

ACTUAL DIAGNOSIS AND TREATMENT OF SYSTEMIC HYPERTENSION IN CHILDREN

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Systemic hypertension which occurs during childhood used to be considered an uncommon disorder, almost exclusively secondary to other conditions. Lately, the criteria of diagnosis were reconsidered, so that the prevalence of hypertension increased. We made a retrospective study on 46 children of 10 months to 18 years, diagnosed with high blood pressure in Paediatric II Clinic of Cluj-Napoca, across 15 months. There were 24 girls (52%) and 22 boys (48%). During the clinical examination, we paid more attention to heart and peripheral arteries assessment and renal exam. We also effected laboratory investigations in order to establish the underlying disease in case of secondary hypertension. Most hypertensive patients were adolescents (30 of 46), but we also found elevated blood pressure values in infants, even younger than 1 year. Regarding the etiology, our results revealed a prevalence of essential hypertension of 38%. The causes of secondary hypertension were: chronic renal disease (24), renovascular disease (2), coarctation of the aorta (1), primary aldosteronism (1) and Cushing's syndrome (1). Renal parenchymal lesions represented the main cause of secondary hypertension: hemolytic-uremic syndrome, pyelonephritis, glomerulonephritis, vesicoureteral reflux nephropathy, hydronephrosis, ureteral obstruction, diabetic nephropathy, renal hypoplasia, renal transplant. We found a positive history of cardiovascular pathology in 6 patients (35% of those with essential hypertension). Other risk factors were obesity (10), diabetes mellitus (2), dyslipidemia (1). We found 1 child who developed hypertensive cardiomyopathy after 4 years of moderate elevation of blood pressure. Therefore, it is important to measure blood pressure in all children.

