Acute nephritic syndrome- 3 years of experience

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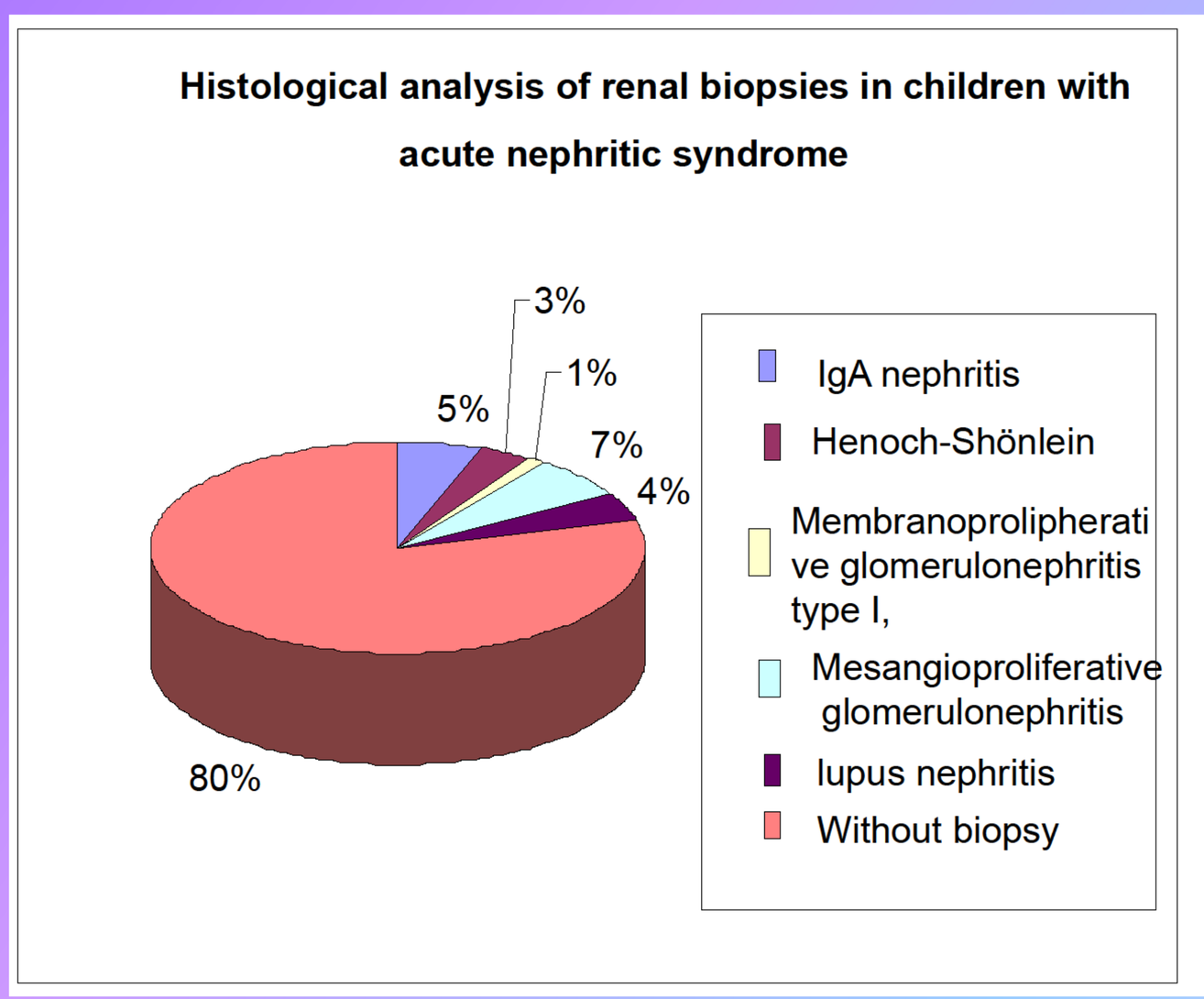
Nephritic syndrome is a clinical syndrome characterized with the presence of hematuria, proteinuria and, often, arterial hypertension and renal failure. Clinical presentation of nephritic syndrome includes acute nephritic syndrome, syndrome of rapidly progressive glomerulonephritis, syndrome of recurrent macroscopic hematuria and syndrome of chronic glomerulonephritis. We present herewith our experience with children with acute nephritic syndrome and the respective data, gathered over a period of 3 years.

Materials and methods: 91 children (56 boys and 35 girls) with average age of 8,5 years (4,86) were hospitalized in our clinic of Pediatric Nephrology and Dialysis from January, 2012 till December, 2014, with symptoms of hematuria, proteinuria, arterial hypertension, renal failure. Full blood count, biochemistry, immunological, urine analysis and ultrasound were performed. In the following cases, renal biopsy was made: after a short latent period following an infection, severe anuria, rapid progressive course of renal failure, hypertension >2 weeks, depressed GFR, normal complement levels and/or hypocomplementemia > 12 weeks, extrarenal manifestation, persisting proteinuria > 6 months and persistent microhematuria >18 months.

Results: 70 children (76,9%) had macroscopic hematuria, 65 children (71,4%) had proteinuria, 26 children (28,5%) had hypocomplementemia, 67 (73,6%) children had a preceding infection, 29 (31,9%) had pharyngitis and 3 (3,3%) had pyoderma, in 15,8% elevated AST levels were found, 19 children (20,9%) were with I-st stage of renal failure, 7 (7,7%)- with II-nd stage and 5 (5,5%) with III-rd stage of renal failure, 29 children (31,9%) were with hypertension, hyperechogenisity of the kidneys was found with ultrasound in 61 children (67%), in 3 of them with pleural effusions and ascites, in 19 (20,9%) cases renal biopsy was performed, in 5(5,5%) children IgA nephritis was found, in 3(3,3%) –Henoch-Shönlein, 1 child was with membranoprolipherative glomerulonephritis type I, 6 (6,6 %) with mesangioproliferative glomerulonephritis, 4 (4,4%) with lupus nephritis.,



Conclusions: In our study, nephritic syndrome in children is associated mostly with acute post-infectious glomerulonephritis, with features of hematuria, proteinuria, hypertension and sometimes renal failure. The prognosis, in most of the cases, is favorable. In 14,3 % of the children we found other types of glomerulonephritis, which shows the necessity of a follow up.

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