E-ISSN 2250-0944
ISSN 2250-1150
doi: 10.31838/ijprt/11.01.04

Research Article

A Case Report on Adult Onset of Nephrotic Syndrome

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Received: 02.12.20, Revised: 08.12.20, Accepted: 26.01.21

ABSTRACT
Nephrotic syndrome is a kidney disorder that causes the body to excrete too much protein in the urine. Nephrotic syndrome is often caused by damage to small blood vessels in the kidneys that filter waste and excess water from the blood. Nephrotic syndrome is a collection of symptoms that indicate damage. It includes the albuminuria, hyper lipidemia, edema, swelling, hypoalbuminia. It is mainly diagnoised by the urine samples and the renal biopsy. In this case the patient is treated with corticosteroid therapy and diuretics.

Keywords: Nephrotic syndrome, albuminuria, hyperlipidemia, edema, hypoalbuminia.

INTRODUCTION

The nephritic syndrome is one of the best known presentation of adult or paediatric kidney disease. The term describes the association of proteinuria with peripheral edema, hypoalbuminaemia and hypercholestrolaemia. Protein in the urine was first described in 1821,
15 years before Richard Brights celebrated series of descriptions of albuminous urine. Nephrotic syndrome has an incidence of three new cases per 100000 each year in adults. It is a relatively rare way for kidney disease to manifest compared with reduced kidney function or micro albuminuria as a complication of systemic diseases, such as diabetes and raised blood pressure.
Patients with nephrotic syndrome can present to primary or secondary care with diverse symptoms that reflect the primary process or with one of the many systemic complications of the syndrome. Most cases of nephrotic syndrome are caused by primary glomerular diseases. Thiry years ago idiopathic membranous nephropathy was the most common primary cause of the syndrome. Membranous nephropathy remains the most common cause in white patients, where as focal segmental glomerulo sclerosis is the most common cause in black patients(50-57% of cases).Secondary glomerular disease can caused by a wide range of diseases (diabetes mellitus, amylodosis, systemic lupus erythematous) and drugs(NSAIDS, lithium, pencillamine)can cause nephrotic syndrome.

The diagnosis of nephrotic syndrome is based upon the urine samples and the renal biopsy. We report that the patient was treated with corticosteroids and diuretic.

Case Report

A 42 year male patient was admitted in nephrology ward present with chief complaints of anasarca, fatigue, loss of apetite. Based on the urine samples(urinary protein-288mg/dl,albumin-4+,pus cells-3 to 5/hpf, urinary creatinine-178mg/dl) and renal biopsy(it is a procedure that involves taking a piece of kidney tissue for examination with microscope). Based on the urine samples and renal biopsy the patient was diagnoised with nephrotic syndrome. At present the patient was treated with corticosteroids (prednisolone-200mg once a day) and diuretics(furosemide 40mg once a day). By using these drugs the patient relieved from the symptoms.

DISCUSSION

Nephrotic syndrome can be caused by diseases that affect only the kidneys, such as focal segmental glomerulo sclerosis(FSGS)or membranous nephropathy. Diseases that affect only the kidneys are called primary causes of nephrotic syndrome. In FSGS-the most common primary cause of nephrotic syndrome-scar tissue forms in parts of the glomeruli. In membranous nephropathy, immune molecules form harmful deposits on the glomeruli. Nephrotic syndrome can also be caused by

systemic diseases, which are diseases that affect many parts of the body, such as diabetes or lupus. Systemic diseases that affect the kidneys are called secondary causes of nephrotic syndrome.

Nephrotic syndrome is characterized by gross proteinuria, hypoalbuminemia, hyperlipidemia and peripheral edema. The etiology of nephrotic syndrome in adults is complex and ranges from primary glomerulo nephritis to secondary forms. Primary glomerulo neuropathies are the most common cause of end stage renal disease. Mainly in this case the patient is treated with prednisolone which is a corticosteriod and furosemide acts as a diuretic. The treatment given as a single dose for 2 to 3 weeks.

CONCLUSION

Nephrotic syndrome can present in diverse ways in multiple health care settings and important complications. It is a variety of disease processes with heavy proteinuria and hypo albuminia at its core and it is a ongoing research efforts in the mechanism of disease. The steroid responsiveness most important prognostic factor and alkalyting agents, immune suppresants for steroid resistant or dependent frequently relapsing nephrotic syndrome.

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