

# Pediatric Nephrology and Hypertension



The Division of Pediatric Nephrology and Hypertension at Cincinnati Children's Hospital Medical Center is one of the top specialty centers in the United States for comprehensive diagnosis and treatment across the entire range of pediatric disorders of the kidney and urinary tract. We see over 12,200 patients annually for conditions such as kidney and urinary tract stones, acute and chronic glomerulonephritis, acute kidney injury, end stage renal disease and kidney transplant.

## CONTACT US

For patient referrals and non-urgent consultation during business hours, contact the program directly at:

Phone: **513-636-4531**

**International Phone:**  
Phone: **+001-513-636-3100**  
[international@cchmc.org](mailto:international@cchmc.org)

[www.cincinnatichildrens.org](http://www.cincinnatichildrens.org)

## DIVISION LEADERSHIP

Prasad Devarajan, MD  
*Director, Division of Nephrology and Hypertension*



Cincinnati Children's is ranked #6 in Nephrology and #3 in the nation among Honor Roll hospitals.

## FULL SPECTRUM OF CONDITIONS TREATED

Our diverse team of specialists at Cincinnati Children's provides comprehensive, multidisciplinary diagnosis and care for patients with challenging diseases of the kidney and urinary tract, such as:

- Acute and chronic glomerulonephritis
  - IgA nephropathy
  - Membranoproliferative glomerulonephritis
  - Focal segmental glomerulosclerosis (FSGS)
  - Henoch-Schönlein purpura
  - Lupus
- Acute kidney injury (AKI)
  - Hemolytic-uremic syndrome
  - Acute interstitial nephritis
  - Acute tubular necrosis
- Chronic kidney disease (CKD)
- Congenital and inherited diseases
  - Obstructive uropathy
  - Renal dysplasia
- Cystic kidney diseases
- End stage renal disease (ESRD)
  - Dialysis
- Enuresis
- Fluid, electrolyte, and tubular disorders
  - Fanconi's syndrome
  - Bartter's syndrome
  - Gitelman's syndrome
- Hypertension
- Kidney stones
- Kidney transplant
- Nephrocalcinosis and nephrolithiasis
- Nephrotic syndrome
- Proteinuria
- Reflux nephropathy
- Tuberous sclerosis (TS)
- Urinary tract infection (UTI)

# 736

Kidney transplants performed since our Kidney Transplant Program's inception in 1965 (through December 2020)

# 98%

One-year post-transplant patient survival\*\*

(Based on 48 patients performed 1/1/2018–3/12/2020)

# 304

Children treated in FY22\* for kidney and urinary tract stones

# 7,105

Inpatient encounters, FY22\*

# 5,772

Outpatient encounters, FY22\*

\*July 2021–June 2022

\*\*Source: Scientific Registry for Transplant Recipients, July 2021 Report

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.

For international inquiries, call +001-513-636-3100 or email [international@cchmc.org](mailto:international@cchmc.org).

## SPECIALTY PROGRAMS

We offer a wide range of specialized services for pediatric patients with specific kidney disorders:

Our **Pediatric Kidney Transplant Program** was founded in 1965 and is among the busiest in the United States. Our surgical expertise and focus on pre- and post-transplant care are key in helping us achieve outcomes equal to or better than the national average. We also specialize in multi-organ transplants, such as heart-kidney and liver-kidney transplants.

The **Center for Acute Care Nephrology** offers comprehensive therapeutic options for treating acute kidney injury. The center works to develop these therapies and optimize procedures to provide earlier intervention, more appropriate care, and achieve better short- and long-term results for children with or at-risk for acute kidney injury.

The **End-Stage Renal Disease Care Program's** mission is to work jointly with our patients and their families to achieve the best possible clinical outcomes through reliable, evidence-based medicine; personalized and family-centered care; state-of-the-art research and quality improvement; and seamless transition through all phases of care.

Our **Tuberous Sclerosis Program** serves both children and adults who have or are suspected of having tuberous sclerosis. Our specialists offer immediate therapy recommendations and comprehensive treatment plans, and engage in long-term coordination with primary care physicians.

The **Pediatric Hypertension Clinic**, in cooperation with the Heart Institute, provides comprehensive multidisciplinary care for children with essential hypertension.

Our **Dialysis Unit** is one of the largest, best-equipped pediatric dialysis programs in the country, with staff highly skilled in both on-site hemodialysis as well as home peritoneal dialysis. We provided dialysis for a total of 47 total patients in FY21, including 794 acute hemodialysis and 1,022 acute peritoneal dialysis treatments.

Our **Stone Center** is a collaboration between Nephrology, Urology, Genetics, Radiology and Emergency Medicine that provides comprehensive care to children and young adults with kidney stones. We care for approximately 200 new patients and over 400 follow-up patients each year. We've seen dramatic improvement in outcomes, including a 60% reduction in emergency surgical procedures and a 60% reduction in emergency department visits.

## RESEARCH HIGHLIGHTS

Our team of clinician-scientists works to translate advances in basic molecular, cellular and biochemical science seamlessly into clinical studies and new therapies. Ongoing research includes:

- P50 Center of Excellence in Nephrology: NIH-funded, multidisciplinary, basic, translational and clinical research program designed to study acute kidney injury, proteinuric kidney disease and lupus nephritis.
- CKiD: NIH-funded, multi-center prospective study of the progression of chronic kidney disease in children.
- Improving clinical outcomes through the design and development of reliable healthcare systems through integration of improvement methodology with clinical outcomes research.
- TAKING FOCUS 2: Largest prospective study of the Renal Angina Index (RAI) and a novel kidney biomarker, NGAL, in over 1,500 critically ill children. A clinical decision support tool helps physicians risk-stratify these patients to focus resources and therapies on those patients at highest risk of severe acute kidney injury (AKI).