

Chapter 13

RENAL HYPERTENSION

Hypertension of renal origin accounts for at least 80% of all hypertension in children.

CAUSES

1. Nephritic and nephrotic syndrome.
2. Chronic pyelonephritis and scarred kidney.
3. Collagen disease.
4. Haemolytic uraemic syndrome.
5. Nephroblastoma.
6. Goldblatt kidney.
7. Renal artery anomaly.
8. Chronic renal failure.
9. Post renal transplantation.

GOLDBLATT KIDNEY

Unilateral, contracted, ischaemic or infarcted kidney associated with systemic hypertension, hyperreninaemia and increasing plasma angiotensin levels.

Removal of affected kidney is often accompanied by persistent hypertension. This suggests that when certain stage has been reached irreversible changes in contralateral kidney are producing hypertension via renin – sodium – aldosteronic axis.

Diagnosis is based on radiological demonstration of small, scarred kidney associated with otherwise unexplained systemic hypertension. It is important to show that adequate renal function is present. Differential renal function tests are useful. Bilateral catheterisation of renal veins and comparison of renin content of samples from each of these and serum from elsewhere yields valuable data.

Medical treatment consists of antihypertensives and low sodium diet.

Bilateral nephrectomy and long term haemodialysis or transplantation may be considered.

