



## MedicalReports

Name:	سلمان مطلق طلق الحارثي	Age	4
Birth Date:	26/10/2018	Last Visit:	24/10/2021
Medical ID:	2100206090	Discharge Date:	
Gender:	Male	Report Date:	01/02/2022

## Brief History

**SALMAN WAS A PRODUCT OF FULL TERM SPONTEOUS VAGINAL DELIVERY , ADMITTED TO NICU DUE TO ABNORMAL ULTRASOUND KUB FINDINGS AND UROSEPSIS , ELVALATED SERUM UREA ,AND SERUM CREATNINE .**

**SALMAN FIRST SEEN BY NEPHROLOGY TEAM IN AL-HADA HOSPITAL DURING HIS NICU ADMISSION DUE TO PERSISTENT ELVATION OF SERUM UREA AND CREATNINE , MIXED NORMAL AND HIGH ANION GAP METABOLIC ACIDOSIS , BILATERAL MODERATE TO SEVER HYDRONEPHROSIS , RIGHT HYDROURETER, THINNED RENAL CORTEX , WITH THICK WALL BLADDER**

**AT THIS PIONT DIAGNOSIS OF POSTERIOR URETHRAL VALVE WAS STRONGLY SUSPECTED WHICH CONFIRMED BY MCUG WHICH REVEALED DILATED POSTERIOR URETHERA, TRABCULATED BLADDER WALL WITH RIGHT SIDED VESICO-URETERIC REFLUX GRADE V , ALSO CYSTOSCOPY HAD BEEB DONE**

**SALMAN ALSO WAS FULLY INVESTIGATED REGARDING BLOOD , URINE WORKUP, MAG 3 RENOGAM WHICHD REPORTED BILATERAL POOR PERFUSION WITH POOR RETENSION OF TRACER IN THE PARENCHYEMA MORE IN THE RIGHT SIDE PEDIATRIC SURGERY TEAM DID VESICOSTOMY INITALLY TO RELEASE VESICAL PRESSURE TEMPORALY , TILL THE VALVE FULGURATION PROCEDURE . THIS VALVE HAD BEEN SUCCESSFULLY ABLATED , URETHRAL CATHETER HAD BEEN INSERTEDAND SALMAN CONDITONS HAS LITTLE IMPROVEMENT REGARDING THE HYDROURETER AND HYDRONEPHROSIS , ALSO RENAL FUNCTIONS STILL IMPARIED BUT STABILIZED IN AUGUST 2019 , SALMAN HAD BEEN ADMITTED BECAUSE OF ONE EPISODE OF ACUTE PYLEONEPHRITIS WHICH WAS PROVED BY URINE CULTURE TAKEN BY STANDER MEASURES AND SHOWED BILATERAL HYDRONEPHROSIS MORE IN THE RIGHT**



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**SIDE WITH LITTLE IMPROVEMENT WITH COMPARISON WITH PREVIOUS ULTRASOUND . SALMAN WAS TREATED AGGRESIVELY WITH IV ANTIBIOTICS WITH RE-EVALUATION BY PEDIATRIC SURGERY TEAM**

**IN MARCH 2020 , SALMAN HAS BEEN READMITTED BY PICTURE OF ACUTE GASTEROENTERITIS ASSOCIATED WITH POOR INTAKE , DEHYDRATION ( URINE , BLOOD CULTURES WERW NEGATIVE )**

**IN AUGUST 2020 , SALMAN PRESENTED TO OUTPATIENT CLINIC IN MECCA WITH UPPER RESPIRATORY TRACT SYMPTOMS , AND DIAGNOSED AS COVID 19 POSTIVE , BUT HE WAS STABLE SO HE WAS DISCHARGED HOME WITH ISOLATION AND SUPPORTIVE THERAPY , AFTER 10 DAYS COVID 19 SCREEN DONE AND WAS NEGATIVE**

**IN DECEMBER 2020 , SALMAN READMITTED TO OUR HOSPITAL BECAUSE OF PICTURE OF RESPIRATORY SYMPTOMS , POOR ORAL INTAKE , DEHYDRATION ( COVID 19 SCREEN WAS NEGATIVE IN OCTBER 2021 PERITONEAL DIALYSIS CATHETER WAS INSERTED**

