

Photo Quiz

J Ped. Nephrology 2014;2(2):92-93
<http://journals.sbmu.ac.ir/jpn>

A 15 Day-old Male Neonate with Dribbling

A 15 day old male neonate was referred to emergence room with dribbling. He was term and his birth weight was 3 kg. Prenatal ultrasonography done at 35th week of gestation reported a suspicious cystic lesion on left kidney with no hydronephrosis. At admission time, physical examination was normal. Ultrasonography of urinary system showed mild fullness in right kidney. The second ultrasonography at 2nd month of age showed mild fullness in right kidney, (APD=4mm) and the size of RT and left kidney was 42 and 46 mm respectively. Kidneys echo were normal, both of distal ureters were dilated, (7mm diameter). Increase bladder wall thickness and fine trabeculation was reported too. Antibiotic for UTI prophylaxis was administered. At third ultrasonography there was a cystic lesion with 7mm diameter in corpus cavernosum. Voiding cystourethrogram (VCUG) was done.

What is your diagnosis?



Photo Quiz Answer

A 15 Day-old Male Neonate with Dribbling

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How to Cite This Article: Madani A, Shohadaii Sh. A 15 Day-old Male Neonate with Dribbling. J Ped. Nephrology 2014;2(2):92-93.

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As it shown in voiding cystourethrogram, the posterior and anterior urethra are dilated and anterior urethral obstruction is suggested, compared to PUV, often there is not a true value, and a diverticulum of urethra is present and the wall of diverticulum acts as an valve. Diverticulum is produced by a defect in corpus spongiosum. This area ballooned during voiding. Sometimes a mass is seen in the ventral wall of penis.

Anterior urethral valve (AUV) may present with antenatal hydronephrosis or later in infancy or childhood with voiding symptoms such as dribbling, incontinence or urinary tract infection. Sometimes present with a visible mass diverticulum of urethra [1-2].

Obstruction may be sever and produce pressure in urinary system, like vesicoureteral reflux or diverticulum of bladder but not as severe as posterior urethral valve (PUV). Diagnosis is made by VCUG or cystoscopy. Treatment is similar to that of PUV. In severely ill children a vesicostomy is done for temporary drainage to decompress. Treatment may include transurethral incision to allow free flow of urine, or open urethral reconstruction. For large diverticulum, the best option is excision of it and repairs the urethra. The outcome and prognosis of AUV is better than PUV, the severity of obstruction and hydronephrosis is lower and incidence of end stage renal disease is less than 5% [2-4].

References

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