



Nutrition in Pediatric Nephrotic Syndrome

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Abstract:

Nephrotic Syndrome is a collection of symptoms due to glomerular damage, characterized by proteinuria ≥ 3.5 g/day or a protein-creatinine ratio ≥ 2 . From an etiological point of view, there are three forms of nephrotic syndrome, including congenital, primary, and secondary. The first sign of the disease is periorbital edema, especially in the morning. Diagnostic confirmation is done through evaluation of urine protein, serum electrolytes, BUN, Cr, Albumin, and cholesterol. The main treatment goals of nephrotic syndrome are decreasing proteinuria, preventing complications, and protecting the renal function via appropriate drugs and diet. The main objective of this study was to review diets required in nephrotic syndrome in children: Protein at a dose of 0.8 mg/kg/day is the most effective diet in nephrotic patients. Low-fat diets (calorie intake $<30\%$ and cholesterol ≤ 200 mg/day) can improve hyperlipidemia. Salt and water intake should be restricted in the range of less than 2 gr/day and 1-1.5 liters/day, respectively. Nephrotic syndrome pa-



tients have iron, copper, zinc, and calcium deficiency due to increased

Biography:

Alireza Eskandarifar is a pediatric Nephrologist from University of Medical Sciences, Sanandaj, Iran

Recent Publications:

1. J Ped. Nephrology 2017;5(3)