Abstracts

1209 VESICOUREATEL REFLUX AND URODYNAMIC DYSFUNCTION

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Background Early diagnosis and treatment of vesicoureteral reflux (VUR) means prevention of 25% of cases of chronic renal impairment (CRI) which is due to reflux nephropathy.

Aim of the work This work was planned to correlate the levels of some urinary and serum biomarkers with traditional methods of diagnosis of reflux and reflux nephropathy.

Materials and Methods We evaluated urinary concentrations of IL-8 in 145 children. 105 children of them were selected from those who were diagnosed to have vesicoureteral reflux (study group). The other 40 children were apparently healthy children to serve as normal control (control group).

Results 40 cases of the study group were randomly selected, DEMSA scan was done for them. Basic fibroblast growth factor (b-FGF) was estimated in the serum of these 40 cases.

Conclusion Urinary IL-8 can be used as a promising diagnostic marker for VUR. Also, it is appropriate to measure serum b-FGF in sera of those with reflux to determine if renal parenchymal damage (scarring) is present and of which grade.

1210 URINARY STONE DISEASE IN CHILDREN- A SINGLE CROATIAN CENTER EXPERIENCE

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Urinary stone disease is not so rare in children. The aim of this study was to assess the demographic, clinical and biological characteristics, as well as outcome, of urinary stone disease among Croatian children. We reviewed medical records of 76 children from various parts of Croatia who were diagnosed with urinary stone disease from 2002–2011. The average age (mean) were 9 yr 7 mo (toddlers 7.89%) with approximately equal gender distribution (male 53.95% vs female 46.05%). Family affection was identified in 27 (35.53%) children with the predominance of female transmission. The most stones were made of Ca oxalate dihydrate and monohydrate (75%), hyperoxaluria in (12.16%), hyperparathyroidin in 1.31% and 38.16% remained of idiopathic origin. Urine saturation (EQUIL 2) were above the limits in 47 (61.84%) children, urine volume less than average in 12 (15.79%). For most of the children we recommended increased fluid intake and balanced food nutrition, citrate were administered in 20 (26.32%), thiazides in 10 (13.15%) and alendronate in 1 (1.31%). Spontaneous evacuation were noticed in 51.52%, surgical (operation and endoscopic removal) 11.84%, ESWL in 110.84%, spontaneous resolution (cettriexone) in 1 (1.31%) and in 15.16% the stone was not removed from urinary tract. The study gave insight in etiology of urinary stone disease in Croatian children. Main pathological factors were hypercalciuria, mild hyperoxaluria and increased urine saturation. Spontaneous evacuation of stones were notified for most of children.

1211 CYCLOSPORINE A IN THE TREATMENT OF RESISTANT CHILDHOOD NEPHROTIC SYNDROME

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In children, idiopathic nephrotic syndrome is primarily treated using corticosteroids. When remission is not achieved, the administration of potent immunosuppressant therapy becomes imperative. Cyclosporin A (CsA) is reportedly associated with a higher incidence of remission in comparison with other immunosuppressive agents. The aim of our study is to evaluate the efficiency of cyclosporin A (CyA) therapy in 11 children treated with resistant nephrotic syndrome.

Methods Eleven children enrolled in this study were all hospitalized with resistant nephrotic syndrome, aged 1 to 11 years (average 5.8 yrs) and included 7 males and 4 females. CyA was given to each patient with dosage of 5 mg/kg/day during the corticosteroid was diminished. The renewal biopsy was performed in all patients before the administration of CyA.

Results Eleven children with resistant nephrotic syndrome of different pathological types were treated with CyA, including 3 cases of minimal change nephrotic syndrome (MCSN), 2 cases of mesangioproliferative glomerulonephritis (MsPGN), 1 case of extra mesangial glomerulonephritis (EMGN) and 5 cases of focal segmental glomerular sclerosis (FSGS). Three patients got complete remission, seven patients developed chronic renal insufficiency and one had no change after four month treatment with CyA. The overall response rate was 27%. Patients with different renal pathological types showed different responses. The FSGS cases showed the lowest rate.

Conclusion CyA has limited efficiency in patients with steroid-resistant nephrotic syndrome. CyA should be used cautiously because of the potential for CyA nephrotoxicity.