



Prevalence of Failure to Thrive in Iranian Children with Chronic Kidney Disease

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Abstract:

Malnutrition and Inflammation are considered risk factor for morbidity, hospitalization, and mortality in chronic kidney disease (CKD) children. The aim of this study was to determine the prevalence and severity of failure to thrive (FTT) in children with moderate to severe CKD.

Materials and Methods: This cross-sectional study was conducted in 84 children with CKD (30 female, 54 males) aged 2-16 years old from June 2014 to June 2015. The inclusion criteria were eGFR less than 90 ml/min/1.73m², being healthy in the month before the visit, and lack other chronic diseases except CKD. Anthropometric data including the body mass index, height, weight, and mid upper arm circumference were collected. Protein wasting energy was scored and the severity of failure to thrive was estimated using Gomez and Jelliffe classifications. P-values less than 0.05 were considered significant

Results: Glomerulopathy and hereditary tubulopathy were the main causes of underlying disease. About 79% of CKD children had FTT and the rate increased with a decline in the renal function (pvalue< 0.05). Using modified PWE, 65.5% were identified to score ≥ 2 , which was more frequent in eGFR less than 30 (P>0.05). A quarter



of the patients with FTT were classified as no PWE and vice versa.

Conclusion: The majority of the children with moderate to severe chronic kidney disease had failure to thrive and protein wasting energy. There was no correlation between inflammatory markers and the severity of CKD or the presence of failure to thrive.

Biography:

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Recent Publications:

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