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THYROID HORMONES CHANGES IN CHILDREN WITH CHRONIC GLOMERULONEPHRITIS NEPHROTIC FORM

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Objectives: Glomerulonephritis is a one of the most common kidney children's diseases, which leads to the development of chronic renal failure and early disability of children and adolescents.

Methods: The aim was to study the condition of the thyroid hormone thyroxin general (free T4) and thyroid stimulating hormone (TSH) in the blood serum of children with nephrotic form of chronic glomerulonephritis
We examined 16 children with nephrotic form of chronic glomerulonephritis. Age of children from 7-16 years old. Blood pressure increased in 1 children, 15 children were normal indicators. Proteinuria 3.0 g/day was in 6 children, 1.5 g/day in 5 and more than 3.0 g/day in 5 children. The level of urea and creatinine in the normal range in 11, increased in 5 children. Total protein in the blood expressed hypoproteinaemiya observed in 10 patients, moderate in 4 patients. Pathogenic therapy in the form of a two-component system (hormones, antiplatelet agents) performed in 3 patients, three components (hormones, antiplatelet, anticoagulants) in 5 patients, four components (three component system and cytostatic) in 10 patients. Hormone resistant forms of the disease were reported in 4 patients. 4 patients had hormone dependent. Complications of nephrotic crisis were observed in 2 patients, as a result of the treatment in all patients achieved clinical remission.

Results: All patients with nephrotic form of chronic glomerulonephritis in acute T4 levels were decreased in twice, TSH decreased in 1.5 times comparing with the norm (T4 = 0,8-2,2 ng/ml TSH = 0.3-4, 0mlU/1).

Conclusions: Children with nephrotic form of chronic glomerulonephritis during the period of exacerbation and remission had thyroid disfunction. The duration of the pathological process of the expression of functional disorders of the thyroid gland as evidenced by reduced T4 and TSH as the period of exacerbation and remission.