

Table 2. Comparison of imaging study results and kidney abnormality findings between 271 children with ESBL- and non-ESBL-caused urinary tract infection[†]

	Total (N=271)	ESBL (n=83)	Non-ESBL (n=188)
Imaging study			
Renal ultrasound (RUS)	227 (83.8%)		
Normal	144	30 (20.8)	114 (79.2)
Abnormal	83	30 (36.1)	53 (63.9)
Voiding cystourethrogram (VCUG)	192 (70.8%)		
Normal	130	25 (19.2)	105 (80.8)
Abnormal	62	29 (46.8)	33 (53.2)
DMSA renal scan	96 (35.4%)		
Normal	51	9 (17.6)	42 (82.4)
Abnormal	45	19 (42.2)	26 (57.8)
Any detected CAKUT	129 (47.6%)	45 (34.9)	84 (65.1)
<i>Primary vesicoureteral reflux</i>	52	22 (42.3)	30 (57.7)
<i>Isolated hydronephrosis</i>	43	8 (18.6)	35 (81.4)
<i>Neurogenic bladder</i>	18	10 (55.6)	8 (44.4)
<i>Isolated renal damage</i>	6	0 (0.0)	6 (100.0)
<i>Ureteropelvic junction obstruction</i>	3	2 (66.7)	1 (33.3)
<i>Posterior urethral valve</i>	3	2 (66.7)	1 (33.3)
<i>Duplex kidney</i>	2	1 (50.0)	1 (50.0)
<i>Other[‡]</i>	2	1 (50.0)	1 (50.0)
No detected CAKUT	142 (52.4%)	38 (26.8)	104 (73.2)

[†] ESBL-caused urinary tract infection indicates at least one culture testing positive for ESBL.

[‡] vesicorectal fistula, urethrovaginal fistula

CAKUT: Congenital anomalies of the kidney and urinary tract, DMSA: ^{99m}Tc dimercaptosuccinic acid, ESBL: Extended-spectrum beta-lactamase.