An infant with fever, oliguria, and abdominal distension

Azar M¹, Al Qahtani AT²

¹King Saud bin Abdulaziz University for Health Sciences, King Abdulaziz Medical City, King Abdullah Specialized Children Hospital, Mail Code 1940, Riyadh, P. O. Box 22490, Riyadh 11426, Kingdom of Saudi Arabia, Tel: +966-118011111- Ext- 53523, Department of Paediatrics, Division of Nephrology. Ministry of National Guard, Riyadh, Saudi Arabia.

Corresponding Author: Mohammed Azar
Address: Department of Paediatrics, Division of Nephrology, King Abdulaziz Medical City, King Abdullah Specialized Children Hospital, Mail Code 1940, Riyadh, P. O. Box 22490, Riyadh 11426, Kingdom of Saudi Arabia, Tel: +966-118011111- Ext- 53524; Email: shameemazar@gmail.com

Received date: 25 October 2019; Accepted date: 05 November 2019; Published date: 11 November 2019


Copyright © 2019 Azar M, Al Qahtani AT. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium provided the original work is properly cited.

Keywords
Fever; Ultrasound Abdomen; Oliguria; Abdominal Distension

A 2-month-old had fever, decreasing urine output and progressing abdominal distension. His renal function showed mild deterioration from the normal limits and ultrasound abdomen showed right perinephric collection measuring 1.7x 0.8 cm (Panel A) with grade 1 hydronephrosis. Micturating cystourethrogram revealed extravasation of dye from right lower pelvicalyceal system and grade 5...
vesicoureteral reflux (Panel B). His blood and urinary culture were sterile, however, he needed prophylactic broad-spectrum antibiotics, continuous urinary catheterization and percutaneous drainage of the ascites. His urinary electrolytes consistent with urinary ascites and cystoscopy revealed posterior urethral valve and irregular bladder which eventually required ablation of the valve. Urinoma secondary to the posterior urethral valve occur because of rupture of calyceal fornixes. Pelvicalyceal rupture secondary to posterior urethral valve resulting in urinary ascites was likely condition in this patient. His pelvicalyceal rupture improved without any intervention, renal function back to normal and percutaneous drainage catheter was removed.

Competing Interest
The authors declare that they have no competing interests.

Authors' contributions
Mohammed Azar carried out the data analysis and writing, review of the manuscript. Abdullah Thabet Al Qahtani carried out a review of the manuscript.

Acknowledgments
No acknowledgments.

Consent
Obtained