

# Estimated Glomerular Filtration Rate and Hydronephrosis in Patients with Spina Bifida

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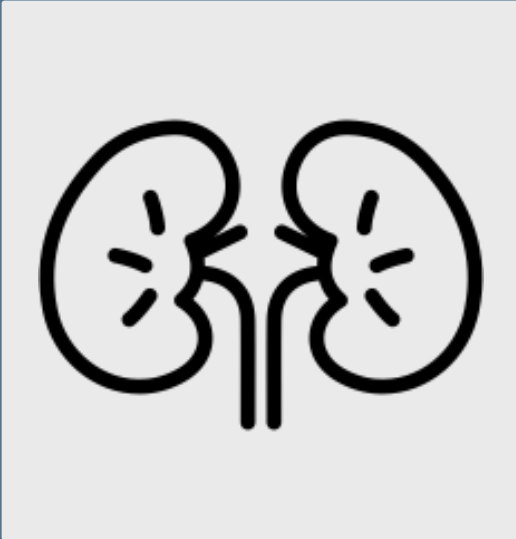


# Disclosure

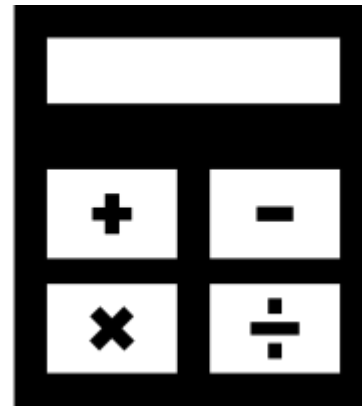
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- None

# Spina Bifida (SB) and Chronic Kidney Disease (CKD)



Goal: preserve  
kidney function



Calculate  
estimated GFR (eGFR)



Renal ultrasound  
for hydronephrosis

# Which kidney function assessment tool to use?



eGFR equations



Renal ultrasound  
(RUS)



# Overall Study Goal

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To determine association between  
**eGFR** and **hydronephrosis**  
in young patients with spina bifida.

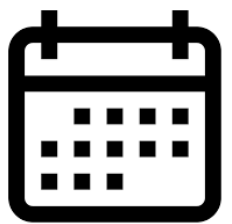
**Hypothesis:** Lower eGFR values will be associated  
with higher odds of hydronephrosis.

# Study Design and Participants

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Cohort: Lurie Children's Hospital Spina Bifida Clinic  
Age range = 0-35 years



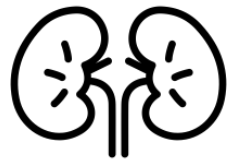
Study Period: 2012-2017



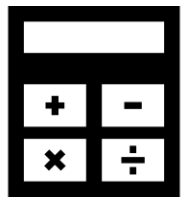
Eligibility: Full eGFR data + RUS within 6 months;  
2 kidneys

# Variables

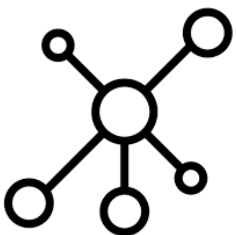
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Outcome: **Hydronephrosis** (any SFU >0)



Predictor: **eGFR** (calculated from 6 pediatric equations and 5 adult equations)



Covariates: age, gender, myelomeningocele (MM) vs non-MM, ambulatory status, CIC-dependency, prior bladder augmentation

# Six Pediatric eGFR Equations (1-18 years old)

Pediatric eGFR equation	Creatinine, Cystatin-C, or both	Height used?
<b>Bedside Schwartz</b>	Creatinine	yes
<b>Cystatin-C Schwartz</b>	Cystatin-C	no
<b>CKiD</b>	Both	yes
<b>Zappitelli</b>	Both	yes
<b>FAS-age</b>	Creatinine	no
<b>FAS-height</b>	Creatinine	yes



# Five Adult eGFR Equations (>18 years old)

Adult eGFR equation	Creatinine, Cystatin-C, or both	Height used?
<b>CKD-EPI-Cr</b>	Creatinine	no
<b>CKD-EPI-CysC</b>	Cystatin-C	no
<b>CKD-EPI-both</b>	Both	no
<b>FAS-age</b>	Creatinine	no
<b>FAS-height</b>	Creatinine	yes

