

Nephrotic syndrome

0:00 Introduction

1:24 What is nephrotic syndrome
(proteinuria, low albumin and oedema)

2:45 Difference between nephrotic syndrome
and nephritic syndrome

4:00 Minimal change nephrotic syndrome and focal segmental
glomerulonephrosis (FSGS)

6:40 Steroid sensitive and steroid resistant nephrotic syndrome

8:37 What to look for

Abdominal pain, look for peripheral coolness,
Dip the urine, early morning protein : creatinine ratio
FBC, LFT, bone profile, immunology screen, varicella serology,
Raised cholesterol, raised urea.

12:45 Complications

Infections, thrombosis, (antithrombin 3), acute kidney injury,
hyperlipidaemia, malnourished, hyperthyroid,

14:52 Key elements in management

20% albumin indications

Beware giving after hours!

Steroids 60mg/m squared 4 weeks then reduced

Some units use penicillin V (no evidence),

Ranitidine, give box albu sticks and teach the family to use.



R Krishnan, S Harris

19:13 Indications for biopsy

Outside of the typical age group 2-12years

Impaired renal function which has not improved with fluids

Persistent hypertension, low complement

Steroid resistant, macroscopic haematuria

21:38 Relapsing nephrotic syndrome (3+ protein for 3 day, or 2+ for 5
days)

Steroid sensitive

Steroid resistant

Frequently relapsing

Steroid dependent

24:15 Second line agents and side effects

Cyclophosphamide

Cyclosporin A, levetimazole, tacrolimus

26:16 Genetic tests these help with
management and prognosis

28:50 Top tips

Think of differential diagnosis

Look for growth

How many relapses have they had

Check varicella status

