

Re: Ferrara P, Cammisa I, Zona M, et al. Is it possible to predict the response to therapy in enuretic children? The PiFe score. Cent European J Urol. 2025; 78: 358-366.

Anil Erdik

Department of Urology, Sakarya Karasu State Hospital, Sakarya, Turkey

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I read with great interest the study evaluating the role of comorbidities in children with nocturnal enuresis (NE) and the proposal of the innovative PiFe score to predict therapeutic outcomes. This attempt to establish a structured prognostic approach is highly valuable, given that NE is a multifactorial condition with considerable variability in treatment response. Several methodological points, however, merit closer attention.

First, the PiFe score was developed from a single retrospective cohort without external validation. Although statistically significant associations were observed, the generalizability of these findings remains uncertain. As emphasized by the International Children's Continence Society (ICCS), clinical tools require validation in diverse populations before incorporation into practice [1].

Second, the study relied exclusively on parent-reported interviews to assess comorbidities. While practical, this approach is prone to recall bias. Objective measures – such as standardized neurocognitive testing for learning disorders, polysomnography for sleep disturbances, or validated behavioral questionnaires – could enhance accuracy and strengthen predictive validity [2].

Third, the analysis did not consider non-pharmacological interventions such as urotherapy, behav-

ioral strategies, or lifestyle modification, which are often first-line or adjunctive in NE. Omitting these factors may underestimate important determinants of treatment response [3]. Furthermore, the finding that the type of pharmacological regimen was not associated with outcomes underscores the multifactorial nature of NE and the need for holistic management.

Finally, the PiFe score assigns equal weight to all comorbidities, yet conditions such as encopresis or neurodevelopmental disorders may carry stronger prognostic significance than minor findings such as polythelia or left-handedness. Developing a weighted scoring system based on regression coefficients would likely yield a more discriminative tool, aligning with prior work that highlighted the differential impact of psychological and developmental comorbidities on treatment outcomes [4].

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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ETHICS APPROVAL STATEMENT

The ethical approval was not required.

References

1. Austin PF, Bauer SB, Bower W, et al. The standardization of terminology of lower urinary tract function in children and adolescents: Update report from the standardization committee of the International Children's Continence Society. *Neurourol Urodyn*. 2016; 35: 471-481.
2. Touchette E, Petit D, Paquet J, et al. Bed-wetting and its association with developmental milestones in early childhood. *Arch Pediatr Adolesc Med*. 2005; 159: 1129-1134.
3. Van Herzeele C, De Bruyne P, De Bruyne E, Walle JV. Challenging factors for enuresis treatment: Psychological problems and non-adherence. *J Pediatr Urol*. 2015; 11: 308-313.
4. von Gontard A, Baeyens D, Van Hoecke E, Warzak WJ, Bachmann C. Psychological and psychiatric issues in urinary and fecal incontinence. *J Urol*. 2011; 185: 1432-1436. ■

Correspondence

Anil Erdik
anilerdik@gmail.com