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BRIGHT'S DISEASE IN CHILDREN: REGIONAL FREQUENCY OPTIONS AND CLINICAL COURSE

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ABSTRACT

Many glomerular disorders, especially in children, have a temporal association with viral infections. When infection is clinically quiet in other cases of glomerulonephritis, viral syndromes can still be implicated as a cause. However, there is currently a lack of clear evidence for viral causation in the majority of glomerular diseases. While many case reports in children describe the onset of distinct kinds of glomerular illness following seroconversion to a variety of viruses, only a few give pathologic evidence of viral infection associated with glomerular lesions on kidney biopsy. Although there is a strong link between hepatitis viruses and glomerular injury in adults, the hepatitis C virus does not appear to be a cause in children. Treatment of hepatitis B virus, cytomegalovirus, and human immunodeficiency virus in children with membranoproliferative, membranous, and collapsing glomerulopathy plays a significant part in the treatment of glomerular disorders when they are detected. Otherwise, there is little indication that the discovery of a viral infection in a kid with glomerulopathy should alter the infection's or glomerulonephritis' care. As a result, more research into this subject is urgently required. -[6]

Keywords: children's, Bright's disease, frequency, clinical course, virus-associated, risk factors, disabled, chronic glomerulonephritis, end-stage kidney injury, dialysis.