

for 6 weeks followed by 1.5 mg/kg every other day for 6 weeks (Lombel, Gipson, and Hodson, 2013). About two thirds of children with MCNS have a relapse, heralded first by increased urine protein. Relapses can be diagnosed early if parents are taught routine home monitoring of urine protein by dipstick. Relapses are treated with a repeated, but usually shorter, course of high-dose steroid therapy. Side effects of the steroids include increased appetite, weight gain, rounding of the face, and behavior changes. Long-term therapy may result in hirsutism, growth retardation, cataracts, hypertension, gastrointestinal bleeding, bone demineralization, infection, and hyperglycemia. Children who do not respond to steroid therapy, those who have frequent relapses, and those in whom the side effects threaten their growth and general health may be considered for a course of therapy using other immunosuppressant medications (cyclophosphamide, chlorambucil, or cyclosporine).

Episodes of MCNS, both the first episode and relapse, often happen in conjunction with a viral or bacterial infection. Relapses can also be triggered by allergies and immunizations. Relapses in children with MCNS may continue over many years.

Complications of nephrotic syndrome include infection, circulatory insufficiency secondary to hypovolemia, and thromboembolism. Infections that may be seen in children with nephrotic syndrome include peritonitis, cellulitis, and pneumonia and require prompt recognition and vigorous treatment with appropriate antibiotic therapy.

Prognosis

The prognosis for ultimate recovery in most cases is good. In children who respond to steroid therapy, the tendency to relapse decreases with time. With early detection and prompt implementation of therapy to eradicate proteinuria, progressive basement membrane damage is minimized so that when the tendency to relapse is past, renal function is usually normal or near normal. It is estimated that approximately 80% of affected children have this favorable prognosis.

Quality Patient Outcomes: Nephrotic