

Antenatal hydronephrosis

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The prevalence of antenatal hydronephrosis (ANH) ranges from 0.6% to 5.4%. The majority of cases of ANH are transient and resolve after birth. The optimal timing of postnatal US in patients with ANH is at least 48 hours after birth. Diuretic renography can be performed after 4–6 weeks of life. ANH is classified into low, intermediate and high risk. A voiding cystourethrogram (VCUG), antibiotic prophylaxis and functional scan are recommended for high-risk infants along with monthly follow-up, whereas 1- to 3-monthly follow-up with US may suffice in low-risk infants.

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