mL, $p=0.003$, DOL 3; 279 ± 102 vs. 51.6 ± 38 ng/mL, $p=0.001$) and NGAL (DOL 1; 16.8 ± 4.1 ng/mL vs. 10.8 ± 5.3 ng/mL, $p=0.03$, DOL 3; 16.6 ± 6.2 vs. 12.3 ± 6.7 ng/mL, $p=0.226$) were observed. Serum creatinine was significantly positively correlated with serum and urine CysC and NGAL. Unlike NGAL, a significant positive correlation was found between serum and urine CysC.

Conclusions: In asphyxiated term neonates with AKI, CysC and NGAL significantly increase only in urine. Thus, their measurement in urine may be better than in serum for AKI evaluation in term neonates.

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SITUS INVERSUS AND PIGMENTARY MOSAICISM: ABOUT ONE CASE REVELED A CHRONIC RENAL FAILURE IN A GIRL OF 14 YEARS

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Chronic renal failure is not uncommon in children; its causes are well identified. From a case of our medical practice and literature data, this article offers a unique combination of situs inversus and abnormal neuro-ectodermal origin.

14 years old girl was seen in the pediatric emergency department for elevated blood pressure with visceral pain, and then admitted to the pediatric intensive care unit for hemodialysis. The evolution was marked by the rapid transition to the stage renal disease. Its history was marked by: a consanguinity, a dysmorphic syndrome, psychomotor retardation. Clinical examination revealed a ptosis, skeletal abnormalities, alternating hypo and hyperpigmented macules distributed over the members and the trunk, following Blaschko lines carrying the floral shape. The blood karyotype was normal.

Biologically, hypocalcemia and a growth hormone deficiency. Other complementary examinations disclosed a situs inversus.

The occurrence of pigmentary mosaicism is exceptional. His association with situs inversus and retarded growth by growth hormone deficiency has never been reported so far. Our observation, particularly because of the association, raises

questions: The possible existence of gene partner location on the same chromosome involved in the secretion of growth hormone and/or melanogenesis, then the causal relationship with the chronic renal failure.

Our observation underlines the interest to perform a cytogenetic study on fibroblasts injured skin where pigment mosaicism even in cases of normality of the karyotype or blood in the absence of overt phenotypic abnormalities and the systematic exploration of renal function in case of situs inversus associ

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COMPARISON OF PARACLINICAL FINDINGS IN ACUTE PYELONEPHRITIS AND CYSTITIS IN CHILDREN

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Background: Urinary tract infection is a common disease in children requiring immediate diagnosis and treatment. The aim of this study was to compare the paraclinical findings in acute pyelonephritis and cystitis in children.

Methods and materials: In this case-control study a group of sixty children with first symptomatic UTI and an abnormal DMSA scan (acute pyelonephritis) were compared with another sixty children with UTI and a normal DMSA scan (cystitis). This study was enrolled in Qazvin children hospital affiliated to Qazvin University of Medical sciences in Qazvin (Iran) in 2007.

Results: There was no significant difference between two groups according to data obtained for WBC, urinalysis, type of microorganism, and sonography ($p>0.05$) nevertheless, regarding the findings for ESR, CRP, and vesicoureteral reflux, a significant difference demonstrated ($p<0.05$). The sensitivity, specificity, and the accuracy of our data were unreliable.

Conclusion: Our study revealed that none of the laboratory and imaging findings tested was individually capable of locating the site of urinary tract infection, thus the performance of DMSA renal scanning to diagnose acute pyelonephritis is of prime necessity.

Keywords: Acute pyelonephritis, Cystitis, DMSA Scan, Child