

Paeds OSCE

You are the registrar in the ED. A mother presents to you with a 2 year old child with recurrent dysuria and UTIs treated with antibiotics.

Please take a history for 6 minutes, including relevant investigations and diagnosis.

At the 6 minute mark the mother will ask you some questions.

NAO	Name – Lola Age – 2 years O – non-existent
HOPC	“Lola has been having these recurrent UTIs, and this is the last straw. We want to see somebody about this” UTIs started about 6 months after birth. Only seen local doctor, as each time has responded to antibiotics She has been really irritable for the last 2 days and we think that this is another UTI. Vomiting as of this morning. No blood present in the vomitus. Decreased appetite as of yesterday, constant rubbing stomach. Nil signs of haematuria, Light signs of infection
Vital Signs	Temperature – 38.1°C HR – 85 bpm BP – 87/41 mmHg RR – 24 bpm
Birth	Born at 40/40 gestation, nil complications, NVD – nil TORCH infections. If asked about antenatal US: On antenatal US noted slightly enlarged kidneys but not followed up – bilateral hydronephrosis
Family History	Maternal – Diabetes, had kidney disease as a child Paternal – NAD Nil siblings
Social History	Immunisations – all up to date Currently attending day care Spends a lot of time at friend’s house down the road – all happy Nobody at home currently smoking Nil exposure to any toxins or household cleaning products Nil pets at home
Development	Currently keeping up with day-care colleagues Stacking 6 blocks on top of each other Saying a few sentences which only mum can understand
Growth	Currently on the 15 th centile for weight and 10 th centile for height Mum and dad sitting around 60 th centile for gender Smaller than her cousins

Investigations:

Urinary Culture	Culture grew E.Coli bacteria from suprapubic aspirate
FBE	Demonstrated raised WBC with neutrophilia
CRP	CRP sitting at 15
UEC	NAD – GFR > 90
Urinalysis	Leukocytes, Nitrates present – trace protein
Voiding	Demonstrated reflux with mild to moderate dilation

Cystourethrography	and minimal blunting of the fornices.
Radionuclide Cystogram	Not conducted as voiding cystourethrography appropriate.

Questions:

1. Will Lola require treatment or will this heal spontaneously? If answered yes, what treatment?
 - a. Lola will require treatment – grade 3 and higher is unlikely to self-resolve
 - b. Better prognosis because still quite young
 - c. Long-term antibiotics – amoxicillin in childhood then trimethoprim when older
2. What are the indications for surgery?
 - a. Recurrent infections despite antibiotic therapy
 - b. Severe reflux
 - c. Mild to moderate reflux not resolving with age
 - d. Poor renal growth
 - e. Poor compliance with medications and surveillance programs
3. What are some of the complications of this disease:
 - a. Changes in renal function – decreased urine concentrating ability – decreased eGFR
 - b. Decreased renal and somatic growth
 - c. Hypertension and renal failure
 - d. Chronic pyelonephritis