

Paediatric Nephrourology Symposium

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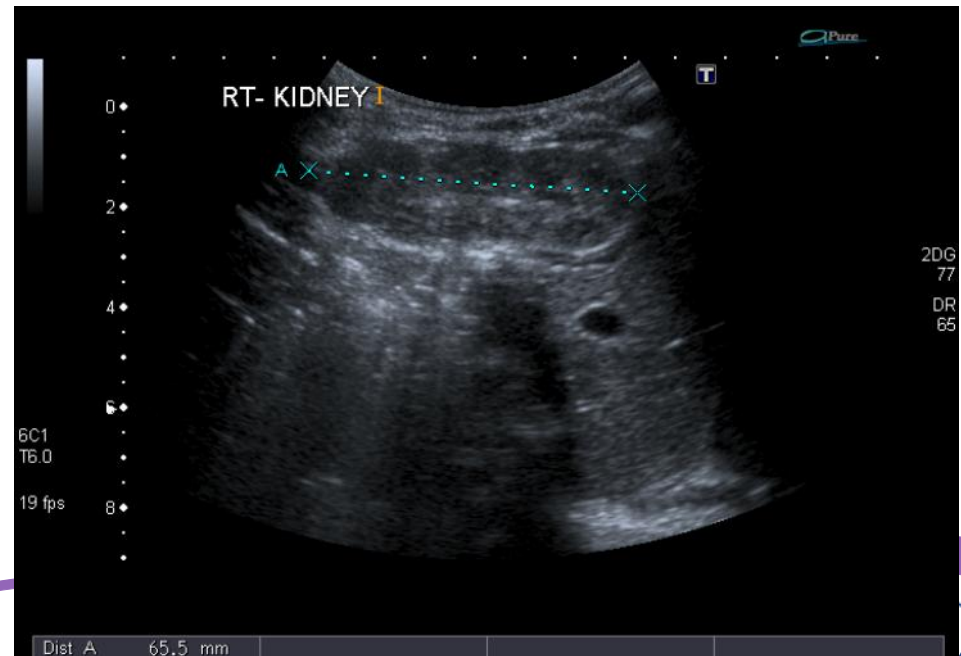
March 2015



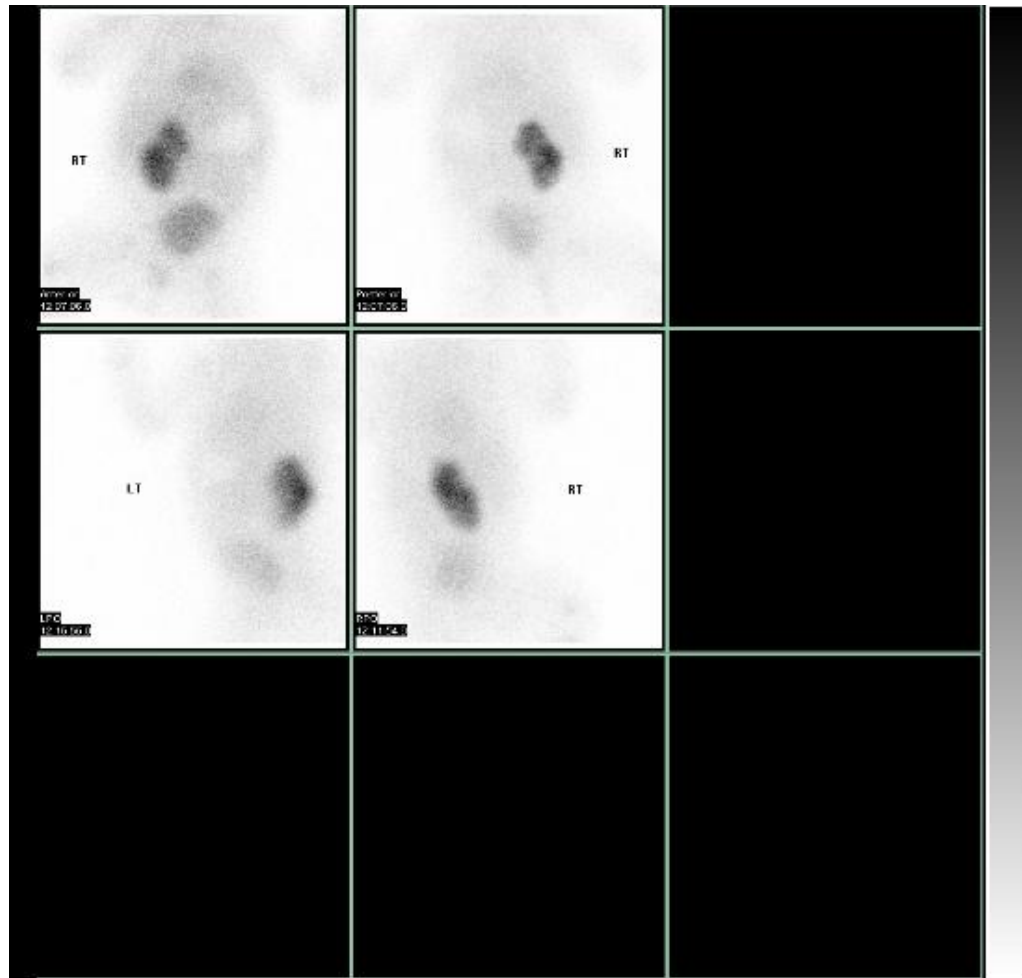
Case 1

Case 1

- 5 month old, male
- Antenatal scan:
Dilated right renal pelvis and normal left kidney
- Post natal USS



