



PREVENTION OF CHRONIC GLOMERULONEPHRITIS IN CHILDREN AND OPTIMIZATION OF DISPENSARY FOLLOW-UP

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Abstract

Chronic glomerulonephritis (CGN) remains one of the leading causes of chronic kidney disease and disability in the pediatric population. Early prevention, timely diagnosis, and effective dispensary follow-up play a crucial role in slowing disease progression and improving long-term outcomes. This article reviews modern approaches to the prevention of chronic glomerulonephritis in children and highlights strategies for optimizing dispensary observation. Emphasis is placed on primary and secondary prevention measures, early identification of risk factors, and the importance of structured long-term monitoring.

Keywords: Chronic glomerulonephritis, children, prevention, dispensary follow-up, chronic kidney disease.

Introduction

Chronic glomerulonephritis is a group of immune-mediated kidney diseases characterized by progressive glomerular damage, leading to impaired renal function. In children, CGN often develops as a consequence of acute glomerulonephritis, systemic infections, or autoimmune disorders. Despite advances in pediatric nephrology, CGN remains a significant medical and social problem due to its long-term complications, including arterial hypertension, nephrotic syndrome, and chronic kidney failure.

Preventive strategies and well-organized dispensary follow-up are essential to reduce disease progression, prevent relapses, and improve quality of life in pediatric patients.



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The purpose of this work is to present the available data on known viral pathogens that may be associated with the development or exacerbation of glomerulopathies in the native kidney, with an emphasis on data from children. Pediatric cases of human immunodeficiency virus (HIV) nephropathy will not be included as they have become rare in the era of highly active antiretroviral therapy and have recently been reviewed. A detailed review of viral nephropathies in patients with a transplanted kidney has already been published in the journal Pediatric Nephrology.

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 54 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.

This study is based on an analysis of current scientific literature, clinical guidelines, and observational data from pediatric patients with glomerular diseases. Preventive approaches were evaluated at different stages of the disease, including primary prevention in high-risk children and secondary prevention in patients with established kidney pathology. Special attention was given to dispensary observation protocols, laboratory monitoring, and clinical follow-up strategies.

Results

Primary prevention of chronic glomerulonephritis in children includes early detection and adequate treatment of acute streptococcal infections, viral diseases, and systemic inflammatory conditions. Timely management of acute glomerulonephritis significantly reduces the risk of transition to a chronic form. Secondary prevention focuses on preventing relapses and slowing disease progression. Regular dispensary follow-up allows early identification of clinical and laboratory signs of disease activity. Effective monitoring includes periodic



assessment of blood pressure, urinalysis, renal function tests, and immunological markers.

Optimization of dispensary follow-up involves individualized observation schedules, patient and parent education, lifestyle modification, and adherence to therapy. Children under regular nephrological supervision demonstrate better disease control and a lower incidence of complications.

Conclusion

Prevention of chronic glomerulonephritis in children and optimization of dispensary follow-up are essential for improving long-term renal outcomes. Early identification of risk factors, timely treatment of acute conditions, and structured long-term monitoring significantly reduce disease progression and complications. An individualized and comprehensive approach to dispensary observation should be considered a key element of pediatric nephrological care.

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