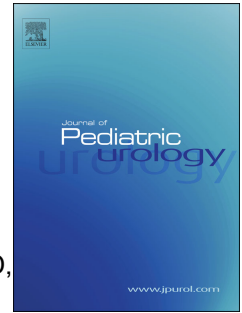


# Accepted Manuscript

Response to Letter to the Editor re 'Urinary tract infection in children: diagnosis, treatment, imaging - comparison of current guidelines'

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**Response to the Letter to the Editor**

Allow us to extend our appreciation for Dr. Luke Harper's interest in our paper and for his time expressing his concerns with regard to some discrepancies therein.

The major issue Dr. Harper raised in his letter was the unclear definition of UTI that we used when comparing guidelines, with emphasis on the distinction between upper and lower UTI.

We can hardly dispute with the opinion that upper and lower UTI are distinct entities; each differing significantly from the other in terms of clinical and laboratory findings, recommended treatment, sequelae, and follow-up. However, differentiation between the two of them in the youngest of children is often demanding or even impossible in the individual patient, due to the unspecific clinical picture and dynamic spread of the infection from the lower to the upper urinary tract.

There is no consensus with regard to the threshold age above which lower UTI can be diagnosed. The threshold age of 3 months, suggested by Dr. Harper, can be found in British National Institute for Health and Care Excellence (NICE) guidelines [1], though other recommendations are not as clear. In a recent study by Krzemien et al. aiming at identifying biochemical markers of upper and lower UTI, half of non-febrile UTI infants presented with an abnormal DMSA scan, which challenges our conviction that non-febrile UTI does not affect the kidneys in infants [2].

Another important issue we want to emphasize is that lower UTI, especially if recurrent, may also be associated with congenital anomalies of the kidneys and the urinary tract (CAKUT). The incidence of CAKUT in children with lower UTI is obviously lower compared with children with upper UTI, but still higher than in the general population [2,3]. On the other hand, an open question still remains: whether CAKUT present in children with recurrent

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