**Nephrotic syndrome**

0:00 Introduction

1:24 What is nephrotic syndrome (proteinuria, low albumin and oedema)

2:45 Difference between nephrotic syndrome and nephritic syndrome

4:00 Minimal change nephrotic syndrome and focal segmental glomerulonephrosis (FSGS)

6:40 Steroid sensitive and steroid resistant nephrotic syndrome

8:37 What to look for

   Abdominal pain, look for peripheral coolness,
   Dip the urine, early morning protein : creatinine ratio
   FBC, LFT, bone profile, immunology screen, varicella serology,
   Raised cholesterol, raised urea.

12:45 Complications

   Infections, thrombosis, (antithrombin 3), acute kidney injury,
   hyperlipidaemia, malnourished, hyperthyroid,

14:52 Key elements in management

   20% albumin indications
   Beware giving after hours!
   Steroids 60mg/m squared 4 weeks then reduced
   Some units use penicillin V (no evidence),
   Ranitidine, give box albu sticks and teach the family to use.

19:13 Indications for biopsy

   Outside of the typical age group 2-12 years
   Impaired renal function which has not improved with fluids
   Persistent hypertension, low complement
   Steroid resistant, macroscopic haematuria

21:38 Relapsing nephrotic syndrome (3+ protein for 3 day, or 2+ for 5 days)

   Steroid sensitive
   Steroid resistant
   Frequently relapsing
   Steroid dependent

24:15 Second line agents and side effects

   Cyclophosphamide
   Cyclosporin A, levamezole, tacrolimus

26:16 Genetic tests these help with management and prognosis

28:50 Top tips

   Think of differential diagnosis
   Look for growth
   How many relapses have they had
   Check varicella status