DMSA



MCUG

- Limited study
- Urethra – not visualised



Management

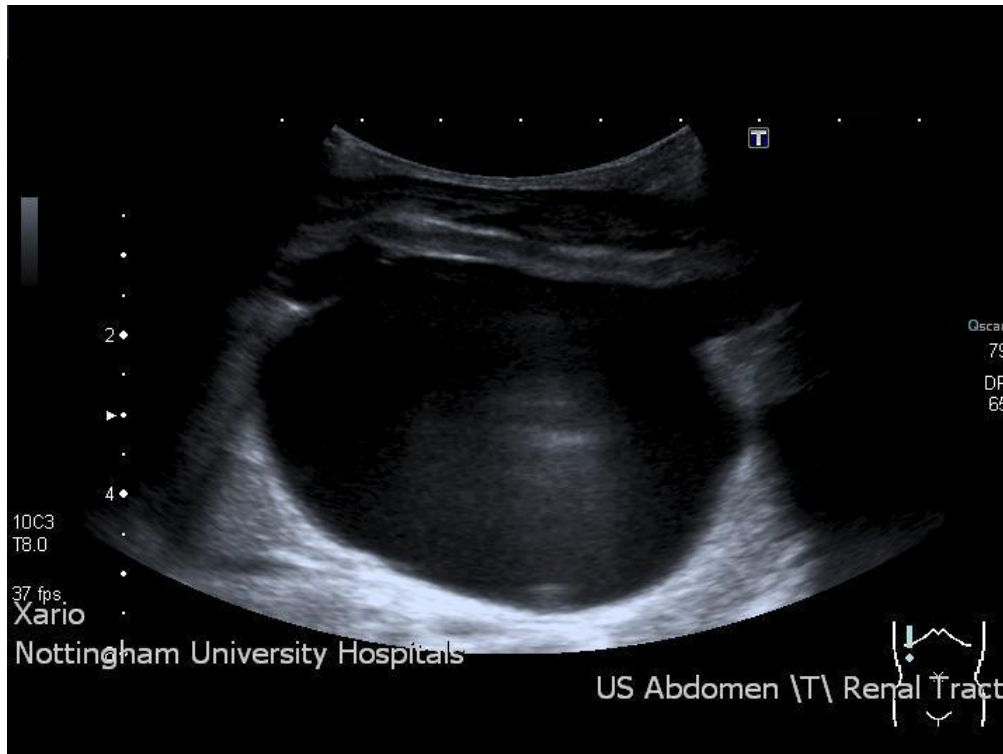
- Single right kidney with high grade Right VUR
- AB prophylaxis
- Breakthrough pyelonephritis
3 admissions, multiresistant UTI's
(Enterobacter, Klebsiella)

Cystoscopy

- Normal urethra
- Large right UO, left UO not identified
- Injection of Deflux
- Circumcision

