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FEBRILE URINARY TRACT INFECTION IN INFANTS. IMAGING STUDIES

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Prospective study involving 383 children, 141 (36.8%) males and 242 females (63.2%)between 1 and 24 months (291 younger than 1 year) Renal ultrasonography was performed within 3 days, DMSA in 2 weeks, and cystouretrography at 4 weeks. Patients with APN were explored 12 months later. All of them received antibiotic treatment for two weeks and prophylaxis until realizing VCUG. RESULTS: Renal ultrasound was normal in 297 (77%) and pathologic in 86 (22.5%). 133 (38%) were diagnosed with APN has altered DMSA. 104 (27.2%) had vesicoureteral reflux, 91 (87.7%) grades 1-3 and 13 grades IV and V .41 out of 143 patients with APN, developed definitive scars (10.7% of total and 29.5% of initial pathological DMSA). CONCLUSIONS: 1) ULTRASONOGRAPHY-Poor sensitive method for APN, scars, and reflux. 89(62,2%) patients with APN had normal ultrasound study. Possible reflux was detected in 41 patients and another 63 (60.2%) had normal ultrasound. Indication for VCUG were not influenced by results of echography ; although the prenatal ultrasound diagnoses most of the fetal uropathies. 2) DMSA – A third of patients with APN develop scars . Early DMSA does not modify the treatment but identify the patients with potential risks. 3) 67 children had VUR coinciding with normal ultrasound and DMSA. Sensitivity 64.4%, negative post-test probability 17.8%. 4) URETROCYSTOGRAPHY: modifies the handling of theses patients, indicating prophylaxis to avoid the risk of infections and new scars. 5) Further studies are needed about the necessity of early DMSA and ultrasonography in infants with normal prenatal ultrasound.