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Session Name : 진료지침위원회(Clinical Guidelines Committee)

Session Topic : -

Date & Time, Place : June 19 (Thu) / 13:00-15:00 / Room 4 (Room 203)

소아청소년 고혈압콩팥병의 진단과 치료(Management of Hypertension in Children and Adolescents with Chronic Kidney Disease)

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Pediatric chronic kidney disease (CKD) patients presenting with hypertension should have standardized office-based auscultatory blood pressure (BP) measurements every 3–6 months, and annual 24-hour ambulatory BP monitoring (ABPM) to ensure accurate diagnosis and management. Renin-angiotensin-aldosterone system (RAAS) inhibitors are recommended as the first-line treatment for hypertension in pediatric CKD. Clinicians should monitor for hyperkalemia and avoid use during pregnancy due to potential fetal risks. Blood pressure should be maintained below the 50th to 90th percentile for age, sex, and height to protect kidney function. Targets may be adjusted based on individual factors such as CKD etiology, glomerular filtration rate (GFR), and degree of proteinuria.

Keywords: child, hypertension, chronic kidney disea, diagnosis, management