



*Novità e prospettive
nell'attività professionale
del pediatra*



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AGADIR (Marocco)



Profilassi antibiotica nel reflusso vescico-ureterale?

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Medical management of vesicoureteral reflux

Tej K. Mattoo

TMP-SMZ	TMP 2 mg per kg as a single dose, or 5 mg of TMP per kg twice per week
Nitrofurantoin	1–2 mg/kg as a single daily dose
Cephalexin	10 mg/kg as a single daily dose
Ampicillin	20 mg/kg as a single daily dose
Amoxicillin	10 mg/kg, as a single daily dose

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Serious doubts exist about the role of long-term antimicrobial prophylaxis in preventing renal injury in children with VUR.

This is because the current recommendations are based on **non-randomized studies** that were small in size, were not placebo controlled and that included patients with pre-existing renal damage that was diagnosed after the onset of UTI.

Systematic reviews of the published literature on the subject have highlighted these shortcomings.

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However, until the results of an appropriately designed, placebo-controlled, prospective study become available, **the prudent thing to do is to assume that VUR is a risk factor for renal scarring and treat each patient on an individual basis**, with due attention being paid to voiding dysfunction, constipation, and renal scarring, if present.

International vesicoureteral reflux study : unsolved questions remainig

A.Bensman

Pediatr Nephrol 2006

Which option is more aggressive for the child and brings more anxiety to the parents ?

Surgical or endoscopic correction with a very high success rate, which will cure the child immediately but which is unnecessary in 50% of cases.

Medical management with antibiotic therapy, urine cultures every time an unexplained fever occurs, repeated imaging studies over many years, the persistence of the reflux in 50% of the cases after 10 years of folllow up and the risk of pyelonephritis in women of childbearing age

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In view of a lack of consensus over the management of VUR and increasing doubts about the relevance of longterm anti-microbial prophylaxis in preventing renal damage, the National Institutes of Health (NIH)/National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has initiated a multicenter, prospective, randomized, placebo-controlled study that will investigate the role of anti-microbial prophylaxis in preventing recurrent UTI and renal scarring in patients with VUR. This study will include children aged 2 months to 5 years with grades I–IV VUR with first UTI.

Pediatr Nephrol (2007) 22:1113–1120

Reevaluating antibiotic therapy for urinary tract infections in children

A.Yared

Arch Pediatr Adolesc Med 2005

It is increasingly recognized that children with **asymptomatic bacteriuria** do not need treatment and that treatment only select antibiotic resistance