FEATURES OF THE COURSE OF NEPHROTIC SYNDROME IN CHILDREN WITH HEMORRHAGIC VASCULITIS

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Relevance. It is known that when nephrotic syndrome (NS) is comorbid with other pathologies, including hemorrhagic vasculitis (HV), clinical and laboratory processes have significant features, the main cause of which is considered to be immunological changes in the body. The annual incidence of hepatitis B reaches 2 cases per 10 thousand population, and there is a widespread increase in the number of such patients.

The purpose of the study was to study the immunological features of the course of nephrotic syndrome in children with hemorrhagic vasculitis.

Material and methods. We observed 40 children aged 7 to 11 years suffering from NS (Chronic glomerulonephritis) and hepatitis B. The clinical diagnosis of NS and HV was made on the basis of anamnesis, clinical laboratory, immunological parameters and functional research methods. The control group consisted of 25 practically healthy children of the same age. In children, the state of C3, C4 complement components and the concentration of immunoglobulin E in the blood serum was studied. Digital data were processed by the method of variation statistics with the calculation of the reliability of numerical differences using Student's.

Results. According to the results of the studies, it was revealed that in the comorbid course of NS+HV, immunopathological changes are characterized by a statistically significant decrease in the indicators of C3, C4 complement components ($P<0.001$-0.01), hyperimmunoglobulinemia E (IgE) ($P<0.001$), which remain preserved and during the period of remission of the disease. Immunological changes are explained by the fact that in the body the regulation of activation of the complement system is finely balanced, in such cases glomerular lesions are

characterized by dense intramembranous deposits. The results of our studies also show that disruption of the alternative pathway of complement regulation plays an important role in the pathogenesis of C3 glomerulopathy and in immune complex glomerular diseases. Therefore, it can be confirmed that with the comorbid course of NS + HV, membranoproliferative glomerulonephritis can form as part of C3 glomerulopathy, in combination with low levels of serum C3, C4 complement components.

Conclusions. The comorbid course of nephrotic syndrome with hemorrhagic vasculitis is characterized by a decrease in C3, C4 complement components and hyperimmunoglobulinemia E, which remains preserved during remission and is a criterion for early immunodiagnosis in the management of such patients.