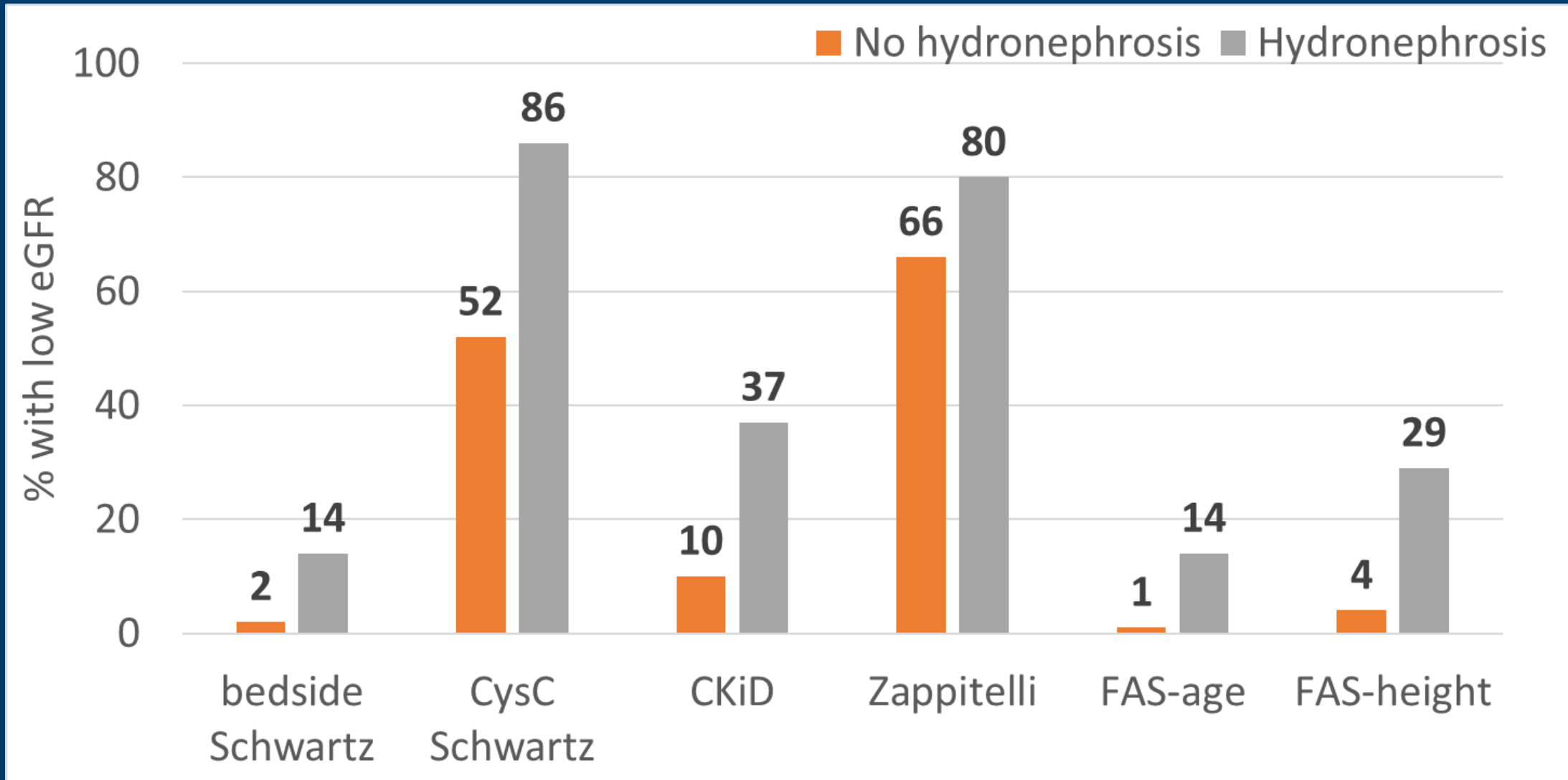
# Cohort Characteristics

	Age, years median (IQR)	Female	MM	Non- ambul.	CIC	Bladder aug.
Children <b>n=177</b>	10.4 (6.7, 14.1)	58%	80%	32%	81%	19%
Adults <b>n=71</b>	21.8 (19.9, 23.6)	56%	83%	32%	89%	14%