Case 2

Case 2

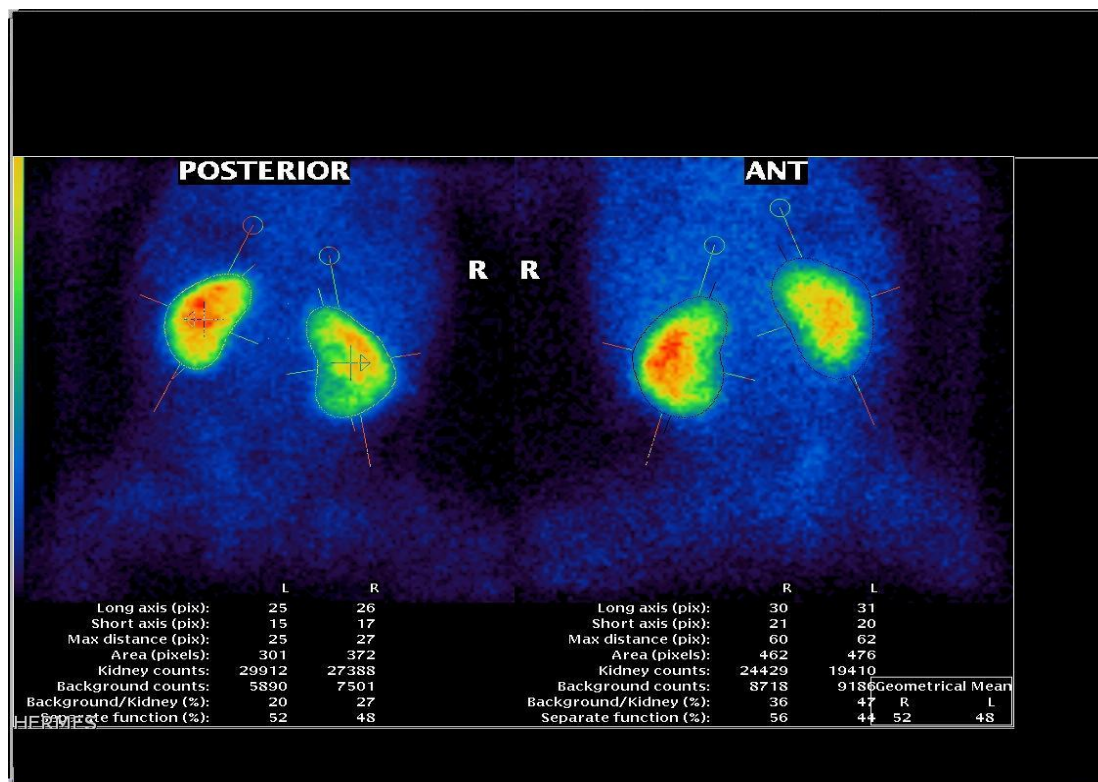


3 day old boy
Antenatal diagnosis of right PUJO

Percutaneous nephrostomy

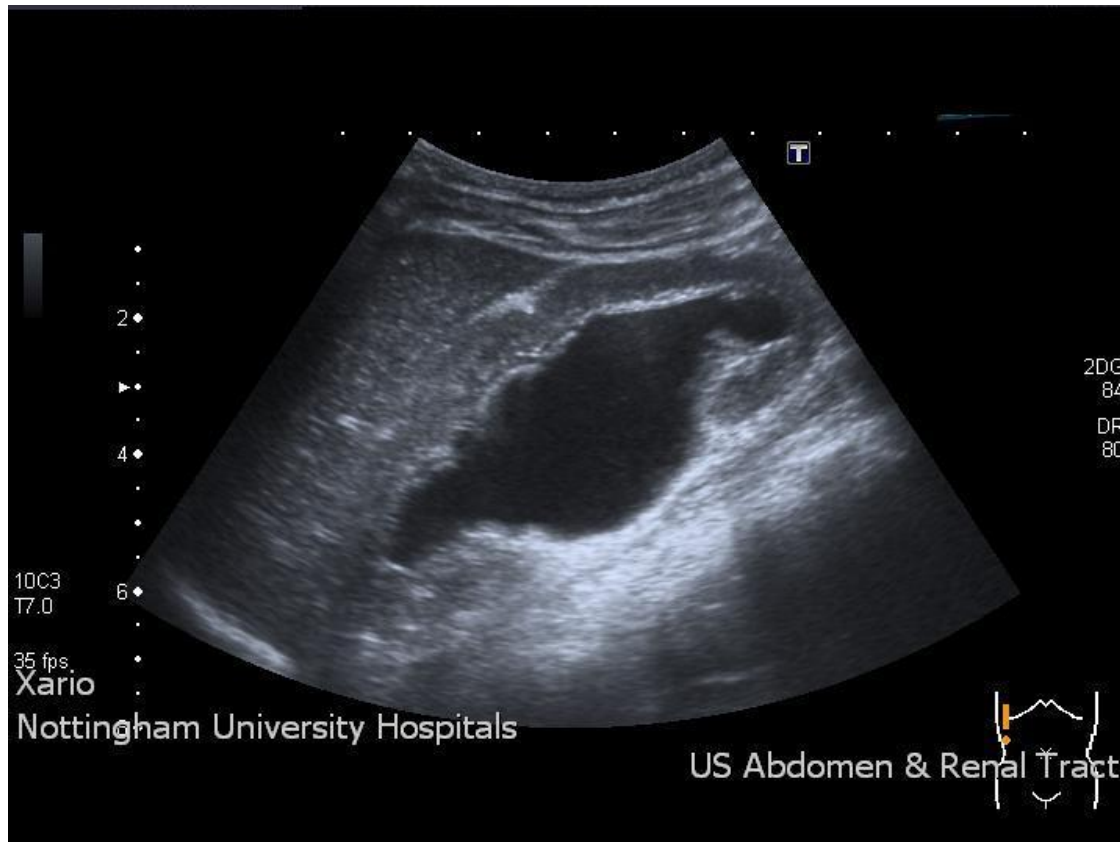


