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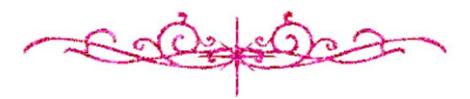
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بالرسالة صفحات

لم ترد بالأصل



COEFECT CARGOSTON

PREVALENCE OF URINARY TRACT INFECTION AMONG FEBRILE INFANTS WITHOUT LOCALIZATION

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Thesis
Sumbitted in Paritl Fulfillment
of Master Degree (Pediatrics)

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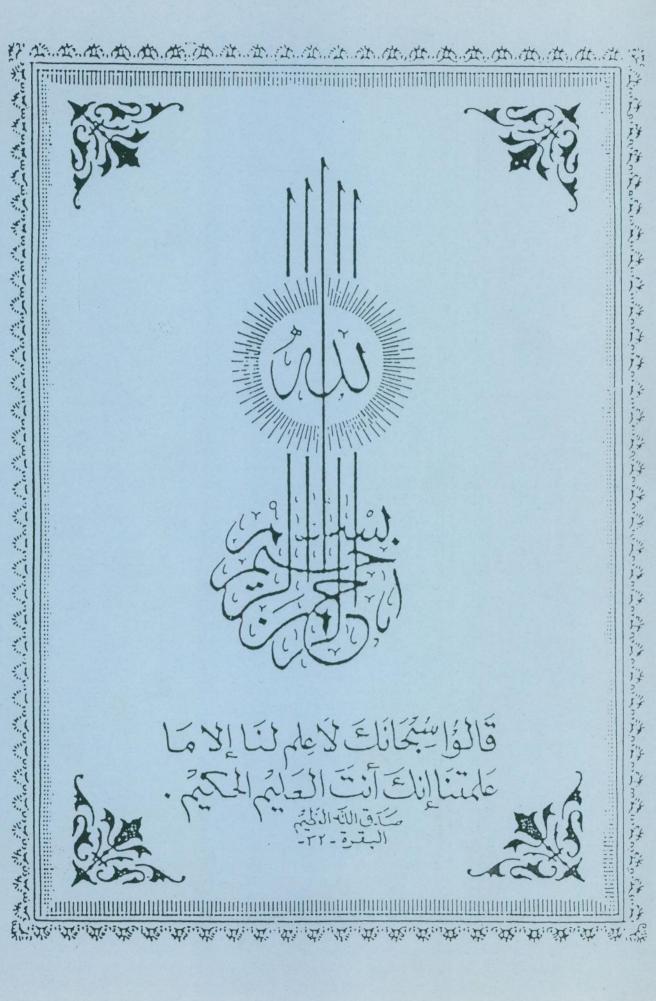
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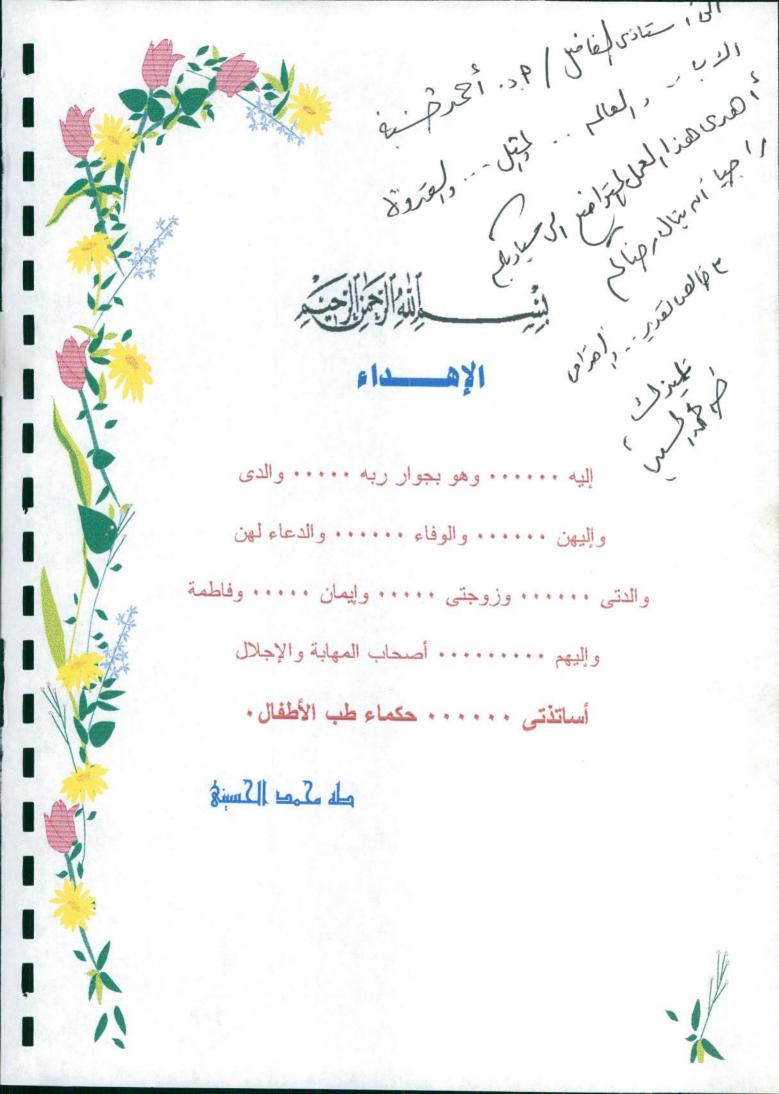
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CONTENTS

