



Canadian Urological Association/ Pediatric Urologists of Canada Guideline on the Investigation and Management of Antenatally Detected Hydronephrosis

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Originally published in *Can Urol Assoc J* 2018;12(4):85-92.

<http://dx.doi.org/10.5489/cuaj.5094>



Disclosures

Advisory Boards	Speaker's Bureau	Payment/Honoraria	Grants/Research Support	Clinical Trials	Investments	Patents
None	None	None	None	None	None	None



Severity of AHN by APD

Degree of AHN	Second trimester	Third trimester
Mild	4 to <7 mm	7 to <9 mm
Moderate	7 to ≤ 10 mm	9 to ≤ 15 mm
Severe	>10 mm	>15 mm



Summary of recommendations

1. All significant AHN should be investigated with a postnatal RBUS. Significant AHN in the 3rd trimester defined as APD ≥ 7 mm (*Level 3 evidence, Grade C recommendation*)
2. CAP initiated at birth controversial, may be of greater benefit in Grades 3 and 4 HN and cases with dilated ureter or bladder abnormality. Females and uncircumcised males with AHN may also benefit more compared to circumcised boys (*Level 3 evidence, Grade C recommendation*)



Summary of recommendations cont'd

3. VCUG not necessary in the evaluation of isolated low-grade (SFU 1 and 2) HN with normal renal parenchyma and symmetric renal size (*Level 3 evidence, Grade C recommendation*)
4. High grade HN (SFU 3–4) should be investigated with a VCUG, followed by diuretic renography if the HN cannot be explained by VUR (*Level 4 evidence, Grade D recommendation*)
5. Diuretic renography is not necessary in the evaluation of isolated low-grade (SFU 1 and 2) HN with normal renal parenchyma and symmetric renal size (*Level 4 evidence, Grade D recommendation*)



