EP-100 UNILATERAL PERIRENAL MASS IN A NEWBORN

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Introduction: Perirenal fluid collection in children may be due to urinoma or lymphangiectasis. Renal lymphangiectasis is a rare disease that gives the appearance of a cystic mass characterized by malformation in the lymphatics. Urinoma is usually traumatic or iatrogenic; it is rare in newborns. A male patient with posterior urethral valve(PUV) who developed anuric acute kidney injury(AKI) due to perirenal cystic fluid collection is presented.

Material and methods: A male newborn born in the neonatal intensive care unit at the 36th week was admitted to the neonatal intensive care unit due to diffuse free intra-abdominal fluid and bilateral increased renal echogenicity in antenatal ultrasonography. The physical examination revealed birth weight of 2650g (50-90p), height of 50cm (90-99p), and head circumference of 34cm (90 percentile), and blood pressure of 62/39 mmHg (50/50-75p). He had 3cc/kg/h urine output. Renal ultrasonography revealed right perirenal anechoic cystic mass that compressed the kidney and was compatible with renal lymphangectasis. The renal parenchyma was normal with mild dilatation of the pelvis and calices. The right ureter could not be visualized. The left kidney had dilatation of the pelvis and calices. The left ureter was dilated and tortuous throughout its course. On postnatal day 3rd, the patient suddenly had abdominal distention and anuria. Serum creatinine increased to 1.5 mg/dL.

Results: The magnetic resonance urography (MRU) showed perirenal cystic mass with thin septations and bilateral hydroureteronephrosis (Fig1). There was also intra-abdominal free fluid and mild trabeculation and thickening of the bladder wall. Chemical analysis drained fluid was revealed as; cholesterol 1mg/dL, triglyceride 3mg/dL, total protein 0.6g/dL, albumin 0.1g/dL, glucose 14mg/dL, sodium 54mmol/L and potassium 10.1mmol/L. The pH was 8, the density was 1019. It was urinoma. Urine output restarted after drainage and creatinine regressed to 0.9 mg/dL. PUV was considered, since the patient with postrenal AKI had hydroureteronephrosis, increased bladder wall thickness was observed and the fluid sample in the perirenal area was compatible with urinoma. PUV was diagnosed by cystoscopy and resected. Urinoma did not recur after resection.

Conclusions: Fluid sampling is important in differentiating urinoma and lymphagectasis. PUV, which requires early diagnosis and intervention, should not be forgotten in the differential diagnosis of male newborns with urinoma.

EP-101 EXPERIENCE IN THE USE OF MINIMALLY INVASIVE EQUIPMENT IN THE SURGICAL TREATMENT OF CONGENITAL MALFORMATIONS OF THE URINARY TRACT IN CHILDREN IN A TERTIARY REGIONAL HOSPITAL

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Introduction: Minimally invasive surgeries (MIS) are becoming more common due to the minimization of traumatic urinary tract injuries. Such interventions become especially relevant in childhood. Recently, endoscopic methods of treatment of diseases of the upper urinary tract are being discussed more often. The issue of endoscopic correction of vesicoureteral reflux in children is widely covered in the modern medical literature. Successful use of minimally invasive endourological interventions in the valves of the posterior urethra is noted by many authors.

Material and methods: MIS interventions for congenital pediatric urological diseases have been introduced on the basis of surgical departments of the Zhytomyr Regional Childrens Clinical Hospital since 2000. Pediatric models of endoscopic equipment are used for it.

The range of surgical interventions is quite wide: laparoscopic pyeloplasty & nephrectomy, laparoscopic and retroperitoneal excision of renal cysts, correction of vesicoureteral reflux, introduction of Botulinum toxin A into the detrusor, removal / installation of ureteral stents, dissection / puncture of ureterocele, dissection of valves / strictures of the urethra, etc.

Results: A total of 346 surgical interventions were performed. Age of children from 1 month of life. The duration of interventions decreased with the growth of surgical practice, the advent of endoscopic equipment. The use of MIS has made it possible to reduce trauma to the urinary tract, and minimize postoperative pain and blood loss, as well as faster recovery of the urinary tract. Such interventions are especially important in the elimination of diseases that lead to impaired evacuation function of the bladder. During the introduction of MIS (laparoscopic pyeloplasty) there were 1 complication (dysfunction of the pyeloureteral anastomosis, which required only short-term drainage of the abdominal cavity). There were no fatal complications.

Conclusions: Thus, MIS are a good alternative to open surgery in congenital pathology of the childs urinary system, including in violation of the reservoir and / or evacuation function of the bladder.

Often, with the help of modern minimally invasive equipment, it is possible to perform such surgical interventions that cannot be performed by open methods of surgical intervention.

EP-102 RARE UNOPERATED SEVERE MYELOMENINGOCELLE WITH KIDNEY AGENESIS

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Introduction: A boy of 16teen with Myelomeningocele never operated for, paraplegic with severe spine deformity which represents the natural evolution of spina bifida anomaly. Ever treated for his neurogenic bladder and bowel.

Material and methods: Boys weight was 30kg, HC:56.5cm, length hands finger-finger:163cm, head-waist: 53cm, waist-foot 60cm. He was frightened for his health and life, never intended school but able to read and write. He had some blurred vision and loss of perception for a few seconds throw the day. And episodes of vomiting were frequent. He had severe bilateral inguinal hernia. Increased inflammatory parameters.

Results: Scintigram: left kidney afunctional type. Right kidney increased size, decreased accumulation and prolonged parenchymal transport time and half elimination time. GFR:51.4ml/min.

MR detected severe L/S angular kyphosis, positive "Baltalimani" on segments above and under the angulation, Cobb angle is >90°. Intraspinal structures (the thecal sac) through angulation are herniated, with tethered cord at L4-L5. Thecal-sac was intraabdominal. Severe sinistro-convex scoliosis. Siringomielia Th3-Th5. Modulla oblongata and cerebellum Herniation, 30mm though foramen magnum with obstructive hydrocephalus-Chiari II. A skin fistulation not clearly determined, was natural way to decompress the ICL.

ENG: no amplitude of nerve conduction. EMG: fibrillation, fasciculation's and positive denervated waves.

Abdominal MR: left kidney agenesis. Right kidney was enlarged with gr V hydronephrosis with severe megaureter. Bladder enlarged with diverticulosis and thick and hypervasculated bladder wall.