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Undiagnosed perforated appendix and pelvic abscess presenting with acute urinary retention in a pediatric patient: Development of a management guidance flow chart for trainee urologists

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Introduction: Urinary retention in children is a rare occurrence. When it occurs, it is most times associated with a pelvic or spinal pathology other than a primary urinary tract disease. As Urology trainees we are often referred such cases to assess and find the cause of retention.

Case Report: We present the case of a three year old girl who presented with a 72 hour history of abdominal pain, vomiting, low appetite, temperatures and not passing urine. She was found to have a palpable bladder on admission and subsequently catheterized with a residual volume of 280ml. She was initially treated for suspected urinary tract infection but as she subsequently failed to pass urine and was still febrile a Urology opinion was requested. When reviewed she was tender in the suprapubic area and right iliac fossa and an ultrasound scan confirmed a perforated appendix and pelvic abscess. She was managed surgically in a tertiary pediatric hospital.

Results & Discussion: We found 11 similar published cases in children below the age of 10. We believe this occurrence is not rare as young patients with an inflamed appendix in the pelvis frequently present with urinary symptoms. In our case as well as the 11 reported cases in literature there was a delay in the diagnosis of the appendicular pelvic abscess. We found that what is often forgotten is that retention is a symptom and not a diagnosis and often these patients are referred to Urology trainees to assess. This case highlights the importance of considering alternative non-urological diagnoses when referred a pediatric patient with urinary retention. We have developed a Management Guidance Flow chart to assist urology and pediatric trainees in the assessment of these cases.

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