



Surgical management of Urinary Tract Infections In Children

Chris Fearne

Paediatric
Surgical Unit



UTI

Diagnosis:

- Systemic Symptoms
- Microscopy
- Urine culture



UTI

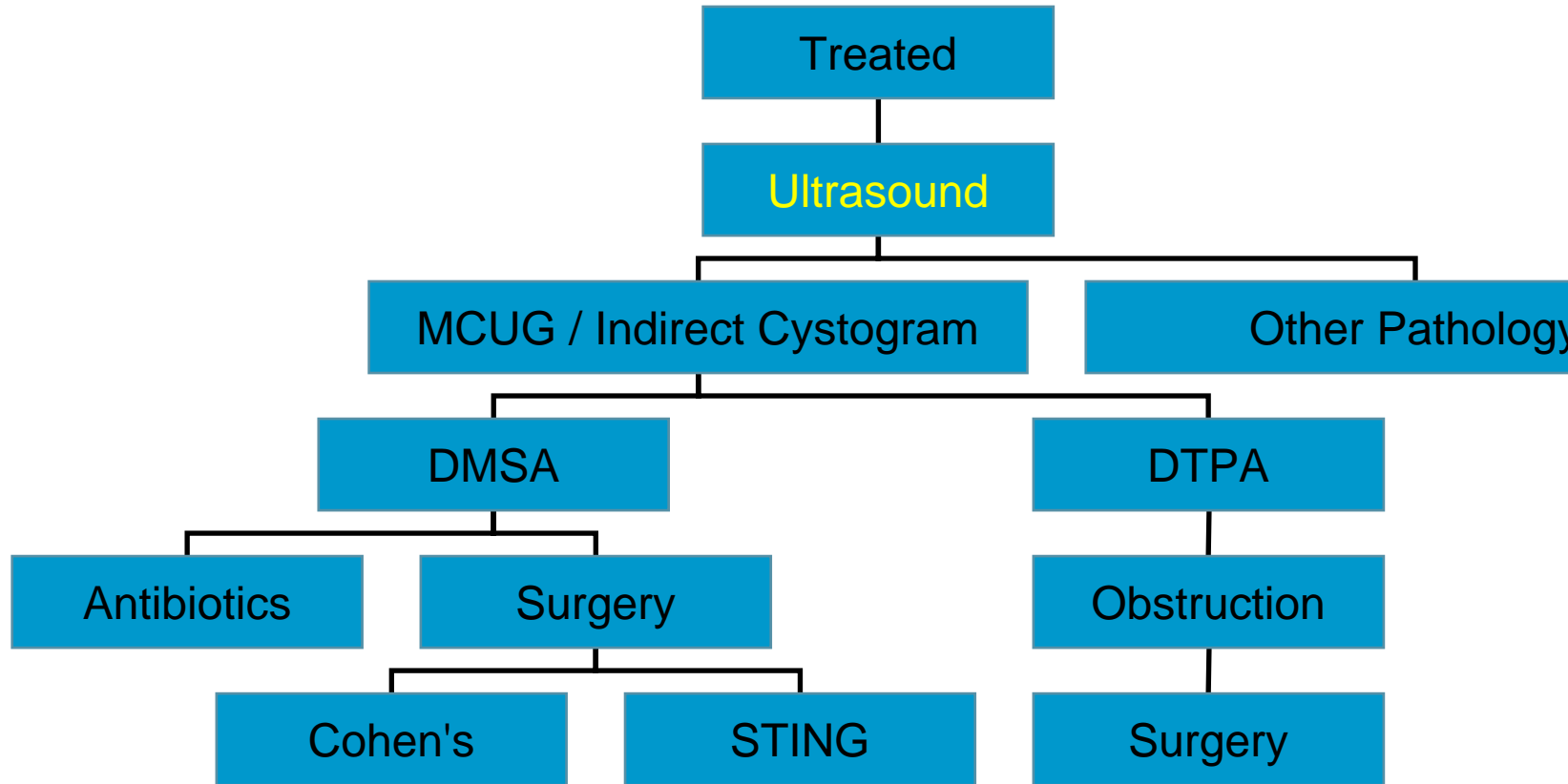


“Acute” Treatment:

- Hydration.
- Antibiotics (oral as good as parenteral).