Post nephrostomy insertion



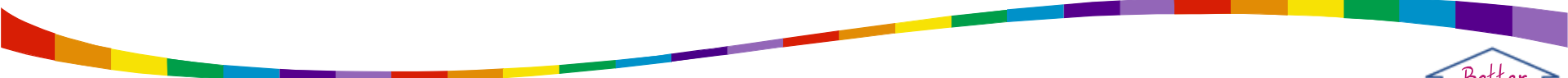
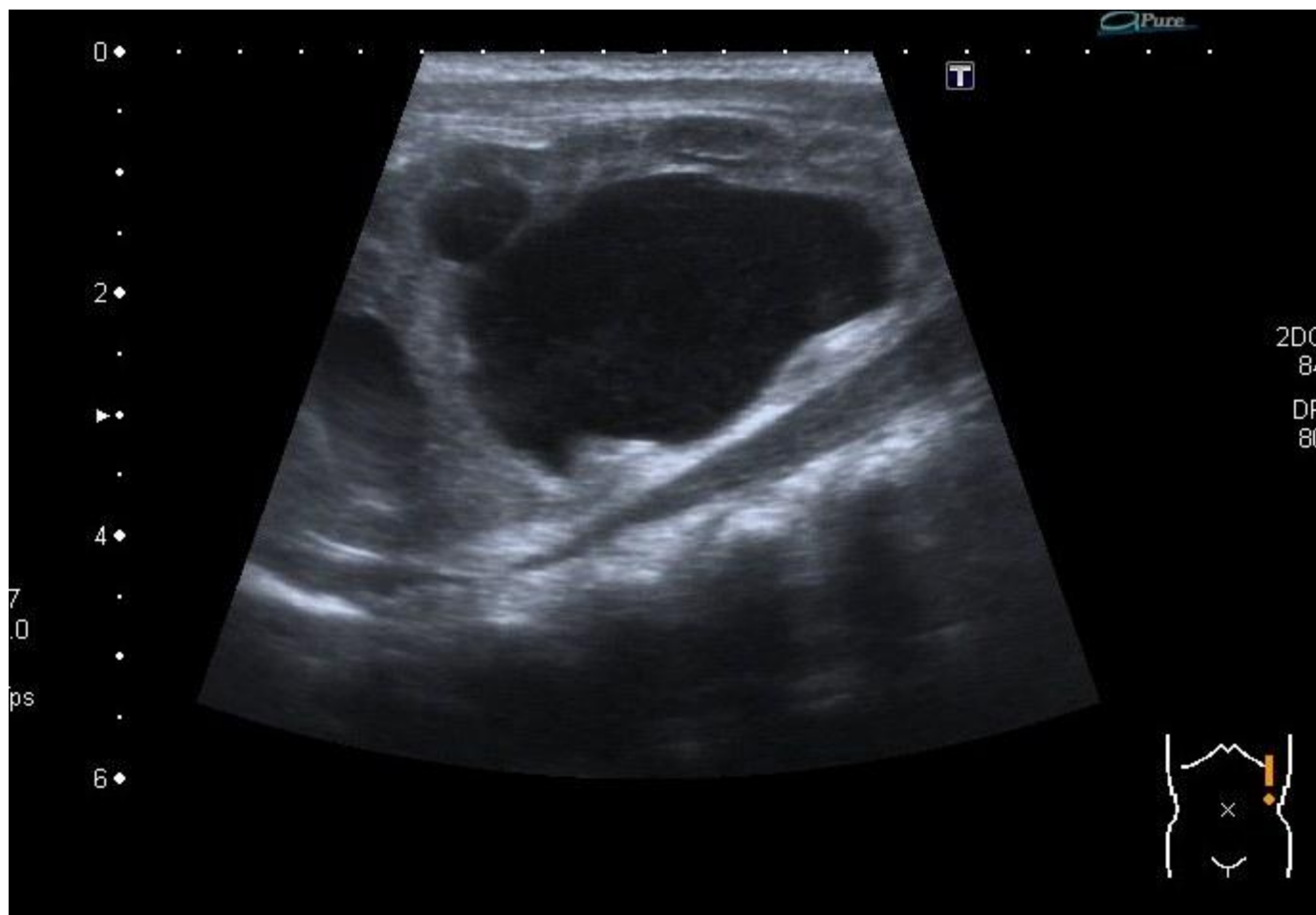
DMSA, Split function RK 52%, LK 48%

