

GUIDELINES IN MANAGMENT OF
EQUIVOCAL
CASES IN PEDIATRIC URETEROPELVIC
JUNCTION OBSTRUCTION

THESIS

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Urology*

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English Summary

The widespread use of maternal US have led to an increase in the number of neonates diagnosed with congenital hydronephrosis and UPJO. While it is easy to diagnose hydronephrosis by US, making decisions on its significance and whether to operate on these patients have not been easy.

In our study we tried to assess roughly the best management of equivocal cases of infantile UPJO cases, basically we were concerned with the choice of conservative or surgical treatments for equivocal unilateral UPJO in infants. Twenty six cases had been included. Progress of the AP diameter of renal pelvis and split renal function of the affected kidney, had been recorded. And we found that 16 cases out of 26 (65%) needed surgery within 6 months of presentation, and ten cases out of 26 (35%) did not deteriorate and continued on conservative management. This may give us a clue that surgical intervention may be more safer in this group of equivocal cases of UPJO.

And, with more classification of the study cases according to the presenting AP diameter into two groups, it was concluded that an increase in AP diameter of more than 30 mm may be a strong indication for immediate surgery to avoid expected deterioration in the renal function. If AP diameter at presentation was less

than 30mm, so it is better to give a chance for conservative management and follow up periodically.

In conclusion, until deeper understanding of this condition and more accurate diagnostic tools are available, the management of UPJO in infants will continue to be challenging. At this point, with the excellent results of pyeloplasty, it is safer to state that it is better to operate on more patients than the risk of losing some kidney function in these babies.