NEW DATA PROVIDE INSIGHT INTO PEDIATRIC UROLOGY CONDITIONS, TREATMENT
Research brings new approaches to pediatric nephrolithiasis, enuresis and ureteropelvic junction obstruction management

Washington, DC, May 16, 2011 — New studies providing key insights into pediatric stone disease, bedwetting and ureteropelvic junction obstruction treatment will be presented on Monday, May 16, 2011 at 11:00 a.m. during a special press panel briefing at the AUA Annual Scientific Meeting in Washington, DC. These posters outline key interventions to help guide parents and physicians in treating the most vulnerable urology patients. The panel briefing for press will be moderated by Dr. Anthony Atala, a pediatric urologist and AUA spokesman.

The studies being presented include:

Are Children with Stones at Risk for Breaking Bones? Bone Mineral Density Analysis in Pediatric Stone Formers (#1382): Children with urolithiasis are more prone to fracture due to low bone-mineral density, making them at risk population for future osteoporosis and a key target for early intervention, according to new data from researchers in Dallas. Employing a retrospective review of pediatric patients (average age of 12.2 years) undergoing dual-energy x-ray absorptiometry scans for urolithiasis, authors found that more than 40 percent of pediatric stone formers had Z-scores less than -1, a value associated with increased fracture risk. Because bone mass accrual peaks in adolescence, identifying low bone mineral density in pediatric stone formers may allow for early intervention to ameliorate future bone loss.

Enuretic Children with Obstructive Sleep Apnea Syndrome (OSAS): Should They See Otolaryngology First? (#827): Tonsillectomy and adenoidectomy may help resolve enuresis in some children with OSAS, according to new data from researchers in Detroit. Authors examined records for 417 enuretic children who had undergone tonsillectomy and adenoidectomy for OSAS, and conducted phone interviews to assess daytime and nighttime enuresis following the surgery (median post-operative follow up of 11.7 months). Approximately half the respondents who underwent tonsillectomy and adenoidectomy showed resolution of nocturnal enuresis. Prematurity, however, was noted by authors as the single-best predictor of failure to see resolution of enuresis symptoms following surgical treatment for OSAS.

Application of Urinary Carbohydrate Antigen 19-9 as a Non-Invasive Method for Determining Conservative or Surgical Management of Children with Ureteropelvic Junction Obstruction (#456): urinary carbohydrate antigen (CA) 9-19 may be a valuable marker for determining the extent to which initial treatment is required for ureteropelvic junction obstruction (UPJO) and which patients being managed conservatively are candidates for pyeloplasty, according to researchers at Children’s Hospital Medical Center in Tehran. Authors examined 36 children with high-levels of CA 19-9 who had undergone pyeloplasty for UPJO, and 24 children with dilated, non-obstructed kidneys. Pyeloplasty resulted in a significant post-operative decrease in CA 19-9 levels at 12 months. CA 19-9 levels were significantly correlated with changes in renal pelvis diameter.

NOTE TO REPORTERS: Experts are available to discuss this study outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at the number above or e-mail wisett@AUAnet.org.

About the American Urological Association: Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is the pre-eminent professional organization for urologists, with more than 17,000 members throughout the world. An educational nonprofit organization, the AUA pursues its mission of fostering the highest standards of urologic care by carrying out a wide variety of programs for members and their patients.

Contact:
Wendy Waldsachs Isett, AUA
410-977-4770
wisett@AUAnet.org