Algorithm

SFU Grade 1-2, APD 7-10mm*
3rd Trimester



RBUS first 1-3 months of life**

SFU Grade 3-4, APD > 15mm*
3rd Trimester



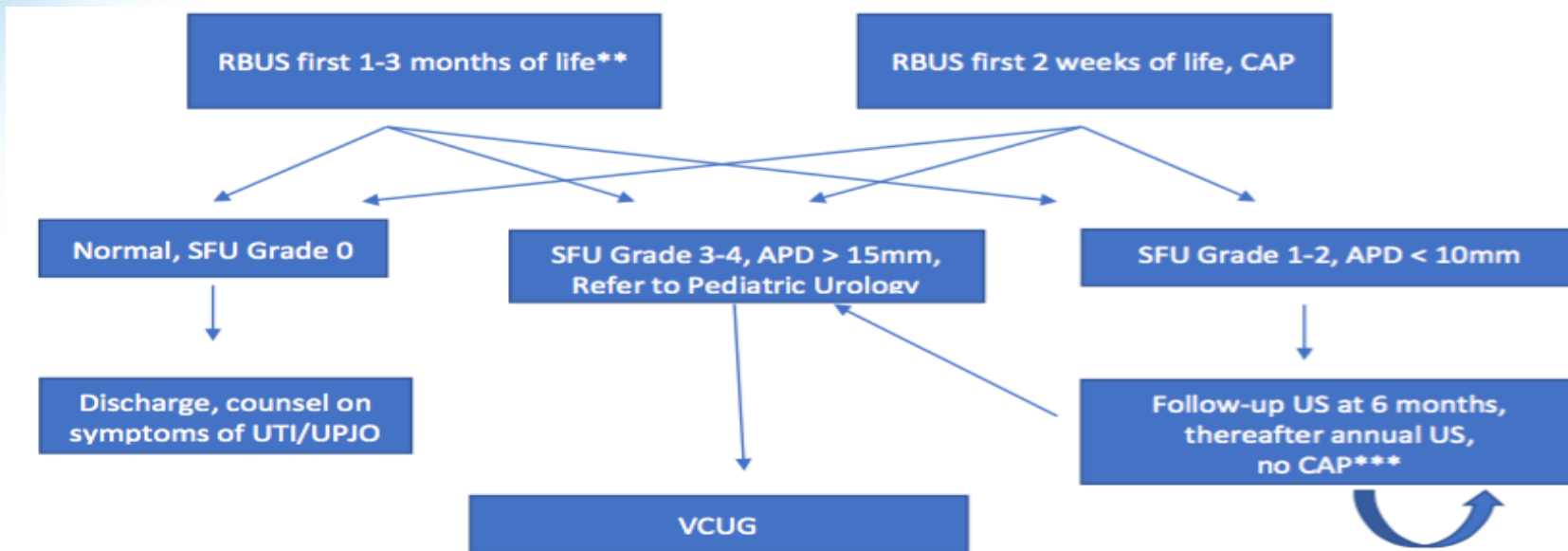
RBUS first 2 weeks of life, CAP

* APD between 10 and 15 mm should be managed by the SFU grade

** Dilated ureters, abnormal bladders, or abnormal renal parenchyma should be imaged sooner



Algorithm cont'd

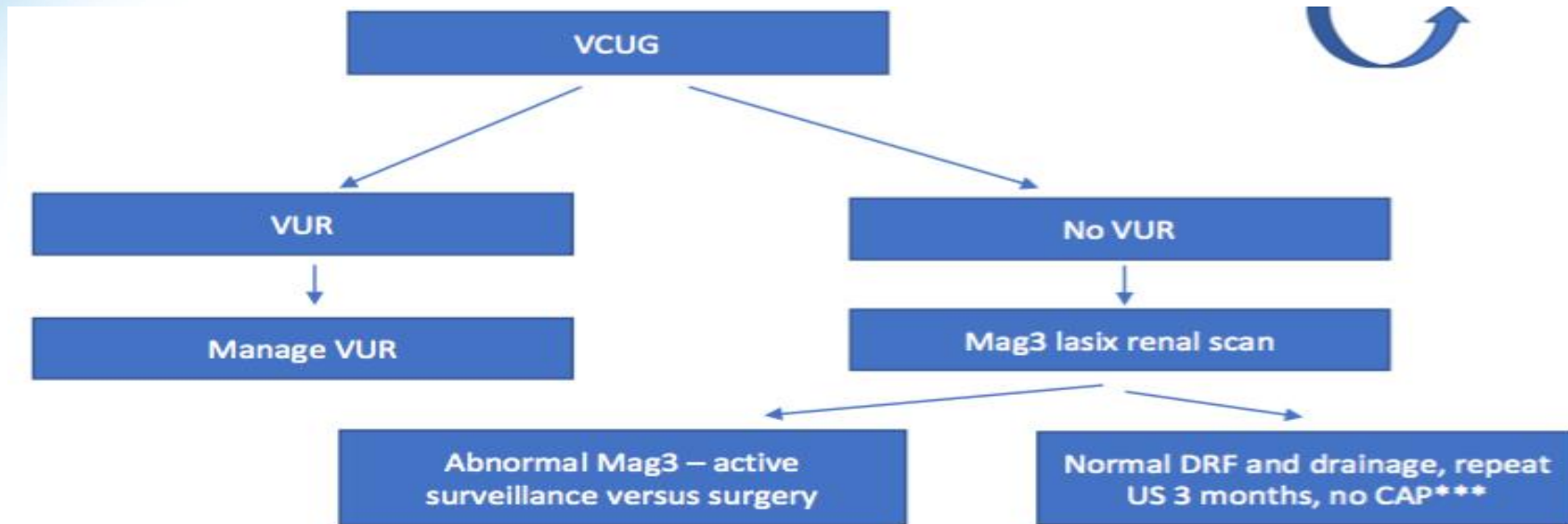


** Dilated ureters, abnormal bladders, or abnormal renal parenchyma should be imaged sooner

*** Some authors advocate CAP for LGHN with dilated ureters or abnormal bladders. The risk of UTI is also increased in females and un-circumcised males



Algorithm cont'd



***Some authors advocate CAP for LGHN with dilated ureters or abnormal bladders. The risk of UTI is also increased in females and un-circumcised males