

UTI IN CHILDREN

UTI i.e Urinary Tract Infection is when bacteria gets into the urine and travels up to the urinary bladder. This causes the infection. As many as 8 in 100 of girls and 2 in 100 of boys will get UTIs.

A child can develop UTI when bacteria enter the urinary tract and travel up the urethra and into the body. This can be successfully treated with antibiotics, but a kidney infection can lead to more serious health complications if left untreated.

Who Gets UTIs?

UTIs are much more common in girls because a girl's urethra is shorter and closer to the anus. Uncircumcised boys younger than 1 year also have a slightly higher risk for a UTI. Other risk factors for a UTI include:

- a problem in the urinary tract (for example, a malformed kidney or a blockage somewhere along the tract of normal urine flow)
- an abnormal backward flow (reflux) of urine from the bladder up the ureters and toward the kidneys. This is known as vesicoureteral reflux (VUR).
- poor toilet and hygiene habits

What are the symptoms of UTI ?

A child with UTI may have :

- pain, burning, or a stinging sensation when peeing
- an increased urge or more frequent need to pee (though only a very small amount of pee may be passed)
- fever

- waking up at night a lot to go to the bathroom
- wetting problems, even though the child is potty trained
- belly pain in the area of the bladder (generally below the belly button)
- foul-smelling pee that may look cloudy or contain blood

A baby with a UTI may have a fever, throw up, or be fussy.

In case of severe cases, the child often looks sicker and is more likely to have a fever (sometimes with shaking chills), pain in the side or back, severe tiredness, or vomiting.

What are the complications of UTI ?

Prompt diagnosis and treatment of a UTI can prevent serious, long-term medical complications. Untreated, a UTI can result in a kidney infection that may lead to more serious conditions, such as:

- kidney abscess
- kidney damage
- Swelling of the kidneys
- Sepsis which can lead to organ failure and death

How is UTI diagnosed ?

One must meet a doctor as soon as one suspects UTI in their child. A sample of urine is required to make an accurate diagnosis. It is used for :

- Urine analysis : Microscopy for presence of pus cells
- Urine Culture : to identify the bacteria

Your paediatrician/pediatric surgeon may recommend additional diagnostic tests to determine whether the source of the UTI is caused by an abnormal urinary tract. If

there is kidney infection, tests also may be required to look for kidney damage. The following imaging tests may be used:

- Ultrasound of kidney and bladder
- Voiding cystourethrogram (VCUG) : in selected cases
- DMSA : it is a kidney scan usually done about 3 months after the UTI is treated to know the status of kidney.

How is UTI treated ?

UTI will require prompt antibiotic treatment to prevent kidney damage. The type of bacteria causing child's UTI and the severity of infection will determine the type of antibiotic used and the duration of treatment.

Hospitalization may be necessary in cases where child:

- is younger than 6 months old
- has a high fever that isn't improving
- has a kidney infection
- has a blood infection from the bacteria, as in sepsis
- is dehydrated, vomiting, or unable to take oral medications for any other reason

How can you prevent UTI ?

One can prevent by following these simple measures at home :

- Ensure that your child drinks enough fluids
- Avoid tight fitting clothes
- Change diapers frequently in babies
- Teach older children proper hygiene
- Encourage children to use bathroom at frequent intervals and avoid holding of urine

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