



Case Report on Vesicoureteral Reflux

Ms. Rishita Maheshgavali^{1*}, Mis. Priya Rewatkar² and Roshan Umate³

¹G.N.M 2nd Year, Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Science, Sawangi, Wardha, Maharashtra, India

²Nursing Tutor, Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Science, Sawangi, Wardha

³Research Scientist, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra, India

Abstract

Infants and children are the most often used victims of vesicoureteral reflux. Infections of a urinary tract are more likely as a result of the illness, if left untreated; this condition might lead to kidney damage. In children, primary vesicoureteral it can lead to kidney damage. Primary vesicoureteral reflux affects children. Can be outgrown. The goal of treatment, which may involve medication or surgery, is to avoid kidney damage. Primary vesicoureteral reflux can be outgrown in children. The goal of treatment, which may involve medication or surgery, is to avoid kidney damage. In children, the most common congenital urological anomaly areas primary vesicoureteral reflux (VUR), It's been related to a higher Urinary tract infection (UTI) and kidney scarring both are risk, commonly known as nephropathy caused by acid reflux (RN)The most prevalent cause of RN n children is a urinary tract infection (acquired RN) or at a later stage for hydronephrosis diagnosed antenatally but without a prior UTI (congenital RN). Female children are more likely to get acquired RN, whereas male children are more likely to develop congenital RN. This fnding in children could explain why males are more likely than Hypertension, proteinuria, and renal failure are all symptoms of renal failure. Females, on the other hand, are more likely to get and had a better prognosis for recurring UTI eternal reflux-Urge to urinate that is strong and Persistent when urinating, there is a burning feeling. The need to pass tiny amounts of pee frequently, cloudy urine, fever, or side pain is all indications of kidney failure (fank) or abdomen.

Main symptoms and/or important clinical findings: A patient of 1 year male admitted registration to the pediatric ward on dated 05 /07/21 with the chief complaint. Wetting the bed or losing control of bowel movements are both signs of a problem. Constipation for 2 months and he developed pain abdomen and right kidney diagnosed from general physical examination and blood investigation.

The main diagnose therapeutic intervention and outcomes: The doctor identified a case of Vesicoureteral reflux after physical examination and investigation a patient of 1 year male admitted registration to the pediatric ward on dated 05 /07/21 with the chief complaint. Vomiting the bed or losing control of bowel motions, constipation for 2 months and he developed pain abdomen and right kidney diagnosed from general physical examination and blood investigation.

Keywords: Vesicoureteral reflux, urinary tract infection, kidney damage, hypertension, proteinuria, renal failure, constipation, abdominal pain, urinary urgency, burning sensation, frequent urination, cloudy urine, fever, side pain.

Introduction

Vesicoureteral reflux (VUR) is a condition in which urine flows back from the bladder to the kidneys. It is a common congenital anomaly, affecting approximately 1% of children. VUR is classified into primary and secondary types. Primary VUR is caused by a congenital abnormality of the vesicoureteral junction, while secondary VUR is caused by an obstruction of the urinary tract. VUR is often associated with urinary tract infections (UTIs) and kidney damage. The severity of VUR is classified into grades I, II, III, IV, and V. Grade I is the least severe, while grade V is the most severe. VUR is often diagnosed by voiding cystourethrography (VCUG) or radionuclide cystography (RNC). The treatment of VUR depends on the grade and severity of the condition. In some cases, VUR can be outgrown, while in others, surgery may be required.

VUR is a common congenital anomaly, affecting approximately 1% of children. It is classified into primary and secondary types. Primary VUR is caused by a congenital abnormality of the vesicoureteral junction, while secondary VUR is caused by an obstruction of the urinary tract. VUR is often associated with urinary tract infections (UTIs) and kidney damage. The severity of VUR is classified into grades I, II, III, IV, and V. Grade I is the least severe, while grade V is the most severe. VUR is often diagnosed by voiding cystourethrography (VCUG) or radionuclide cystography (RNC). The treatment of VUR depends on the grade and severity of the condition. In some cases, VUR can be outgrown, while in others, surgery may be required.

VUR is a common congenital anomaly, affecting approximately 1% of children. It is classified into primary and secondary types. Primary VUR is caused by a congenital abnormality of the vesicoureteral junction, while secondary VUR is caused by an obstruction of the urinary tract. VUR is often associated with urinary tract infections (UTIs) and kidney damage. The severity of VUR is classified into grades I, II, III, IV, and V. Grade I is the least severe, while grade V is the most severe. VUR is often diagnosed by voiding cystourethrography (VCUG) or radionuclide cystography (RNC). The treatment of VUR depends on the grade and severity of the condition. In some cases, VUR can be outgrown, while in others, surgery may be required.

Vesicoureteral reflux (VUR) is a condition in which urine flows back from the bladder to the kidneys. It is a common congenital anomaly, affecting approximately 1% of children. VUR is classified into primary and secondary types. Primary VUR is caused by a congenital abnormality of the vesicoureteral junction, while secondary VUR is caused by an obstruction of the urinary tract. VUR is often associated with urinary tract infections (UTIs) and kidney damage. The severity of VUR is classified into grades I, II, III, IV, and V. Grade I is the least severe, while grade V is the most severe. VUR is often diagnosed by voiding cystourethrography (VCUG) or radionuclide cystography (RNC). The treatment of VUR depends on the grade and severity of the condition. In some cases, VUR can be outgrown, while in others, surgery may be required.

***Corresponding author:** Rishita Maheshgavali, G.N.M 2nd Year, Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical Science, Sawangi, Wardha, E-mail: rishitam01@gmail.com

... () ...
... 10% ...

Citation: Maheshgavali R, Rewatkar P, Umate R (2022) Case Report on Vesicoureteral Reflux. Occup Med Health 10: 383.