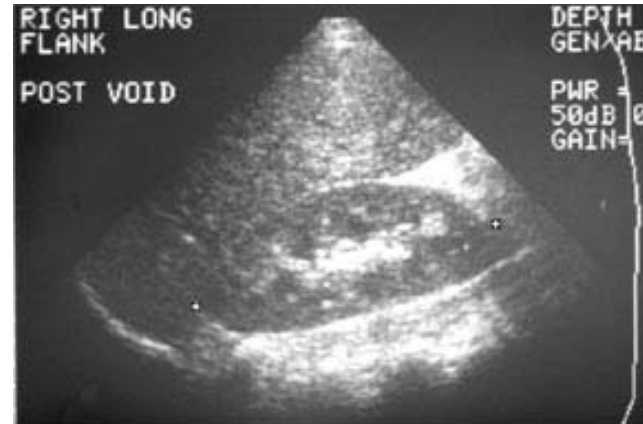
Proven UTI with Systemic Symptoms.



Investigation (1):

■ Ultrasound

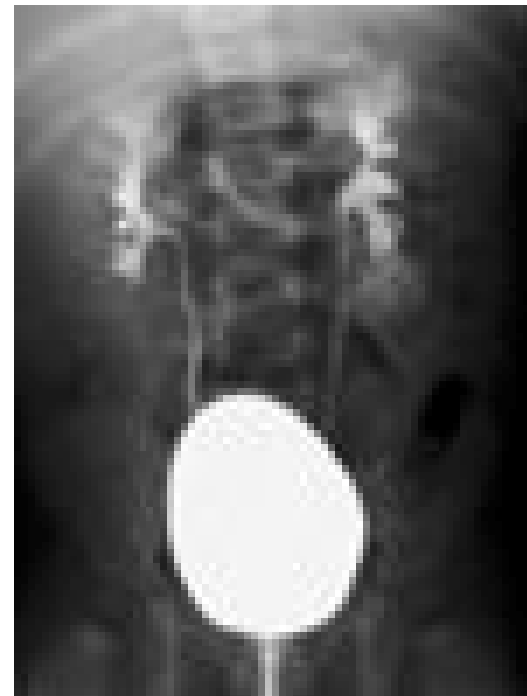
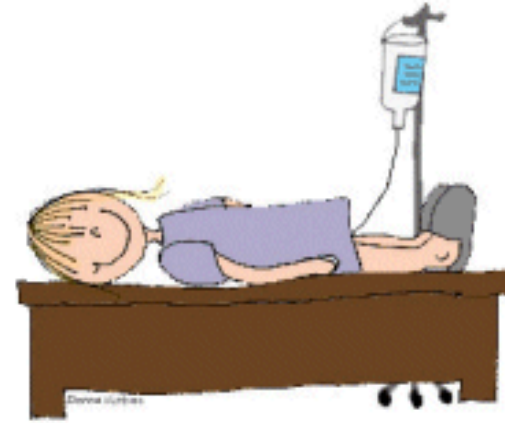
- Normal
- Dilatation
 - ureter
 - pelvis
- other anomaly
 - ureterocele
 - stone



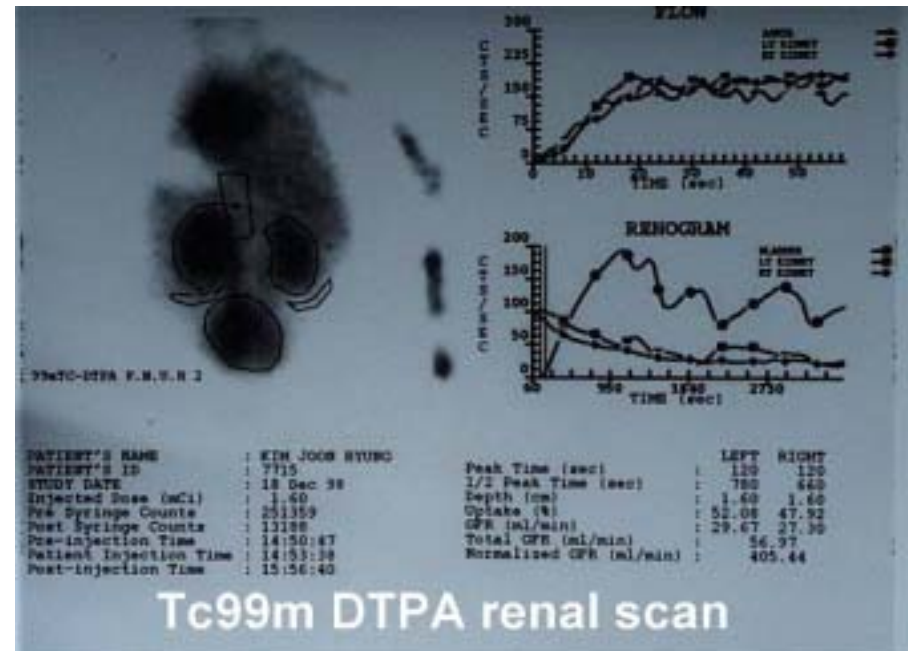
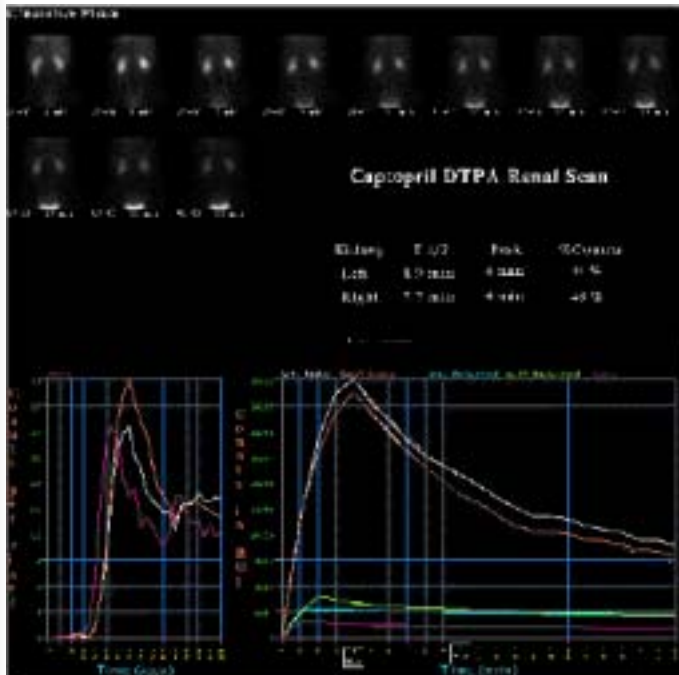
UTI

