

# Childhood Nephrotic Syndrome

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November 9, 2013

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# Introduction

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- Hypoalbuminemia ( $\leq 2.5\text{mg/L}$ )

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# Important resources to know

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- ISKDC - International Study of Kidney Disease in Children
- KDIGO - Kidney Disease: Improving Global Outcomes  
([www.kdigo.org/home/glomerulonephritis-gn](http://www.kdigo.org/home/glomerulonephritis-gn))

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- Lower incidence of steroid sensitive nephrotic syndrome in African children
- Increased incidence (all types) in Asians (up to 6 times increase in some studies)

# Steroid Sensitive Nephrotic Syndrome

## Xiao Ma - The case

Xiao Ma is a 3YO Asian male who presented to his local doc 3 days ago with puffy eyes. The local doc gave chlorpheniramine and sent him home. He comes back today with extension of the swelling to the feet and legs.

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- What therapy should you start?
- What is the most important predictor of outcome in Xiao Ma's case?

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- Follow up dose of 1.5mg/kg alternate days and tapered over 2 - 5 months

# Why so long?

Hodson, et.al. did some meta-analysis of RCTs using steroid therapy regimens.

| Objective      | Result                      | Stats stuff         |
|----------------|-----------------------------|---------------------|
| 3 vs. 2 months | 30% relapse reduction       | RR 0.7 (0.58-.84)   |
| 6 vs. 3 months | reduction in 12-24m relapse | RR 0.57 (0.45-0.71) |

## Relapse Therapy - The Return of Xiao Ma

Poor Xiao Ma got a cold. It has been 5 months since his original episode but now he has three plus protein in his urine by mom's home albustix. She calls the office for advice.

- What are you going to tell her?

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- After initial therapy give 1.5mg/kg every other day for 4 weeks minimum
- Infrequent relapses = 3 or fewer per year.

# Frequent Relapse/Steroid Dependent Therapy

# Xiao Li

# Steroid Resistant Nephrotic Syndrome