•	Page
• INTRODUCTION AND AIM OF THE WORK	1
• REVIEW OF THE LITERATURE	
* Fever :	3
- Introduction	
- Regulation of body temperature	
- Pathogenesis of fever	
- Causes of fever	
- Fever of unknown origin	
- Management	
* Incidence of UTI	
* Predisposing factor of UTI in infants	
* Pathophysiology	
* Microbiology	
* Clinical presentation of UTI	
* Radiologic evaluation of infants and children with UTI	
* Complications of UTI	
* Treatment of UTIs	
* Follow up	
• SUBJECTS AND METHODS	60
• RESULTS	67
• DISCUSSION	86
• SUMMARY AND CONCLUSION	
• RECOMMENDATION	
• REFERENCES	
• ARABIC SUMMARY	

LIST OF SOME ABBREVIATIONS

ABU = Asymptomatic Bacteriuria

CFU = Colony forming Unit

C.T. = Computerized Tomography

E-coli = Esherichia coli

FUO = Fever of Unknown Origin

HPF = High Power Field

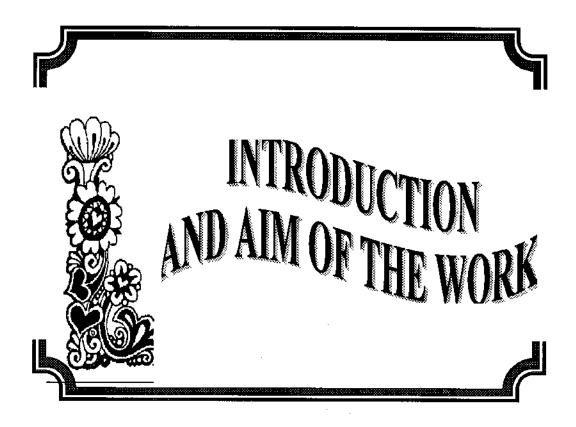
S.G = Specific Gravity

UA = Urine Analysis

UTI = Urinay Tract Infection

VCUG = Voiding Cysto-Urethrogram

VUR = Vesico Ureteric Reflux



INTRODUCTION	

INTRODUCTION

Urinary tract infection (UTI), a relatively common cause of fever in infancy, usually consists of pyelonephritis and may cause permanent renal damage (Hoberman et al., 1993). Initial episodes of UTI occur more commonly in infancy than at any other age (Jodal and Winberg, 1987).

Predisposing factors include congenital obstruction, ureterovesical valve dysfunction, immaturity of host defences, and exposure throught fecal soiling to pathogens that can enter the UTI (Crain and Gershel, 1990).

Prevalence of UTI in febrile infants has ranged from 4.1% to 7.5% (*Hoberman et al.*, 1993).

Pyuria was found to be absent in half of babies and very young children with bacteriuria. Suprapubic bladder aspiration affords the emergency physician low access to uncontaminated urine in ill infants (Pollack et al., 1994).

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AIM OF THE WORK	<u> </u>	AIM OF THE WORK	

AIM OF THE WORK

The aim of this study is to assess the prevalence of UTI among febrile infants without localization and the usefulness of urine analysis (specimen taken by suprapubic bladder aspiration) in diagnosing UTI.

