

HYDRONEPHROSIS APPROACH

Urology Department

PRENATAL DETECTION

- 20 weeks, 28 weeks of gestation
- Significant: RPD $>10\text{mm}$ in 2nd trimester, $>15\text{mm}$ in 3rd trimester
- No recommended changes in obstetric management

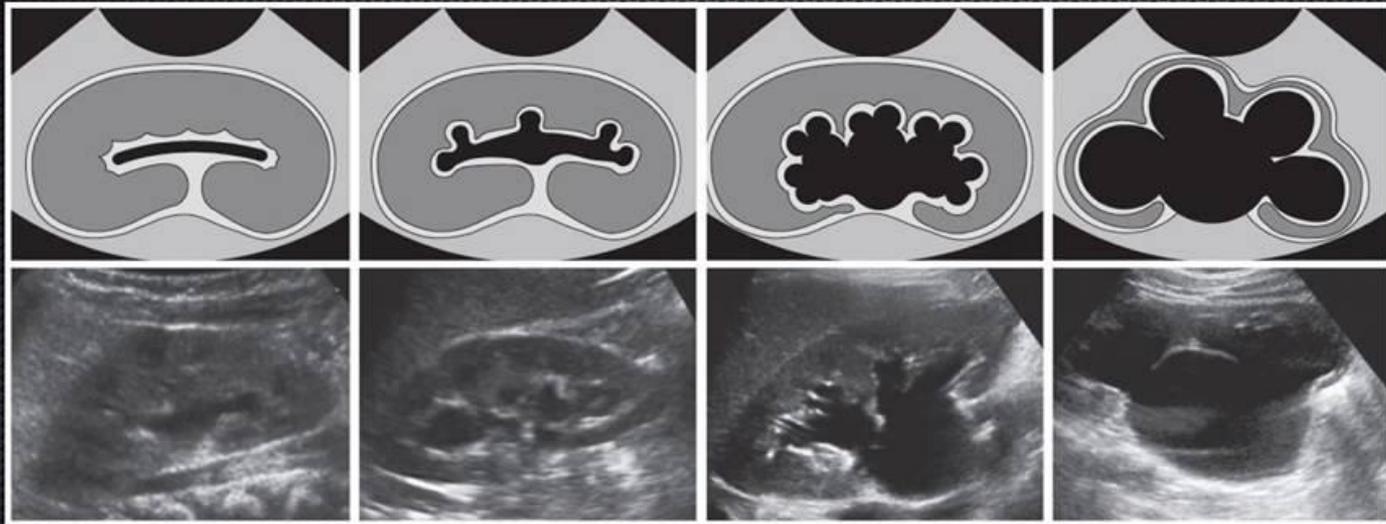
Society for Fetal Urology grading system

