The following errata is based on the first printing of *The Harriet Lane Handbook, Twenty-Second Edition*

The content is included in the eBook version; the print version will be updated in future printings.

**Pages 466-467**

Content skips from XII. UROLOGIC DISORDERS/ A. Lower Urinary Tract Obstruction to XIII. RETINOPATHY OF PREMATURITY

Please see other side of this for missing content which should follow printed page 466.
2. **Diagnosis and Evaluation:** Fetal anatomy ultrasound (18 to 24 weeks) with visualization of markedly distended bladder, often with a thickened wall (greater than 2 mm). A “keyhole” sign representing dilation of the posterior urethral valve proximal to the obstruction may be seen, but is not specific.
   a. Other tests include comprehensive anatomic survey or fetal MRI, echocardiogram, and karyotype to rule out co-existing abnormalities and determine gender. More than 10% of cases are associated with Trisomy 13, 18, or 21.
   b. Vesicocentesis can evaluate renal function by serially assessing urine electrolytes at 24 to 48 hour intervals.
3. **Clinical findings:** Ureterectasis, caliectasis, hydronephrosis, pulmonary hypoplasia, renal dysplasia, oligohydramnios, clubfeet, Potter facies.
4. **Management:** Fetal vesicoamniotic shunting or cystoscopy. Consultation with pediatric urology and nephrology to review postnatal course including dialysis, vesicostomy, and transplantation. Elective termination or expectant management should be offered for fetuses with poor prognostic profiles (Table EC 18.E).

B. **Bladder Exstrophy-Epispadias-Cloacal Exstrophy Complex**

1. **Definition:** Anomalies involving urinary tract eversion; with genitourinary, musculoskeletal, and occasionally gastrointestinal malformations. See Table EC 18.F for comparison.
2. **Diagnosis:** Fetal anatomy ultrasound showing abnormality of bladder filling, low-set umbilical cord, abdominal mass that increases in size throughout pregnancy, separation of pubic bones and small genitals.
3. **Management:** Reconstructive surgery that aims to establish bladder continence, preserve renal function, repair epispadias and genitalia, and close the pelvic bones.

### XIII. RETINOPATHY OF PREMATURITY

A. **Definition**

Interruption of normal progression of retinal vascularization.

B. **Etiology**

Exposure of the immature retina to high oxygen concentrations can result in vasoconstriction and obliteration of the retinal capillary network, followed by vasoproliferation. Risk is correlated to degree of prematurity.

C. **Diagnosis**

Dilated funduscopic examination should be performed in the following patients:

1. All infants born ≤30 weeks gestation
2. Infants born >30 weeks gestation with unstable clinical course, including those requiring cardiorespiratory support
3. Any infant with a birth weight ≤1500 g

D. **Timing**

1. All infants born ≤27 weeks gestation, initial retinopathy of prematurity (ROP) screening examination performed at 31 weeks postmenstrual age.