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## Epidemiology of chronic kidney disease in children

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Available data from developing countries, about chronic kidney disease (CKD) in children is limited. In most countries, obstructive uropathy and congenital anomalies are the predominant causes of CKD. On the other hand, less developed countries has infections related glomerulopathies that are the main cause of CKD in children. However, further observational study is needed to add to the universal picture of the epidemiology of CKD in children.

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The data available from developing countries, about chronic kidney disease (CKD) in children is limited (1). Gheissari et al reported higher incidence of CKD (16.8 per million children population), mostly of advanced stage (75% in stage 5) (2), which is higher than the median reported incidence of renal replacement therapy (RRT) in children aged 0–19 years across the world in 2008 (9 per million of the age related population) (1). They also observed that, the commonest underlying etiology was glomerular diseases (35.2%) followed by congenital anomaly of kidney and urinary tract (CAKUT) (34.5%). This observation is different from that

of most other countries where the predominant obstructive are uropathy and congenital anomalies (3). On the other hand, in less developed countries, infections related glomerulopathies are the main cause of CKD in children (3). Most of the reported children were in advanced CKD, with anemia, acidosis and evidence of renal bone disease. It is interesting that most of those transplanted children had received kidneys from non-related living donor and that the majority received renal replacement therapy in form of hemodialysis or peritoneal dialysis.

This observational study is important to add to the universal picture of the epidemiology of

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CKD in children.

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