Idiopathic nephrotic syndrome in children.

References.

   
   An excellent review article of nephrotic syndrome.

   
   An excellent and concise resource providing practical management advice


   doi:10.1038/ki.2014.354


   
   Well designed RCTs and a review demonstrating that increased duration and dose of initial steroids at presentation does NOT improve useful clinical outcomes.

   
   This review updates information previously published in 2000, 2003, 2005 and 2007. The addition of three new studies evaluating different durations of prednisone in the first episode of nephrotic syndrome has changed the conclusions expressed in previous versions of this review. Studies at low risk of bias found no significant differences in the risk of relapse or the development of FRNS between prednisone
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References.

Given for three to six months compared with two or three months. Therefore there is no benefit of increasing the duration of prednisone beyond two or three months in the initial episode of SSNS.


Summarises the main complications of INS and the available evidence and guidance to aid the clinician in determining the appropriate treatment for children with INS. Identifies evidence on the criteria for use of prophylactic antibiotics in children with INS have traditionally been an active area of debate. However, the topic has become less relevant following the introduction of universal pneumococcal vaccination.


In children with steroid-dependent NS, a viral URTI triggers a relapse in nearly 50% of cases. A short-term modest increase in the dose of prednisolone during viral URTI can reduce this risk significantly.


Updated Cochrane review


First prospective, open series on the effective use of RTX in patients with severe SDNS.


A study in 20 patients reports that immunization with a single dose of VZV vaccine is safe and effective in children with SSNS in remission.
Idiopathic nephrotic syndrome in children.

References.


A natural-history study of 398 children.


A study of 32 children with NS receiving alternate day prednisolone therapy for >12 months shown to be at risk of developing HPA suppression and should be evaluated using the modified synacthen test.

Children with evidence of HPA suppression are at a greater risk of relapse

16. Improving the standard of care of children with kidney disease through paediatric nephrology networks (RCPCH 2011)

The RCPCH in collaboration with NHS KidneyCare and the British Association of Paediatric Nephrology. A report on paediatric nephrology networks, setting out the core requirements for success and standards for commissioning and provision of services.