11/24/213 njm

Urinary Tract Dilation, a.k.a. Fetal Pyelectasis

Background

The following is from a consensus statement prepared after a meeting convened by American College of Radiology, AIUM, SMFM, American Society of Pediatric Nephrology, Society for Pediatric Urology.

	Second trimester ultrasound (<28 weeks)	Third trimester ultrasound (≥28 weeks)
Mild UTD	4-6 mm	7-9 mm
Moderate UTD	7-10 mm	10-15 mm
Severe UTD	>10 mm	>15 mm

Additional fetal renal findings that suggest increased risk of postnatal uropathy includes:

Dilation of peripheral calyces
Abnormal parenchymal appearance or thickness
Visibly dilated ureter
Abnormal bladder
Oligohydramnios related to renal disorder

Management

-If UTD identified in Radiology, refer to MFM.

-If Mild UTD, MFM will perform follow-up imaging at 32 weeks
-If Moderate or Severe UTD, MFM will perform follow-up imaging sooner to evaluate for other elements of high-risk disease (Table 2)

Postnatal follow-up

-See Table 2 below
-Alert pediatrics
-Consultation with pediatric nephrology and/or pediatric urology for select patients
-If ultrasound is warranted based upon prenatal ultrasound findings, then the post-natal Ultrasound should be performed > 48 hours after delivery, but < one month.
-The timing will vary according to the individual patient, but as a rule, should not be performed < 48 hours of delivery, unless additional severe findings are present.

Reference

Nguyen HT, et al. "Multidisciplinary consensus on the classification of prenatal and postnatal urinary tract dilation (UTD classification system." Journ of Ped Urology 2014; 10: 982-99

Reviewed 11/24/23 njm
Reviewed 11/20/21 njm
Approved 11/21/19

Written 11/21/19 cer, dd

Table 1

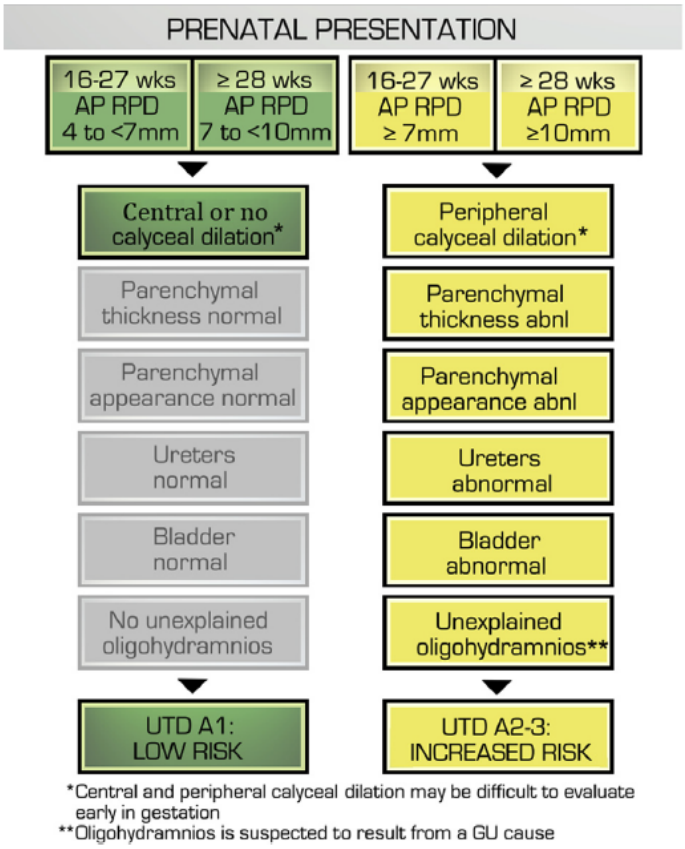

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Table 2