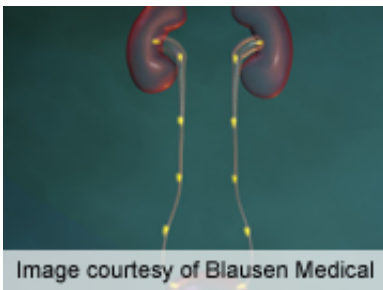


# Antibiotic prophylaxis cuts UTIs in congenital hydronephrosis

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(HealthDay)—Continuous antibiotic prophylaxis (CAP) reduces the risk of febrile urinary tract infection (UTI) in children with asymptomatic antenatal hydronephrosis (ANH), according to a study published online July 22 in the *Journal of Pediatric Urology*.

Daniel Herz, M.D., from Nationwide Children's Hospital in Columbus, Ohio, and colleagues examined [electronic medical records](#) from children referred for congenital ANH (2001 through 2011) with at least 24 months of follow-up. Children were characterized as those maintained on CAP (YCAP; 278 patients) and those not maintained on CAP (NCAP; 127 patients).

The researchers found that, overall, the incidence of febrile UTI during the follow-up period was 22.2 percent. The incidence of febrile UTI was

significantly higher with NCAP (18.7 percent, compared to 7.9 percent in YCAP;  $P = 0.021$ ). Independent risk factors for febrile UTI included ureteral dilation, high-grade vesicoureteral reflux, and ureterovesical junction obstruction. For children with ureteral dilation  $>11$  mm not maintained on CAP, there was a 5.54-fold increased risk of febrile UTI when compared to those maintained on CAP ( $P = 0.001$ ).

"Therefore CAP may have a significant role in reducing the risk of febrile UTI in [children](#) with ANH with those identifiable risk factors, but otherwise seems unnecessary," the authors write.

**More information:** [Abstract](#)  
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