

and should be normal in almost all patients 8 weeks after the disease onset.

Studies that may be useful include chest x-ray examination, which generally shows cardiac enlargement, pulmonary congestion, or pleural effusion during the edematous phase of acute disease. Renal biopsy for diagnostic purposes is seldom required but may be useful in the diagnosis of atypical cases.

Therapeutic Management

Management consists of general supportive measures and early recognition and treatment of complications. Children who have normal blood pressure and a satisfactory urinary output can generally be treated at home. Those with substantial edema, hypertension, gross hematuria, or significant oliguria should be hospitalized because of the unpredictability of complications.

Dietary restrictions depend on the stage and severity of the disease, especially the extent of edema. Moderate sodium restriction and even fluid restriction may be instituted for children with hypertension and edema. Foods with substantial amounts of potassium are generally restricted during the period of oliguria.

Regular measurement of vital signs, body weight, and intake and output is essential to monitor the progress of the disease and to detect complications that may appear at any time during the course of the disease. A record of daily weight is the most useful means for assessing fluid balance. Rarely, children with APSGN will develop AKI with oliguria that significantly alters the fluid and electrolyte balance (resulting in hyperkalemia, acidosis, hypocalcemia, or hyperphosphatemia). These children require careful management. Peritoneal dialysis or hemodialysis is seldom needed.

Acute, sometimes severe, hypertension must be anticipated and identified early. Blood pressure measurements are taken every 4 to 6 hours. A variety of antihypertensive medications and diuretics are used to control hypertension. Antibiotic therapy is indicated only for children with evidence of persistent streptococcal infections. It is used to prevent transmission of nephritogenic streptococci to other family members.

Prognosis

Almost all children correctly diagnosed as having APSGN recover