

## Management of antenatally diagnosed unilateral multicystic dysplastic kidney (UMCDK)

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Children with MCDK are being now diagnosed antenatally with an estimated incidence of 1:4300 live births. In absence of complications, they are increasingly managed conservatively; but because of the long term risk of hypertension; even after involution, they are also followed-up throughout child hood. Current literature showed that the risk of hypertension does not justify routine nephrectomy but surgery is still proposed as the treatment of choice for UMCDK because of potential complication of hypertension, infection and malignant changes. In two antenatally diagnosed children with UMCDK, we experienced that early surgery may cure the hypertension. These two children diagnosed to develop hypertension within 4 months of age. One child was operated within month of diagnosis of hypertension and fully cured having normal blood pressure in last one year of follow-up. Other child was initially managed by antihypertensive drugs and latter at 2 year of age, surgery was performed. In the last 6 months, her blood pressure is still high but needs lesser doses of antihypertensive drugs to control her blood pressure. In conclusion, nephrectomy is better option to manage the hypertension in UMCDK when performed early; especially in countries where regular follow-up is difficult.

### Biography

Basant Kumar has completed his M.S (General Surgery) from King George Medical University, Lucknow, India in 2005 and M.Ch (Pediatric Surgery) from Sir Padampat Mother & child Health Institute, S.M.S. Medical College, Jaipur, Rajasthan, India in 2008. He is working as Associate Professor in the department of Pediatric Surgery; Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India. He has published more than 20 papers in reputed journals and has been serving as Executive member of State association of pediatric surgeons.

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