



**Table 1.** Clinical and imaging characteristics available before cystography performed stratified by PCUTI (pragmatic definition).

	Total (n=913) 1.42 (0.2-4.3) N (%)	No UTI (n=880) 1.42 (0.2-4.3) N (%)	PCUTI (n=33) 1.75 (0.3-6.8) N (%)	P-value*
<b>Age in years (IQR)</b>				0.504
<b>Sex and circumcision status, if applicable</b>				0.137
Male uncircumcised	108 (11.9)	104 (11.9)	4 (12.1)	
Male circumcised	245 (26.9)	241 (27.5)	4 (12.1)	
Male unknown	66 (7.3)	63 (7.2)	3 (9.1)	
Female	491 (54.0)	469 (53.5)	22 (66.7)	
<b>History of urinary tract infection</b>				0.178
Yes	521 (57.1)	500 (56.8)	21 (63.6)	
No	376 (41.2)	367 (41.7)	9 (27.3)	
Unknown	16 (1.8)	13 (1.5)	3 (9.1)	
<b>History of vesicoureteral reflux and antibiotic prophylaxis at the time of the study</b>				0.192
History of VUR + prophylaxis	197 (21.6)	192 (21.8)	5 (15.2)	
History of VUR + no prophylaxis	78 (8.5)	73 (8.3)	5 (15.2)	
No history of VUR+ prophylaxis	229 (25.1)	218 (24.7)	11 (33.3)	
No history of VUR + no prophylaxis	392 (42.9)	382 (43.4)	10 (30.3)	
Unknown	17 (1.9)	15 (1.7)	2 (6.1)	
<b>Bowel bladder dysfunction (&gt;2 years, n=390)</b>				0.752
Yes	155 (39.7)	149 (39.7)	6 (40.0)	
No	143 (36.7)	139 (37.1)	4 (26.7)	
Unknown	92 (23.6)	87 (23.2)	5 (33.3)	
<b>Ultrasound prior to study of interest (n=877)</b>				0.182
<b>Hydronephrosis</b>				
Yes (any dilation > mild)	185 (21.1)	176 (20.7)	9 (31.0)	
No	692 (78.9)	672 (79.3)	20 (69.0)	
<b>Ureteral dilation</b>				0.233
Yes (any dilation)	193 (22.0)	184 (21.7)	9 (31.0)	
No	684 (78.3)	664 (78.3)	20 (69.0)	
<b>Paraneural abnormalities</b>				0.017
Yes	202 (23.0)	190 (22.4)	12 (41.4)	
No	675 (77.0)	658 (77.6)	17 (58.6)	
<b>Bladder abnormalities</b>				0.499
Yes	70 (8.0)	66 (7.8)	4 (13.8)	
No	747 (85.2)	724 (85.4)	23 (79.3)	
Debris/layering	60 (6.8)	58 (6.8)	2 (6.9)	
<b>Cystography prior to study of interest (n=308)</b>				0.797
<b>Any vesicoureteral reflux</b>				
Yes	270 (87.7)	261 (87.6)	9 (90.0)	
No	38 (12.3)	37 (12.4)	1 (10.0)	
<b>Dilating vesicoureteral reflux</b>				0.648
Yes	145 (47.1)	141 (47.3)	4 (40.0)	
No	163 (52.9)	157 (52.7)	6 (60.0)	
<b>Bladder/urethral abnormalities</b>				1.000
Yes	34 (11.0)	33 (11.1)	1 (10.0)	
No	274 (89.0)	265 (88.9)	9 (90.0)	

\*missing data censored for chi-square test comparison

**METHODS:** We conducted a retrospective cohort study of 20 pediatric patients who underwent renal transplantation between January 2021 and September 2023 at two large-volume pediatric care centers in Lviv. Due to Ukrainian laws, donations could not be taken from soldiers and military personnel or civilians who suffered due to hostilities. We managed immunosuppressive medications and antibiotic prophylaxis or treatment post-transplant, and nearly all patients were on dialysis prior to transplantation.

**RESULTS:** Our program constituted 23% (189/821) of all transplants performed in Ukraine in the last three years, and we have expanded our efforts to Western Ukraine. The majority of our patients did not undergo native nephrectomy, and most patients were on dialysis prior to transplantation. Average age at the time of transplant was 12.6+4.5 (years), and average length of time on dialysis was 18 months. Overall, 30-day graft survival was 95%. Two patients experienced acute rejection that was successfully managed medically, while one had graft thrombosis requiring nephrectomy on the day of surgery.

**CONCLUSIONS:** Despite the challenges of establishing a renal transplantation program during wartime and the impact of COVID-19, we have successfully started a pediatric renal transplantation program in Ukraine with a 95% 30-day graft survival rate. Our efforts have constituted 23% of all transplants performed in Ukraine in the last three years, and we have expanded our program to Western Ukraine. Our experience highlights the importance of access to necessary care in challenging environments and the need for continued support and collaboration in these settings.

