

Case MNE

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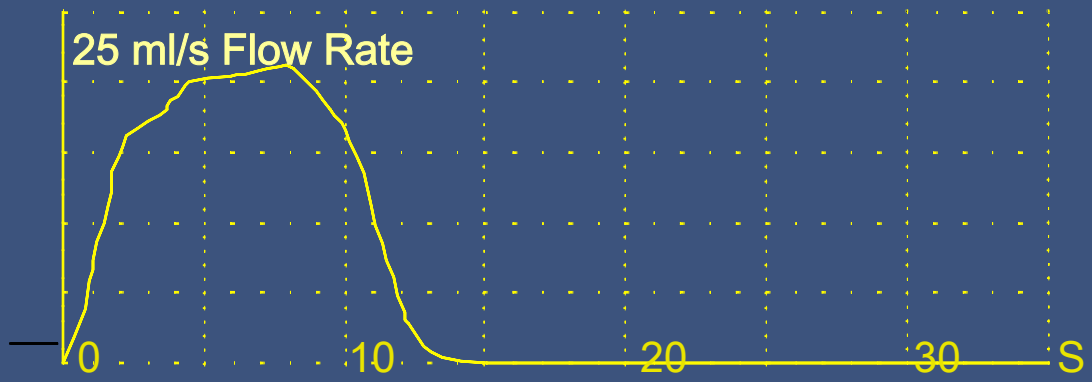
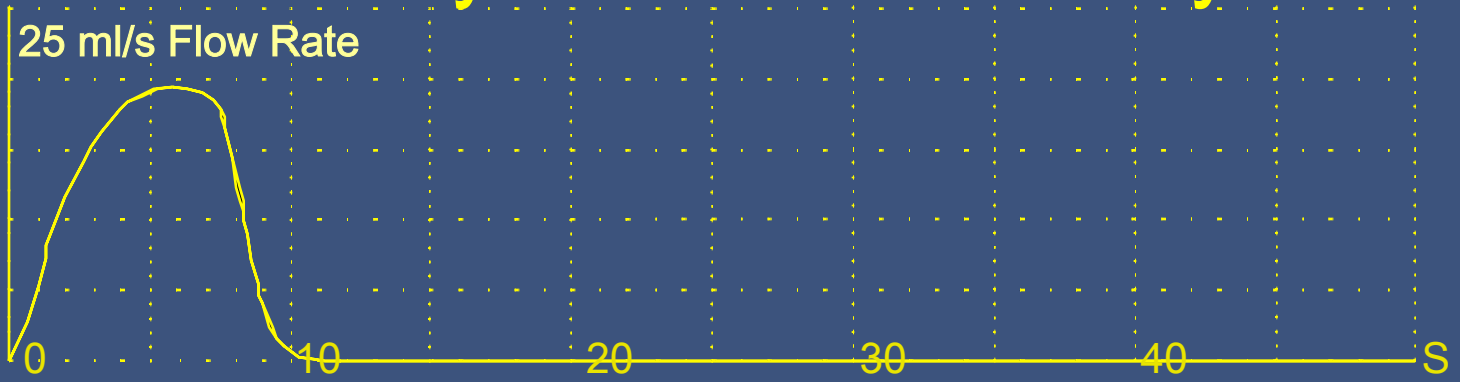
Feb 2012

A boy, 10 years old

- ➔ **Bedwetting 5/7days**
- ➔ **No nocturia**
- ➔ **No wet pants**
- ➔ **Frequency 5 x/day**
- ➔ **No constipation**
- ➔ **No ADHD**
- ➔ **No UTI/ uropathie**

Urological symptoms* /ALARMSYMPTOMS	Yes	No
Leakages of urine during the day		No
Frequency of urination >8x/day?		No
Frequency of urination <3x/day?		No
Sudden and urgent need to urinate?		No
Need to push in order to urinate (straining)?		No
Fractionated voiding?		No
Illness./malformation of kidneys and/or urinary tract?		No
Previous history*	Yes	
Urinary tract infections?		No
Stools**	Yes	
Constipation?		No
Traces of stools in underpants (NOT due to inadequate wiping of bottom)?		No
Drinking habits***	Yes	
Does the child drink a lot in the evening and/or at night?		No
Psychology**	Yes	
A...		N

Normal urinary flow curves of healthy children



1. **Urotherapy**
2. **Desmopressine tablet 2 x/day**
3. **Alarm**

alarm

- ➔ **After first weeks**
 - ➔ Alarm 4h -5 h in the morning
 - ➔ But after 3 weeks worse

