

# SYMPTOMATIC DIAGNOSIS OF NEPHRITIC SYNDROME

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## Abstract

Nephritic syndrome is a symptom complex that develops against the background of inflammatory kidney diseases. The syndrome is characterized by the appearance of red blood cells in the urine, protein, increased blood pressure and the formation of peripheral edema of soft tissues. Nephritic syndrome is one of the syndromes that indicates the presence of glomerulonephritis in humans.

**Keywords:** Macrohematuria, proteinuria, chronic nephritic syndrome, oligoanuria, progressive hypocomplementemia.

## Introduction

Nephritic syndrome is a process characterized by inflammation of the renal glomerular system, with signs of azotemia, with an accompanying decrease in glomerular filtration, proteinuria and hematuria (the appearance of protein and blood in the urine, respectively), as well as insufficient excretion of salts from the body, leading to an increase in blood pressure.

It should be distinguished from nephrotic syndrome, which is a general term for kidney damage, not specifically inflammation. Both syndromes cannot be classified as a diagnosis, since each of them - both nephrotic and nephritic - is only a condition representing a set of symptoms associated with a particular disease.

## Glomerulonephritis as the underlying cause

In some cases, glomerulonephritis, which is one of the most common diseases in children, is identified with nephritic syndrome. This cannot be considered completely correct due to the fact that this condition can be a manifestation of both glomerulonephritis (in most cases) and some other ailments.

Depending on the intensity of the course, acute, subacute and chronic forms of nephritic syndrome are distinguished.

Acute nephritic syndrome, also called post-infectious, is characterized by the sudden onset of characteristic symptoms - proteinuria, hematuria, high blood pressure and edema. Chronic nephritic syndrome is sluggish, with moderate manifestation of the above-mentioned signs. A fairly rare subacute form of inflammation, occurring in several percent of cases, is characterized by rapid development with severe damage to the glomeruli, capable of leading to renal failure in a few months.





In the vast majority of cases, the main factor triggering the development of nephritic syndrome is some type of nephritis, most often streptococcal. Any form of this inflammation, even acute, begins gradually, initially without visible signs. But if various provoking factors are added, its development accelerates sharply. Such provoking factors include: viral and bacterial infections; various types of glomerulonephritis; primary kidney diseases; autoimmune systemic diseases; mixed causes.

In all cases, acute nephritic syndrome develops as a result of an exacerbation of the disease that caused it. The same applies to subacute and chronic forms of nephritic syndrome.

### Symptoms

As a rule, manifestations of nephritic syndrome become noticeable 7-15 days after the onset of signs of the infection that caused it - streptococcal (most often in the case of glomerulonephritis) or some other. Symptoms of this inflammation are divided into classical and non-specific.

#### Classic manifestations include:

1. The appearance of blood in the urine (hematuria) in absolutely all cases.
2. Formation of swelling of the face and legs in the second half of the day (in 85-90% of patients).
3. A significant excess of blood in the urine (macrohematuria), giving it shades from pinkish to dark red (observed in more than a quarter of cases).
4. Development of arterial hypertension with subsequent progression of acute left ventricular failure, which leads to pulmonary edema and increased heart rate (the vast majority of cases).
5. The presence of oliguria and the accompanying sensation of thirst (in approximately half of patients).
6. Progressive hypocomplementemia (in approximately 80% of cases).

Non-specific signs are:

1. Pain in the lower back and/or abdomen.

2. Nausea and vomiting.
3. Decreased performance.
4. Increase in body weight.
5. Headaches against the background of general malaise.
6. The appearance of symptoms of impetigo and scarlet fever, as well as infectious diseases of the respiratory tract.
7. Extremely rare – slightly elevated (subfebrile) temperature.

### Diagnostics

The presence of nephritic syndrome in a patient, caused by glomerulonephritis or other causes, is determined by the following results of various laboratory and instrumental diagnostic measures:

1. Conducting an ultrasound examination (ultrasound): determining pathological changes in the structure of the kidneys.
2. Complete blood count: decreased complement activity CH50, increased leukocyte count and increased erythrocyte sedimentation rate (ESR).
3. Reberg-Tareev test: determination of the decrease in glomerular filtration rate.





4. General urine analysis: increased levels of erythrocytes, leukocytes, protein and cylindrical cells.

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