Abstract Submission No. : 9083
May 28(Sat), 15:00-17:00 Pediatric Nephrology

Childhood-onset nephrotic syndrome in adult patients

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Nephrotic syndrome (NS) is one of the most common glomerular diseases in childhood. Up to approximately 85% of childhood-onset NS patients are known to be sensitive to steroid therapy, and most common type is minimal change disease. Though its mortality rate is very low, most cases relapse with approximately half becoming frequent relapsers or steroid-dependent.

It is known that patients with NS have fewer relapses as they grow older, especially after puberty. However, recent follow-up data have suggested more than 10 percent (up to 40%) of childhood-onset NS patients still experience relapses during their adulthood. Reported risk factors related to continuing active disease into adulthood include early onset age, early relapse after onset, frequently relapse or steroid-dependncy and multiple relapses during childhood.

Long-term outcome of childhood-onset NS is usually considered benign. However, few data regarding the outcome in adulthood of childhood NS are available. Therefore, the risk for active disease, renal and non-renal complications in adulthood remain largely unknown. Some researchers identified that childhood history of glomerular diseases including NS, even in cases of resolved in childhood is associated with hypertension and chronic kidney disease during adulthood. And as patients go through relapses and ongoing medications, they suffer from impaired longitudinal growth, infertility, bone mineral disease, potential malignancy and decreased health related quality of life. For these reasons, childhood-onset NS patients need long-term follow-up until adulthood and transition care from pediatric service to adult service.

In this lecture, we will review the data that followed-up pediatric nephrotic syndrome patients to adults by focusing on SSNS patients.