

**RISK FACTORS, CLINICAL AND LABORATORY
FEATURES AND PREVENTION OF OXALATE NEPHROPATHIA IN
CHILDREN**

Tajieva Zebo Baxodirovna*

*Senior Lecturer,

Department of Pediatric Disease Propedeutics,
Pediatrics and Higher Nursing, Urgen branch of the Tashkent Medical Academy,
Urgench, UZBEKISTAN

Email id: zebotajiyeva@gmail.com

DOI: 10.5958/2249-7137.2021.02425.3

ABSTRACT

In recent years, the frequency of kidney diseases in children, including dysmetabolic nephropathy, has increased, which is associated both with improving the quality of diagnosis and the deterioration of the ecological situation. In this regard, the problem of early diagnosis, the appointment of adequate diet and drug therapy is relevant. The article deals with the problem of etiology, pathogenesis, as well as criteria for the diagnosis of dysmetabolic nephropathy in children. Attention is paid to the clinical manifestations of this pathology and the basic principles of treatment and prevention.

KEYWORDS: *Children, Dysmetabolic Nephropathy, Crystalluria, Oxalaturia.*

REFERENCES

1. Averyanova NI, Balueva LG. Oxalate crystalluria in children. International Journal of Applied and Fundamental Research. 2012;5:25-27.
 2. Averyanova NI, Baluyeva LG, Ivanova NV, Rudavina T.. Disturbance of oxalic acid metabolism in children. Electronic scientific journal: Modern problems of science and education. 2015;(3).
 3. Bagdasarova IV, Stoeva TV, Zheltovskaya NI. Study of clinical and laboratory features in dysmetabolic nephropathies in children. Perinatology and Pediatrics. 2009;3(39):71-73.
 4. Borisova TP. Hyperoxaluria and oxalate-calcium crystalluria: mechanisms of development and possibilities of correction International Journal of Pediatrics, Obstetrics and Gynecology Traven/Cherwen. 2016;9(3):51-57.
 5. Voronina NV, Gribovskaya NV, Evseev AN, Ezersky DV. Features of urinary syndrome in patients with oxalate nephropathy in comparison with the results of nephrobiopsy. Far Eastern Medical Journal. 2013;3:15-20.
 6. Voronina NV, Slutskaya NP, Markina OI, Kovalskaya LP et al. Peculiarities of treatment of osteoarthritis of the knee joints in patients with oxalate nephropathy. Journal of Therapeutic Archives. 2015;4:62-68.
-

7. Dlin VV, Ignatova MS, Morozov SL, Yurieva EA, Osmanov IM Dysmetabolic nephropathies in children. Russian Vestnik Perinatologii i Pediatriya. 2012;5(57):36-44.
8. Dlin VV, Osmanov IM. Dysmetabolic nephropathy with oxalate-calcium crystalluria. Effective pharmacotherapy. 2013;42:8-26
9. Zhigunova AK. Complex therapy for dysmetabolic nephropathy of different genesis. The role of phytotherapy. Family Medicine. 2014;(7-8):183-184.
10. Ignatova MS. Issues of prevention of development and progression of chronic kidney disease in children. Russian Bulletin of Perinatology and Pediatrics. 2009;(5):6-13.
11. Kuprienko NB, Svetlova ZV, Smirnova NN. Metabolic basis for prevention of urinary infection in children. Scientific notes of St. Petersburg State Medical University named after acad. I. P. Pavlov. 2017;24(1):22-27.
12. Pushkareva EYu. Clinical and pathogenetic mechanisms of dysmetabolic nephropathy formation in children depending on age: 2010.p.23.
13. Smirnova IS, Ignatova OA. The risk factors of secondary oxaluria in children. Literature review. Human ecology. 2009;11:57-62.
14. Svintitsitskaya VI. The disorder of phosphorus-calcium exchange and bone metabolism in tubulointerstitial kidney disease in children: abstract of Ph. D. in medical sciences. 2009. P.26.
15. Sukalo AV, Piskun TA. Dysmetabolic nephropathies in children. Zdravookhranenie. 2012;(8):35-41.
16. Yukihiko K, Ryo M, Shinichiro O, et al. Serum IgA/C3 and glomerular C3 staining predict severity of IgA nephropathy. Pediatrics international: official journal of the Japan Pediatric Society. 2018;2:162-167
17. Massey LK, Liebman M, Kynast-Gales SA. Ascorbate increases human oxaluria and kidney stone risk. J Nutr. 2005 Jul;135(7):1673-1677.
18. Rivera M. Risk of Chronic Kidney Disease in Brushite Stone Formers Compared With Idiopathic Calcium Oxalate Stone Formers. Endourology and Stones. 2016. <https://doi.org/10.1016/j.urology.2016>.
19. Turk C, Knoll T, Petrik A. et al. Guidelines on Urolithiasis. - European Association of Urology, 2013; 100 p.
20. Verkoelen, CF. Crystal retention in renal stone disease: a crucial role for the glycosaminoglycan hyaluronan? Am. Soc. Nephrol. 2006;17(6):1673-1687.