



Editorial Comment: Two-stage Fowler-Stephens orchidopexy in management of undescended testes: Is it time for a change? A UK multi-centre retrospective study

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COMMENT

Ikeda et al. (1) present an interesting perspective on the use of β 3-adrenoceptor agonists in the treatment of nocturnal enuresis. These agents have emerged as a promising therapeutic option in the management of nocturnal enuresis (NE), particularly in patients with bladder overactivity (2, 3). β 3-adrenoceptor agonists act by selectively stimulating β 3-adrenergic receptors located in the detrusor muscle of the urinary bladder. Activation of these receptors promotes detrusor relaxation during the storage phase, thereby increasing functional bladder capacity. As a result, involuntary bladder contractions occurring during sleep may be reduced (4, 5).

In nocturnal enuresis—especially when associated with nocturnal polyuria or reduced bladder capacity— β 3-adrenoceptor agonists may help stabilize bladder function overnight (3, 4). Unlike anticholinergic agents, they do not inhibit muscarinic receptors, which reduces the risk of common adverse effects such as dry mouth, constipation, and cognitive impairment. This favorable safety profile is particularly relevant in pediatric and adolescent populations.

In children and adolescents with enuresis, especially those with underlying bladder overactivity or reduced bladder capacity, mirabegron may help reduce involuntary detrusor contractions during sleep. By improving bladder storage and reducing nocturnal urgency, the drug may decrease the frequency of bedwetting episodes. Its use has

been reported mainly as an off-label treatment, often in patients refractory to standard therapies such as desmopressin or anticholinergic agents (3, 4).

The present study evaluated 387 children aged 5–18 years who received vibegron (50 mg once daily) for refractory nocturnal enuresis. The authors concluded that vibegron is a safe and effective option for pediatric patients with treatment-resistant NE. Add-on strategies—particularly triple therapy—were more effective

than switching monotherapy, supporting the incorporation of vibegron as part of multimodal treatment approaches. Given the retrospective design of the study, prospective randomized trials are warranted to confirm these findings and to optimize treatment protocols.

CONFLICT OF INTEREST

None declared.

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