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EARLY CLINICAL AND LABORATORICAL CRITERIAS FOR THE DIAGNOSIS OF CHRONIC KIDNEY DISEASE IN CHILDREN

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Objectives: Kidney disease can affect children in various ways, ranging from treatable disorders without long-term consequences to life-threatening conditions.

Methods: We studied clinical and laboratory characteristics of chronic kidney disease in 380 children, from birth to 18 years (girls - 208, boys - 172); The control group consisted of 125 children. A sequential diagnostic procedure has been used to clinically predict the risk of developing chronic kidney disease in children.

Results: As a result of the study, it was found that in the development of chronic kidney disease in children predisposing factors play a role: pregnancy, artificial feeding, nephrological pathology in the first year of life, allergic history, place of residence, family composition and permits: the presence of pain, dysuric syndrome, stigma of dysembryogenesis, edematous syndrome, microhematuria. Based on a comprehensive clinical assessment of the data, taking into account the prognosis, we identified three risk groups for the development of CKD in children: the "High Risk" group - a group of poor prognosis. It includes children, who the total score of PC is more than 13, and the probability of these factors exceeds 90%. The "medium risk" group - the "attention group" - this includes children who the total score of PCs for predicting of CKD is in the range of 8-13, which corresponds to the likelihood of these complications in 50-90% of cases. The "minimal risk" group is a group that includes children with a total score of PCs less than 8. The possibility of CKD in these cases is less than 50%.

Conclusions: Thus, the amount of PC in the child's development cards and the implementation of therapeutic and preventive measures. Particularly noteworthy is the third group, the so-called "minimal risk", the outcome of kidney diseases in children may depend on the quality of the treatment and preventive measures.