

In Pediatrics

A 'VOID'ing wrong diagnosis :

A 4mo old male infant was being evaluated for repeated episodes of irritability and low grade fevers and repeated vomiting since 3weeks of life .

He was treated as colic ,acute enteritis and feed intolerance and Gastro esophageal reflux disease prior to the current evaluation.

Physical exam showed an irritable ,febrile infant with failure to thrive .

There was a suprapubic fullness that was non tender and dull on percussion which decreased once the child voided .

It was also observed that the child was grunting and in distress while voiding with a poor stream .

Putting all these features together we suspected an obstructive uropathy and evaluated further.

USG ,micturating cystourethrography confirmed posterior urethral valve (PUV)and bilateral vesico ureteric reflux.

Points to be learnt from this case scenario:

1. Colic should always be a diagnosis of exclusion
2. Most children with colic will thrive well
3. Recurrent fever in infants is a red flag for anatomic or immunity problems.
4. Male infant with palpable urinary bladder is PUV unless proved wrong
5. Mismanaged or missed UTI has severe implications for the child's future health

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