1

2

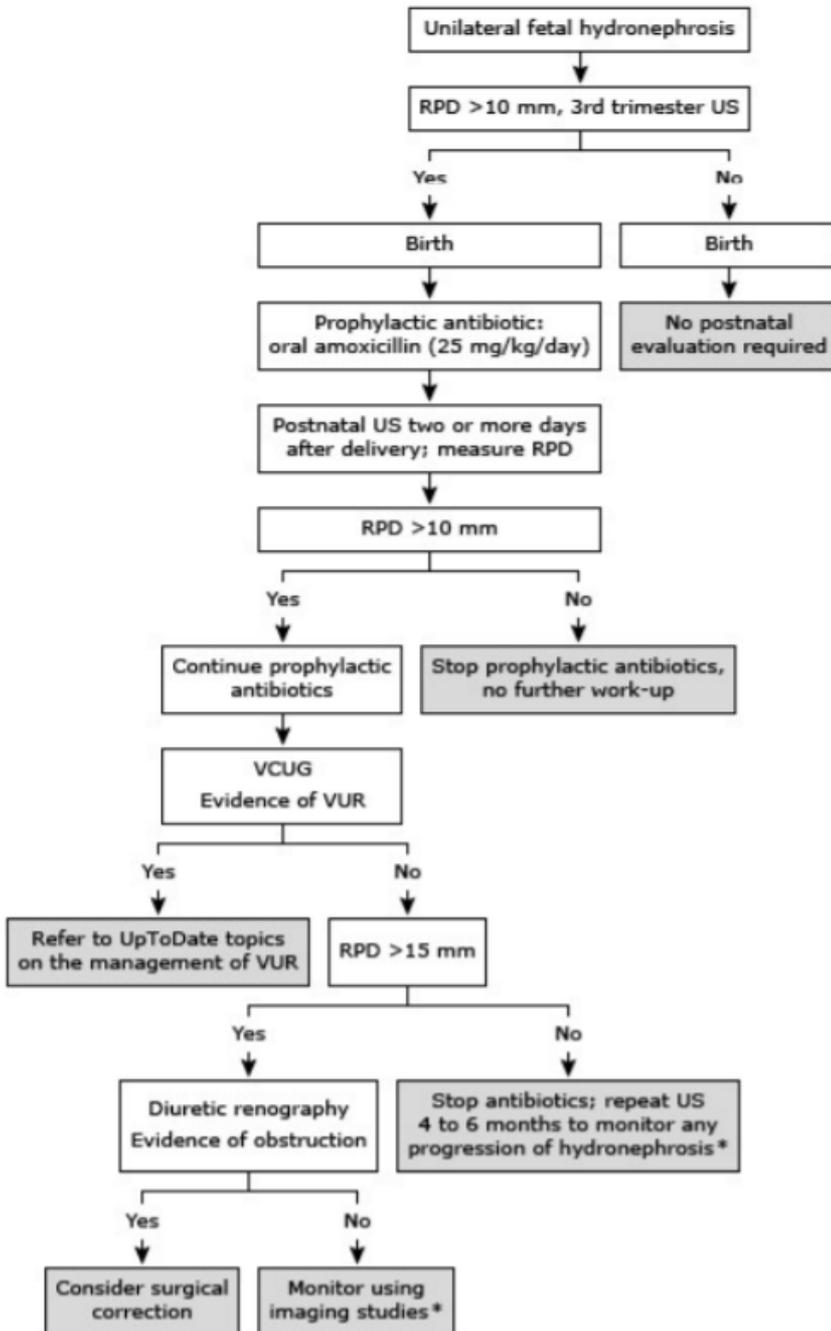