Investigation (2):

■ MCUG



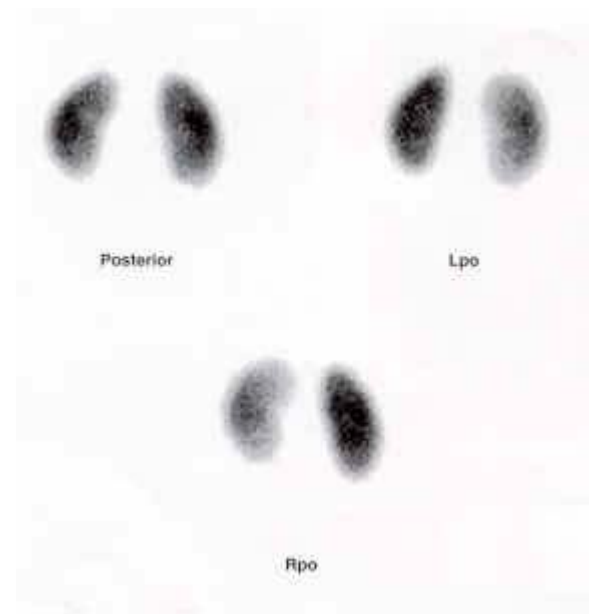
Indirect DTPA cystogram - VUR



MCUG:

