illustrates one of the most severe clinical features of this uncommon disorder. It should be suspected in critically ill babies with severe dehydration and hyponatremia. The condition is life threatening required intensive care and long lasting adequate sodium chloride and bicarbonate with or without antipotassium supplementation.

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PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY IN A CHILD WITH RENAL ARTERY FIBROMUSCULAR DYSPLASIA

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Renovascular disease is an important cause of hypertension in children and is associated with considerable increase in the risk of morbidity and mortality. In 70% of all cases of secondary hypertension in children, the cause is fibromuscular hyperplasia with most commonly affected renal and carotide arteries.

We observed 12 yrs old girl presented with headache. High grade arterial hypertension has been registered. She has been referred to our hospital because of refractory hypertension under treatment with triple antihypertensive therapy including ACE inhibitor+beta-blocker+thiazide. CT angiography has shown stenotic and aneurismatic lesions of the lower branch of left renal artery. Percutaneous transluminal renal angioplasty has been performed of the stenotic part of the renal artery. Blood pressure dramatically decreased after operation and stay normal during the follow-up period of 2 years. Antihypertensive drugs dosage gradually decreased and than stopped. The girl is stable without any complications. Percutaneous transluminal angioplasty is the first line therapeutic approach in renovascular hypertension. It is definitive, safe and low-cost treatment modality especially in young patients with refractory renovascular hypertension due to fibromuscular dysplasia.

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DIALYSIS IN ACUTE RENAL FAILURE OF HEMOLYTIC UREMIC SYNDROM IN CHILDREN

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HUS is known as the most common cause of ARF in previously healthy children. In the absence of a proven specific therapy the treatment is intensive supportive care. Dialysis is the major method of therapy.

The study objectives were to identify the correlations between the type of HUS and short or long term prognosis depending of the method of dialysis, to analyse the risk factors for poor prognosis, the mortality rate and complications.

The clinical retrospective and prospective study is based on 33 cases of HUS admitted in the Department of Dialysis of "Grigore Alexandrescu" Emergency Children Hospital Bucharest from 1997 to 2009.

The lot of study was omogenous, media of age 34 month; almost half of patients(54,5%) were infants. The severity of the disease was 1,96 times higher in infants than other groups of age. 81,8% were D+HUS; 94% had dialysis, peritoneal dialysis(PD) was the preferred modality (60,6%). Mortality rate was 21,2%.

The precocity of dialysis eliminate ARF as cause of death in HUS. Good prognosis factors were: D+HUS, anuria less than 7 days, precocity of dialysis, the absence of complications. Poor prognosis factors were: infant age, MODS, ventilatory support and cerebral hemoragy. The precocity of diagnosis and dialysis in HUS lead to a great survival rate in acute phase of HUS. The key of success therapy in HUS is maintaining the hydroelectrolytic, acidobasic and nutritional balance, precocity of dialysis, aggressive control of hypertension and anemia. The major interest is recently moving to the long term prognosis of HUS.