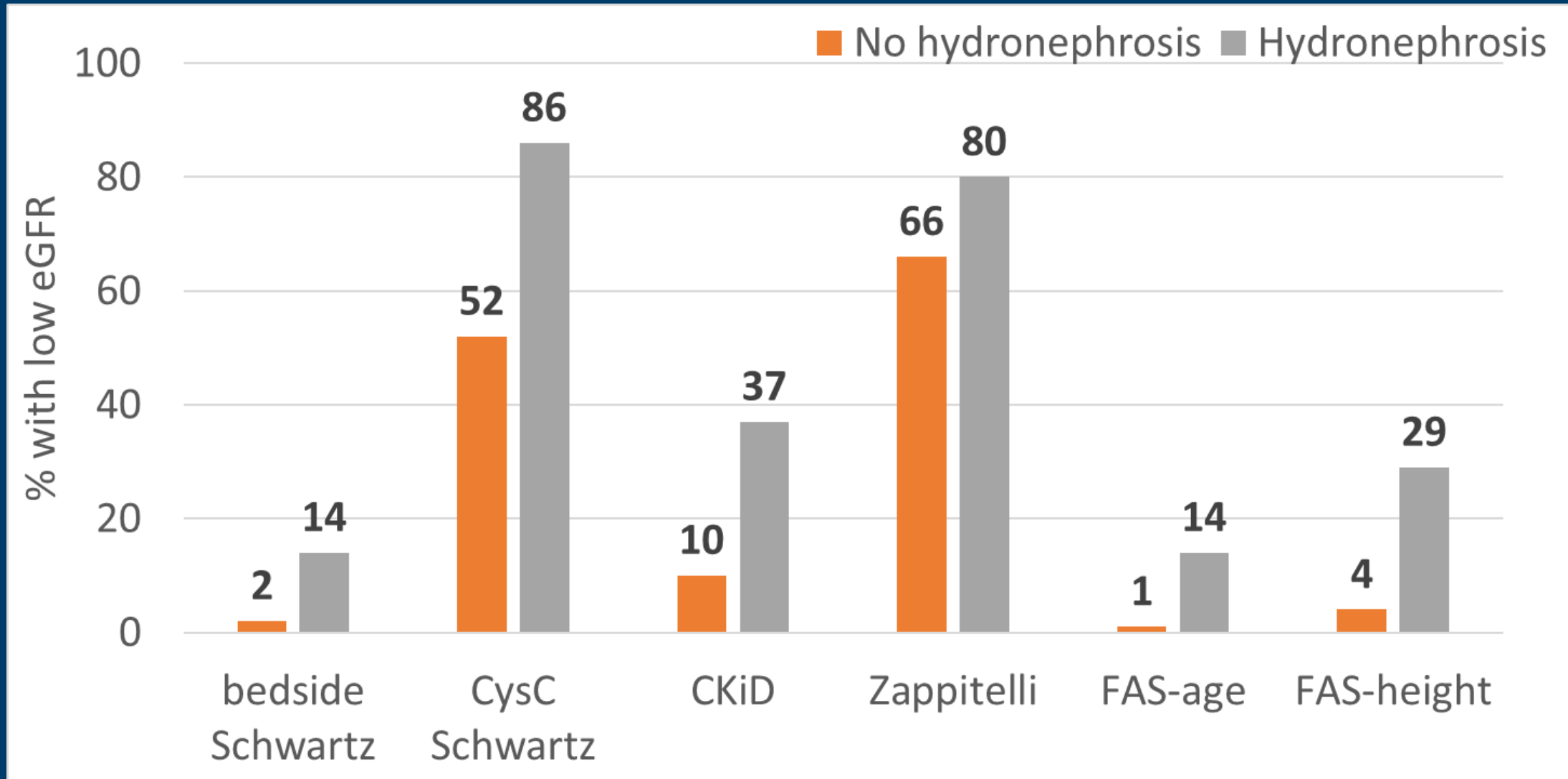
# Cohort Characteristics

	Age, years median (IQR)	Female	MM	Non- ambul.	CIC	Bladder aug.	Hydro?
Children <b>n=177</b>	10.4 (6.7, 14.1)	58%	80%	32%	81%	19%	<b>20%</b>