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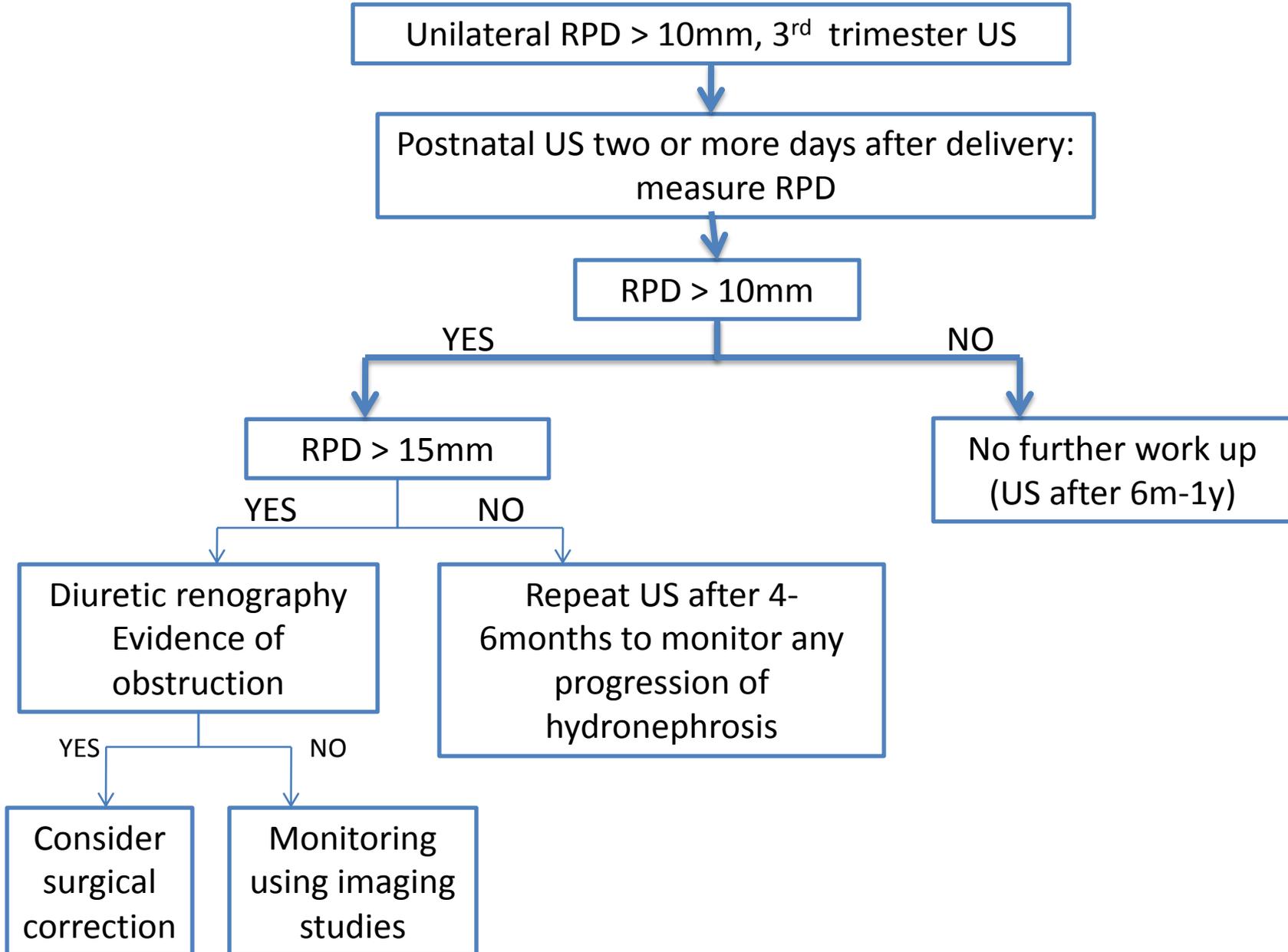


