A Clinical Prediction of Renal Injury in Children with Congenital Solitary Functioning Kidney

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Solitary Kidney

- □ Around 1/1000 people have a solitary kidney
- Congenital conditions:
- Multicystic dysplastic kidney
- ✓ Unilateral renal aplasia/agenesis
- **Acquired conditions:**

secondary to nephrectomy for urologic structural abnormalities,
 severe parenchymal infection, renal trauma, renal or pararenal tumors

 Steven G. Docimo.Textbook of clinical pediatric urology. Sixth edition 2018



Solitary Kidney

Children born with congenital solitary kidney have a better long-term GFR than those secondary to nephrectomy

>Acute and chronic adaptation processes lead to:

- ✓ Hyperfiltration followed by fibrosis in the remnant kidney
- ✓ Further risk of albuminuria,
- ✓ Arterial hypertension,
- ✓ Impaired renal function
- Pierre Cochat ,Oliva Febvey,Justin Baccetta et all. Toward adulthood with a solitary kidney. Pediatric Nephrology 2019, Volume 34, issue 11,pp 2311-2323



Non-pharmacological

Controlled protein and sodium intake
 Avoidance/limitation of nephrotoxic agents
 Keeping normal body mass index
 Limitation of tobacco exposure

There is no current consensus for indication and timing of pharmacological intervention



Lifelong monitoring

- Lifelong monitoring should include:
- Blood Pressure
- Albuminuria
- GFR estimation in case of abnormal values

In the absence of additional risk factors to solitary kidney, such assessment can be proposed
every 5 years

• Pierre Cochat ,Oliva Febvey,Justin Baccetta et all. Toward adulthood with a solitary kidney. Pediatric Nephrology 2019, Volume 34, issue



