Daytime urinary frequency in children

Jenny Walker, A M K Rickwood

Nine children had received antibiotic treatment without benefit. Spontaneous resolution of symptoms occurred over three to 12 weeks.

Comment

Though only one other example of this condition seems to have been recorded,¹ it has otherwise probably gone unreported rather than unnoticed. It has no evident cause. No known metabolic disorder accounts for the symptomatology, and a form of cystitis or urethritis is improbable in the absence of pyuria. Though cytomegalovirus has been reported to cause symptoms of lower urinary tract infection without pyuria,² our patients had no other manifestations of this infection. Young girls may develop urinary frequency, with secondary enuresis, due to threadworm infection, but symptoms are relieved only by anti-helminthic treatment.³ Daytime urinary frequency has also been described in children who are emotionally disturbed⁴ but this was not the case in our patients. Though some organic precipitating factor (possibly viral) cannot be excluded, extreme daytime frequency, unaccompanied by nocturia, suggests a behavioural phenomenon. Treatment with detrusor antispasmodics (propantheline, oxybutynin, etc) would not be expected to help as these drugs are used in the management of detrusor instability, when the symptoms are urgency and incontinence rather than frequency. Failure of such treatment in an individual patient does not exclude the possibility of detrusor instability, but Byard and Koff reported to the 56th annual meeting of the American Academy of Pediatrics (1987) that antispasmodics had no effect in children with this condition.

We write principally to draw attention to the syndrome as an easily recognisable, self limiting condition that requires no investigation beyond exclusion of urinary infection or management other than reassurance.

- 1 Sensirivattana R, Watana D, Sornmani W, Chomdej S, Vajrapongse R. Diagnostic study of urinary frequency in children. *Urology* 1987;30:50-2.
- 2 Davies JG, Taylor CM, White RHR, George RH, Purdham DR. Cytomegalovirus infection associated with lower urinary tract symptoms. *Br Med J* 1979;ii:1120.
- 3 Sachdev YV, Howards SS. Enterobius vermicularis infestation and secondary enuresis. *J Urol* 1975;113:143-4.
- 4 Asnes RS, Mones RL. Pollakiuria. *Pediatrics* 1973;52:615-7.

(Accepted 6 April 1988)

Department of Paediatric Urology, Royal Liverpool Children's Hospital (Alder Hey), Liverpool L12 2AP
Jenny Walker, FRCS, senior surgical registrar
A M K Rickwood, FRCS, urological surgeon

Correspondence to: Mr Rickwood.

Though the various functional and organic micturition disorders in children are generally well recognised, there is one fairly uncommon yet quite characteristic feature that seems to have escaped description. We describe this as the daytime frequency syndrome of childhood.

Patients

Over four years we saw 17 patients with this condition compared with 253 patients with functional nocturnal and diurnal enuresis seen during the same period. Most (11) were boys, and their ages ranged from 2·10 to 7·2 years (mean 4·2 years).

All had been fully toilet trained and had had a normal pattern of micturition but had subsequently developed extreme, unremitting, daytime frequency at intervals varying from five to 20 minutes. There was no polydipsia, and voided volumes were small. Observation of these children in the outpatient department and, in one case, on the ward, indicated that parents were not exaggerating the history. Equally striking was that nocturia was either wholly absent (six cases), occurred only for the first few days (four cases), or took place at intervals (once or twice a night) quite disproportionate to the daytime frequency (seven cases). Two children complained of dysuria for the first few days. None became incontinent by day, but five developed secondary nocturnal enuresis. Bowel habit remained normal. In four cases the disorder followed an upper respiratory tract infection, while in the remainder there were no evident precipitating factors.

These children showed no particular similarities of personality and came from varied social backgrounds. Physical examination (including thorough neurological examination) yielded unremarkable results in all cases, urine specimens were free of bacteria, cells, and protein and had a normal pH, and ultrasound examination showed normal upper renal tracts and bladders without thickening of the wall or residual urine.

Training of surgical registrars: a regional audit

R T Diggory

Fazakerley Hospital, Liverpool
R T Diggory, FRCS, surgical registrar

During the protracted and uncertain course of the surgical registrar's training his ability will be assessed many times, but only rarely does the trainee have an opportunity to comment on the quality of training offered by a particular post or an individual consultant. Such comments, if critical, often go unregistered, with no attempt made to improve any cited deficiency. This audit was performed to review the beneficial aspects and deficiencies of training posts in the Mersey region.

Methods and results

After the consultants' consent had been obtained 25 registrars who had passed the fellowship exam were sent a questionnaire to be completed retrospectively after a specified three month period.

Each registrar was asked to supply details of his post, the specialist interest of the unit, and the date of passing the fellowship exam. Operative training was assessed by the number of specified major elective and emergency operations performed or assisted at during the previous three months. The specified operations included major gastrointestinal, hepatobiliary, endocrine, and vascular procedures.

A subjective assessment of the training in managing patients and research was made, and an overall impression of the post was obtained by asking whether the registrar would recommend his post to a colleague. The questionnaire was sent to 25 registrars, of whom 18 (72%) replied. Experience since passing the fellowship exam ranged from one to six years with a median of three years. Sixteen registrars were in general surgical posts, and two were working in vascular surgery units with little general surgical input. The results for these two specialist posts were not included. The table shows the replies to questions on operative training.

Training in patient management was considered to be good by nine registrars (56%), adequate by four