POSTNATAL MANAGEMENT

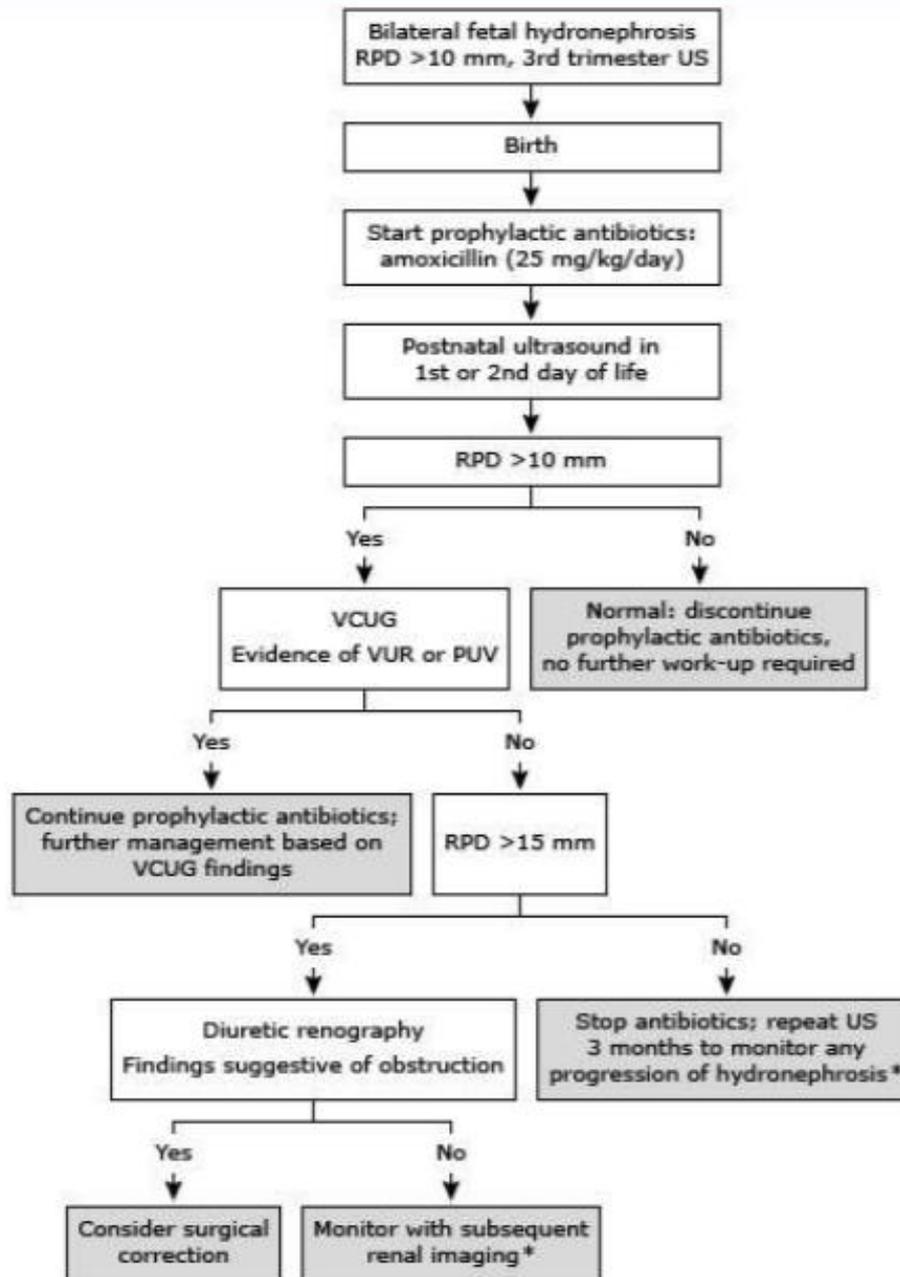
Postnatal evaluation of unilateral fetal hydronephrosis*



