

## Traumatic hematuria in children can be evaluated as in adults.

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**Abstract:**

**PURPOSE:** Controversy exists regarding whether children who present with blunt abdominal trauma and microhematuria should undergo renal imaging. Adult blunt trauma victims who present without **gross hematuria**, shock, or significant deceleration or other major associated injuries do not require renal imaging. This study was designed to evaluate whether the criteria for imaging the renal parenchyma in adult blunt trauma victims apply to the pediatric population. **MATERIALS AND METHODS:** We retrospectively reviewed 720 consecutive pediatric patients with suspected renal trauma to determine mechanism of injury, evaluation and treatment of subsequent injuries. **RESULTS:** Of the 720 trauma patients with hematuria (mean age 8 years) 334 underwent imaging, and 59 renal injuries were identified (grade I 32, grade II 6, grade III 8, grade IV 12, grade V 1). A total of 11 patients underwent exploration, resulting in 3 nephrectomies (grade IV 2, grade V 1). Renorrhaphy was not necessary and all other cases were managed conservatively. All patients with significant renal injuries experienced either **gross hematuria**, shock (systolic blood pressure less than 90 mm Hg) or a significant deceleration injury. **CONCLUSIONS:** The decision to image pediatric trauma cases based on the adult criteria of **gross hematuria**, shock and significant deceleration injury is appropriate. Among 720 pediatric cases of potential renal injury all would have been identified.

## Major Subjects:

- Hematuria / \* diagnosis / \* etiology
- Kidney / \* injuries
- Wounds, Nonpenetrating / \* complications

## Additional Subjects:

- Adolescent
- Age Factors
- **Child**
- **Child**, Preschool
- Female
- Humans
- Infant
- Infant, Newborn
- Male
- Retrospective Studies

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