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COMMENTARY

Commentary on “Extraordinary daytime only urinary frequency in childhood: prevalence, diagnosis, and management”

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I read with much interest Marzuillo *et al.*’s article on extraordinary daytime only urinary frequency (EDOUF) [1]. The authors deserve much credit for having been very careful in the clinical diagnosis of EDOUF and for using the definition of the International Children’s Continence Society (ICCS) [2]. In addition, they should be congratulated for their systematization in their follow-up of EDOUF in the sense of providing the largest amount of literature on the subject to the present time.

The type of management used by the authors, however, which is a regimen consisting of voiding delay for up to 3 hours (PME, that is, postponing micturition exercise) is unorthodox and invites a number of comments in response.

According to the authors of this study, PME was effective in resolving the symptoms in 77% of cases. One feature common to all the literature published on EDOUF thus far, however, is the high rate of complete resolution of this condition, regardless of the treatment that has been chosen, in an average span of between 3 and 5 months [3]. Therefore, without a control group, which is preferable, indeed necessary, in a randomized clinical trial, the effectiveness of any kind of treatment of EDOUF cannot be demonstrated. EDOUF is a self-limiting condition that improves spontaneously, on average, within 6 months of diagnosis [4]. This is why studies that evaluate the role of biofeedback and even indomethacin for EDOUF have demonstrated excellent results [5].