

Introduction

Neonatal jaundice is one of the most common reasons for admission in neonates and young infants, observed in the first week of life in 60% of term infants and 80% of preterm babies. Although it is mostly benign, some cases may have the possibility of having other diseases in combination. (*Chen et al, 2010*)

It can be associated with severe illnesses such as hemolytic disease, metabolic and endocrine disorders, enzymatic deficiencies of the liver and infections. (*Bilgen et al., 2006*)

Many studies have noted that jaundice may be one of the first signs of a bacterial infection in infants. (*Garcia and Nager, 2002*)

Urinary tract infection (UTI) is one of the most important bacterial infections in the pediatric age group. Its incidence varies from 0.1 to 1% among neonates, and from 5 to 11% among febrile infants. In the first 3 months of life, it is more prevalent in males, especially in the uncircumcised ones. In infants, the clinical presentation UTI varies from non-specific sign and symptoms such as poor weight gain, vomiting, fever, poor feeding and jaundice to severe illness (*Elder, 2004 and Maisels, 2005*)

Renal scarring, hypertension, and even kidney failure can be prevented by early diagnosis and treatment of urinary tract infection. (*Struthers et al., 2003*).

Urine analysis and urine culture are important screening tests in neonates with late onset jaundice, also there is a strong association between breast feeding, circumcision and lower incidence of UTI in icteric neonates. (*Sedigheh et al., 2007*)

Urethral catheterization and suprapubic bladder aspiration are considered, more accurate but technically difficult and invasive. Urine collection by means of adhesive perineal bag can be used in pediatric age group. Although both urine analysis and cultures are more accurate in catheterized specimens, the magnitude of difference is small but should be factored into clinical decision making. (*Schroder, 2005*)

Finally, it is of importance that UTI can occur in asymptomatic, jaundiced infants even in the first week of life. Although it is well known that UTI is a common cause of prolonged jaundice (*Bilgen, 2006*).