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# Reconstructive urology in the tropical and developing world: a personal perspective

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## Introduction

Urology in the developing world and certain tropical areas differs from that in the developed world in the incidence of certain conditions, the availability of instrumentation, urological services and associated medical and social infrastructure. Some conditions, e.g. schistosomiasis and filariasis, occur exclusively in well-defined geographical areas; others of universal occurrence have a markedly higher or lower incidence in particular developing countries. Ever present in the background is

is not widely available. Most strictures are still being treated by periodic clinic dilatation. There are so many African patients with urethral strictures that if all the urologists were masters of urethroplasty and spent all their time carrying out this procedure, they would still have little impact on the total numbers afflicted. The solution to this problem is clearly with public health and sociological factors, with safe sex and the early treatment of urethritis being instituted. Well performed single-stage urethroplasty is clearly the best option for most patients, with a cure rate of 90% being a reasonable expectation.