

Chronic kidney disease and hypertension during long-term follow-up in children and adolescents previously treated with extracorporeal membrane oxygenation

Supplemental material

Figure 6. Chronic kidney disease and hypertension screening results per parameter assessed.

GFR was estimated using the revised Schwartz formula [$0.413 \times \text{height}(\text{cm}) / \text{SCr}$]. An eGFR below 90 mL/min/1.73m² was considered abnormal. Glomerular hyperfiltration was defined as an eGFR ≥ 150 mL/min/1.73m².

Proteinuria was quantified as a uP/C ratio >0.50 mg protein/mg creatinine for children aged ≤ 24 months and >0.20 mg protein/mg creatinine for children older than 24 months. If proteinuria was identified, urinalysis was repeated three times in a first morning sample to rule out an orthostatic effect. In case of orthostatic proteinuria, the participant was scored negative for proteinuria.

Prehypertension, stage 1 and stage 2 hypertension were defined as a mean systolic and/or diastolic blood pressure between 90th and 95th percentile, blood pressure $\geq 95^{\text{th}}$ and $\leq 99^{\text{th}}$ percentile or blood pressure $>99^{\text{th}}$ percentile, respectively, of reference values for sex, height standard deviation score, and age.

Abbreviations: eGFR, estimated glomerular filtration rate; SCr, serum creatinine; uP/C ratio, urinary protein-creatinine ratio; mg, milligram; Yr, year.

Chronic Kidney Disease and hypertension screening summary