- VUR

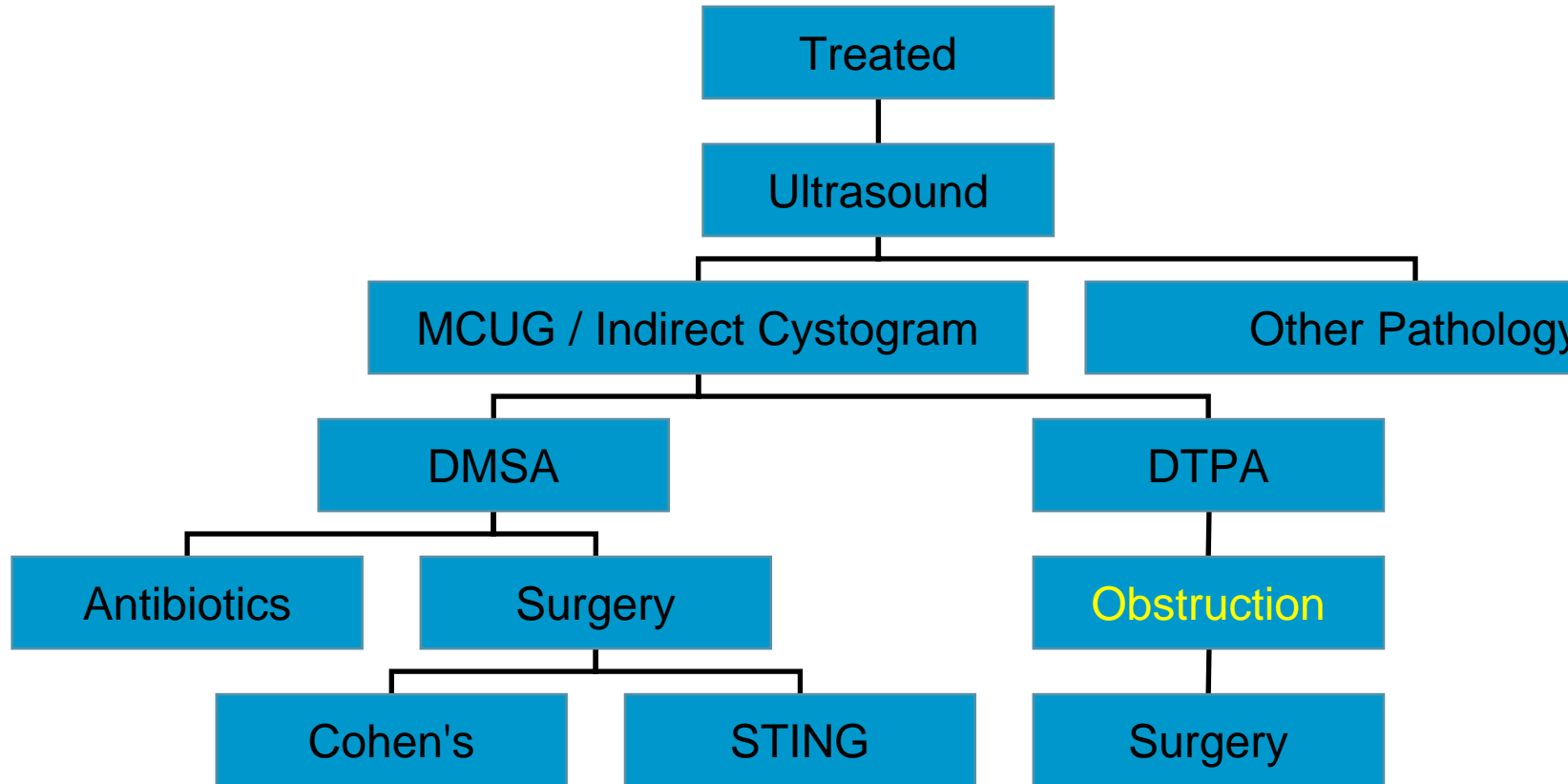
 - DMSA



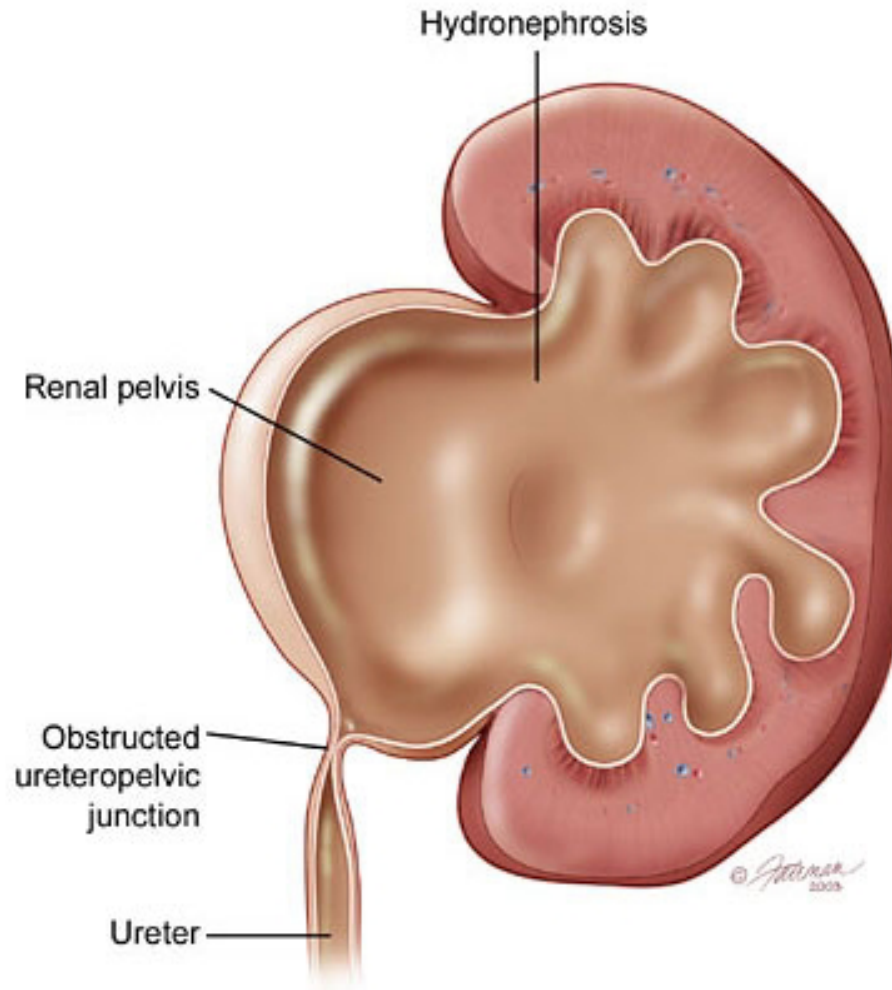
- No VUR

 - DTPA (MAG III)

