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Updated review of evidence supports 2011 UTI guidelines

November 28, 2016

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Article type: News

Topics: Urology

Members of the AAP Subcommittee on Urinary Tract Infection (UTI) reaffirmed the 2011 guidelines for the diagnosis and management of an initial febrile UTI in children 2 months to 2 years (http://bit.ly/2fy9vCB).

The reaffirmation, based on a review of published and unpublished studies since 2011, once again stresses the importance of obtaining a sample of urine for culture (in the child suspected to have a UTI) with minimal contamination, so as not to confound the interpretation of the culture.

In general, both significant bacteriuria (> 50,000 colony forming units/mL) and significant pyuria ($\geq$ 10 white blood cells/mm^3 or $\geq$ 5 white blood cells/high power field on a centrifuged specimen of urine or any leukocyte esterase on a dipstick) are required to make a diagnosis of UTI.

The subcommittee still recommends that a renal and bladder ultrasound be performed and that a voiding cystourethrogram not be routinely performed after the first febrile UTI. Finally, the subcommittee stressed that prompt treatment (less than 48 hours after onset of symptoms) is of clinical benefit in children with UTI.

Reaffirmation of AAP Clinical Practice Guideline: The Diagnosis and Management of the Initial Urinary Tract Infection in Febrile Infants and Young Children 2-24 Months of Age is available at http://dx.doi.org/10.1542/peds.2016-3026 and will be published in the December issue of *Pediatrics.*

Dr. Wald is vice chair of the AAP Subcommittee on Urinary Tract Infection.

Resource

- 2011 AAP technical report "Diagnosis and Management of an Initial UTI in Febrile Infants and Young Children"

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