Clinicopathological Study of Spectrum of Primary Nephrotic Syndrome in Adults

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Abstract

Background: Nephrotic syndrome is characterized by the presence of proteinuria, more than 3.5 g per 24 h, hypoalbuminemia, edema, hyperlipidemia, and lipiduria. The spectrum of diseases causing nephrotic syndrome has changed in the past few decades. The current study aimed to study the clinicopathological spectrum of adults presenting with Nephrotic syndrome to our tertiary care teaching Hospital. **Methods**: Based on the inclusion and exclusion criteria details of patients were collected in pretested and validated questionnaires. The data included the sociodemographic profile. Details of clinical history. The selected cases underwent a thorough clinical examination. The investigations included urine microscopic examination, blood sugar levels, renal functions tests, urinary total protein, serum lipid profile, serum total protein, and albumin. **Results**: Out of n=45 cases males were n=33 and females were n=12 40% were hypertensive and 26.67% were diabetic. Dyslipidemia was found in 66.67% cases hematuria was present in 28.89% cases and oliguria in 8.89% cases and anemia in 62.22% cases. In this study minimal change nephropathy (MCN) was common in 16(35.56%) cases, Focal segmental glomerulosclerosis (FSGN) was the second common cause in 10 (22.22%) cases. **Conclusion:** This study found Minimal Change Nephropathy as the predominant microscopic lesion in the spectra of Nephrotic syndrome. Male preponderance was noted, 18-30 years of the age group of patients being affected more commonly presenting facial puffiness as the commonest symptom. 40% of cases were detected with hypertension and hyperlipidemia.