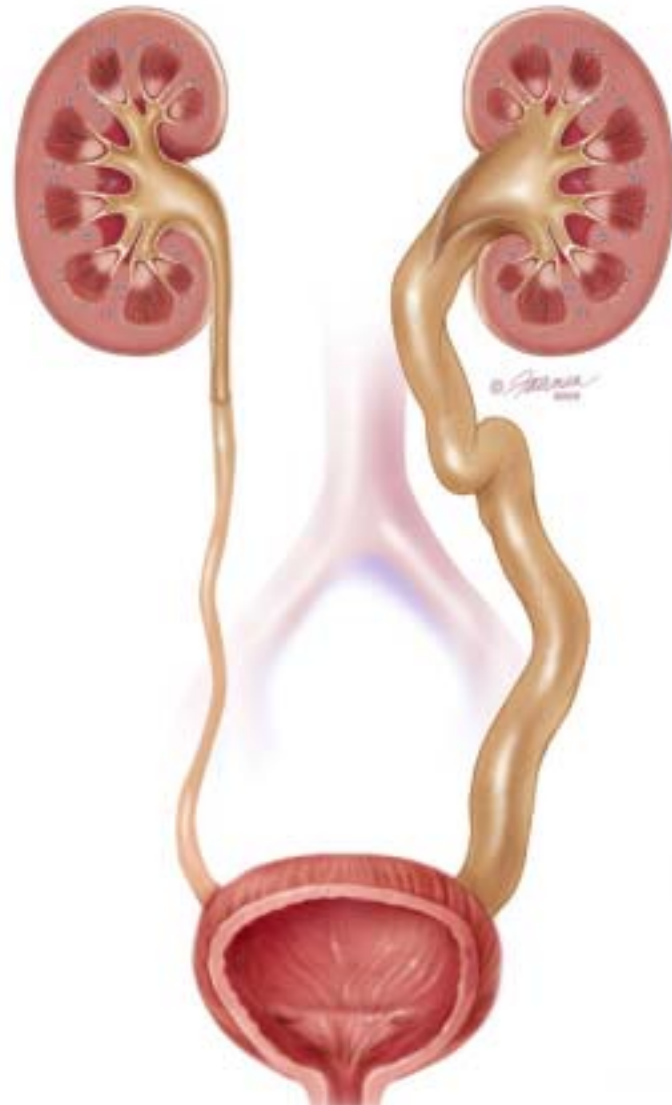
Proven UTI with Systemic Symptoms.



PUJ obstruction



VUJ obstruction



DTPA -- Obstructive:

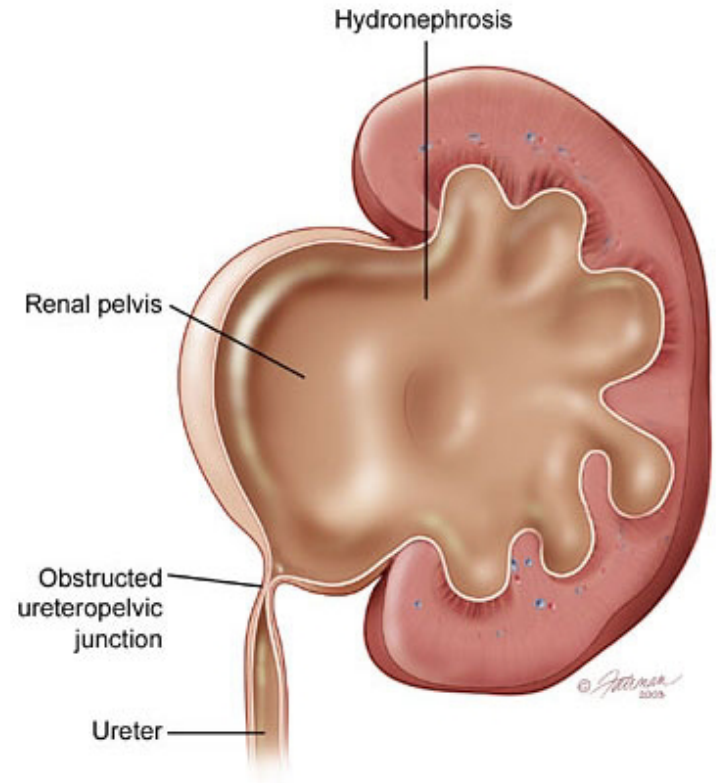
■ Surgery

PUJ --

Anderson-

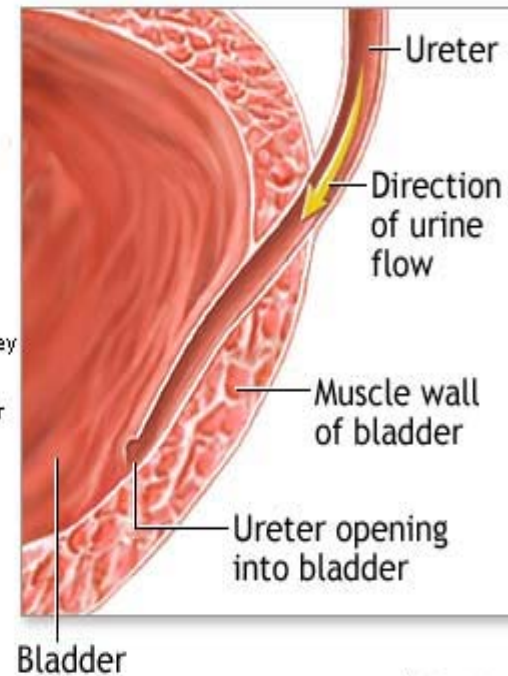
Hynes

Pyeloplasty

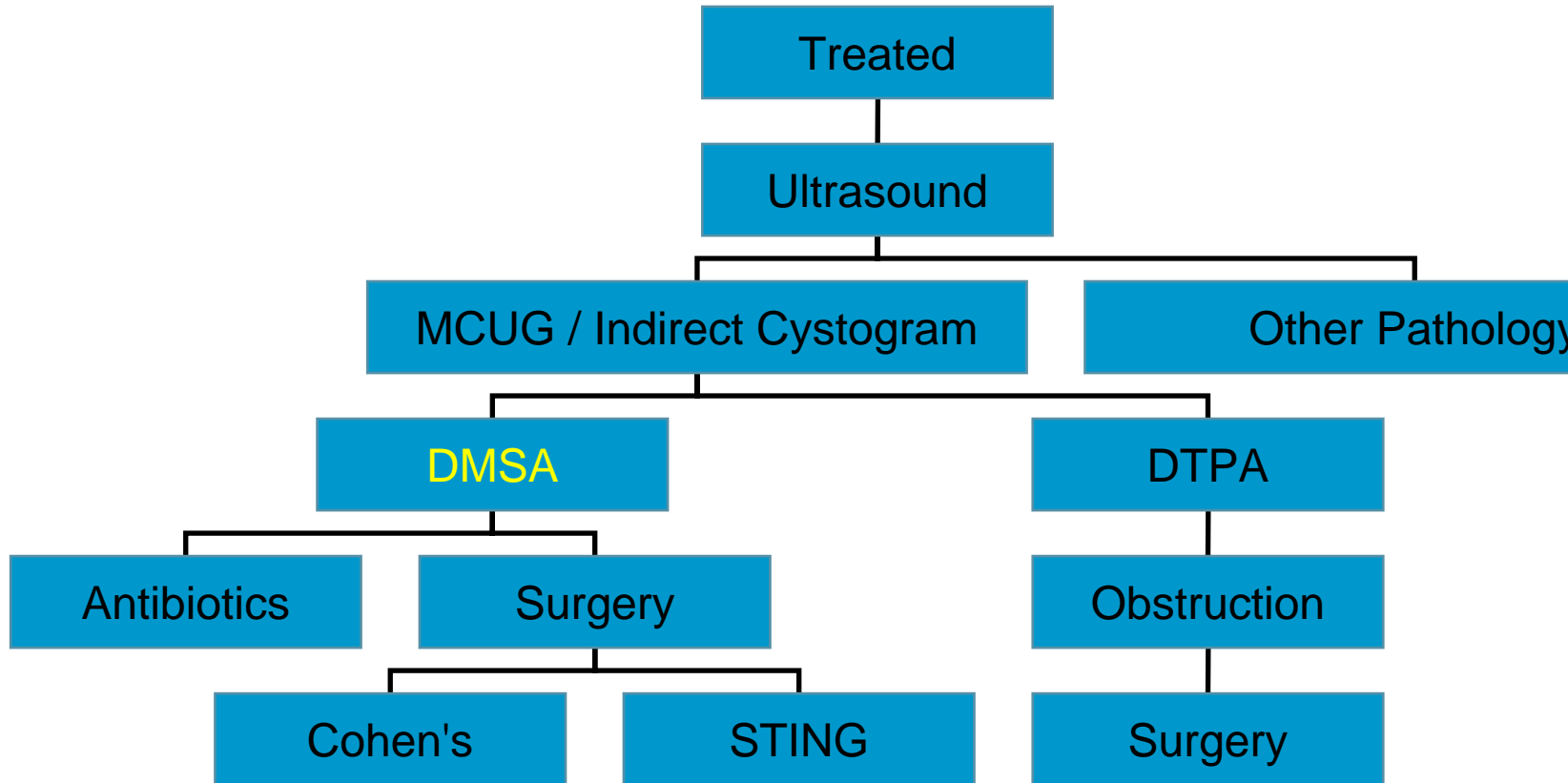


DTPA -- Obstructive:

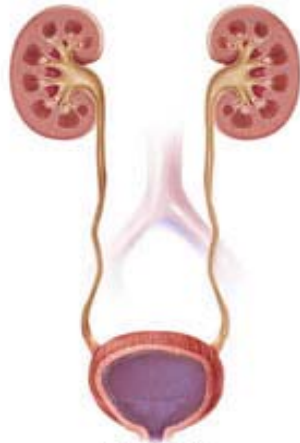
- **Surgery:**
VUJ –
Cohen's reimplant



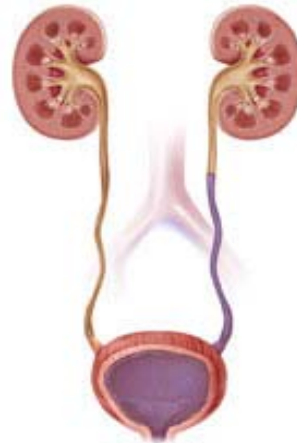