**IN NOVEMBER 2021 PD CATHETER WAS REPLACES DUE TO MECHANICAL PROBLEMA AND OMETOECTOMY WAS DONE IN JAN2022 PD CATH WAS REPOSTIONED AND NOW WORKING PROPER WAY**

**CURRENT MEDICATIONS (FOLIC ACID ONE MG Q 24 HOURS , MULTIVITAMINS 5 ML PO Q 24 HOURS , DARBEPIOTEIN ALFA 6 MICROGRAM SC Q WEEK , IRON 30 MG PO Q 12 HOURS , OXYBUTNINE 2 MG PO Q 12 HOURS , BACTRIM 2.5 ML PO Q 24 HOURS [120 MG OF CONC 240MG/5M], , MOVICOL 1/4 SACHET PO Q 8 HOURS , FLEET ENEMA OD PRN , RENAGEL 400 MG PO Q 6 HOURS WITH FOODS , ONE ALFA 10 DROPS PO Q 24 HOURS ) PERITONEAL DIALYSIA PRESCREPTION ( DURATION 8 HOURS , DWELL TIME 45 MINUTES , PHYSEONEAL 1.36%, FILL VOLUME 300 ML , LAST FILL ICODEXTRIN 150 ML , NO ADDITIVES )**

**NB : PATIENT IS HIGH TRANSPORTER**

**PAST SURGICAL HISTORY AS STATED BEFORE**

**FAMILY HISTORY : THE FATHER IS MILITARY WITH GOOD INCOME , , PARENTS ARE ATTENTIVE , SUPPORTIVE , NO FAMILY HISTORY OF SMILIAR CONDITIONS**

**DEVELOPMENTAL HISTORY : SALMAN HAS AGOOD INTELLECTUAL , SOCIAL AND MOTOR DEVELOPMENT BUT HAS FAILURE TO THERIVE SECONDARY HIS ESRD**

**SALMAN IS NO KNOWN DRUG ALLERGIES**

**SALMAN IS UP TO DATE VACCINATION, AND RECEIVING SESONAL INFLUNEZA VACCINES**



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**SALMAN LOOKS GENERALLY WELL, NOT IN DISTRESS , ALERT , FULLY CONCIOUS(GCS 15/15), WELL HYDRATED REGARDING HIS GROWTH PARAMETERS , HE LOOKS SMALL AND SHORT FOR HIS AGE ( BELOW THRID PERCENTILE FOR HEIGHT AND WEIGHT )**

**VITAL DATA ARE NORMAL , STABLE , HEART RATE 110 BEAT PER MINUTE , BLOOD PRESSURE 96/62 MMHG , TEMPERATURE 36.6C . VISUAL SCANNING OF HIS FACE , TRUNK AND EXTREMITIES REVEALED NO DYSMORPHIC FEATURES , NO SKIN LESION , NO LYMPHADENOPATHY , THERE IS BOTH LOWER LIMB DEFORMITIES IN FORM OF BOWING LEGS.**

**HEENT EXAMINATION : PUPIL IS ROUNDED , REACTIVE TO LIGHT AND EQUAL , FUNDI ARE NORMAL , MUCOUS MEMBERANE ARE PINK AND MIOST , THE THRAOT IS CLEAR , NO CERVICAL LYMPHADENOPATHY , NO THYROMEGALLY , TYMPANIC MEMBERANE IS NORMAL**

**CHEST EXAMINATION : REVEALED GOOD AIR EXCHANGE , CLEAR TO AUSCULTATE AND NORMAL PERCUSSION , THERE WAS NO ADDED SOUNDS**

**CARDIOVASCULAR EXAMINATION : REVEALVED REGULAR HEART RATE AND RHYTHM , PERIPHERAL PULSATION AND BILATERALLY WITH CAPILLARY REFILL TIME OF TWO SECONDS , FIRST & SECOND HEART SOUNDS WERE NORMAL , NO AUDIBLE MURMURS**

**NEUROLOGICAL EXAMINATION : CRANIAL NERVES ARE GROSSLY INTACT WITH NORMAL TONE AND POWER , DEEP TENDONE REFLEXES , PLANTER ARE DOWN GIONG , COORDINATION AND SENSORY SYSTEM IS INTACT**

**NUTRITIONAL STATUS : HAS EVIDE OF FAILURE TO GAIN WEIGHT , HIS GROWTH PARAMETERS PLOTTED BELOW THIRD PERCENTILE FOR AGE AND SEX**