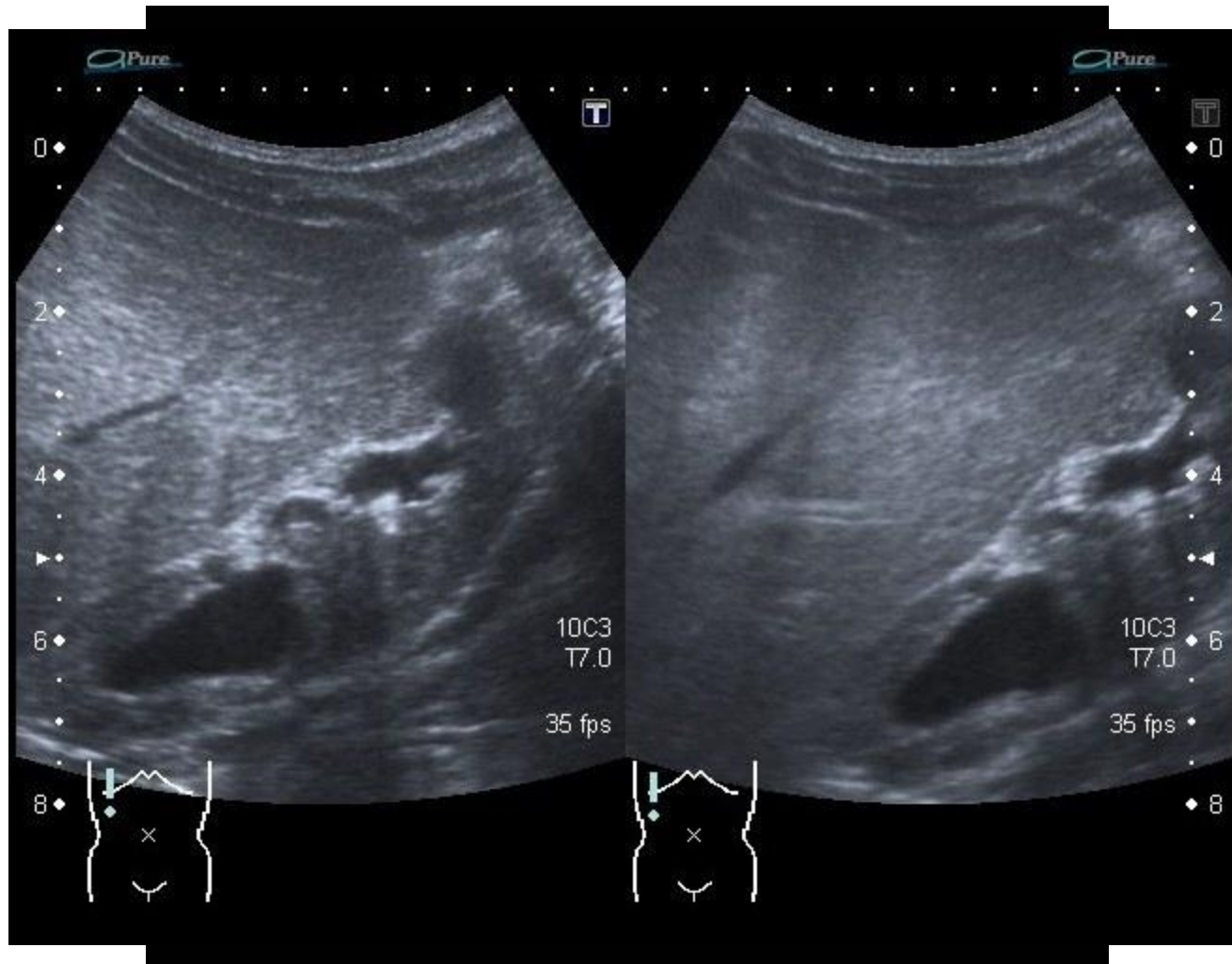
Post pyeloplasty

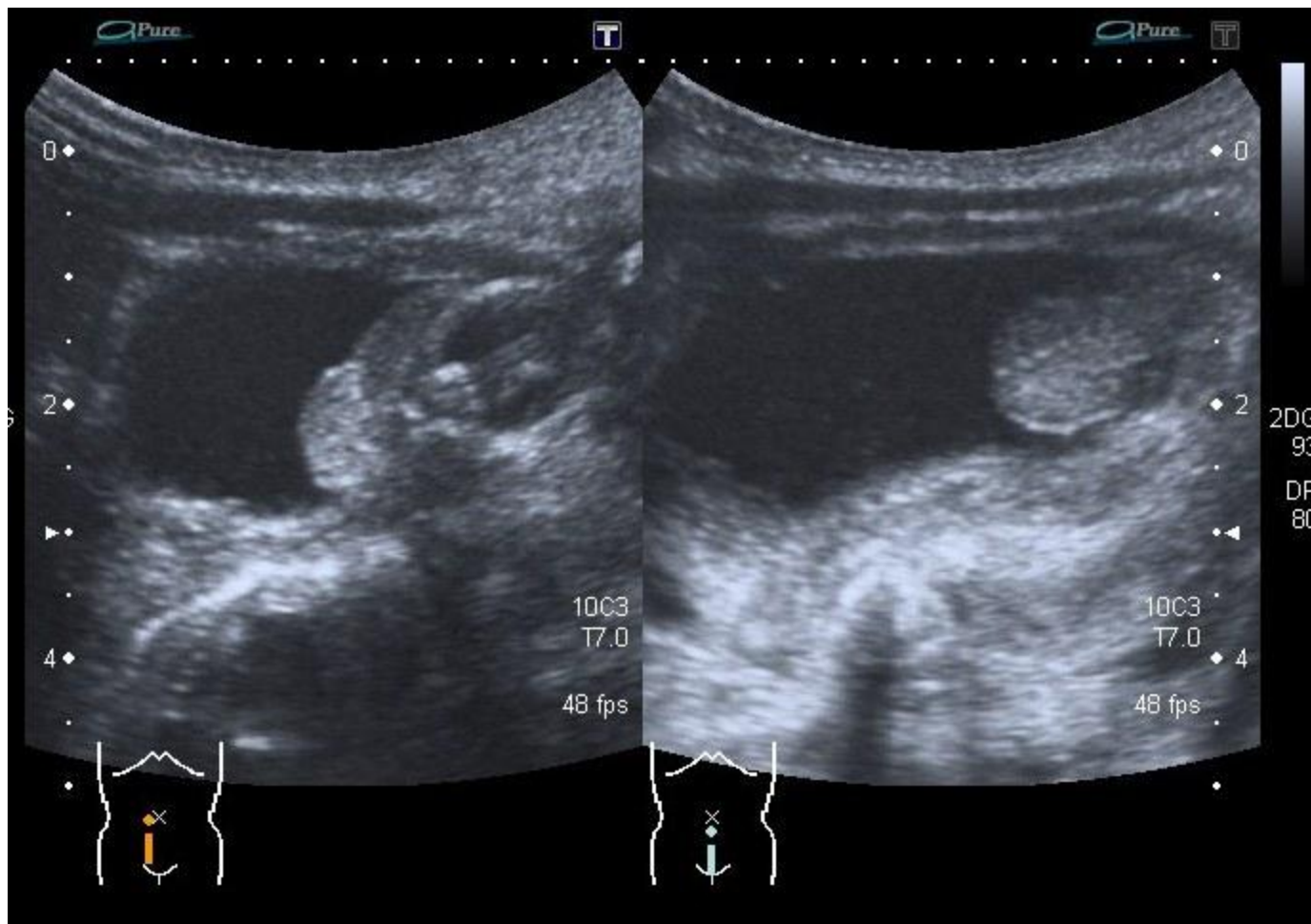


