

CONCLUSION AND RECOMMENDATIONS

Based on the results of the current study, it can be concluded that children with cyanotic CHD at higher risk of developing renal dysfunction with its both glomerular and tubular aspects than those with acyanotic CHD. It can also be concluded that risk of renal dysfunctions increase by time especially in children with cyanotic CHD which may be due to effect of chronic hypoxia and other conditions such as polycythemia.

According to the results of the current study, the following recommendations are suggested:

1. Using novel biomarkers such as U NAG/Cr and serum β 2M for early detection of renal dysfunction in children with CHD.
2. Periodic frequent evaluation of renal functions should take place as part of routine visits especially in cyanotic CHD patients.
3. Early correction of cyanotic CHD may prevent the development of permanent renal injury.

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