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FEATURES OF THE CURRENT AND TREATMENT OF THE HEMOLITICAL-UREMIC SYNDROME (CLINICAL PRACTICE CASE)

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Hemolytic-uremic syndrome (HUS) in young children as the most common cause of acute renal failure (ARF), as well as the source of the formation of chronic kidney disease in subsequent years, is still a current problem [3, 4, 5, 7].

It has been established that many organs and systems are included in the pathological process during the development of HUS, including hemostasis, cardiorespiratory, gastrointestinal, nervous system and others [2, 8, 9, 10]. The development of extracorporeal detoxification methods (hemodialysis, plasmapheresis), the use of various options for renal replacement therapy made it possible to significantly influence the outcome of the disease and prevent disability of such children [1, 9, 10].

In the present study, on the basis of clinical observation of the development of hemolytic uremic syndrome (HUS) in a girl at the age of 2 years and 4 months, we present clinical and laboratory data of its course against the background of modern therapies.

Patient Sophia G., 2 years and 4 months old, was admitted to the anesthesiology and intensive care department of the Kharkov Regional Children's Clinical Hospital No. 1 on 5.10.2018 on the 4th day after the onset of the disease with the clinic of non-hospital right-sided destructive focal-confluent pneumonia,

complicated by right-sided fibrinous-purulent pleurisy and general toxic syndrome with signs of a decrease in diuresis rates. The diagnosis of pneumonia was confirmed radiographically. Conducted differential diagnosis with Goodpasture syndrome, which was excluded. Anuria was recorded on the 2nd day of observation. Taking into account anuria, patient developed severe anemia (a decrease in the level of Hb to 59g/L was noted), leukocytosis ($13.3 \cdot 10^9/L$), thrombocytopenia ($25 \cdot 10^9/L$), reticulocytosis (20), increased blood serum urea level (up to 18,7 mmol/L), creatinine (up to 293 mmol/L), sodium (126.6 mmol/L), potassium (5.06 mmol/L). Blood serum was found to be typical for HUS triad (hemolytic nature of anemia, thrombocytopenia and acute renal sufficiency (ARF)). Manifestations of pneumonia, respiratory failure, intoxication increased ($t-38.3^\circ C$, pulse - 150 beats per minute, BP - 100/60 mm Hg, respiration rate 42 per minute, dyspnea of mixed genesis, SpO_2 - 88%). In this regard, from the 2nd to 13th day of observation (from 6.10.2018 to 18.10.2018), the child was transferred to a ventilator with Servo-I device in PC mode, with 3 days of observation due to an increase in anemia (Hb - 45g/ L), the level of creatinine (393 mmol/L) of serum, and the appearance of edema. Hemodialysis sessions began with the 5008 CorDiax Paed from Fresenius Medical Care first daily (from 7.10.2018 to 17.10.2018), then every other day, and from 30.10.2018 to 14.11.2018, 1 time per week.

A special feature of hemodialysis was the prolongation of the session up to 12-14 hours with an emphasis on ultrafiltration, which determined the possibility of carrying out an adequate state and severity of infusion therapy with glucose-saline solutions, colloids, blood substitutes, blood products (washed red blood cells). Antiproteinolytic therapy was performed (100000 atPe / kg body weight), intravenous immunoglobulin (bioven-mono 20gr per course of treatment at the rate of 1g immunoglobulin per kg/mt/e, taking into account both the severity of pneumonia and indications of the favorable effect of immunoglobulins on HUS), heparin therapy at the rate of 100 IU /kg body weight, partial parenteral nutrition, a combination drug to treat renal failure, containing keto-analogs of amino acids (Ketosteril) against the background of complex antibiotic therapy (cephalosporins III, IV generations,

linezolid, fosfomycin, glycopeptides - vancomycin, targocid, thienyl, zopercin) and symptomatic therapy.

Positive dynamics of the disease was observed gradually. In the first 12 days, clinical and radiological signs of resolution of pneumonia were observed with the elimination of leukocytosis, physical changes in the lungs, a decrease in the manifestation of respiratory failure, and normalization of oxygen saturation. This allowed the child to take independent breathing and achieve full resolution of pneumonia on the 25th day of observation.

Against the background of ongoing sessions of dialysis with the stimulation of diuresis with xanthines (eufillin intravenously), diuretics (furosemide, triphala) for the purpose of nephroprotection from 18 days of treatment, ACE inhibitors, lipin, antioxidants (vitamin E), then left carnitine-kudesan were added to therapy.

By the end of the first month of observation, diuresis gradually recovered to 800-1200 ml per day, however, the levels of creatinine (170-250 mmol/L) and urea (up to 31 mmol/L) remained elevated, indicating that the HUS was resolved and that the threat of chronic renal failure I-II stage was still present. That required the use of dialysis sessions on 54, 59, and 68 days of observation.

Conclusions: Modern therapy of HUS in children allows doctors to achieve positive results and save the life of the patient. However, frequent outcomes of HUS with the threat of the formation of chronic kidney disease dictate the need for revision and timely provision of medical care to children with this pathology.

List Of Used Literature:

1. Баринов В.Н., Гемолитико-уремический синдром у детей: клинико-патогенетическое обоснование оптимизации лечения и реабилитации: Автореф.дис.на соиск.уч.степ канд.мед.н.- Самара, 2009.- 29 с.
2. Возианов А.Ф. и соавт., Основы нефрологии детского возраста. Киев, книга плюс. 2002. - С. 348.

3. Еникеева З.М. и соавт., Отдаленный катамнез детей, перенесших гемолитико-уремический синдром // Сборник тезисов V Российского конгресса по детской нефрологии. Воронеж. 2006. С. 74 -75.
4. Маковецкая Г.А. и соавторы. Детская инвалидность вследствие заболеваний органов мочевой системы у детей, региональные особенности // Нефрология и диализ. 2006. - Т.8 № 4. - С. 359 -361.
5. Макулова А.И., Эмирова Х.М., Зверев Д.В., и др. Причины развития и лечения почечной недостаточности у детей раннего возраста // Материалы VI российского конгресса по детской нефрологии. Москва. - 2007. - С.85 - 86.
6. Молчанов Е.А., Валов А.Л., Каабак М.М. Результаты формирования хронической почечной недостаточности у детей // Нефрология и диализ.-2003.- № 1.-С. 64-68.
7. Green D.A., Murphy W.G., Uttley W.S. Related Articles, Links. Haemolytic uraemic syndrome: prognostic factors // Clin Lab Haematol. 2000 Feb; 22 (1): 1 1
8. Safdar N., Said A., Gangnon R. E. et al. of hemolytic uremic syndrome after antibiotic treatment of Escherichia coli 0157; H7; enteritis: A metaanalysis // JAMA 2002; 288; 996-101
9. Signorine E., Zuchi S., Mastrandelo M. et al. Central nervous system and hemolytic uremic syndrome // Pediatr. Nephrol. -2000.-Vol. 14, №10. P. 990 - 992.
10. Trostivint I., Mougenot B., Flahault A. et al. Adult hemolytic and prognostic factor in the last decade // Nephrol Dial Transplant 2002; 17; 1228-1234.