

MORTALITY FROM ACUTE NEPHRITIC SYNDROME AN EPIDEMIOLOGICAL APPROACH

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Abstract: **INTRODUCTION:** Acute nephritic syndrome (ANS) is defined as a sudden onset syndrome characterized by edema, hematuria, oliguria, systemic arterial hypertension, hematuria must necessarily be present, associated with at least one of the other abnormalities. Edema may present in a variable degree, since it is a syndrome of expansion of the extracellular volume, including the intravascular compartment. The diagnosis of ANS involves careful clinical and laboratory analysis, however, renal biopsy is the defining feature of the diagnosis. The importance of the differential diagnosis between the various forms of glomerulonephritis is emphasized, given the clinical variability between them. In the pediatric population, for example, the most prevalent form is post-streptococcal glomerulonephritis, which, despite low mortality, presents worrying systemic complications. Therefore, the epidemiological analysis of these entities seems to be crucial in understanding, diagnosing and managing ANS.**METHODOLOGY:** Refers to a quantitative descriptive epidemiological study, performed using secondary data extracted from the Department of Informatics of the Unified Health System (DATASUS), through the Mortality Information System (SIM). The data collected are related to the number of deaths per residence in the period from 2010 to 2018 in Brazil. Additionally, the information was characterized according to region, sex, age group and skin color. **RESULTS:** In the analyzed period, there were 461 deaths from acute nephritic syndrome, and the year with the highest frequency of deaths was 2018 (n=96), while 2015, the lowest number (n=36). The Northeast region had the highest number of deaths, representing 40.13% of the total (n=185); followed by the regions: Southeast, with 36.01% (n=166); South, with 11.93% (n=55); North, with 6.72% (n=31) and finally, the Midwest region with 5.21% of

deaths (n=24). Regarding gender, there were no major differences, with 231 deaths in males and 230 in females. The most affected age group was 80 years and over, with 111 deaths (24.08%); followed by the age group from 70 to 79 years old, with 98 deaths (21.26%) and by the group from 60 to 69 years old, with 67 deaths (14.53%). Regarding skin color, white patients had the highest percentage of deaths, 46.20% (n=213), followed by brown patients, with 40.56% of deaths (n=187); while the yellow and indigenous patients had the lowest percentages of deaths, 0.65% (n=3) and 0.87 (n=4), respectively.**CONCLUSION:** Regarding the epidemiological profile, there is an inclination in the number of cases for the age group of 80 years and over, being more prevalent in the Northeast region and more common in patients classified as white. There is also little difference in involvement in relation to sex. The need for public policies committed to a higher level of care is evident, especially in the Northeast region. The significant number of deaths in this region may be closely related to late diagnosis, inadequate treatment, lack of technical resources and lack of information by the population itself, for example.

Keywords: Mortality, acute nephritic syndrome and epidemiology.

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