## **EU-Ukraine Webinar Series on Spinal Dysraphisms**















# Q&A Session 8 Kidney function in myelomeningocele children

#### presented by Dr. Michal Maternik

+ panel discussion, inc. Giovanni Montini & Giovanni Mosiello

Thursday 21 March 2024 18:00-19:00 CET / 19:00-20:00 EET



### Session 8 Q&A / Сесія 8 Питання та відповіді

- 1. What indicators of kidney function are indications for kidney removal?
  - Hypertension, not responding to medical treatment, reflux and Hydronephrosis with recurrent UTI.
  - If You decide to perform nephrectomy, for the above indications, consider to preserve the ureter, that could be useful for a derivation, if required (instead of appendix).

- 2. From your own practice, which method for determining the glomerular filtration rate (GFR) do you use more often the Schwartz formula or the formula using creatinine and cystatin C?
  - The Cystatin C , if available, is more accurate, otherwise creatinine.

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- 3. You mentioned that arterial hypertension is a significant risk factor for the development of CKD in this group of children. Could you, please, tell what proportion of patients receives pharmacological correction of arterial hypertension and do you encounter resistance to such therapy among patients and their parents?
  - The percentage are different between ages, increasing in older children due to increased weight and renal scars.
  - UP 10% of patients present hypertension.
  - However, a correct follow-up and prompt management mostly avoid complications.
  - Low- Adherence to treatment is common in all chronic situation and in adolescents.
  - However, this mostly related to CIC than to medical treatment for hypertension.
- 4. Are there any connections between SB/MMC and diabetes mellitus?
  - No , there is not a clear correlation with type 1. On the other hand, obesity , that is risk factor for type 2, is common in MMC.