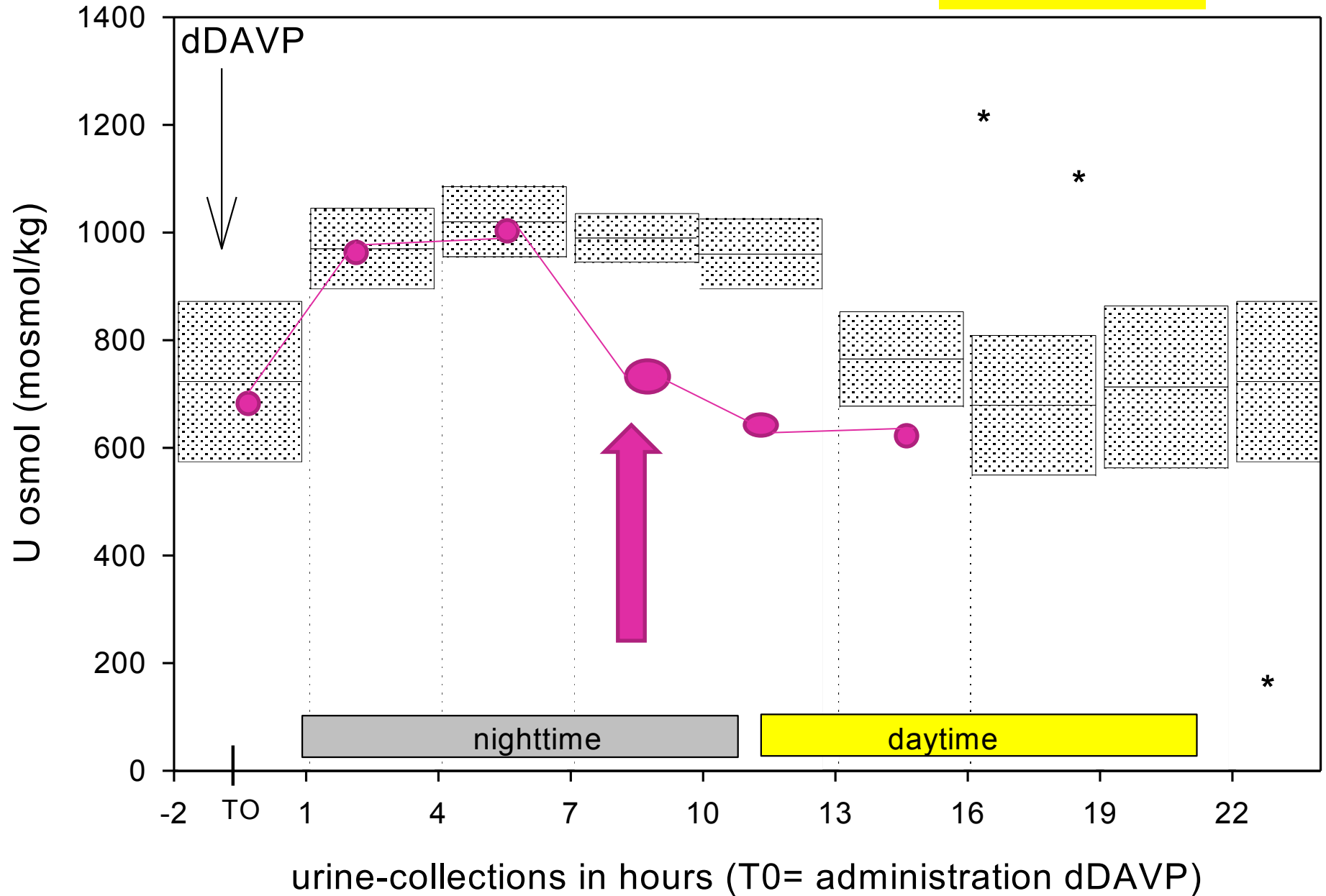
desmopressin

- ➔ **Desmopressin resistant nocturnal polyuria**
- ➔ **DD**
 - ➔ Kidney concentrating mechanism
 - ➔ But ½ days normal
 - ➔ Compliance
 - ➔ Intake drug
 - ➔ Intake fluid
 - ➔ Intake nutrition
 - ➔ Lifestyle (TV)
 - ➔ PK/PD desmopressin

- ➔ **Fluid advice**
 - ➔ Daytime > evening
- ➔ **Nutrition**
- ➔ **No TV /drinking in bed**
- ➔ **Desmopressine tablet**
 - ➔ >1 hour before last void
 - ➔ >2 h after meal
 - ➔ Switch to melt

Deficient concentrating capacity

TO SHORT



- **Melt 3 x 120 µg**
- **+ alarm..**
- **Dry within 3 weeks**

- **Relapse after 4 month's**
 - Alarm + desmopresin = dry
 - No further relapses