Proven UTI with Systemic Symptoms.



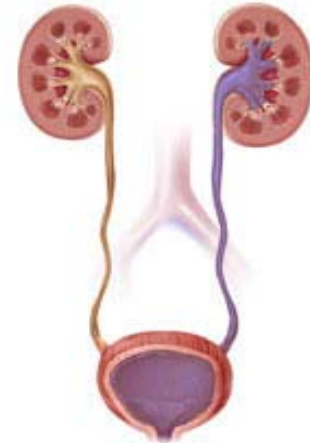
VUR



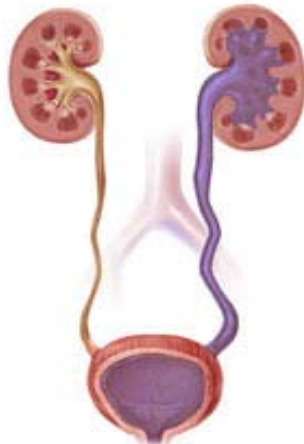
Normal



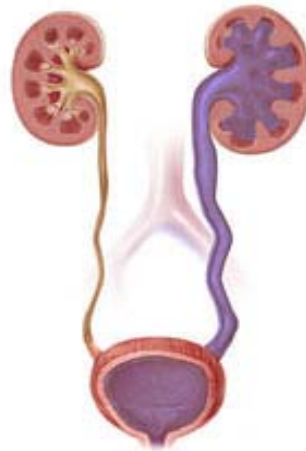
Grade I



Grade II



Grade III



Grade IV

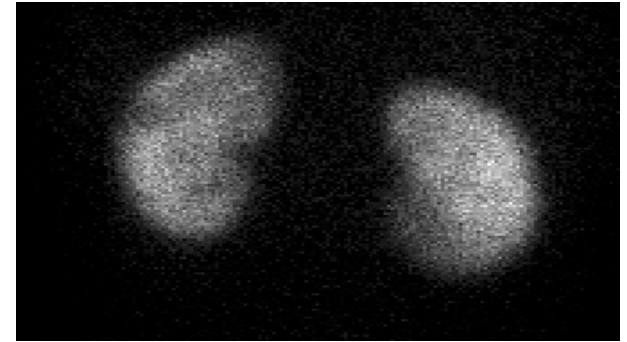


Grade V

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Vesicoureteric Reflux:

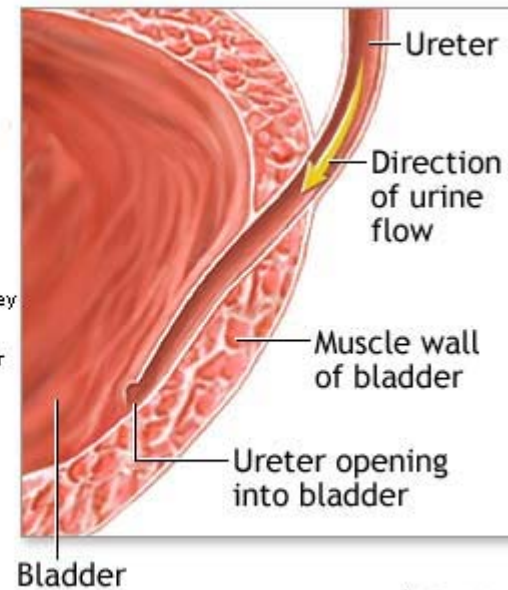
- Prophylactic antibiotics:
 - Break Through infections
 - DMSA
 - » Scarring
 - » Solitary kidney



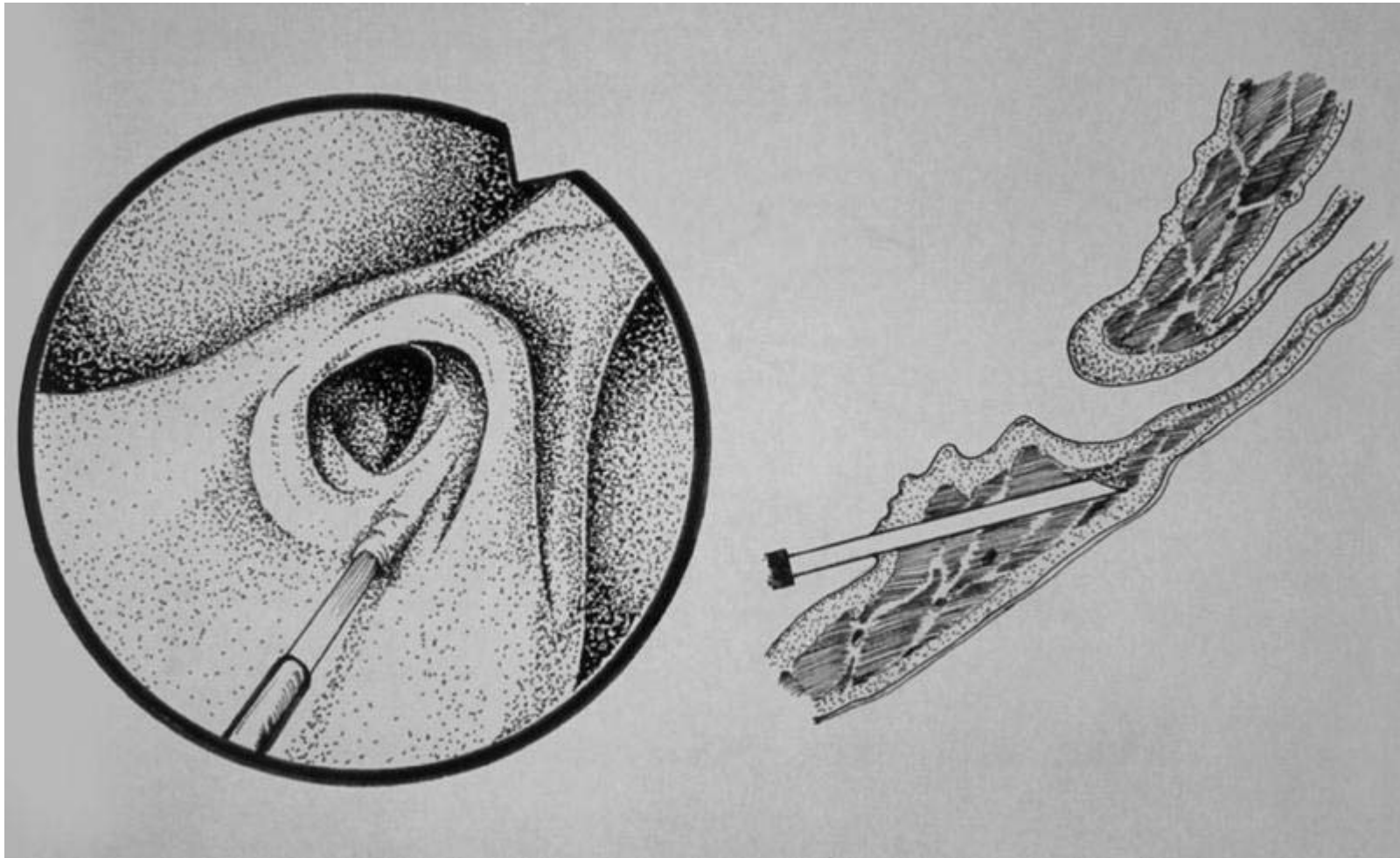
Surgery

Surgery for VUR:

- Cohen's Re-implant
- STING



STING



Proven UTI with Systemic Symptoms.