Adults <b>n=71</b>	21.8 (19.9, 23.6)	56%	83%	32%	89%	14%	<b>25%</b>

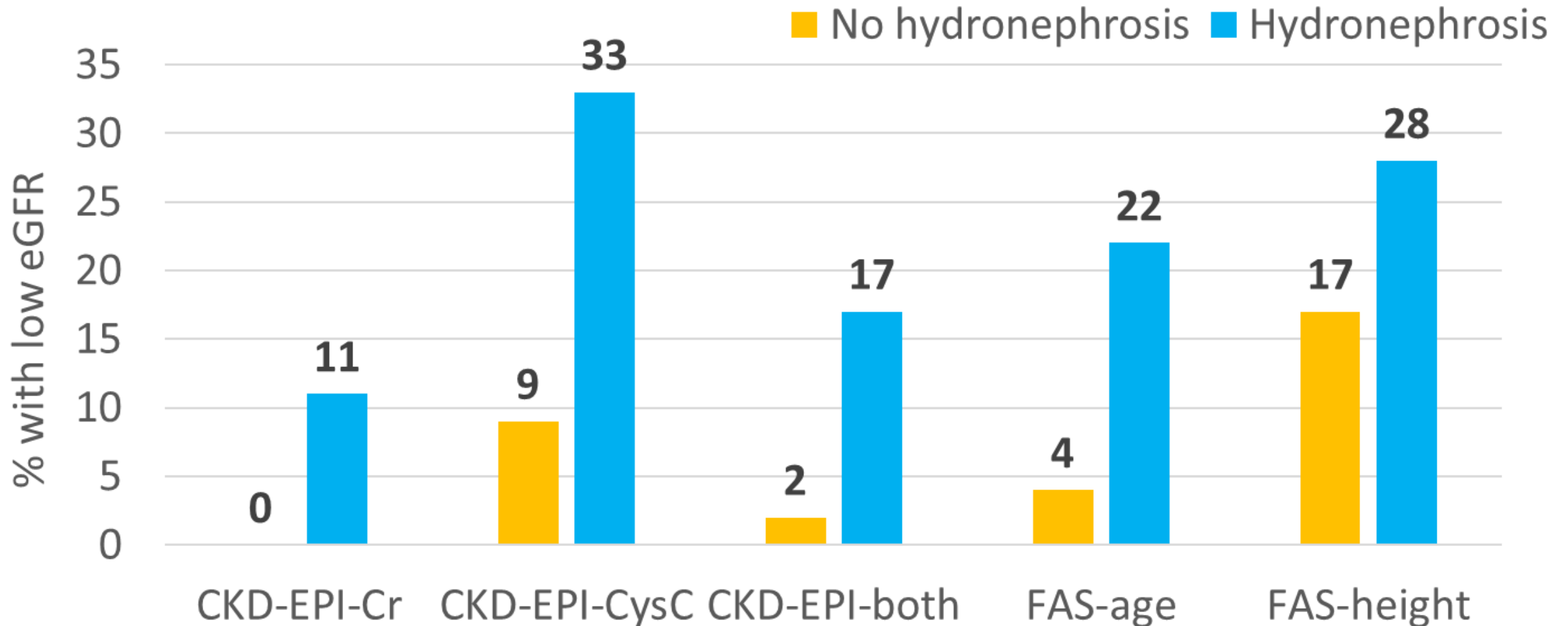
# Children: More eGFR<90 if +hydro compared to -hydro



