

## Letter to the Editor

### RE: LONG TERM FOLLOW-UP OF UTI'S AND PREGNANCY

The authors are to be congratulated for completing a difficult to do long term follow-up on a very important topic.<sup>1</sup> They are able to determine by long term follow-up, that urinary tract infections in childhood do not increase the risk for pregnancy-related complications. The inclusion data stem from whether the girl had a renal ultrasound. About half of those girls had an episode of pyelonephritis, and 16 of 260 (6.2%) of the UTI women had ureteral reflux surgery as girls. It would be interesting to know if these girls differed from the main group.

Our study,<sup>2</sup> like Austenfeld<sup>3</sup> and Mansfield<sup>4</sup> database, consisted of women who had been diagnosed with ureteral reflux as children and had surgery for it, and so it is no surprise that a higher number of our patients had problems during pregnancy than in the current study. Of our 122 patients, 28% had a renal scarring as an indication for antireflux surgery, and 17% were on antihypertensives prior to pregnancy. We had 7/12 women with a history of scarring or previous hypertension develop problems during pregnancy.

This article is unique in a couple ways. First, this article includes patients

starting in 1981, just at the cusp of when real time renal ultrasound was becoming generally available. Although many also had intravenous pyelography, the renal ultrasound was the inclusion test. Prior to the early 1980s, intravenous pyelography was with main exam available to study patients with any renal issue, and subtler problems were more difficult to identify. Second, this paper has the long term follow up available in a consistent hospital system, with women using the public maternity service in Finland, so completeness of records is relatively more available. When we performed our long term follow up study of pregnant women who had had antireflux surgery as children (1965–1981), patients were included on the basis of review of surgical records, and we relied on women or their families to return mailed postcards. Surprisingly, in an era without computerized databases, we found 122 responses of 227 eligible patients. We relied on patient self-reported medical outcomes, so it is possible we missed subtle findings.

The current study has the attribute of current medical records to study, and the women are screened in a standardized fashion by the public health system in Finland. This adds reliability to the study. The current study clearly adds to the information of whether a UTI in childhood is

detrimental in the long-term health of the women during pregnancy. This broader inclusion group, as compared with past studies of refluxers who were operated upon, is an important step forward.

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**POTENTIAL CONFLICT OF INTEREST:** None declared

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