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INDICATORS OF PARTIAL RENAL FUNCTIONS IN CHRONIC PYELONEPHRITIS IN CHILDREN

Akhmedzhanova N. I.,
Izomiddinova M. K.,
Boimuratov A.O.,
Ergasheva N.I.
Samarkand State Medical University, Samarkand, Uzbekistan

Relevance: Patients with secondary pyelonephritis remain at high risk of developing chronic renal failure (CKD) and reduced quality of life in childhood.

Purpose of the study: was to assess the effect of regional lymphatic antibiotic therapy (RLAT) and canephron phytouroantiseptic on some indicators of partial renal functions in chronic secondary non-obstructive pyelonephritis (CNDP) in children.

Material and research methods. A total of 40 children aged 4 to 14 years were examined. The patients were conditionally divided into 3 groups depending on the method of treatment. Group 1 included 14 patients who received conventional therapy (in the first three days, usually ampicillin IM, after receiving the results of bacteriological examination, an antibacterial drug depending on the sensitivity of the pathogen). Group 2 – 11 patients, Peripheral blood taken from the ulnar vein and urine taken in the morning from patients with exacerbation of the chronic relapsing process and during the period of remission were used to study the functional state of the kidneys. Renal function was assessed by endogenous creatinine clearance, urine osmolarity, and daily oxalate excretion.

Results and discussion. A comparative evaluation of post-treatment PSP in children with CNPD, depending on the method of treatment, showed different changes in renal partial function parameters. For example, in children with CNPD who received conventional therapy (group 1), the level of GFR practically did not change before discharge from the hospital (P1>0.1). Accordingly, there was no increase in urinary osmolarity (P1<0.1). Conventional therapy had no effect on oxalaturia content (P1>0.1). Positive changes in daily urine output were also not observed (P1>0.1).

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More positive changes in the FSP of patients were revealed against the background of the use of RLAT (group 2). There was a significant increase in endogenous creatinine clearance (P1<0.001) and urine osmolarity (P1<0.001). Group 3 patients received canephron in addition to RLAT. We observed a positive trend in all the studied FSP indicators in this group.

Thus, the indicators of endogenous creatinine clearance and urine osmolarity not only significantly improved in relation to the corresponding indicators before treatment and after conventional treatment (P1<0.001, P2<0.001), but also reached the level of healthy children (P>0.1). In this group, we also found a significant improvement in daily urine output (P1<0.001, P2<0.01), oxaluria (P1<0.001, P2<0.05), which also approached the standards after complex treatment (P>0.1).

Thus, after the conventional treatment, there was no positive dynamics of the studied FSP indicators. Using RLAT, we identified a significant improvement in all studied FSP indicators and a significant reduction in the level of oxaluria.

Conclusions. Finally, using the RLAT complex and vitamin A, it was possible to achieve the best results: restoration of a number of studied parameters (daily urine output, oxaluria) and a significant improvement in the main ones (GFR, urine osmolarity). All this allows us to assume the high efficacy of the proposed methods of therapy for CWDF in children (RLAT and RLAT + vitamin A) in relation to PSP.