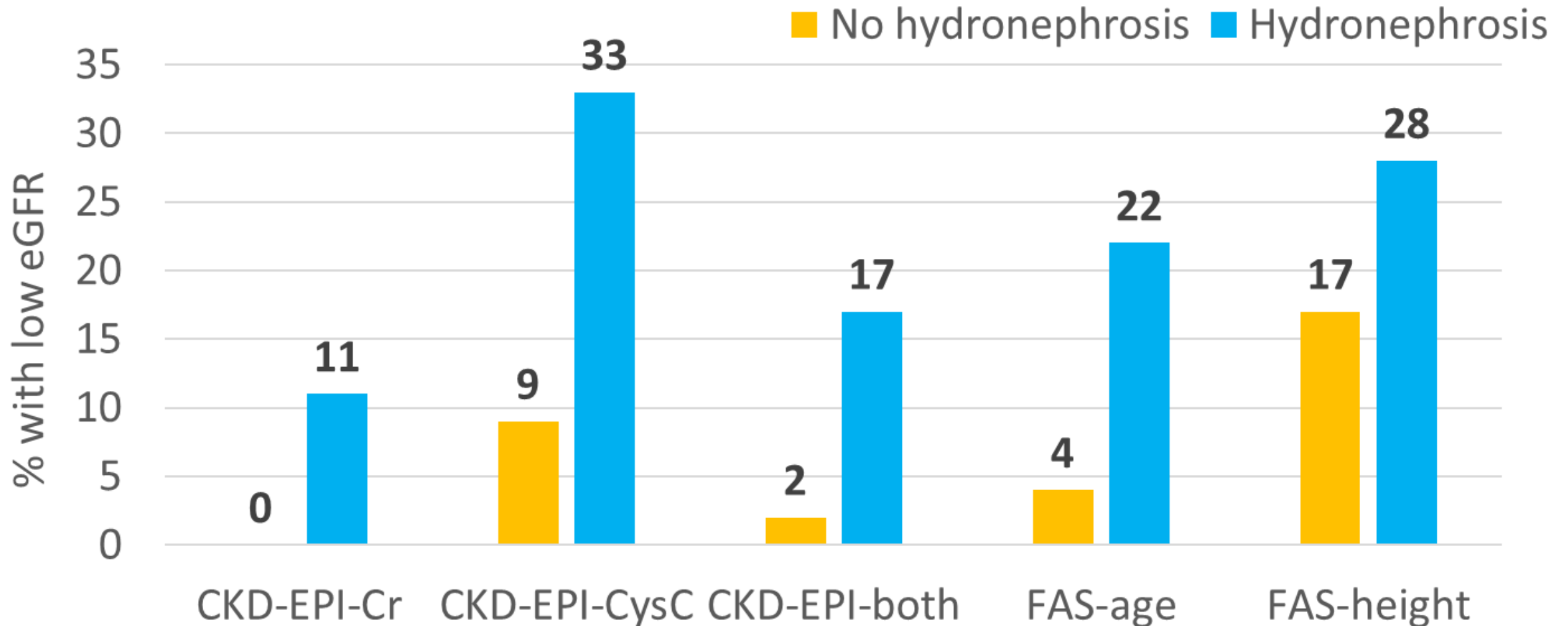
# 1-66% of children without hydronephrosis had low eGFR



