SERVICES INVOLVED:

Maternal and Child Ward:

Entrance: Máiquez 9, corner of Dr. Castelo 47

- **PEDIATRIC NEPHROLOGY SECRETARY**
  3rd Floor
- **PEDIATRIC NEPHROLOGY DAY HOSPITAL**
  1st Floor
- **PEDIATRIC NEPHROLOGY CONSULTATION**
  1st Floor, C
  PEDIATRIC NEPHROLOGY WARD
  3rd Floor, E

- **PEDIATRIC RADIOLOGY SECRETARY**
  -1 Floor
- **PEDIATRIC EMERGENCIES**
  -1 Floor. Entrance: O´Donnell 48 corner of Máiquez (semi-basement floor)

Pathological Anatomy Building:

- **PATHOLOGICAL ANATOMY SECRETARY**
  4rd floor

CONTACT:

Pediatric Nephrology Section. Pediatrics Service.

Maternal and Child Ward. Gregorio Marañón University General Hospital.

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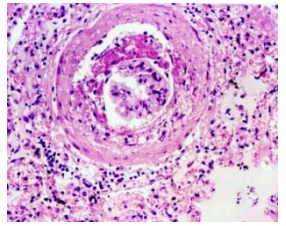
Web: https://www.comunidad.madrid/hospital/gregoriomaranon/profesionales/unidades-multidisciplinares/unidad-enfermedades-glomerulares-complejas-centro

Hospital General Universitario Gregorio Marañón
SaludMadrid

PEDIATRIC RECEPTION GUIDE. GLOMERULAR PATHOLOGY UNIT



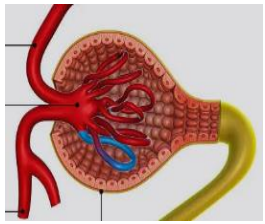
About us:

The Glomerular Pathology Unit is a multidisciplinary working unit at the Gregorio Marañón University General Hospital, involving expert professionals in the fields of Nephrology, Pediatric Nephrology, Pathology, Radiology, Rheumatology, Internal Medicine, and Immunology, among others.

The goal of the Unit is to provide individualized, high-quality care based on evidence, years of experience, teamwork, and continuous self-assessment.

What are glomerular diseases?

The glomerulus is the first part of the kidney´s functional unit, the nephron. Its primary function is to filter blood and produce urine.



Glomerulopathies are diseases that disrupt its normal function, causing it to stop filtering properly or to filter inappropriate substances such as proteins.

It is generally caused by an overactivation of the immune system and may or may not be associated with diseases affecting other organs.

Symptoms vary depending on the type of glomerulopathy. It can present as edema (“swelling”), decreased urine output or changes in its characteristics, high blood pressure, or it may even be asymptomatic and only detected through abnormalities in laboratory test.

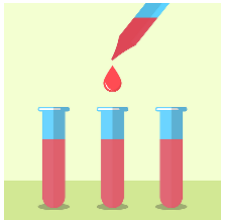
Who is it for?

The Pediatric section of this Unit cares for children with glomerular disease of all ages, up to 16-18 years old.

How are they diagnosed?

Initially, diagnosis is made through blood and urine tests and blood pressure measurement.

We will first assess the presence or absence of protein loss in the urine (proteinuria), the presence or red blood cells in the urine (hematuria), and the development of kidney failure (evaluation of glomerular filtration rate, urea, blood gas analysis, and blood ions).



Subsequently, immunological and infectious studies will be conducted. In some cases, imaging studies (chest X-ray, abdominal ultrasound) will also be necessary. In certain Pediatric cases, a kidney biopsy and/or genetic study may be required. The importance of the kidney biopsy lies in its ability to not only identify the location of histological involvement and the mechanisms involved but also to determine the degree of severity.

How are they treated?

The treatment of glomerulonephritis depends on the diagnosis. In idiopathic nephrotic syndrome (the most common glomerulopathy in pediatrics), the initial treatment is corticosteroids. For other glomerulopathies, treatment is guided by the results of the kidney biopsy and the clinical course.

Since most glomerulonephritis involve abnormal immune system behaviour or the participation of cells or substances with inflammatory capacity, the use of immunosuppressant is often common.

Dietary measures are also important. The Pediatric Nephrology team will provide advice regarding your child´s nutrition based on their diagnosis and condition.

Hospital Service Portfolio:

- Primary and secondary glomerulopathies.
- Autoimmune diseases with kidney involvement.
- Involvement of native and transplanted kidneys.
- Chronic kidney disease of glomerular origin, at all stages.