

Evidence discredits aggressive UTI testing in young children

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Guidelines recommending aggressive testing of young children with fevers for urinary tract infections should be revisited given the lack of evidence and long-term justification, according to research published online Jan. 11 in the *Annals of Emergency Medicine*.

(HealthDay)—Guidelines recommending aggressive testing of young children with fevers for urinary tract infections (UTIs) should be revisited given the lack of evidence and long-term justification, according to research published online Jan. 11 in the *Annals of Emergency Medicine*.

Noting that the American Academy of Pediatrics' guidelines recommend aggressive diagnosis, treatment, and investigation of possible pediatric urinary tract infection in children with fever who are younger than 2 years, David H. Newman, M.D., of the Mount Sinai School of Medicine in New York City, and colleagues reviewed the literature to examine the utility and efficacy of this early identification and treatment. They

focused specifically on the utility of [antibiotics](#) for reducing delayed [renal complications](#) and the utility of timely diagnosis and treatment in prevention of renal scarring.

The researchers found that, although two studies linked aggressive and early identification of urinary tract infection with prevention of long-term renal complications, a more substantive body of evidence did not find evidence for this link. In addition, renal scarring was found to be relatively common, but there was no evidence suggesting that scarring has long-term sequelae.

"Pediatric urinary tract infection in well children does not appear to result in currently identifiable long-term clinical sequelae, and antimicrobial treatment appears unable to affect either intermediary markers such as renal scarring or long-term outcome," the authors write. "Aggressive testing may be more harmful than helpful. An initial observational approach to well children with fever seems reasonable."

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