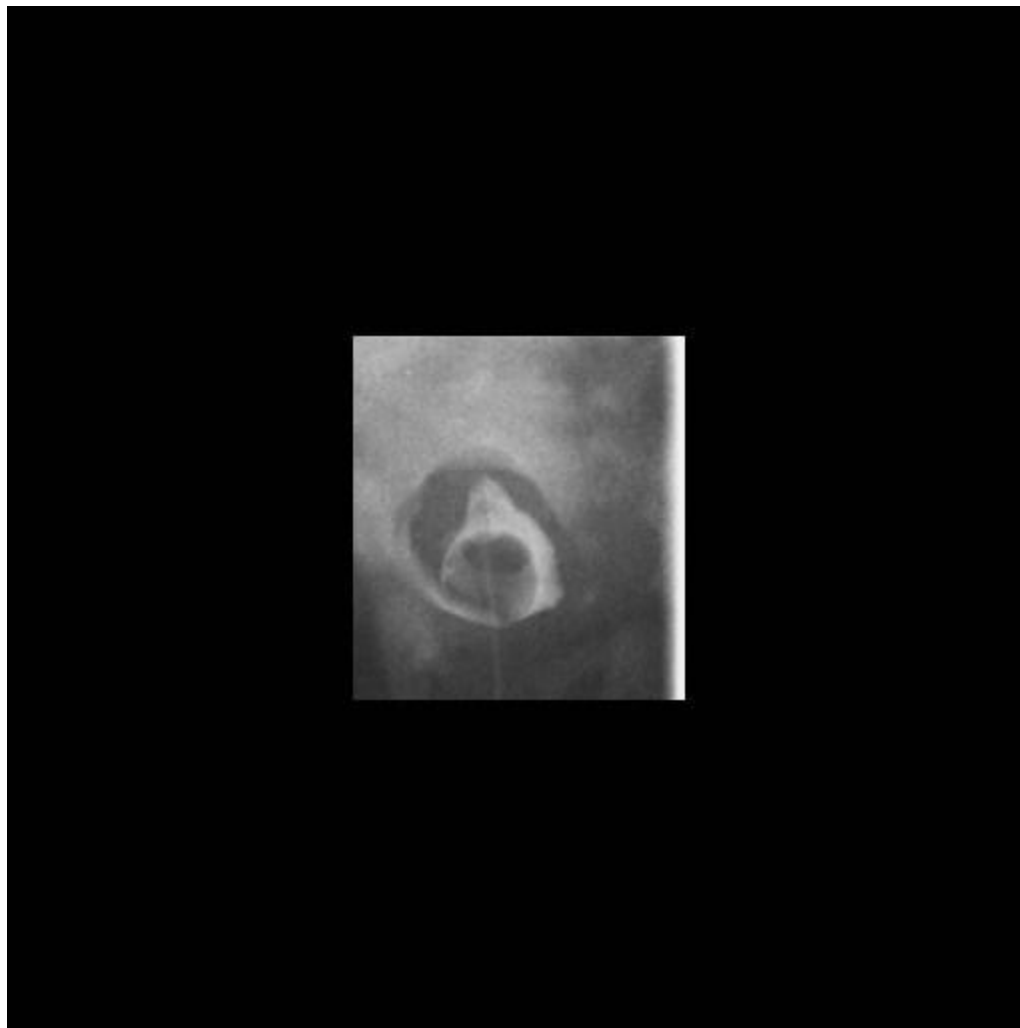
Reduced dilatation, Increased cortical thickness

