with latex. One example is the 10Fr Malecot™ catheter. The latex-free substitute is stiffer and seems more prone to accidental removal or malfunction. This article suggests that we can cautiously consider the use of latex products in select children when good alternatives do not exist.

Douglas A. Canning, MD

Re: A Qualitative Exploration of the Experiences of Children with Spina Bifida and Their Parents around Incontinence and Social Participation

N. Fischer, P. Church, J. Lyons and A. C. McPherson

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Child Care Health Dev 2015; **41**: 954–962. doi: 10.1111/cch.12257

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/26010416>

Editorial Comment: The authors interviewed parents and 11 children 6 to 18 years old with various degrees of spina bifida. They asked the children and their parents for their impression of whether the children considered themselves or were considered “normal vs different,” how much independence they had developed, particularly in the context of continence, and how they did with peer relationships and acceptance by their peers. The theme of continence overshadowed nearly every part of the lives of these children. This article (with no participation by urologists) underscores the importance of continuing our goal to make these children dry and independent. The surgical price of continence is high. But the price of incontinence is high as well.

Douglas A. Canning, MD