

CLINICAL CASE OF CHILD K. WITH DIAGNOSIS: CHRONIC KIDNEY DISEASE III ST. CHRONIC RENAL FAILURE IS A SUBCOMPENSATED STAGE. CONGENITAL ANOMALY OF THE URINARY SYSTEM (HORSESHOE-SHAPED KIDNEY). CONDITION AFTER A HEMOLYTIC-UREMIC SYNDROME. SECONDARY CHRONIC PYELONEPHRITIS, REMISSION PERIOD. POLYCYSTIC DISEASE.

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Relevance. Hemolytic-uremic syndrome is a polyethological disease secondary to other diseases and usually leading to severe damage to the endothelium of the vessels of the target organs. For reasons of origin, it can be divided into infectious and non-infectious forms. Early identification and the initiation of the best maintenance care with a microbiological contribution to pathogen detection lead to a favorable outcome in most patients.

Hemolytic-uremic syndrome occurs throughout the world. The annual frequency of occurrence in children under five years of age is 2-3 cases per 100,000 children. According to both foreign and Ukrainian clinicians. This syndrome is most characteristic for breast and early age (from 6 months to 4 years). In addition, hemolytic-uremic syndrome is one of the frequent causes of disability of patients with the formation of chronic renal failure.

The incidence of hemolytic-uremic syndrome and its complications according to the Regional Children's Clinical Hospital from 2011 to 2016 recorded 5 cases of hemolytic-uremic syndrome.

Clinical case girl K. 14 years old with the diagnosis: Chronic kidney disease III st. Chronic renal failure is a subcompensated stage. Congenital anomaly of the urinary system (horseshoe kidney). Condition after a hemolytic-uremic syndrome (2003). Secondary chronic pyelonephritis, remission period. Polycystic disease.

Anamnesis of life and disease: Child from 3 pregnancies, childbirth 2, urgent, birth weight 2800 g, height 50 cm, Apgar scale 8-9 b. It grew and developed according to age. Often has acute respiratory-viral diseases. In occasion of Epstein-

Barr virus infection (Epstein-Barr virus DNA in saliva +++) received protefalazid from 12.04.09 to 12.07.09. In October 2009, he was treated for anemia. In September 2012, bilateral sinusitis. Children's infections did not hurt. Heredity in nephropathy is not burdened.

At the age of 7 months, he underwent hemolytic-uremic syndrome, which developed against a background of acute intestinal infection and congenital anomaly of the kidneys (horseshoe kidney). These changes were confirmed by radioisotope renography and renoscintigraphy.

The course of hemolytic-uremic syndrome was complicated by secondary chronic pyelonephritis, secondary glomerulonephritis with chronic renal insufficiency I st., in the debut of the disease, a long anuric stage (anuria for more than 10 days) was noted, about which the child received 6 sessions of peritoneal dialysis. It is written out with improvement under a dispensary observation of the nephrologist. For the expired period (within 5 years), relapses of pyelonephritis were observed every year, for which the child received appropriate therapy.

Since September 2012, recurrence of urinary tract infection has not been reported, the child continues to be observed for chronic kidney disease of the II st. Chronic renal failure of I st., Receives antihypertensive, renoprotective, and anti-relapse therapy with uroseptics in treatment.

Since 2016, the child has been diagnosed with polycystic kidney disease, which is one of the factors contributing to the progression of chronic kidney failure.

Criteria for the diagnosis of hemolytic-uremic syndrome:

- microangiopathic hemolytic anemia;
- kidney failure;
- thrombocytopenia.

Forecast

• A favorable outcome of the acute stage of hemolytic-uremic syndrome is the polyuric stage of acute renal failure (1-1.5 months).

• To the causes of deaths - the defeat of the central nervous system, cardiopulmonary, multi-organ failure.

- The level of mortality depends on the adequacy and timeliness of the provision of medical care, ranging from 5 to 15%, in underdeveloped countries to 70%.
- The analysis of follow-up data shows that up to 85% of patients restore renal function.
- 5-7 years after the hemolytic-uremic syndrome, chronic renal failure develops in 5% of cases, after 15 years more than 25% of patients suffer from chronic renal failure. Unfavorable prognostic signs are: early appearance of anuria and its duration more than 2 weeks, progressive defeat of the central nervous system, urinary tract infections, microthrombi in more than 60% glomerulus, leukocytosis more than $20 \times 10^9/l$, atypical form of hemolytic uremic syndrome, age from 6 months and up to 4 years, as well as the presence of an abnormality of the urinary system.

The medical examination includes:

- control of blood pressure;
- control of kidney function (serum creatinine, urine analysis (proteinuria level)).

In a number of cases, chronic renal failure after hemolytic-uremic syndrome develops after a certain period of well-being. Progressive kidney damage can be assumed by the preservation or appearance of proteinuria after a certain period after recovery, when combined with or without arterial hypertension.

The closest or long-term prognosis of the disease is directly related to the severity of the acute period. The most reliable criterion is undoubtedly the duration of the oligoanuric period, which determines the formation of pathomorphological changes in the kidneys and the frequency of development of chronic renal failure.

Conclusions. Thus, according to the analyzed data, our child has the following reasons for the unfavorable outcome of HUS with the formation and progression of chronic renal failure: the presence of a long oligoanuric stage in the debut of the HUS, the early age of the child, the anomaly of the OMVS, and the urinary tract infection.