CLINICAL COURSE OF VIRUS-ASSOCIATED GLOMERULONEPHRITIS IN CHILDREN AND ADOLESCENTS

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Relevance of the topic. Viral syndromes are often considered likely triggers of autoimmune diseases. Studies in pediatric cohorts also support this association in acute glomerulopathies. A prospective Canadian study linked 71% of nephrotic syndrome (NS) exacerbations to a specific viral respiratory infection. In this study, 32 children with UA were followed for two years with repeat cultures and daily urine tests. Within 10 days of many relapses, infections with respiratory syncytial virus (RSV), influenza, parainfluenza, varicella, or adenovirus were identified. Similarly, in a prospective cohort of ten children with hemolytic uremic syndrome (HUS), eight had evidence of adenovirus or enterovirus infection, and the other two had culture-positive family contacts. Although no strain of the virus causes any specific renal pathology, some glomerular diseases are associated with infection or antiviral responses of the host.

Material and methods. This descriptive cross-sectional study of children admitted at a tertiary care hospital was done from May 2022 till May 2024. A census sampling method was used and sample of 120 children was taken. Detailed socio demographic data, clinical findings and laboratory investigations were done. Data analysis was done using SPSS software and the results obtained are shown in the form of frequencies along with percentages.

Results. Among 120 patients, the prevalence of acute post-infectious glomerulonephritis was found to be 33 (4.05%) (3.07-5.03 at 95% Confidence Interval). The mean age of the patients was 9.06±3.48 years. Antistreptolysin O titer was raised in 14 (54%) patients, while low serum C3 was observed in 39 (61.90%) patients with acute post-infectious glomerulonephritis.

Conclusion. Available data do not support separate treatment strategies

for idiopathic and virus-associated glomerulopathies, with the exception of HIV infection, viral hepatitis, and CMV infections, for which antiviral drugs may be effective. Case reports of spontaneous recovery challenge the notion that all glomerular lesions require immunomodulatory treatment regardless of viral infection status. Additional prospective studies similar to the Nefrovir study should be performed to explore the role of new viruses. It is clear that viral syndromes act as a trigger for the onset and recurrence of NS, but in this case it is important to distinguish between primary and secondary forms of glomerulopathy.

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