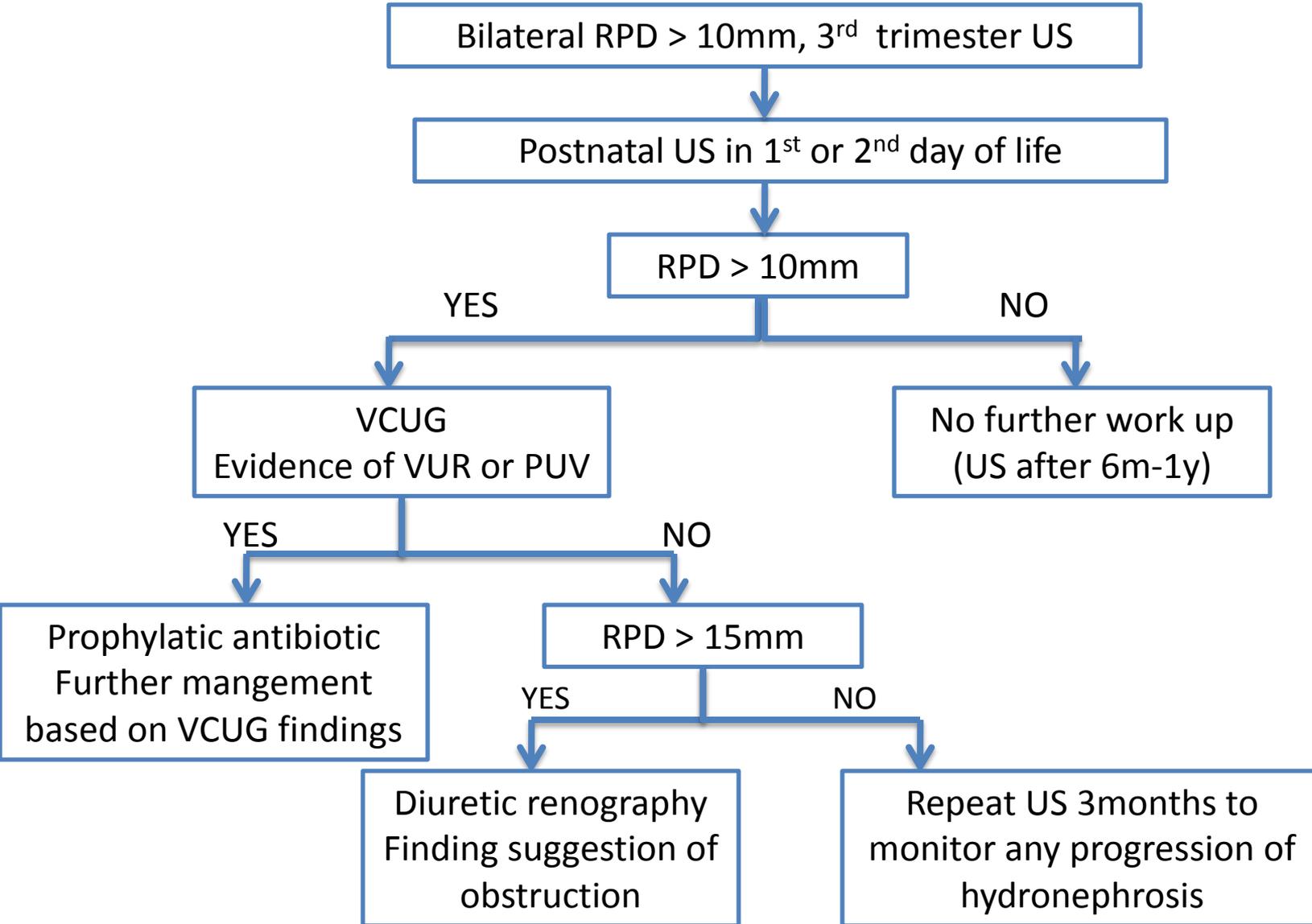
Postnatal evaluation of unilateral fetal hydronephrosis



Postnatal evaluation of bilateral fetal hydronephrosis*



Postnatal evaluation of bilateral fetal hydronephrosis



Hydronephrosis in older child

- Symptomatic: Surgical indication
- Asymptomatic:
 - US monitoring if grade I-II. If grade III-IV or increase the degree of hydronephrosis → diuretic renography, VCUG
 - Observation: >40% SRF. Increase hydronephrosis → repeat diuretic renography
 - Surgical intervention: < 40% SRF or deterioration > 10% SRF

POSTNATAL MANAGEMENT MEGAURETER

- Prenatal presentation:
 - Unilateral: US in the 1st week + VCUG
 - Bilateral: US within 24-72h + VCUG
- Presence of VUR: treatment as VUR
- Without VUR
 - Diuretic renography to confirm
 - Nonobstructed, nonreflux megaureter (primary megaureter):
Surgical indication in patient who is symptomatic or decrease renal function
 - Obstructed megaureter: Surgical indication in patient with obstructed lesions documented by increasing hydronephrosis and/or the presence of a prolonged diuretic renographic drainage pattern



Thank you!