

Pediatric Nephrology and its Symptoms: A Mini review

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Abstract

Munchausen syndrome via proxy is the creation of disease by one person for the benefit of another. Renal and urologic manifestations of Munchausen-by-proxy syndrome are not as uncommon as one might think; a survey of all Munchausen-by-proxy cases revealed that 25% of the children had renal or urologic problems. This syndrome can present clinicians with a difficult diagnostic conundrum; yet, understanding this entity can aid in early detection of falsification and reduce the victim's bodily and psychological harm. We analysed the Munchausen syndrome cases in paediatric nephrology by proxy in this study, classifying them according to the main indicators of presentation.

Keywords: Kidney diseases • Syndrome • Children

Introduction

Hyperkalemia is a potentially fatal condition that occurs when serum potassium levels reach 5.5 mmol/l. It can be caused by decreased renal excretion, excessive ingestion, or intracellular potassium leakage. Aside from acute and chronic renal failure, hypoaldosteronism and extensive tissue breakdown, such as rhabdomyolysis, are common causes of hyperkalemia. Symptoms are non-specific and primarily due to muscle or heart dysfunction. Treatment must begin promptly, employing various treatment measures to improve potassium shift into the intracellular space or to increase excretion, in conjunction with a reduction in intake. Understanding the causes of hyperkalemia as well as its management requires knowledge of the physiological systems of potassium handling.

Literature Review

Fabrications can involve any organ system or disease process, and can include wholly fake histories, historical exaggeration of real sickness, produced signs or symptoms or illness induction, and tampering with specimens. Because of the falsification, children who are victims of this type of abuse are subjected to invasive diagnostic and surgical treatments, and they may acquire iatrogenic issues as well as behavioural disorders as a result of their abuse. Children may act unwell, working with or inventing deceptions: They may work with their caretakers to create illness by altering samples or simulating symptoms [1]. Furthermore, cases of juvenile Munchausen syndrome without proxy are described, in which minors cause disease without the assistance of adults.

Munchausen syndrome by proxy (MSBP) is a pattern of behaviour in which a carer fabricates, exaggerates, or creates mental or physical difficulties in someone under his or her care in order to draw the attention of medical professionals and others. The typical victims are males or females under the age of four, and the average duration between the onset of symptoms and diagnosis is eight months; mothers are perpetrators in three out of four cases. Meadow first described this disease in 1977, when he documented two infants who were being treated for medical illness caused by their mother, one of

whom died. Since then, a growing number of instances and variations of this ailment have been reported [2].

Early discovery or suspicion of this illness can reduce the number of unneeded diagnostic procedures undertaken and may even save a patient's life. Between 1974 and 2006, 25% of the children included had renal or urologic issues, according to a database developed in 1995 for all MSBP cases [3]. Urinary tract infections (UTIs), hematuria, and urolithiasis are the most common nephrologic indicators of presentation; however proteinuria, acute renal failure, and electrolytic abnormalities have also been described. Blood or other coloured substances can be used to contaminate urine samples, resulting in fictitious hematuria. There are no additional renal abnormalities found in the laboratory, and random urinalyses acquired by medical staff members are normally negative for the presence of red blood cells [4]. Blood from the patient can contaminate the samples: Abrol et al. reported a case of a 10-year-old child with factitious severe hematuria caused by self-induced finger sticks [5,6]. Blood in urine can also be caused by urethral manipulations or external genital trauma: a 10-year-old girl with recurring gross hematuria had two cystoscopies, which indicated edoema of the bladder neck. Self-inflicted urethral damage caused the hematuria.

Many prevalent genitourinary complaints are thought to be the result of sexual abuse. We describe five individuals who were sent to a Pediatric Nephrology Clinic and displayed some of the symptoms and indicators associated with abuse, such as dysuria, genital and urinary tract infections, voiding dysfunction, and genital injuries. The difficulties encountered with eliciting histories are described. Although these genitourinary issues could be caused by a number of factors, sexual abuse should not be neglected. Suggestions for management strategies are provided. Dialysis disequilibrium syndrome is a rare but significant hemodialysis condition. Despite the fact that maintenance hemodialysis has been a standard technique for more than 50 years, this syndrome is still poorly understood. The signs and symptoms range from agitation and headache to coma and death. While cerebral edoema and elevated intracranial pressure are the chief causes of this illness and are the focus of treatment, the precise mechanisms behind their development remain unknown. Once this syndrome has evolved, treatment is rarely successful. As a result, prevention measures are critical. In this review, we will look at the pathophysiology of this syndrome and explore the elements to consider in order preventing it from developing.

Tojo A, et al. documented the example of a 16-year-old girl who had proteinuria and was able to generate it using egg proteins. The urine protein electrophoresis revealed two anomalous fractions at the alpha and beta globulins, and immunoelectrophoresis confirmed that these abnormal proteins were not derived from human serum proteins, but were egg proteins injected into the girl's bladder [7].

Absolute de la Gastine reported on an 8-year-old kid who had a positive anamnesis for urinary stones; despite the fact that he claimed to have passed

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numerous stones, the doctors were dubious because he had no renal colic, haematuria, or urinary tract dilatation. Chemical investigation, which revealed that the samples were regular pebbles, and the child's confession helped to corroborate the diagnosis of Munchausen syndrome. Other materials, such as wall plaster or an insect mix, have been utilised in the past.

Conclusion

According to Rosenberg, physicians should consider MSBP as a possible diagnosis if there is evidence of recurrent illnesses without a clear cause, if there are discrepancies between biochemical findings and clinical conditions, and if there is a carer who does not object to or regret painful interventions in the child, especially if he or she has previous medical experience. A multidisciplinary team should review these cases to ensure that unusual disorders are not overlooked. While understanding the abuser's motivation may be challenging, examinations of reported cases demonstrate a clear desire for the offender to use the child to attract the attention of doctors and other professionals. When a child is diagnosed, his or her safety must be prioritised.

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Conflict of Interest

There are no conflicts of interest by author.

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