

IMAGES IN CLINICAL PRACTICE

PRETERM WITH MILKY URINE

Anshika Taiwade¹, Shweta Anand¹, Rashmi Vishwakarma¹, Rajeev Vishwakarma¹, G.C Bhatt².

¹Department of Pediatrics, LN Medical College and JK Hospital, Bhopal, Madhya Pradesh, India,

²Department Of Paediatric Nephrology, AIIMS, Bhopal, Madhya Pradesh, India.

KEYWORDS

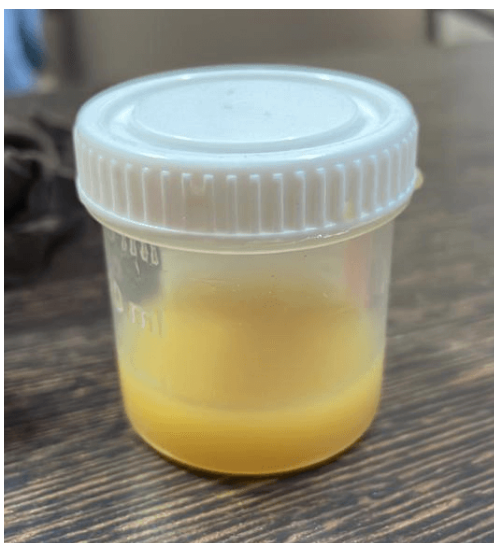
Preterm, Milky Urine, Benign crystalluria.

A primigravida mother delivered a preterm (35±2 weeks) male baby by emergency LSCS (severe oligohydramnios) with birth weight of 2.28 kg. Baby required no resuscitation and was shifted to mother side after routine care.

Baby developed neonatal jaundice on 60 hours of life for which phototherapy started. Neonatal hyperbilirubenemia resolved within 24 hours and baby was discharge on 6th day of life.

On 10th day mother came with complaint of passing turbid urine (Figure 1) and significant weight loss (300 gms).

Figure 1. Showing milky urine.



We hospitalized the baby and started initial management. Initial management of urine revealed amorphous amount of calcium oxalate crystal with no pus cell. Septic screening were negative and urine culture showed commensal pathogen. Radioimaging done which was normal, RFT were normal. Urine calcium/creatinine ratio was high and urine chylomicron was negative.

Address for Correspondance: Anshika Taiwade, JK hospital, Kolar road, Bhopal, 462042, India.

Email: anshika22.taiwade@gmail.com

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Figure 2. Breast feeding, hydration improved.



Figure 3. Urine became clear.



What is Benign crystalluria?

Finally we made diagnosis of benign crystalluria. Crystalluria refers to crystals found in urine when performing a urine test. Crystalluria is considered often as a benign condition and may represent dehydration, which in newborns can be corrected by encouraging breastfeeding.

Compliance with Ethical Standards

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Conflict of Interest: None

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