

NEPHROLOGY - II

ANTENATAL HYDRONEPHROSIS AND POSTNATAL FOLLOWUP

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Abstract: Antenatal hydronephrosis is diagnosed based on the dilatation of renal collecting system and is reported in 1-5% of prenatal ultrasounds with a favourable outcome in majority of affected infants. There are well-structured, evidence-based schema for follow-up and management which helps to identify infants likely to have a significant postnatal pathology. Counselling of parents regarding follow up allays anxiety. All patients diagnosed with antenatal hydronephrosis should undergo postnatal ultrasound. The grading of severity of antenatal hydronephrosis is based on the renal pelvis anteroposterior diameter, Society for Fetal Urology grading and the urinary tract dilatation classification.

Keywords: Antenatal hydronephrosis, Renal pelvis anteroposterior diameter, Posterior urethral valve, Urinary tract dilatation.

Points to Remember

- ANH is transient and resolves in the majority of cases; however, all patients with ANH should undergo postnatal ultrasonography even if the third trimester scan is normal.
- The presence of oligohydramnios and evidence of lower urinary tract abnormalities suggest significant pathology.
- Infants with postnatal APRPD > 10 mm or UTD P 2-3 should be screened for upper and lower urinary tract obstruction and VUR.
- Pelviureteric junction or vesicoureteric junction obstruction may need surgical intervention based on the evolution of clinical features and imaging.
- Surgery in UPJ-O is considered in patients with impaired renal function (differential renal function < 3540%), impaired drainage ($T_{1/2} > 20$ min), a worsening renal function ($\geq 5-10\%$ decline) during follow-up renogram or development of symptoms like pain and vomiting or complicating UTI.

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