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The role of lipid metabolism marks and atherogenicity index in children with GLOMERULONEFRITIS

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In recent years, the progression of chronic glomerulonephritis (CGN) has been considered from the standpoint of the impact of a complex of modifiable and non-modifiable factors, among which special attention is paid to the high activity of the disease, systemic and intraglomerular hypertension, hyperlipidemia and proteinuria. Most often, hyperlipidemia is considered as a secondary disorder resulting from changes in the filtration function of the kidneys.

Purpose of the study. The study of the correspondence of hyperlipidemia with the progression of atherogenic processes.

Material and methods. 62 children with nephrotic form (NF) of CGN were under observation. The average age of the patients was 11.6 ± 0.17 years. The duration of the disease was 4.31 ± 0.31 years. The diagnosis was confirmed by the results of a complete clinical and laboratory examination conducted in the pediatric nephrology department of TMA. In 49 (79%) children, renal function was preserved, in 13 (21%) it was impaired. Along with conventional clinical and laboratory studies, the concentration of total cholesterol (TC), triglycerides (TG) and high, low and very low-density lipoproteins were determined in all children. In the lipid grams of all patients, an increase in the content of total cholesterol, triglycerides, cholesterol, low and very low-density lipoproteins was recorded in the blood serum.

Results. The content of total cholesterol in patients with preserved renal function and in patients with impaired renal function increased statistically significantly by 1.86 and 2 times, respectively. More pronounced - 2.46 and 2.55 times, respectively, increased the level of TG.

The content of very low- and low-density lipoproteins in patients with preserved renal function increased by 2.4 and 2.18 times, in patients with impaired renal function by 2.5 and 2.34 times. Along with this, there was a tendency to increase the number of high-density lipoproteins (HDL), which was associated with

multidirectional changes in this indicator. So, out of 62 children with impaired renal function CGN in 14 (22.5%) this indicator decreased by 1.5-1.3 times, in 42 (67.7%) there was a tendency to increase it, and in the rest it remained within the limits normative values. Such changes naturally led to a significant increase in the atherogenic coefficient by 2.1 times in patients with preserved renal function and by 2 times in patients with impaired renal function.

Conclusion. In children with nephrotic form of CGN as a result of a defection of lipid metabolism in the blood serum, an atherogenic type of hyperlipoproteinemia is established, characterized by a high content of total cholesterol, triglycerides, VLDL, LDL on the background of less pronounced changes in HDL.

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