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ROLE OF DMSA RENAL SCINTIGRAPHY IN CHILDREN WITH VESICoureTERAL REFLUX

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Objective: Urinary tract infection (UTI) is a common condition in children with vesicoureteral reflux (VUR), and may lead to renal damage. The aim of this study was to determine the incidence and pattern of abnormal scintigraphy findings in children with UTI and VUR.

Patients and methods: Data of 118 children who underwent micturating cystourethrography (MCU) and late Tc-99m dimercaptosuccinic acid (DMSA) scan were evaluated. Findings were categorized under the image appearance and relative kidney uptake (RKU) and related to the grade of VUR, sex and child's age.

Results: MCU revealed VUR (78 unilateral and 40 bilateral) of grades I, II, III, IV and V in 2, 47, 35, 19 and 15 patients respectively. There were 52 children with normal and 66 with abnormal DMSA finding. Scarring rate was significantly associated with high grade VUR ($p=0.0023$) and male gender ($p=0.0412$). Bilateral scarring was shown exclusively in children with bilateral VUR. No significant difference was found between renal scarring and child's age in the same gender group. Poor kidney function was shown in 5 patients.

Conclusion: Renal scarring highly correlated with grade of VUR. A strategy to perform MCU only on patients with abnormal DMSA finding is proposed.

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ACUTE POST STREPTOCOCCAL GLOMERULONEPHRITIS IN CHILDREN

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Aim of the study: To present a number of children with set diagnosis of APSGN in the Pristina Children's Clinic, incidence, clinical characteristics of the disease an adequate treatment. Their follow up aimed to determine the further course of the disease and the possibility for progressing into a chronic form.

Materials and methods: This was an analysis of the children treated in the Prishtina Children's Clinic during 2007-2009. The diagnosis of APSGN was set in 132 children based an anamnestic date for existing a prior streptococcal infection, clinical picture, as well as laboratory analyses.

Results: The dominant age group was 7-11 year olds, while male patients were more frequent. Anticipatory throat infection appeared in 82% of all cases. In all cases, the clinical symptoms were hematuria and/or proteinuria. Hypertension was present in 73% cases, while edema was confirmed in 79 % of hospitalized patients. Positive ASO was confirmed in 75,8%. All cases were treated successfully and regularly followed up, only 3,5% cases were found resistant to therapy and progressed to chronic form. In all chronic cases, the diagnosis was confirmed after a renal biopsy.

Conclusion: In a 96,5% of patient a complete recovery was obtained with further outpatient follow up, and only 3,5 % entered into the form of chronic glomerulonephritis.

Keywords: Glomerulonephritis, diagnosis, treatment.

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SYSTEMIC ARTERIAL HYPERTENSION IN CHILDREN: THE IMPORTANCE OF THE INVESTIGATION

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Background and aims: High blood pressure (HBP) in children is defined as a blood pressure (BP) >95th percentile (age, height and sex-adjusted). Renovascular disease is a major cause of secondary hypertension in children.

Methods: We describe a clinical report.

Results: AC, 5 years-old caucasian female, sent to our hospital because of an asymptomatic HBP detected in a routine consultation. She had no relevant personal or familial history. Her physical exam was normal and did not reveal any edema, cardiac murrurs or abdominal masses or murmurs. Her body mass index was 15.6kg/m² and the BP