Case 3







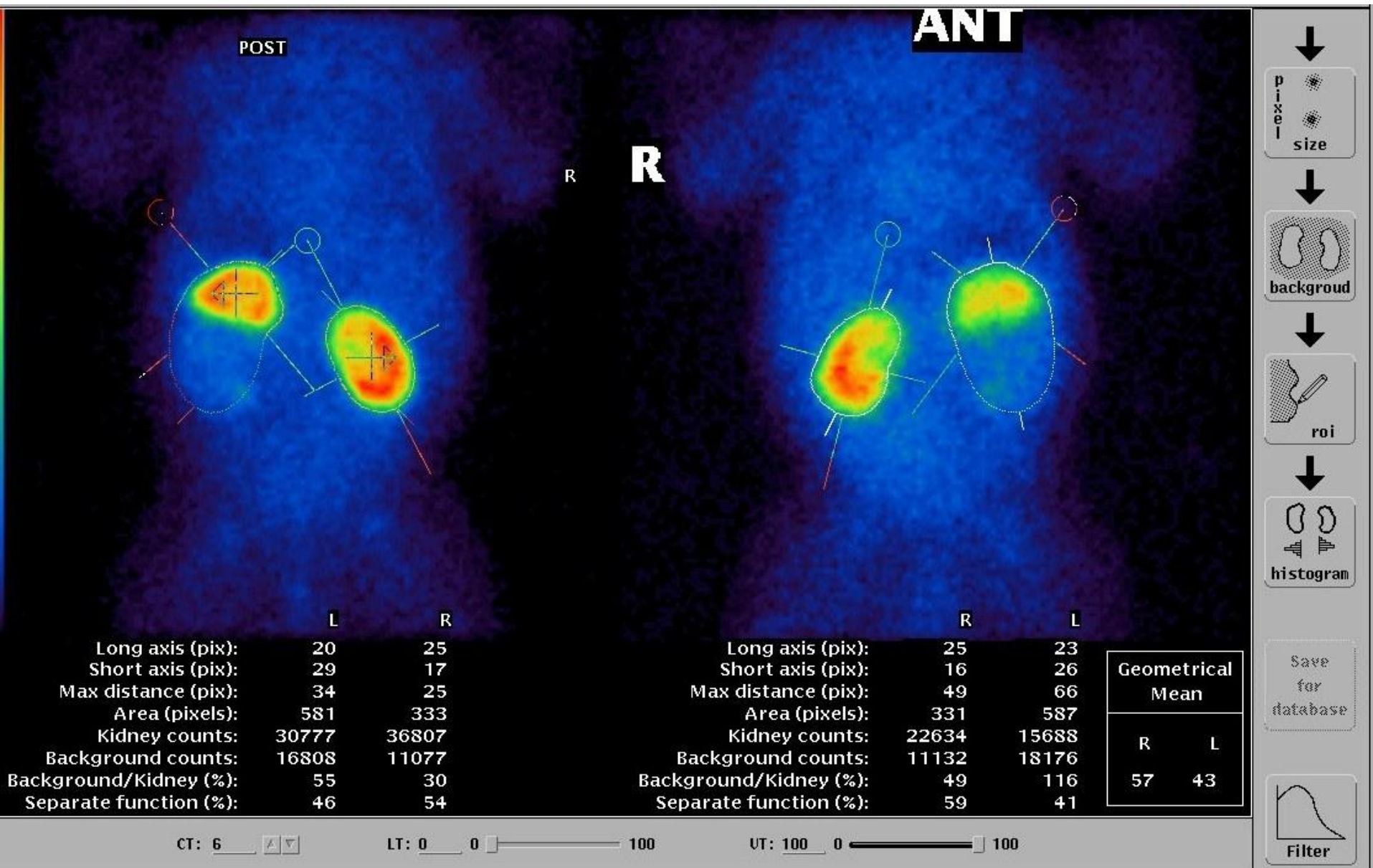






CASE 3

- Bilateral duplex with high grade VUR into left lower pole & right upper pole with ureterocele
- Cystoscopy & puncture of ureterocele – Day 2 of life
- DMSA scan



CASE 3

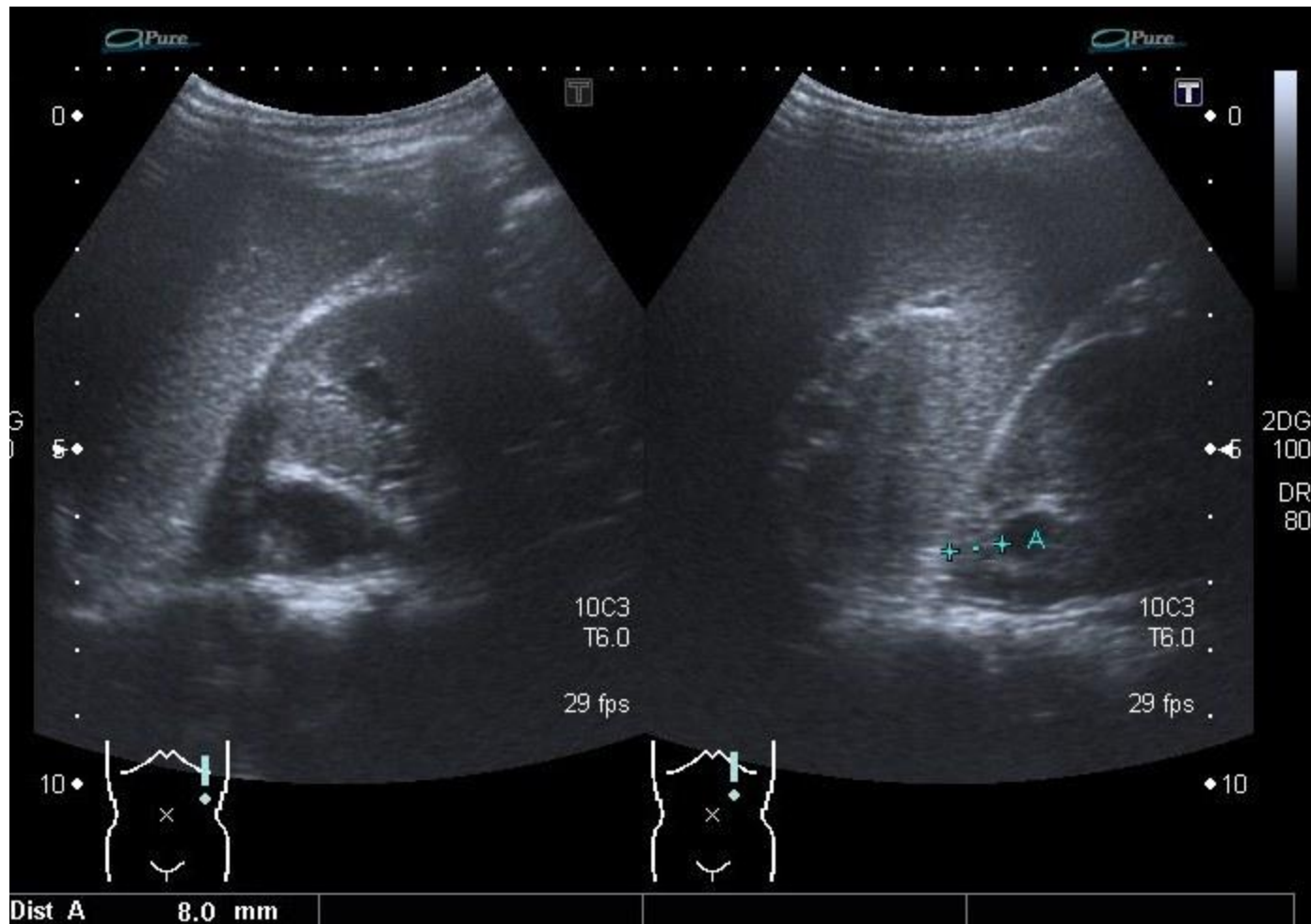
- Numerous admissions with febrile UTIs
- Left lower pole partial Nephro-ureterectomy – 6 months of age
- Thriving
- Has had few UTIs after stopping prophylaxis – Repeat Inv. Confirmed VUR Rt lower pole – Deflux inj. to correct – 17 months of age
- Follow-up : 2 years & 9 months

Case 4



CASE 4

- Antenatally detected Left Duplex kidney with poor function in left upper pole
- Presented at 4 years of age with dribbling incontinence
- Investigations