# Adults: More eGFR<90 if +hydro compared to -hydro

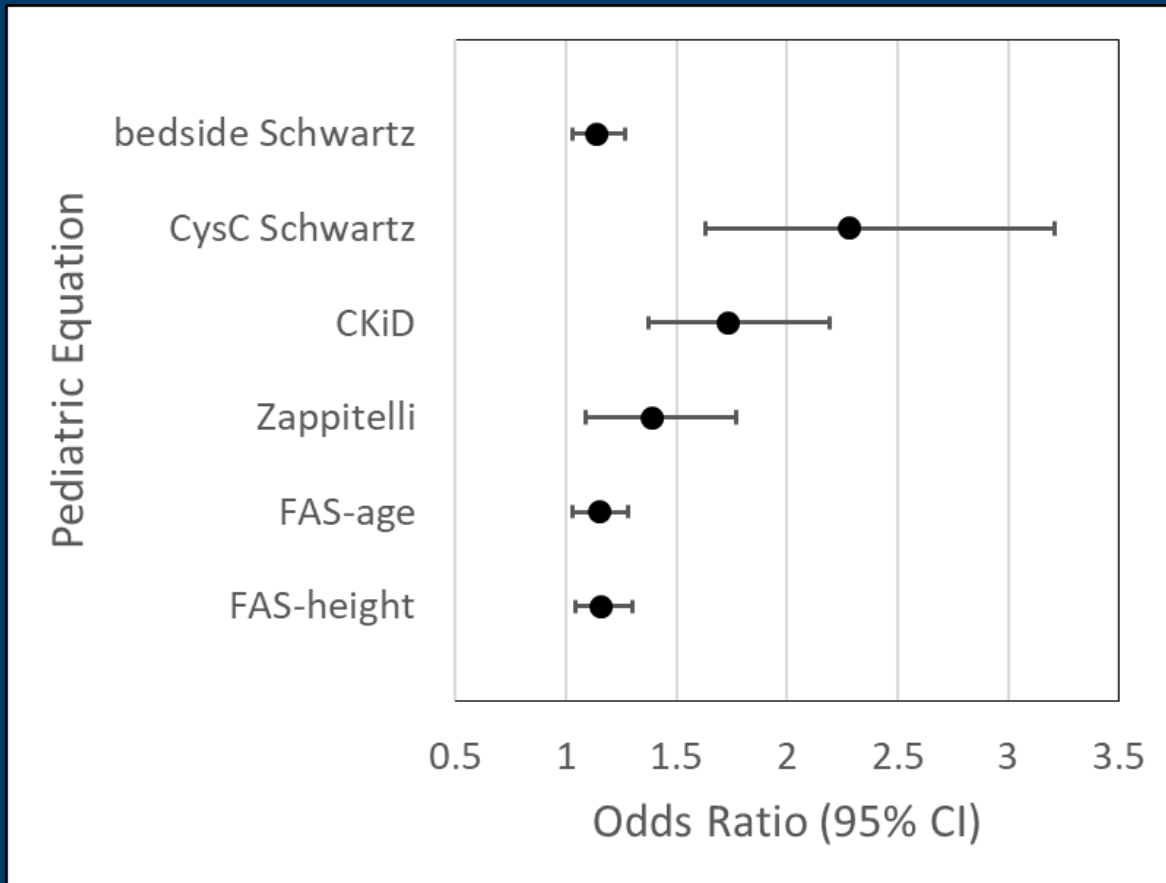


# 0-17% of adults without hydronephrosis had low eGFR

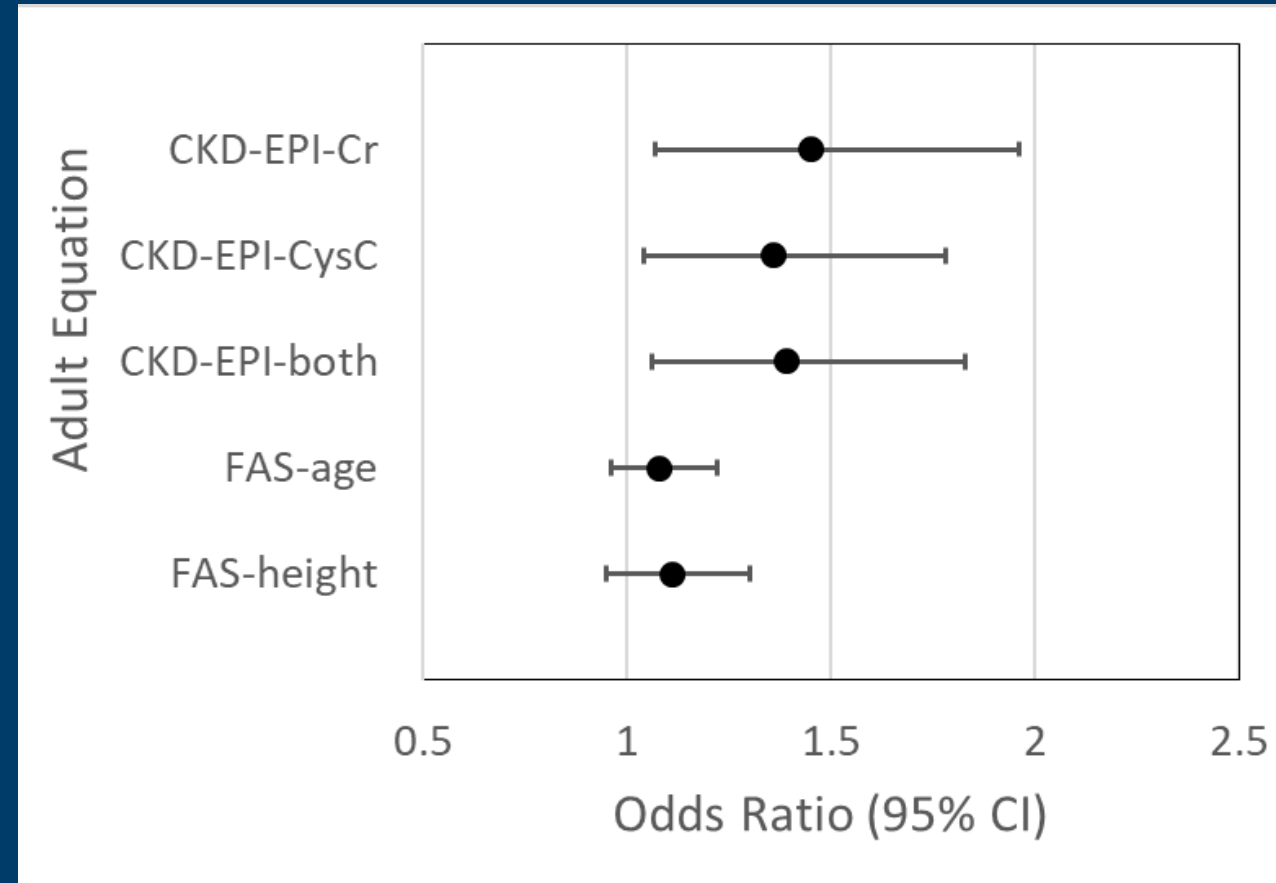


# Per 10-unit eGFR decrease, higher odds of hydronephrosis

## Children: Odds Ratios 1.2-2.3



## Adults: Odds Ratios 1.1-1.5





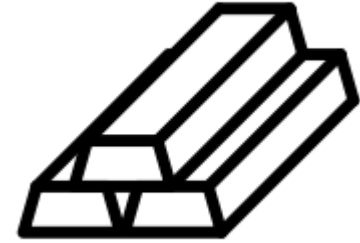
# Discussion and Limitations



Worse eGFR is  
associated with hydro



No hydro may miss  
low eGFR



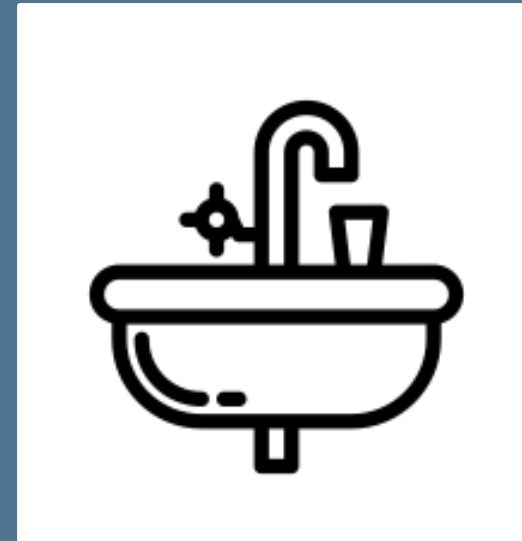
Limitation: Lacking  
gold-standard GFR

# Conclusion

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RUS alone insufficient  
for CKD surveillance



Check multiple eGFR  
equations AND RUS

# Thank you



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