

## عنوان مقاله:

Evaluation of Response to Treatment in Children with Nephrotic Syndrome over a ۱۰-Year Period: A Retrospective Study

## محل انتشار:

مجله بین المللی کودکان، دوره 9، شماره 1 (سال: 1400)

تعداد صفحات اصل مقاله: 7

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## خلاصه مقاله:

Background Nephrotic syndrome (NS), defined as massive loss of urinary protein results in a triad of hypoalbuminemia, hyperlipidemia and edema. We aimed to determine the frequency of clinical symptoms, laboratory findings and treatment response in children with Nephrotic Syndrome. Materials and Methods: We conducted a longitudinal retrospective study from ۲۰۰۹ to ۲۰۱۹ at a single regional pediatric center, Zahedan, Iran, on ۲۰۶ children (up to ۱۴ years) with NS that were selected from all clinical records files. Parameters extracted included age, sex, presenting symptoms, blood pressure. Laboratory information included complete blood count, urine analysis, ۲۴-hour urinary protein excretion, creatinine clearance, serum electrolytes, serum urea and creatinine levels, total protein and albumin, triglyceride and cholesterol, acute phase reactant, treatment and outcome. All the data extracted were recorded in pre-prepared forms. Results: A total of ۱۰۷ men (۵۲%) and ۹۹ women (۴۹%) participated in the study. Edema was most commonly found in ۱۹۷ (۹۵.۶%), respiratory distress in ۲ (۰.۹%), abdominal pain in ۴۵ (۲۱.۸%), nausea and vomiting in ۲۸ (۱۳.۵%), and gross hematuria in ۶ (۲.۹%). Leukopenia was seen in ۰.۵% followed by ۴۲.۴% of normal white blood cells (WBCs) and ۵۷.۱% leukocytosis. ۷۴.۴% of all patients had anemia in their laboratory tests in spite of thrombocytopenia only seen in ۱.۷%. ۴۹% had pyuria and hematuria was seen in ۴۱%. The mean level of serum albumin was ۲.۵ g/l, cholesterol was ۳۸۱ mg/dl, triglyceride was ۲۸۷ mg/dl and the mean level of ۲۴-hour urinary protein excretion was ۲۰۸۴ mg/dl. Conclusion The most common clinical symptom in nephrotic syndrome was edema followed by nausea and vomiting and abdominal pain

## کلمات کلیدی:

Pediatrics, Nephrotic syndrome, Therapeutics

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