50 MINS POST INJECTION

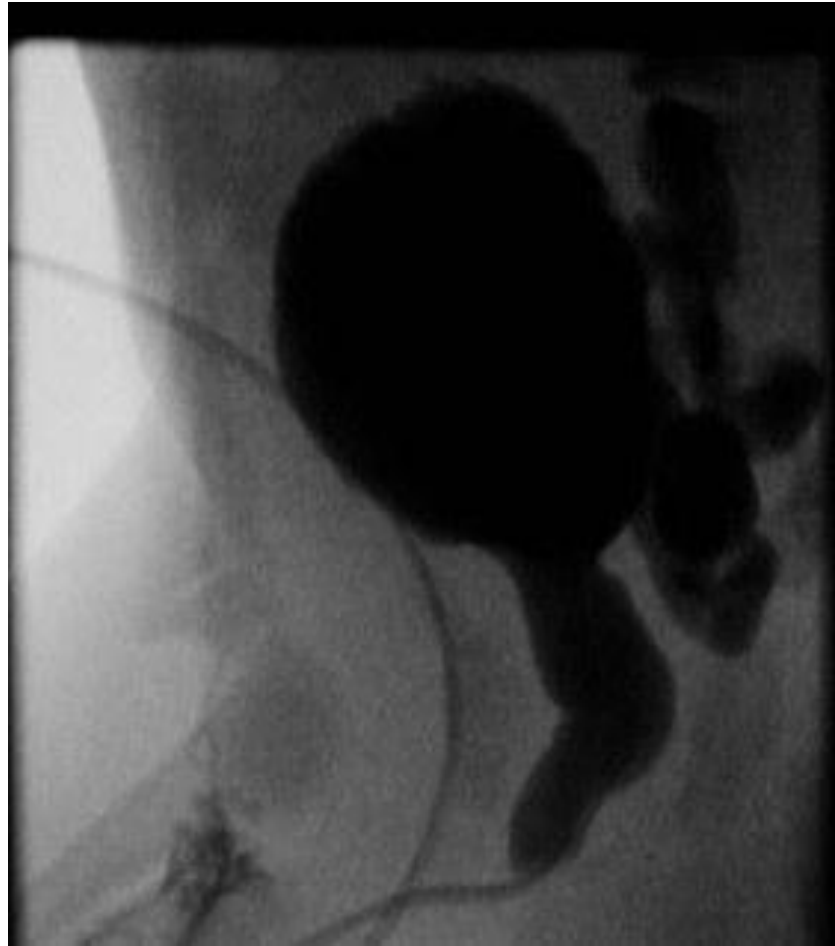
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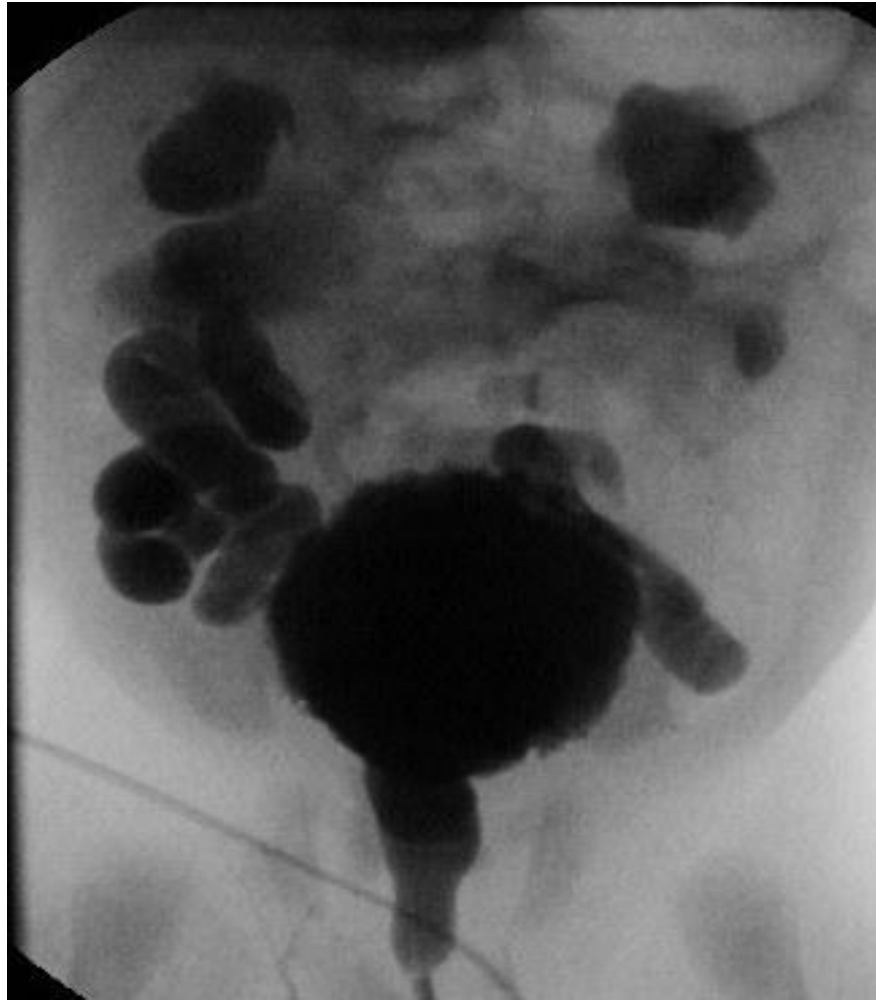
CASE 4

- Options:
 - a. Laparoscopic Left upper pole partial Nephroureterectomy
 - b. Laparoscopic Ligation and division of Left upper pole ureter

Posterior urethral valves



Posterior urethral valves





Thank you

