Increased lipoprotein(a) in a paediatric patient associated with nephrotic syndrome [Incremento de lipoproteína(a) en paciente pediátrico asociado a síndrome nefrótico]

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A common complication in paediatric patients with nephrotic syndrome (NS) is hyperlipidaemia. About 20% of children do not respond to treatment with corticosteroids, presenting with a cortico-resistant NS (CRNS), which can progress to kidney failure. It has been observed that paediatric patients with CRNS have an elevated low density lipoprotein cholesterol (LDL-c), very low density lipoprotein cholesterol (VLDL-c), and triglycerides levels, as well as elevated Lipoprotein-a [Lp (a)] levels. The case is presented of a 5 year old boy, diagnosed with CRNS, presenting with dyslipidaemia with increased LDL-c, Apo-B100, and Lp(a) levels. After the poor prognosis of the renal function, immunosuppressant treatment was started with tacrolimus and atorvastatin to control dyslipidaemia. Although tacrolimus causes an elevation of total cholesterol and LDL-c, the significant alterations of the children lipid profile suggest the existence of a high cardiovascular risk. In these cases, it would be interesting to have reference values in children in our health area. © 2016 Sociedad Española de Arteriosclerosis

LDL-cholesterol

Lipoprotein(a)

Nephrotic syndrome

Paediatrics

apolipoprotein B100

atorvastatin

lipoprotein A

low density lipoprotein cholesterol

tacrolimus

triacylglycerol

apolipoprotein B100

immunosuppressive agent

lipoprotein A

low density lipoprotein cholesterol

Article

cardiovascular risk

case report

causal attribution

child

cholesterol blood level

drug effect

dyslipidemia

human

lipoprotein blood level

male

nephrotic syndrome

preschool child

triacylglycerol blood level

blood

complication

Dyslipidemias

nephrotic syndrome

pathophysiology

prognosis

risk factor

Apolipoprotein B-100

Atorvastatin Calcium

Child, Preschool

Cholesterol, LDL

Dyslipidemias

Humans

Immunosuppressive Agents

Lipoprotein(a)

Male

Nephrotic Syndrome

Prognosis

Risk Factors

Tacrolimus