Investigations

**LAST SET OF INVESTIGATIONS REVEALED**

**HEMATOLOGY : HB IS 10 G/L , NORMAL WBCS AND PLT , TSAT 45%  
ELCTROLYTES AND ACID BASE : SERUM SODIUM 136 MMOL/L ,  
SERUM POTASSIUM 4.1 MMOL/L , BICARB 21 MMOL/L  
BONE CHEMISTRY : SERUM CALCIUM 2.2 MMOL/L ,  
PHOSPHOROUS 2.1 MMOL/L , PTH 92 PMOL/L  
LIVER FUNCTIONS : NORMAL LIVER ENZYMES LEVEL , NORMAL  
BLOOD ALBUMIN AND PT , PTT  
SEROLOGY : HAV AB : RACTIVE , HAV-IGM : NON-REACTIVE ,  
HBSAG : NONREACTIVE ,HBSAB : NONREACTIVE , FINAL HCV AB :  
NON REACTIVE , SYPHILIS TP ANTIBODIES : TEST NOT  
AVAILABLE , HLA ANTIBODY CLASS I IS POSITIVE , CLASS II IS  
POSTIVE , CLASS I : A29 , B67, B57, B58 . CLASS II : DR52 , DQ7  
URINE WORKUP : NEGATIVE urine culture , high urine sodium  
fractional excretion , high ttkg in face of hypokalemia  
ULTRASOUND KUB SHOWED BILATERAL HYDRONEPHROSIS ,  
RIGHT HYDROURETER , THICK WALL BLADDER  
MCUG (OCT 2018): RT VUR GRADE V , TRABECULATED URINARY  
BLADDER  
MAG3 RENOGAM (NOV 2018): BILATERAL POOR PERFUSION  
WITH RETENSION OF THE TRACER IN THE KIDNEY  
PARENCHYMA , MORE ON THE RIGHT SIDE , NO TRACER SEEN IN  
THE BLDDER UNTILL THE STUDY**

Diagnosis

**SALMAN IS 3 YEARS OLD SAUDI BOY , 10 KG END STAGE RENAL  
DISEASE ON AUTOMATED PERITONEAL DIALYSIS  
BILATERAL HYPOPLASTIC DYSPLASTIC KIDNEYS SECONDRY TO  
OBSTRUCTIVE UROPATHY DUE TO POSTERIOR URETERAL  
VALVE , RT SIDED VUR GRADE V  
STATUS POST VESICOSTOMY IN NEONATAL PERIOD ( CLOSED IN  
INFANCY )  
STATUS POST VALVE ABLIATION IN NEONATAL PERIOD  
STATUS POST PD CATH INSERTION IN OCTBER 2021  
PERITONEAL DIALYSIS STARTED IN NOVEMBER 2021**

Management

**CURRENT MEDICATIONS (FOLIC ACID ONE MG Q 24 HOURS ,  
MULTIVITAMINS 5 ML PO Q 24 HOURS , DARBEPIOTEIN ALFA 6  
MICROGRAM SC Q WEEK , IRON 30 MG PO Q 12  
HOURS , OXYBUTNINE 2 MG PO Q 12 HOURS , BACTRIM 2.5 ML PO  
Q 24 HOURS [120 MG OF CONC 240MG/5M] , , MOVICOL 1/4 SACHET  
PO Q 8 HOURS , FLEET ENEMA OD PRN , RENAGEL 400 MG PO Q 6  
HOURS WITH FOODS , ONE ALFA 10 DROPS PO Q 24 HOURS )  
PERITONEAL DIALYSIS PRESCRIPTION ( DURATION 8 HOURS ,  
DWELL TIME 45 MINUTES , PHYSEONEAL 1.36% , FILL VOLUME 300  
ML , LAST FILL ICODEXTRIN 150 ML , NO ADDITIVES )  
NB : PATIENT IS HIGH TRANSPORTER**



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Recommendation

**THIS REPORT IS UPON REQUEST OF THE PARENTS  
SALMAN APPEAR TO BE A GOOD CANDIDATE FOR RENAL  
TRANSPLANT AFTER HIGHER UROLOGICAL CENTER REVIEW  
FOOLW UP IS NEEDED IN PERITONEAL DIALYSIS CLINIC**

Doctor Name

د ابوخطوة

Director of the Department of Armed Forces Hospitals in Taif Region



**Dr. Yaser Ben Hassan Babaer**



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