

2<sup>nd</sup> World Congress on

# Medical Imaging and Clinical Research

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## A N.I.C.E Brexit

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We aim to discuss the myriad of international urinary tract infection imaging guidelines. This was achieved by analysing guidelines of 5 developed regions. Our center in the North-East of England adheres to our own guidelines that differ to NICE; but very similar to Europe. This led us to review other guidelines and ask, “Is the UK truly independent?” Unlike other areas where the UK has aligned itself to Europe, this is one area that the UK may have maintained its independence. Although both the UK and Europe agree on routine Ultrasound scanning in infants, they contrast with their MCUG guidelines, with Europe taking a more aggressive stance. Interestingly, although voting to leave the EU, the North-East of England shares very similar guidelines with Europe. Unlike Europe, Australia shares similarities with the UK, except in MCUGS where their upper limit is the age of 2. The Canadians however, possess numerous similarities to the Americans. In 1999, the American Association of Paediatrics (AAP) stopped routine MCUG’s after the first febrile infection in all children and the Canadians followed shortly after. MCUG’s are now rarely used, especially in Canada where a more conservative approach is taken. Ultrasounds are used more frequently for diagnostic purposes. However, in Canada only febrile infections are followed up with Ultrasounds, afebrile infections are managed clinically, therefore: “no fever no imaging”. In the era of globalisation, national guidelines are adapted to resemble one another in certain aspects, whilst some regions maintain their autonomy. Following these comparisons we found inconsistencies in international UTI guidelines. We aim to discuss the evidence put forth in each system. Over the coming year in BREXIT negotiations, we can feel reassured that this is one area non-negotiable. Unless of course the North-East decides to stay with Europe!

Table 2: Summary of NICE imaging guidelines.

Age	Imaging	UTI diagnosis		
		Normal response to treatment within 48 h	Atypical UTI	Recurrent UTI
<6 months	US during acute infection	No	Yes	Yes
	US within 6 weeks	Yes	No	No
	DMSA	No	Yes	Yes
	VCUG	No	Yes	Yes
6 months to 2 years	US during acute infection	No	Yes	No
	US within 6 weeks	No	No	Yes
	DMSA	No	Yes	Yes
	VCUG	No	No	No
>2 years	US during acute infection	No	Yes	No
	US within 6 weeks	No	No	Yes
	DMSA	No	No	Yes
	VCUG	No	No	No

DMSA: dimercaptosuccinic acid; NICE: National Institute for Health and Clinical Excellence; US: ultrasonography; UTI: urinary tract infection; VCUG: voiding cystourethrography.

Image courtesy of Ramdas Senasi, <http://www.oxfordjournals.org/doi/full/10.1093/ajph/107.10.1788>

## Biography

Mustafa Sabil, a junior doctor in the Northern-Eastern region of the United Kingdom, is an aspiring radiologist. With a keen interest in Radiology, during his Paediatric rotation of Foundation Training, he took it upon himself to do something Paediatric-Radiology related and researched the comparison of international UTI imaging guidelines in children, A N.I.C.E Brexit. With a strong desire to apply for Radiology specialty training in the coming application year, Dr Sabil is keen become renounced for Radiology related publications and research. This particular piece has a unique political-BREXIT related spin to it, in the midst of the political drama occurring at the present.

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