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**MP55-18**  
**EFFECT OF COVID-19 PANDEMIC ON INCIDENCE OF IDIOPATHIC SCROTAL AND GROIN PAIN IN BOYS**

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**INTRODUCTION AND OBJECTIVE:** Research has shown an association with chronic pain and stress, noting worsening of pain conditions with psychosocial stressors. With the COVID-19 pandemic, depression, anxiety, and post-traumatic symptoms have increased in children and adolescents. During the pandemic, our department saw an anecdotal increase in chronic pain of the scrotum and groin. This study sought to investigate how chronic groin pain rates changed during the pandemic at a single institution.

**METHODS:** A retrospective review of males 7-18 years old seen as new clinic patients in the pediatric urology department for evaluation of idiopathic groin pain during the pre-pandemic period (3/26/2018–12/31/2019) or the pandemic period (3/26/2020–12/31/2021) was performed using EMR data and chart review. Patients must have had an ultrasound without clear etiology (e.g., torsion, epididymo-orchitis, etc). Explainable pain diagnoses were excluded. Patients presenting with undescended (UDT) were used as a comparator group, surmising underlying rates would not be affected by the pandemic, but the proportion would account for changes in access during the periods. Initial visits were analyzed. Differences within and between the two cohorts were analyzed using chi-square tests or Kruskal-Wallis tests. Differing proportion of psychiatric history between scrotal pain and UDT cohorts (pre-pandemic to pandemic) was analyzed using logistic regression on a 1-1 age matched cohort. Analyses were conducted using SAS v 9.4 (Cary, NC).

**RESULTS:** 138 scrotal pain patients were analyzed (50 prepandemic, 88 pandemic). There was a higher proportion of scrotal pain patients in the pandemic group compared to the prepandemic group (21.5% vs 13.1%, p=0.002). Median age was 13 years old (IQR 4.9 years). 26.8% (37) were in the Emergency Department in the 3 months prior to clinic. 51.4% (71) had a normal ultrasound and 51.4% (71) had incidental findings that would not explain pain (e.g., epididymal cysts or microlithiasis). 18.8% (26) of scrotal pain patients had a psychiatric history; when comparing to the UDT group, there was little evidence for increased odds of psychiatric history with scrotal pain (OR 2.31, 95% CI 0.638–8.38, p=0.2018).

**CONCLUSIONS:** There was an increase in patients presenting with scrotal pain during the pandemic after adjusting for access limitations. No association was found with psychiatric history and scrotal pain

**Table 2.** Imaging and clinical characteristics available after cystography performed stratified by PCUTI (pragmatic definition).

	Total (n=913)	No UTI (n=880)	PCUTI (n=33)	P-value
<b>Type of study</b>				0.635
VCUG	886 (97.0)	854 (97.1)	32 (97.0)	
Voiding ultrasound	17 (1.9)	16 (1.8)	1 (3.0)	
RNC	10 (1.1)	10 (1.1)	0 (0)	
<b>Any vesicoureteral reflux</b>				0.077
Yes	443 (48.5)	422 (48.0)	21 (63.6)	
No	470 (51.5)	458 (52.1)	12 (36.4)	
<b>Dilating vesicoureteral reflux</b>				0.200
Yes	219 (24.0)	208 (23.6)	11 (33.3)	
No	694 (76.0)	672 (76.4)	22 (66.7)	
<b>Bladder/urethral abnormalities</b>				0.240
Yes	107 (11.7)	101 (11.5)	6 (18.2)	
No	806 (88.3)	779 (88.5)	27 (81.8)	
<b>Vesicoureteral reflux and antibiotic prophylaxis at the time of the study</b>				0.035
VUR currently + prophylaxis	261 (28.6)	252 (28.6)	9 (27.3)	
VUR currently + no prophylaxis	179 (19.6)	168 (19.1)	11 (33.3)	
No VUR currently + prophylaxis	165 (18.1)	158 (18.0)	7 (21.2)	
No VUR currently + no prophylaxis	291 (31.9)	287 (32.6)	4 (12.1)	
Unknown	17 (1.9)	15 (1.7)	2 (6.1)	
<b>Dilating VUR and antibiotic prophylaxis at the time of the study</b>				0.093
Dilating VUR currently + prophylaxis	141 (15.4)	137 (15.6)	4 (12.1)	
Dilating VUR currently + no prophylaxis	77 (8.4)	71 (8.1)	6 (18.2)	
No VUR currently + prophylaxis	285 (31.2)	273 (31.0)	12 (36.4)	
No VUR currently + no prophylaxis	393 (43.0)	384 (43.6)	9 (27.3)	
Unknown	17 (1.9)	15 (1.7)	2 (6.1)	

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**MP55-17**  
**EARLY RESULTS OF A PEDIATRIC TRANSPLANT PROGRAM DURING WARTIME IN UKRAINE: A COHORT STUDY**

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**INTRODUCTION AND OBJECTIVE:** Access to renal transplantation in children with severe chronic kidney disease can be endangered in dangerous sociopolitical environments. Despite such challenges, we established the very first adult and pediatric renal transplantation program in Ukraine in 2021 during an ongoing war and the COVID-19 pandemic, which caused significant delays and difficulties, including disrupted supply chains and shortages of critical medical supplies and equipment and availability and access to transplant resources and personnel. Here, we describe our experience with establishing and conducting a pediatric renal transplantation program during wartime and a pandemic in Ukraine.