

## NEPHROLOGY - I

### **NEPHROTIC SYNDROME - WHAT IS NEW IN THE GUIDELINES**

**\*Menka Yadav**

**\*\*Aditi Sinha**

**Abstract:** This article summarizes the key essentials of nephrotic syndrome guidelines and briefly discusses its pathophysiology and clinical presentation. Recent treatment recommendations, evaluations, indications for genetic testing and kidney biopsies are also discussed. The indications for steroid-sparing agents, monitoring and follow-up have been objectively outlined as presented in recent guidelines. Supportive care measures and transition to adult care are explicated. The guidelines underscore evidence-based management, incorporating ungraded “practice points” when applicable. These are largely concordant with international recommendations, with limited exceptions. These comprehensive guidelines provide a framework for the management of nephrotic syndrome in diverse clinical scenarios.

**Keywords:** Nephrotic syndrome, Genetic testing, Renal biopsy, Transition.

### **Points to Remember**

- *Nephrotic syndrome is characterized by edema, severe proteinuria and hypoalbuminemia.*
- *The pathophysiology involves a combination of podocyte dysfunction, immune-mediated mechanisms, hemodynamic factors, secondary causes, and genetic predisposition.*
- *Nearly 10-20% of patients do not respond to steroids and are at risk of adverse outcomes and calcineurin inhibitors are the therapy of choice for these patients.*
- *Kidney biopsy is required for steroid-resistant disease, persistent hematuria, acute kidney injury, and systemic features.*
- *The Indian guidelines largely align with the international recommendations from the IPNA, with a few exceptions.*

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\* Assistant Professor

\*\* Additional Professor,  
Division of Nephrology,  
Department of Pediatrics,  
All India Institute of Medical Sciences,  
New Delhi -110029.

email: aditisinhaaiims@gmail.com

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