Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Management of Diabetic Kidney Disease in Children and Adolescents (소아청소년 당뇨병콩팥병의 관리)

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1.Diagnosis of Diabetic Kidney Disease in Children and Adolescents The diagnosis and management of diabetic kidney disease (DKD) in children and adolescents require regular assessment of albuminuria, estimated glomerular filtration rate (eGFR), and blood pressure. Albuminuria should be evaluated using a first-morning urine sample. In children and adolescents with type 1 diabetes, annual screening for albuminuria should be initiated 5 years after diagnosis, beginning at the onset of puberty or at age 10 years, whichever occurs earlier. In those with type 2 diabetes, screening should begin at the time of diagnosis and be performed annually thereafter. Kidney function should be assessed by measuring eGFR annually from the time of diabetes diagnosis. More frequent monitoring is recommended in patients with a decline in eGFR to below 90 mL/min/1.73 m². Blood pressure should be measured at every clinic visit. Hypertension is defined as blood pressure that remains at or above the 95th percentile for age, sex, and height on at least three separate occasions. For adolescents aged 13 years or older, hypertension is defined as a blood pressure of 130/80 mmHg or higher. 2. Treatment of Diabetic Kidney Disease in Children and Adolescents The management of DKD in children and adolescents should focus on optimizing glycemic control, controlling blood pressure, and preventing the progression of kidney disease. For patients with concomitant hypertension, lifestyle modifications should be implemented, and treatment with a renin–angiotensin–aldosterone system (RAAS) inhibitor is recommended. When albuminuria persists in the range of 30–299 mg/g despite efforts to achieve optimal glycemic and blood pressure control, treatment with a RAAS inhibitor is recommended. In patients with more advanced kidney involvement, including albuminuria of 300 mg/g or greater or an eGFR below 60 mL/min/1.73 m², the decision to initiate or continue RAAS inhibitor therapy should be individualized and made with careful consideration of the patient's clinical status. 3. Referral to a

Pediatric Nephrologist Referral to a pediatric nephrologist should be considered in children and adolescents with diabetes who continue to exhibit evidence of kidney disease despite optimal management of glycemia and blood pressure. Referral is recommended for patients with persistent albuminuria, a reduced eGFR below 90 mL/min/1.73 m^2, or clinical findings suggestive of kidney disease of uncertain etiology. Early consultation with a pediatric nephrologist may facilitate timely evaluation, diagnosis, and management of progressive or atypical kidney disease.

Keywords: child, adolescent, diabetic kidney disease