

Case scenarios of pediatric nephrology

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Abstract

Covid-19 and acute kidney injury in hospital: summary of NICE guidelines Acute kidney injury (AKI), a sudden reduction in kidney function, is seen in some people with covid-19 infection. A subset of patients develop severe AKI and require renal replacement therapy (RRT). As in many settings, the development of AKI is associated with an increased risk of mortality. Although our understanding is incomplete, a picture is emerging from case reports and autopsy series of covid-19 specific causes of AKI. Intrinsic renal pathology including thrombotic vascular processes, viral mediated tubular cell injury, and glomerulonephritis have been reported, as well as AKI resulting from extrinsic factors such as fluid depletion, multi-organ failure, and rhabdomyolysis. Anecdotal reports have emerged of proximal tubular injury with Fanconi syndrome that manifests as hypokalaemia, hypophosphataemia, normal anion gap metabolic acidosis, and hypovolaemia from salt wasting. Importantly, AKI can occur at all stages of covid-19 infection, so clinical vigilance and consideration of risk factors for AKI alongside early detection and diagnosis are essential components of general supportive care. Fluid management is central to this.

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Biography

Riham Mohamed Arnous has completed her PhD at the age of 25 years at Mansoura University then worked as visitor resident at MUCH for 2 years. Then completed master degree of pediatrics from Al Azhar University, and worked there at Al azhar University hospital as pediatric

specialist, then completed a pediatric nephrology diploma from Cambridge University, then worked as pediatric nephrology specialist at MUCH, then she is now the head of pediatric department at Alsoliman specialized hospital.