No. UTI

S2:-

* symptoms depend on the the age of the child
* significant number of bacteria without symptoms is called "asymptomatic bacteriuria" which is more serious in children and if we leave it, it will change to symptomatic

S3:-

* more prevalent in girls due to their tendency to have recurrent cystitis

S4:-

* UT anomalies pt's mostly present as UTI
* UTI is not simple as sore throat, it could indicate an underlying anomaly (VURC pelviureteric junction stenosis and neurogenic bladder) if not treated early could cause CKD

S5:-

* not usualy simple urethritis happens more often pt. has cystourethritis and both could be viral or bacterial and LUTI doesn't have bad sequences
* UUTI is associated with some digree of cystitis

No.

S6:-

* Obstructive is more serious due to damaging effect of infection to the kidneys + pressure of urine on them
* Congenital such as obstruction of the base of the bladder wich is important in males PUV or obstruction between pelvis of kidney and ureter. (Pelviureteric junction stenosis) which discovered in utero
* Acquired like stones
* constipation should be relieved to prevent abnormalities in bladder control ⇒ recurrent infection

S8:-

* due to vasculature of kidney infection in it can cause sepsis

S9:-

* fever could be the only presentation
* failure to thrive especially in those w/ segnificant UT anomaly or recurrent UTI

S10:-

* chills & rigors mostly due to ULTI
* Signs of sepsis could be found

No.

S11:-

* check vital signs
* mass could be PUJS
* wrinkled skin (Prune belly syndrome) ⟶ these children complains of defect in their abdominal wall muscles with problems in the muscle wall of bladder and problems in the urethra
* 15% of Pt.s with hypospadias have other associated anomalies
* ↓ anal sphincter tone ⟶ in Pt.s with spinal abnormality
* uncircumcised children have ↑ risk of UTI

S13:-

* pt.s with hypercalciuria could have frequency + urgency
* not every pyuria is UTI it could be leukocytosis
* most of the bacteria converts nitrate to nitrite but not all of them (ex. staphylococcus or fungus)

S16:-

* if urine stored at room temperature bacteria will multiply
* supra-pubic tap especially if Pt. was sick or septic

S17:-

* mostly one species if more it could be due to complex anomalies, prolonged use of antibiotics, or catheter.

No.

S20:-

* E. Coli is the Pathogen in 75-80% of UTIs in children (as well as in adults)
* E. Coli to Enterococci consists 90-95% of UTI Patho.
* Pseudomonas, Staph. aureus or Klibsiella could indicate a very bad anomaly
* Pseudomonas is associated with bad consequences
* Candida is rare but it is very bad infection that is able to cause fungal balls in kidneys or dessiminate all over the body and it is ~~considered~~ considered opportunistic infection

S21:-

* E. Coli with its fimbreas & Pili to allow it to move

S 24:-

* lower right Photo:- P= Pelvis of Kidney, I = Calyces of Kidney, they are dilated in this Photo which could be due to any cause
* the same in the lower left Photo, if the ureter was not dilated then the Problem is between it and Pelvis but if it was dilated then the Problem is down to it

No.

S25:-

* complete Ureteric duplication
* it presents with upper part of ureter + pelvis dilation due to ureterocele in the lower part which is an obstructed part of urinary tract (very tiny oppening to the bladder) which will cause it to distend and block upper moiety

S26:-

* trabiculations & diverticulae could be due to nerogenic bladder or outles obstruction

S27:-

* Grade 1 is benign usually / Grade 4+5 are severe grades of reflux

S30:-

* notice dilatation of Proximal Part of urethra
* this is one type of neurogenic bladde & it is more in girls

S31:-

* haustrations in the lower part + diverticulations in the upper part due to neurogenic bladder or outlet obstruction

No.

S32:-

* christmas tree bladder (bad type)

S33:-

* left Photo:- diverticulations + VUR
* Right Photo:- bilateral VUR (Primary because bladder looks fine)

S34:-

* DMSA is good to look for scars and split kidney function
* CT-urogram → becareful of contrast

S35:-

* apex & lower part of the kidney didn't take the isotope due to scars

S36:-

* Pyelonephritis (DMSA)

S38:-

* black areas is the scar

S45:-

* treatment according to sensitivity test.