Arterial hypertension in chronic kidney disease in children

Abstract

Statement of the Problem: In hypertensive children with CKD heart, blood vessel, kidney, eyes and metabolic disorders occur that lead to cardiovascular diseases leading to complications and mortality. The purpose of this study is to study the state of target organs (TO) and the effectiveness of treatment of CKD in children with enalapril and thiazide. Methodology & Theoretical Orientation: We examined 59 children with CKD. Children underwent daily monitoring of blood pressure, proteinuria(P), intrarenal (IRH) and intraocular (IOH) by dopplerography, glomerular filtration rate(GFR), cardiac echocardiography. To study the effectiveness of treatment, the patients were divided into 2 groups: the 1st-group: 18 children with CKD and AH, who received enalapril (E) therapy + thiazide (T), and the 2nd group of children received enalapril treatment with E alone. Findings: In 34 (57.2%) cases of children with AKH, in 11 (32.3%) children, AH was latent in 5 (45.5%) children latent AKH was noted at night. In 16 (27.1%) patients were observed left ventricular hypertrophy (LVH). During treatment in all children of the 1st group, absence of AKH and LVH was found. In children of the 2nd group, a decrease in the frequency of AH and regression of LVH was established. When studying the parameters of IRH, IOH, P, GFR in the dynamics it was found normalization of these indicators of both groups, but more in the 1st. Conclusion & Significance: In children with CKD in 57.2% of cases there is AKH, LVH, impaired IRH, IOH, GFR, P. The use of E with T in the treatment of CKD in children helps to stop and reduce AH, regression of LVH, improve IRH and IOH, GFR, P. In order to prevent the progression of CKD and TO damage in the early stages of the disease, it is rational to use E in combination with T.