

TREATMENT OF STEROID-RESISTANT NEPHROTIC SYNDROME IN CHILDREN

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Steroid-resistant nephrotic syndrome (SRNS) is one of the leading types of nephropathy with progressive course, often leads to the development of chronic renal failure.

OBJECTIVE

to evaluate the effectiveness of steroid-resistant nephrotic syndrome therapy in children using immunosuppressants and without using once.

MATERIAL AND METHODS

SRNS patients were divided into 3 groups. The first group included 34 patients on immunosuppressive therapy (IST) (chlorambucil, cyclophosphamide, cyclosporin A and mycophenolate mofetil), the second group - 22 patients on immunosuppressive therapy in combination with inhibitors of angiotensin-converting enzyme (ACE), third group included 21 patients treated with ACE inhibitors and symptomatic therapy.

RESULTS AND DISCUSSION

We traced catamnesis on maintenance of renal function in patients (by determination of GFR) during 4 years (Fig. 1). Remaining of renal function in patients receiving immunosuppressive therapy was higher than in patients being treated with ACE inhibitors and symptomatic therapy.

Thus, the use of immunosuppressive therapy in patients with steroid-resistant nephrotic syndrome led to a significant improvement in clinical and laboratory parameters, which is important for the further prognosis of disease. The combination of ACE inhibitors and immunosuppressants is more favorable option for preservation of renal function and prognosis in general.

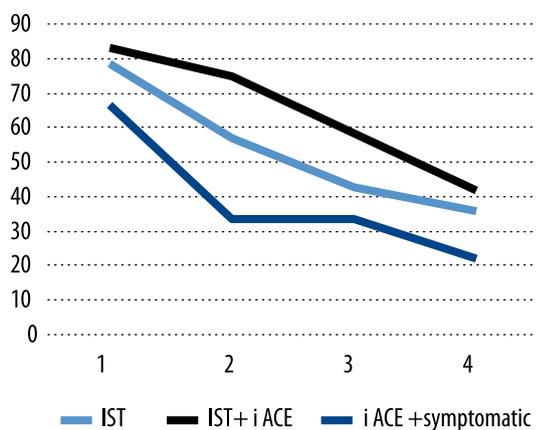


Fig. 1. Survival of renal function in patients with SRNS on IST background and without it

CLASSIFICATION OF HYPERTENSION IN THE PULMONARY CIRCULATION

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Developing classification of pulmonary hypertension, taken into account, above all, the fact that the latter is not a separate ontological unit, and the syndrome occurs when a number of illnesses of lungs, heart and blood vessels. Therefore, as it seems to us expedient was to highlight the main etiological factors, resulting in increased pressure in the bloodstream of a

small circle, pathogenic forms of pulmonary hypertension, clinical variants and their types. Furthermore, as classification should reflect the stage of the disease in several of clinical manifestation in each stage.

Set that this syndrome is manifested in two main causal factors leading to the increase in pressure in the small circle.

A – Factor – Organic (anatomic)

B – Factor – Functional

Each of these factors includes pathogenic form, and recent clinical types. To organic factor include the following pathogenic form.

1. Pre-capillary blood, which is manifested in two clinical variants:

Intravascular and outside the vascular intravascular variant occurs either due to disease, covering the lumen